

Gender Equality Plan



The Gender Equality Plan of the German Society of Cardiology (Deutsche Gesellschaft für Kardiologie, DGK) aims to ensure equal opportunities for all individuals within the organization. The DGK has published a report '*Moving toward gender equity in the cardiology and cardiovascular research workforce in Germany: a report from the German Cardiac Society*', which comprehensively states the current status and ongoing efforts for gender equity in particular (European Heart Journal open <https://doi.org/10.1093/ehjopen/oead034>). The here formulated Gender Equality Plan is partly an excerpt of this publication, please refer to the full article for more information and further reading (including all relevant references).¹

Publication

The Gender Equality Plan was initiated by the Board of Directors and developed by the members of the project group 13 (PG 13; women and family in cardiology). The Gender Equality Plan will be reviewed, updated, and signed by the DGK president and by the chairs of the project group 13 every 2 years. The current version will be published on the DGK website.

Resources

A project group was implemented and mandated by the board of the DGK to support gender equity and to create equal opportunities within the society. The main goals are to uphold an evidence-based dialogue to identify causes for gender inequity in clinical cardiology and cardiovascular research in Germany, to develop measures to counteract them, to evaluate the success of these measures, respectively, and to set the course for sustainable gender equity.¹ As one part to fulfil suggested measures, the project group will soon be transformed into a permanent section within the DGK and will be renamed to reflect its overall efforts, and highlight the importance of gender equity, diversity and inclusion (Section for Diversity, Equity, and inclusion). The project group currently receives administrative support from the DGK staff. The chair of the PG 13 (or vice chair) participates in the monthly meetings of the DGK board to ensure continuous advocacy for diversity, equity, and inclusion, and implementation of the Gender Equity Plan. Further commitment of resources to implement the Gender Equality Plan include the use of the DGK website as a platform, the opportunity to plan informative and scientific sessions at the annual DGK conferences, as well as the implementation of a Gender Equity Award, recognizing individuals with merits in promoting gender equity in the cardiovascular field.



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Data collection and monitoring

The project group currently receives anonymized gender disaggregated data for all DGK members, DGK-led scientific meetings, as well as project groups, sections, working groups and other organs from the DGK office. Together with data gathered from the DGK website and respective departments of members and associated members of the Association of University Hospitals in Germany and further official sources, the project group provides a report to the executive board on an annual basis. Indicators will be published in the publicly available annual DGK report and will be reported at the general assembly of DGK members every spring. We strive to also publish selected results in scientific journals and other media to inform the public discussion.¹

Awareness and training

One of the most crucial pillars is commitment and responsibility to gender equity by the society's leadership. Professional societies in particular, through their central position, have the opportunity to shape norms, values and culture in their respective field. Many initiatives to promote women in medicine/science, as well as research on historical and current disproportions, are carried out by the group most affected, which is ultimately not conducive to their own careers. Therefore, it is essential that the national society and institutional leadership bear the responsibility to implement the necessary strategies to remedy gender-based inequities. To promote equity in cardiology and to ensure the best possible use of all perspectives and expertise, equal opportunities and diversity should become a central task, especially in the decision-making and trend-setting commissions. This includes leadership training for current and future leaders, to provide a comprehensive, evidence-based, and up-to-date overview of relevant topics, including background information on gender-based bias and the basics of an anti-bias approach.¹ The presentation of the above detailed data on gender representation in the organs of the DGK will further increase the awareness and stimulate a respective discourse in the society.

Mentoring and Networking support

The DGK supports networks to support female leadership and aims on gender equality in all its institutions and positions to support visibility and status of women in cardiology. The DGK implemented a mentoring task force aiming to support young cardiologists and enforce equal opportunities.

Targets and measures

Work-life balance and organisational culture

Analyses revealed the classic picture of the so-called leaky pipeline within the DGK, referring to the decreasing proportion of women in medicine and science with higher career stages. A promotion to attending/consulting physician often falls into the time of starting a family and for women in particular, roadblocks become overt during that time. Even though maternity leave and parental leave policies are much more generous in Germany than in other countries, unnecessary occupational bans during pregnancy can cause a delay of training and/or promotions, which can be further aggravated by lack of supporting structures for pregnancy and breast-feeding. This is a topic that the DGK also recently addressed in a consensus publication (https://leitlinien.dgk.org/files/2024_konsensuspapier_schwangerschaft_mutterschutz_in_der_kardiologie.pdf). Also, being present and available at all times often cannot be reconciled with family and domestic obligations. Short-term contracts and non-transparent institutional training curricula



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further counter part-time working models. These uncertainties are likely to influence early and later-in-life career choices, especially for women. However, normalization of taking on responsibilities for the family while still aspiring to excel in their career will ultimately benefit both men and women. In a survey carried out through the DGK in 2019, both men and women demanded measures to improve work-life balance and more flexible working time models.² The DGK aims to provide examples for updated working models that support work-life balance and go along with the organizational culture.

