



ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLÓGIA

ACTAS Dermo-Sifiliográficas

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CASE AND RESEARCH LETTER

[Translated article] Gender at Dermatology Conferences: A Descriptive Analysis



Análisis de género de las reuniones científicas en dermatología

To the Editor,

The absence of gender discrimination is a right enshrined in the Spanish Constitution.¹ To assess the presence of gender bias in scientific dermatology meetings, we conducted this descriptive cross-sectional study on dermatology congresses held in Spain from 2021 through 2022. We included meetings with accessible online scientific programs, and went on to study the gender of coordinators, speakers, and moderators of both main (seminars, symposia, interactive sessions, etc.) and oral presentations. Industry-sponsored or limited-capacity presentations (courses and workshops) were excluded. The data is shown in [table 1](#). In the congresses of the Spanish Working Group on Photobiology (GEF) and the Spanish Group Working on Pediatric Dermatology (GEDP), all presentations were considered oral presentations. In the congress held by the Working Group on E-Dermatology and Imaging (GEDEI), information on the authors of oral presentations was not available. The femininity index—a gender indicator obtained by dividing the number of women by the number of men—was also estimated.

We collected data from 10 scientific meetings for a total of 666 speakers (45.20% women). Men were speakers 9.6% more often compared to women. Additionally, men were 17% more likely to be speakers in main presentations than women were, while an equitable distribution of speakers by gender in oral presentations was reported. Regarding moderation, out of a total of 242 moderators (40.50% women), men moderated 20% more sessions than women did, with no gender balance in any type of the presentations. Most meetings (8 out of 10) were coordinated by men.

To assess the relevance of these findings, it is necessary to know gender distribution among dermatology specialists. In 2018, the Medical College Organization (OMC) published a report² including a trend towards the feminization of the medical profession. According to this report, back in 2017, the femininity index of active registered dermatologists was 1.1, indicating a slight feminization of our specialty.

[Figures 1 and 2](#) present the femininity indices in moderation and presentations, respectively. In moderation, only the oral presentations of trichology and GEDP congresses exceed the femininity index published by the World Health Organization (WHO). In presentations, the only congress with a total femininity index > 1.1 was the GEDP congress where all were oral presentations. In other words, the difference created by the lower number of female speakers in main presentations prevents any congress with main presentations from reaching the femininity index of the specialty.

A study published in 2020³ analyzed gender differences in a sample of 98 congresses from different countries. In the European dermatology congresses analyzed, only 38.6% of main speakers were women, while the estimated rate of women of the specialty was 61.9%. They found a positive correlation between the rate of women in organizing committees and the number of female speakers. Therefore, they proposed balancing the organizing committees of congresses as one of the measures to correct this gender bias.

Back in 2014, Martin proposed a decalogue⁴ of measures to achieve gender balance in congresses suggesting the collection and reporting of gender distribution data for different congresses, and the implementation of gender policies to reduce disparities.

One of the limitations of our study is the absence of updated data on the number and gender distribution of dermatologists. We couldn't find similar studies either that compared gender distribution in previous congresses and established a trend. Additionally, the sample is small, and we couldn't collect variables that could have an impact on the causes of the disparities reported.

In the authors' opinion, women dermatologists may find it difficult to take the stand or coordinate scientific meetings. Only in the subgroup of oral presentations, where speakers do not need an invitation to present their scien-

DOI of original article:

<https://doi.org/10.1016/j.ad.2022.11.011>

<https://doi.org/10.1016/j.ad.2024.03.001>

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Table 1 Results of the genre analysis in dermatology congresses from 2021 through 2022.

