

Diversity and inclusion in a new medical journal: Advancing science in the 21st century

As editor-in-chief of *Research and Practice in Thrombosis and Haemostasis* (RPTH), a new medical journal, I am committed to diversity and inclusion in the publishing process. Ensuring diversity in science on factors such as region of the world, race/ethnicity, gender, sexual orientation, and socioeconomic background will advance science more rapidly. In this Editorial I outline our vision and progress so far.

As the International Society on Thrombosis and Haemostasis is an international organization, any journal serving it must represent the entire globe. We are doing this in different ways. Our eight associate editors reside in seven countries on four continents; the 53 editorial board members reside in 20 countries on six continents. Geographic diversity is important to providing optimal peer review of the science that is submitted for publication consideration, and to representing the scientific and educational needs of researchers and clinicians around the world. For example, our team is well positioned to review and publish research articles addressing questions relevant to resource-constrained areas of the world, such as studies on innovative approaches to implementation of care in these areas.¹ Such studies are important to these areas, and can also provide key information for more wealthy countries on providing high-value-lower-cost care. Published articles through the July 2018 issue of RPTH came from 21 different countries on six continents, and authors from 12 other countries submitted articles that were not accepted. The support of authors from around the world was instrumental in RPTH being accepted for indexing on PubMed Central after only 1 year.

At this time, we have not collected information on race/ethnicity of our associate editors, editorial board or authors, but hope that our commitment to global diversity will enhance race/ethnic diversity. Going further, some data suggests that among individual scientific articles, those from groups with more ethnic diversity (based on surnames) are more highly cited.² We hope to gather more data on race/ethnicity in the future.

Gender diversity in scientific publishing is a topic of substantial recent interest. As for other aspects of diversity, gender diversity in science is important to advancing our knowledge given the different perspectives that women and men bring to scientific inquiry. A 2018 report showed that of *The Lancet* authors from 2014 to 2017, 33% were women and among last authors (presumably

senior authors), 23% were women.³ Relevant to our field, these percentages for *The Lancet Haematology* were ~36% and ~18%, respectively. Asghar and colleagues reported improvement in the representation of women authors in cardiology journals for both the first and senior author positions from 1996 to 2016, however, representation of women remained low in 2016 at 20.8% of first authors and only 12.3% of senior authors.⁴ This analysis did not demonstrate a correlation between percentage of women first or senior authors and number of women on the editorial board of a journal. The correlation of percentage of women as first or senior author and editor gender was not reported.

It is reasonable to hypothesize that a culture of inclusion in journal leadership would translate to a peer review structure that promotes inclusion of women authors. That I am a female editor-in-chief is one step toward this end. Women might feel more inclined to submit their best work to a journal led by a woman. In assembling our leadership team, I was deliberate in having 50% representation of women among associate editors. Further, 45% of the editorial board are women. I examined the gender distribution of RPTH authors to date through the July 2018 issue, classifying each author using searches on individuals when needed. There were 648 authors whose gender could be identified and only 13 unidentifiable. Of the total, 277 (42.7%) were women. Of 111 first authors, 50 (45.0%) were women, while of 111 last/senior authors, 42 (38.8%) were women. Considering invited articles (commentaries, reviews and others) 13 of 31 (41.9%) were by women senior authors. Compared to the recent literature mentioned above,^{3,4} it appears that RPTH, or simply our field of thrombosis and hemostasis, is doing well in gender representation. I call on other thrombosis and hemostasis journals to compile similar data.

The last type of diversity considered here is career stage. I want RPTH to look to the future of our field. Therefore, I intentionally selected two of eight associate editors, and 25% of the editorial board, who were early in their career. As discussed in a previous Editorial, we believe this mix will bode well for the future of scientific publishing in our field.⁵

The RPTH associate editor group has discussed diversity, inclusion, and unconscious bias. We will continue regular discussion and monitor ourselves by evaluating peer review process data. I encourage all RPTH peer reviewers to consider unconscious bias, whether by region of the

world, gender, race-ethnicity, career stage or author institution when evaluating articles for RPTH.

As RPTH is partway through our second year, we aim to shape the Journal to meet your needs. If you have further thoughts about diversity and inclusion and how we can expand these principles to advance thrombosis and hemostasis science via the Journal, please share them with me by email or Twitter.

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