The organizational culture within the DGK is grounded in principles of equity, which enhance our expertise and improve the quality of our work. The DGK is committed to supporting all members of the society and all professionals in the field of cardiovascular medicine, irrespective of gender, sexual orientation, or other personal characteristics. We believe that medicine and research will have the greatest positive impact on society when those involved in research and patient care come from diverse backgrounds. Gender equity is specifically outlined in the DGK's statute.

Gender balance in leadership and decision-making

Programs to retain women in academic medicine and to increase the share of women in leadership positions are well underway in Germany on many levels (i.e. government funding to support specific programs, adjusted regulations by funding agencies, quotas in university search committees, funding dedicated to women applicants, mentoring/coaching programs, etc.). However, the transition into leadership positions remains relatively slow for women, particularly in the field of cardiology and cardiovascular research. Reasons are manifold and must be considered fully when measures to promote equity are prioritized. Within the DGK, we consider measures such as anti-bias training for currently leadership roles (see above) to avoid substantial conscious or subconscious gender-dependent perceptions to remain a major factor for career progression barriers for women, as well as data transparency and accreditation of successful efforts, as essential measures. The implementation of the project group/section and the permanent inclusion of a delegate for diversity, equity, and inclusion in the board meetings of the DGK is another way to ensure these aspects are taken into consideration within the society's decision-making. The DGK strives for a gender balance in the leadership organs according to the shares among members.

Gender equity in recruitment and career progression

The representation of women in leadership roles is crucial for providing equity and to recruit and retain women in the field. Our data suggest that women in key leadership roles (e.g. as annual meeting president/chair, as head of the program committee, as speakers of commissions, etc.) might have supported the retainment of women, accelerated the increase of women in relevant positions in the society, and increased their representation in more senior roles at the annual meeting. However, there is much room for improvement. Structures within professional medical societies are more flexible when compared to hospital structures, hence the DGK might lead the way, serve as a role model and set standards for changes in the profession. Given that the representation of women in the society declines with advanced career stages, it seems possible that flexible funding programs aimed at easing the challenges during respective transitioning times would benefit women the most and deliver an incentive to continue their career track. For example, financial support for personnel (i.e. scientific assistance, nursing staff, administrative support, household help) could fill gaps during leaves, or under certain circumstances such as the pandemic. In addition, funding measures could aim to cover travel costs for accompanying children and caretakers to conferences/meetings.



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Another pillar will be to establish educational programs specifically designed by and tailored to female members of the society. In areas where women are particularly underrepresented, such as interventional cardiology, such events could serve to not only educate but also to build important networks for women cardiologists in training and provide important support. Dedicated scientific sessions that specifically include gender-related aspects, e.g. radiation safety, in particular for those during childbearing years, suggest to be of important added value for female clinicians in training. The DGK has recently published a consensus paper as the lead society together with other medical societies that comprehensively covers all aspects of pregnancy and motherhood in cardiology (https://leitlinien.dgk.org/files/2024_konsensuspapier_schwangerschaft_mutterschutz_in_der_kardiologie.pdf) Further, it needs to be ensured that actual barriers within societies/institutions that slow down/exclude women's success or advancement are addressed at the same time.¹

The DGK supports networks to support female leadership and aims for gender equity in all its institutions and positions to support visibility and status of women in cardiology through **Mentoring and Networking**. The DGK mandated a mentoring task force that subsequently implemented a DGK mentorship programme aiming to support young cardiologists and medical scientist along their career trajectory. One speciality about the DGK mentoring program is, that mentees can suggest two to three fitting mentors, while all mentors had to apply and show commitment to become a mentor.

Integration of the gender dimension into research and teaching content

One of the key roles of the DGK is public communication, which involves sharing information with researchers, scientific institutions, and the general public. Promoting gender equality will be a central part of our communication efforts. We will ensure that all our communication channels are mindful of gender considerations and will, for example, monitor and re-evaluate the use of language and refrain from reproducing gender stereotypes, monitor the representation of members and how activities are reported in written press, profile articles, and other communications to ensure that gender bias does not affect representation. We also aim to ensure gender balance among the speakers at conferences and other scientific events.

In order to integrate the gender dimension into clinical studies that the DGK might partner with, gender aspects in the conceptual design of study protocols, planning, and execution will be considered. We will ensure that scientific results of the studies and scientific projects will provide sex- and/or gender-disaggregated data. We will also design inclusive studies that account for inherent societal gender biases that may affect participation. We will ensure that our studies are accessible to all individuals, regardless of gender, to enrol in and follow the study requirements.

Measures against gender-based violence, including sexual harassment

Several measures against gender-bias, gender-based violence and sexual harassment several have been employed and are continuously being developed, for example the facilitation of critical reflection of gender norms, conduction of ongoing sensitization of those responsible for implementing policies, holding decisionmakers accountable for gender equality commitments, call out discrimination if encountered, and potentially support other societies in the pursuit of gender equity.

The gender equality plan is part of an overall plan for diversity, equity, and inclusion within the DGK.



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Literature

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2. Dettmer S, Wenzel A, Trenkwalder T, Tiefenbacher C, Regitz-Zagrosek V. Gender and career in cardiology-a cross-sectional study. *Herz.* 2021;46:150-157. doi: 10.1007/s00059-021-05027-0