

WHAT'S NEW IN INTENSIVE CARE



Statement paper on diversity for the European Society of Intensive Care Medicine (ESICM)

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Abstract

Introduction: Diversity has become a key-strategic element of success in various political and economic fields. The European Society of Intensive Care Medicine (ESICM) decided to make diversity a key strategic priority for the future and appointed a Task-Force on this topic.

Methods: In a consensus process, three Working-Groups, nominated by Task-Force members, developed statements on strategic future topics. In addition, diversity-related data available from the membership database have been analyzed and reported in aggregated form.

Results: The Task-Force decided to nominate working groups on (1) “sex, gender identity and sexual orientation”, (2) “ethnicity, culture and socio-economic status”, and (3) “multiprofessionalism”. These are the first prioritized topics for the near future. The first diversity-report shows targetable items in all three domains.

Conclusion: The diversity Task-Force defined actionable items for a one- and three-year plan that are especially aiming at the identification of potential gaps and an implementation of concrete projects for members of the ESICM.

Keywords: Diversity, Female, Male, Intensive care medicine, Critical care, Society, Culture

Introduction

Equity policies have proven successful from a socio-economic and business point of view. Considering gender, for example, a larger proportion of women and LGBTQI+ has been shown to increase productivity, employee satisfaction and success [1, 2]. This example can possibly be translated to the medical context with increased representation among leadership structures, faculty members and other aspects [3–6].

The concept of “success through diversity” acknowledges that diversity as a whole is an instrument to improve processes and outcomes. It has been embraced politically and operationally by most multinational companies [1, 2]. Conversely, within medical societies, very few structured strategies exist that actively embrace and promote diversity. In recent years, however, the diversity gap has been recognised in most professional fields [7–10].

The European Society of Intensive Care Medicine (ESICM) has more than 9000 members from more than 115 countries and is one of the largest professional intensive care societies globally. The ESICM Executive Committee (EC) declared the issue of diversity and equity a key strategic priority. The EC unanimously decided to appoint a task force (TF) according to the procedure outlined in the ESICM Internal Operating Instructions [11] (C.,1.2, s.f. e-supplement 3). Members of the TF were selected to represent the different core divisions of the society (s.f. e-supplement 3).

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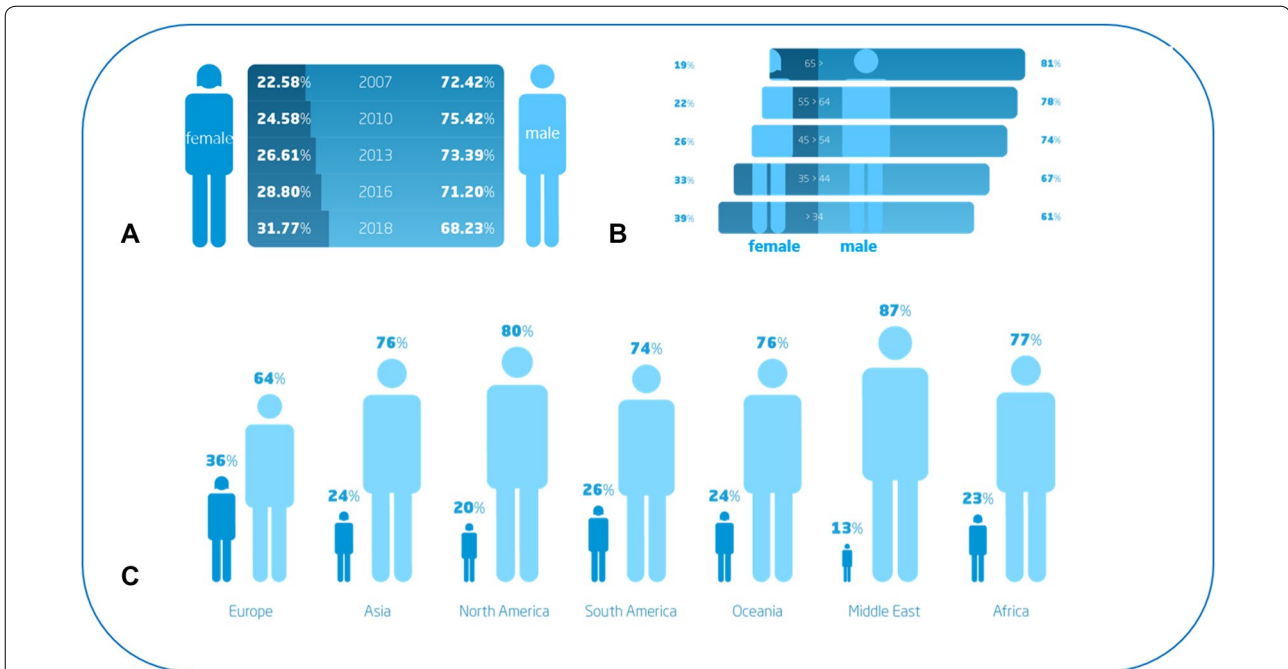


Fig. 1 Diversity metrics as of 2018. Data derive from the ESICM membership data warehouse as of 30 September 2018. Proportion of members indicated to be female in the general society with the development between 2007 and 2018 (**a**); gender breakdown of age groups (**b**); gender breakdown per region (**c**). Among NEXT members, the proportion of females is approximately one-third; the NEXT committee consists of 15 elected and 1 nominated member, 44% of whom are female (7/16). In contrast, only 15% (2/13) of the ESICM executive committee are currently female. All percentages were rounded. The data were shown during ESICM LIVES 2018 at the Council presentation of the General Secretary

This statement paper introduces the structure and strategic plans of the ESICM diversity taskforce and summarises the current diversity metrics of ESICM.