Congress	Female moderators	Male moderators	FI	Female speakers	Male speakers	FI	Coordinators
<i>GEDOC</i>							Male
Total	5 (18.52%)	22 (81.48%)	0.23	26 (40.63%)	38 (59.38%)	0.68	
MP	4 (19.05%)	17 (80.95%)	0.24	10 (29.41%)	24 (70.59%)	0.42	
OP	1 (16.67%)	5 (83.33%)	0.2	16 (53.33%)	14 (46.67%)	1.14	
<i>GEDEI</i>							Male
Total	2 (25%)	6 (75%)	0.33	5 (41.67%)	7 (58.33%)	0.71	
MP	2 (25%)	6 (75%)	0.33	5 (41.67%)	7 (58.33%)	0.71	
OP	0	0	0	0	0	0	
<i>GPS</i>							Male
Total	4 (25%)	12 (75%)	0.33	13 (31.71%)	28 (68.29%)	0.46	
MP	3 (21.43%)	11 (78.57%)	0.27	6 (28.57%)	15 (71.43%)	0.4	
OP	1 (50%)	1 (50%)	1	7 (35%)	13 (65%)	0.54	
<i>GEDET</i>							Male
Total	6 (27.27%)	16 (72.73%)	0.38	14 (31.82%)	30 (68.18%)	0.47	
MP	5 (26.32%)	14 (73.68%)	0.36	9 (24.32%)	28 (75.68%)	0.32	
OP	1 (33.33%)	2 (66.67%)	0.5	5 (71.43%)	2 (28.57%)	2.5	
<i>GEIDAC</i>							Male
Total	3 (30%)	7 (70%)	0.43	18 (47.37%)	20 (52.63%)	0.9	
MP	0	2 (100%)	0	0	2 (100%)	0	
OP	3 (37.50%)	5 (62.50%)	0.6	18 (50%)	18 (50%)	1	
<i>TRICO</i>							Male
Total	7 (35%)	13 (65%)	0.54	10 (32.26%)	21 (67.74%)	0.48	
MP	3 (21.43%)	11 (78.57%)	0.27	6 (33.33%)	12 (66.67%)	0.5	
OP	4 (66.67%)	2 (33.33%)	2	4 (30.77%)	9 (69.23%)	0.44	
<i>GEDEAS</i>							Male
Total	1 (50%)	1 (50%)	1	4 (33.33%)	8 (66.67%)	0.5	
MP	0	0	0	0	1 (100%)	0	
OP	1 (50%)	1 (50%)	1	4 (36.36%)	7 (63.64%)	0.57	
<i>GEF</i>							Male
Total	2 (50%)	2 (50%)	1	7 (46.67%)	8 (53.33%)	0.88	
MP	0	0	0	0	0	0	
OP	2 (50%)	2 (50%)	1	7 (46.67%)	8 (53.33%)	0.88	
<i>Nacional</i>							Male
Total	62 (50%)	62 (50%)	1	172 (49.14%)	178 (50.86%)	0.97	
MP	52 (50.98%)	50 (49.02%)	1.04	122 (47.66%)	134 (52.34%)	0.91	
OP	10 (45.45%)	12 (54.55%)	0.83	50 (53.19%)	44 (46.81%)	1.14	
<i>GEDP</i>							Male
Total	6 (66.67%)	3 (33.33%)	2	32 (54.24%)	27 (45.76%)	1.19	
MP	0	0	0	0	0	0	
OP	6 (66.67%)	3 (33.33%)	2	32 (54.24%)	27 (45.76%)	1.19	
TOTAL							2 women 2 men
	98 (40.50%)	144 (59.50%)	0.68	301 (45.20%)	365 (54.80%)	0.82	
MP	69 (38.33%)	111 (61.67%)	0.62	158 (41.47%)	223 (58.53%)	0.71	
OP	29 (46.77%)	33 (53.23%)	0.88	143 (50.18%)	142 (49.82%)	1.01	

GEDOC (XXXIII Meeting of the Spanish Working Group on Dermato-Oncology and Surgery, 2021); GEDEI (XI Meeting of the Working Group on E-Dermatology and Imaging, 2022); GPS (VII Congress of the Psoriasis Working Group, 2022); GEDET (XXXII Meeting of the Spanish Working Group on Aesthetic and Therapeutic Dermatology, 2021); GEIDAC (LXVI Meeting of the Spanish Working Group for Research on Contact Dermatitis and Skin Allergy, 2021); TRICO (XXII Meeting of the Spanish Working Group of Trichology, 2021); GEDEAS (V Meeting of the Spanish Working Group of Dermatology in Systemic Autoimmune Diseases, 2021); GEF (XXXVI Meeting of the Spanish Working Group of Photobiology, 2022); Nacional (XXXVIII National Congress of Dermatology and Venereology, 2021); GEDP (XXXIII Meeting of the Spanish Working Group of Pediatric Dermatology, 2022). FI, femininity index; MP, main presentations; OP, oral presentations; total, sum of MP + OP.

tific work, an equitable gender distribution was observed. The fact of the matter is that women might be receiving fewer invitations to participate in main presentations or meeting coordination. Other factors such as balancing

work and family life, or the absence of female role models could also have an impact. Implementing gender policies in congresses could be a first step to reduce these differences.

