Gender bias in medicine is a topic of increasing interest in the last years. According to 2019–2020 data released by the Association of American Medical Colleges, women constitute 53.7% of today’s medical students.1 Similarly, in most European hospitals and medical schools, female doctors appear to constitute the vast majority (70% in the United Kingdom, 61% in Germany).2 Yet, this proportion decreases when it comes to positions of leadership and influence, as only 25% of medical school professors and 11% of medical deans in Germany are women (21% and 16% in the United States, respectively, the ‘glass ceiling’ phenomenon).1,2 Despite the fact that there is no proof for gendered dissimilarities in capability and qualifications, women are still unequally represented in science and medicine, particularly in specialized and better rewarded fields of medicine, such as surgery.3 A number of reasons hold women back from leadership: the implicit and unconscious gender bias, the absence of role models, mentors and sponsors (the importance of positive female imagery in medicine is increasingly recognized) and the fewer promotion opportunities available to women.4,5 Ambition is usually not accepted in women as it is in men and women often need to choose between being respected leaders or being liked.5,6 Discrimination against women is not only unjust to women, but it is also unjust to humanity, as the obstacles to complete involvement of women in science and medicine limit global technological and medical advancements.5

The European Respiratory Society (ERS) is committed to growing and evolving into a diverse and inclusive organization.7 We recognize that women in science and medicine are unequally represented in leading positions.7 These are facts that we are resolute to see change.7

In order to tackle gender bias, in the ERS community, we are aiming to enrich our organizational culture and climate with strategies that are based upon equity, diversity and inclusion (EDI).7 By gender equity, we define all these arrangements and procedures that increase fairness through facilitated organizational cultural transformation at institutional levels and professional improvement of principal competencies at individual levels.3 These procedures include various activities to promote greater representation of women in the leadership of the ERS, to advocate for gender equality, to support women around the globe in their career development and to offer education regarding the importance of equal access for all.

More specifically, in order to promote EDI, the ERS is organizing the ‘Officer Excellence Programme’. Through this initiative, ERS is educating future leaders on fundamental topics such as gender equality, unconscious/implicit bias, diversity and inclusion in the workplace.7 In our ‘Early Career Member (ECM) Committee’, there are eleven women and three men representing their young colleagues in the assemblies and the ERS leadership.7 We have also implemented the ‘ERS Mentorship programme’ by which the ERS reaches out to committed ECMS to help them define a career plan. The ‘Networking Excellence Training Programme-NEXT’ is a new initiative from the ECM, taking place during the ERS International Congress for the first time this year. During NEXT, 50 ECMS who are authors of outstanding accepted abstracts—and who are mostly women—have been invited to improve their soft skills and networks by being mentored by ERS leadership members.

The target for our international congresses is 50% faculty gender balance, which we have reached for this year’s International ERS Congress in Barcelona. Additionally, in all our annual congresses, we are organizing gender equality dedicated sessions with great success and participation. We have also recently changed the guidelines of the Research Seminars to be more inclusive in terms of gender in the events programme. We are, moreover, aiming to create a new mentorship programme, in which faculty ERS members will be able to mentor women and encourage them to grow and develop in order to maximize their potential, develop their skills and improve their performance. Following the example of the UNESCO for Women in Science Programme, we are determined to implement new dedicated fellowships, awards or grants and professional development workshops in order to assist women in respiratory science and medicine.

ERS has already made some advancements regarding gender equality, by achieving the following key annual goals7:

- Three female ERS presidents so far.
- Gender balance in ERS faculty (almost 40% women faculty in 2018).

ERS acknowledges that more action needs to be taken to improve inclusivity across the Society without hindering quality and excellence.7 For that reason, ERS is taking long-term action to boost women to engage with the Society (Table 1).
To conclude, for a more inclusive leadership, ERS is actively promoting cultural intelligence and self-awareness of gender bias. And this is achieved by implementing behavioural guidelines and action plans through gender equitable and inclusive conferences, panels and committees. We believe that by achieving an active representation of women scientists and physicians, we can have a positive impact on how our young female members view their forthcoming ambitions and career identities and make a change in future generations. It is now time to acclimatize our strategy in order to guarantee that women are not only permitted, but are truly anticipated to undertake leadership positions. Most importantly, we must alleviate any obstacles from preventing women reaching senior leadership and safeguard that when they manage to get these positions, they will be cherished and respected by their colleagues. Further investigation to supervise the efficacy of on-going programmes that aspire to support females, as well as the implementation of new programmes are mandatory to safeguard that all clinicians and scientists, irrespective of gender, have equal prospects in career development.

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ERS, gender equity, women leadership

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CONFLICT OF INTEREST
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