ESICM 2018 diversity report

All data shown in the statement paper and electronic supplement were extracted from the ESICM membership database and are anonymised. Data extraction was performed by ESICM employees; none of the authors had access to the database, and only aggregated anonymised data were available for analysis. The database has no information regarding non-binary gender identities, sexual orientation, ethnicity, cultural affiliation or socio-economic status. At present, the only information provided by members is their workplace location, age, sex and training status (s.f. Fig. 1, e-supplement 1 and 2).

Statements on diversity in ESICM

Following a round table discussion, three working groups were established and were asked to craft consensus statements. Further details on the composition of the TF and WGs can be found in e-supplement 3.

WG 1: “sex, gender identity and sexual orientation”

The WG will address gender imbalances in ESICM activities at all levels, including governing bodies, convening committees, panels, faculty and professional documents. The ESICM should aim for gender representation according to the gender proportion in the critical care medicine workforce. For example, this would translate to female representation of at least 30–40%. The WG recommends public reporting on the process of panel composition for ESICM-sponsored documents and activities. The WG will develop a plan to improve female representation if targets are not met. A voluntary database of speakers, educators and researchers within specific areas may aid organisers to identify meritorious participants. The WG will promote and establish family-friendly conference facilities to encourage participation of faculty and delegates with young children.

WG 2: “ethnicity, culture and socio-economic status”

The WG will address potential and actual issues related to ethnicity, cultural diversity and socio-economic status within the ESICM. It will promote adequate representation of ethnic minority groups and inclusion of members regardless of their geolocation, origin, cultural or socio-economic background. All members should be granted

full access to educational and academic programmes delivered by the Society. The WG will review educational and research programmes as well as standard operating procedures (SOPs) [11] to ensure their suitability/adaptability for different cultural contexts. If required, the WG will suggest adaptations. The WG is committed to ensuring that effective care is provided to critically ill patients worldwide regardless of demographics and limited only by local medical capabilities. The ESICM commits to endorsing activities and opportunities that are intended to meet this aim.

WG 3: “multi-professionalism”

The WG subscribes to the ESICM Objectives, Aims and Missions as a route to ensure critically ill patients receive the best possible care. All healthcare professionals (HCP) possess knowledge, skills and expertise that contribute to optimal patient care. However, no individual profession possesses all the necessary attributes on its own to deliver optimal patient care. The WG will ensure that all aspects of critical care practice are fully represented and available to the organisation by (1) removing organisational barriers to all HCPs, (2) encouraging recruitment/growing membership of under-represented HCPs, (3) building bridges with other professional bodies and (4) delivering cross-professional education and research.

Goals and future perspective

The ESICM diversity taskforce’s major aim is to improve the framework conditions to identify and overcome potential barriers and thus promote balanced opportunities to all its members regardless of sex, gender identity, sexual orientation, ethnicity, country of origin, cultural affiliation, religion, socio-economic status or profession. The ESICM recognises that inequity is unarguably accompanied by major loss of potentially important contributions and impedes excellence in science and patient care. Merit should determine the professional prospects of the members of the ESICM. Therefore, the ESICM will act to ensure that this is the criterion upon which decisions are made regarding election, promotion and nomination for any position or award. The ESICM has convened a taskforce to correct gaps in opportunities and representation regardless of whether these are coincidental or intended. The taskforce will focus on three central topics, each of which will be addressed by a scientific working group. Concrete actions to be taken within 1 and 3 years can be found in “Box 1”. These include research projects to identify gaps, the amendment of selection processes, standard operating procedures (SOPs) and a diversity policy that will be framed and reported. An annual ESICM diversity report will be published on the

website to ensure transparency as a symbol of commitment to this issue and the topic will be an agenda item at the annual general assembly meeting (s.f. Box 1 in Appendix).

Finally, the taskforce and actions taken by the ESICM will be subject to the oversight of external expert advisors; their advice will be sought regarding the means to address these issues properly. The external advisory group will summarise the diversity taskforce meetings to allow a constant feedback mechanism. The future composition of the diversity taskforce will be formalised in the SOPs and will focus on representing the core columns of the society as well as target adequate representation of subgroups and minorities within ESICM.

Electronic supplementary material

The online version of this article (<https://doi.org/10.1007/s00134-019-05606-0>) contains supplementary material, which is available to authorized users.

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Compliance with ethical standards

Conflicts of interest

On behalf of all authors, the corresponding author states that there is no conflict of interest regarding the content of the manuscript.

Ethical approval

An approval by an ethics committee was not applicable.

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Appendix: Box 1

One-year actionable items

1. Annual diversity report reporting metrics from the membership database (anonymous).
2. Code of conduct for conferences and ESICM events.
3. Research projects.

- (a) Implicit association tests for reviewers and change of application system for NEXT fel-

lowships + associated research project (IRB N2018/11 – Erasme, BE).

- (b) ICaBed4U: reductions of barriers to attend conferences by promoting free places to stay between members.

Three-year actionable items

1. Implementation of diversity task force and associated actions into SOPs.
2. Management projects aiming at the identification and reduction of barriers/issues (requiring IRB and GDPR approval).
3. Associated research projects (requiring IRB and GDPR approval).
4. Annual survey during congress regarding diversity, equity and equality comprising information beyond the membership information (anonymous, voluntary, IRB and GDPR approval).

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