Femininity index of moderators

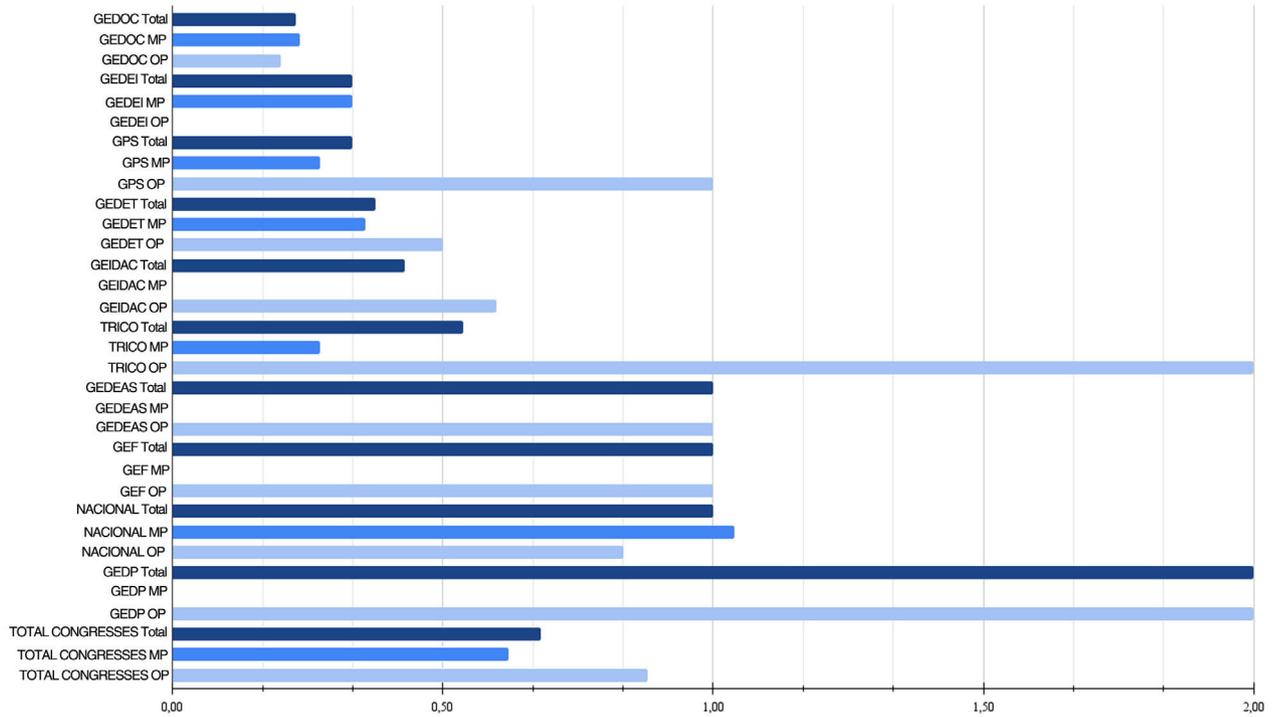


Figure 1 Graph with femininity indices regarding moderation at various congresses and presentations.

Femininity index of speakers

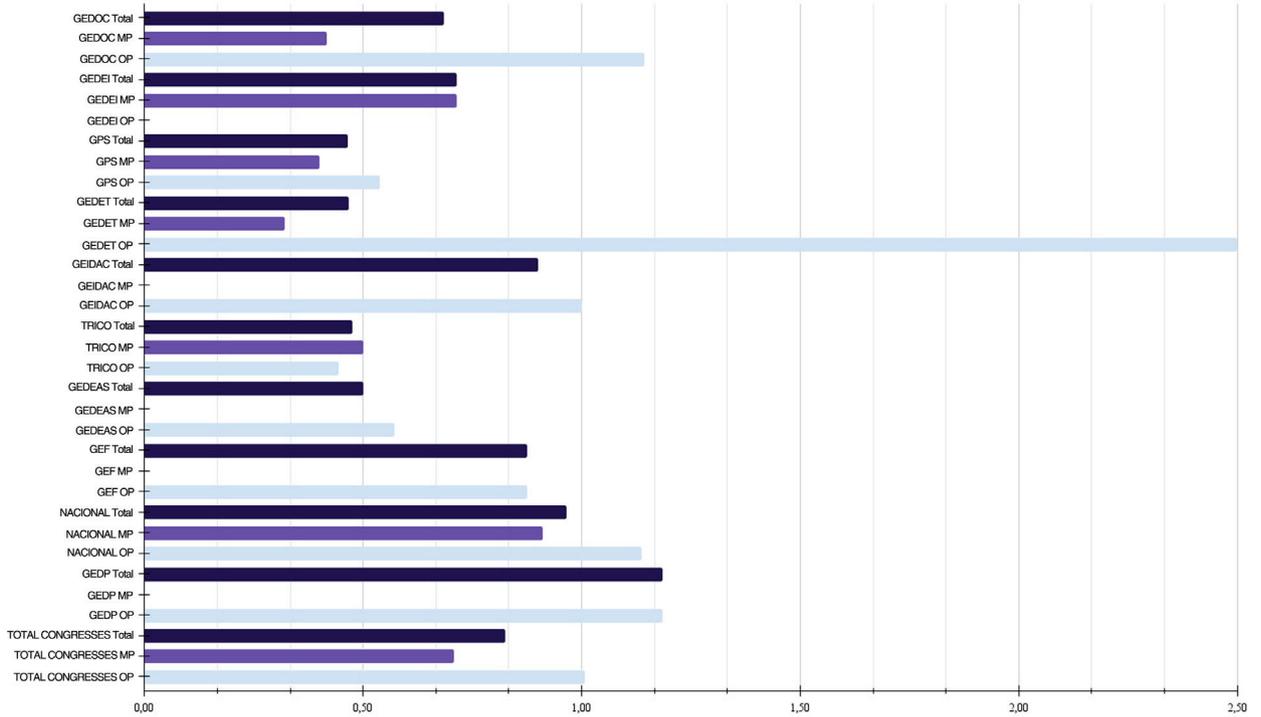


Figure 2 Graph with femininity indices regarding lectures at various congresses and presentations.

In conclusion, there is a gender gap in the analyzed dermatology congresses. Men are more frequently main speakers, moderators, and coordinators of scientific meetings than women, despite the trend towards feminization in dermatology. It would be interesting to expand the study to determine the causes and consequences of these differences.

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