BMJ journals collect gender, race, and ethnicity data on submissions

Capturing the diversity of our contributors systematically will enable better decision making

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Equity, diversity, and inclusion (EDI) are at the heart of BMJ’s mission to create a healthier and more equitable world. Research has shown that greater gender, racial, and ethnic diversity; representation of disadvantaged voices; and inclusion of different perspectives enable better decision making.

On 1 October 2022, BMJ journals began asking all users of our manuscript submission sites (editors, authors, and reviewers) to self-report their gender, race, and ethnicity. The data will always be aggregated and not linked to individual users, contributors, or manuscripts. BMJ uses appropriate measures, including encryption, to safeguard diversity data, which are collected through our manuscript submission sites but stored in a separate database with access controls. Self-reported diversity data cannot be seen, accessed, or used by anyone during the manuscript submission or peer review process, and they will be used by BMJ only for reporting on our EDI performance and progress.

**Joint commitment**

The joint commitment for action on inclusion and diversity in publishing (joint commitment), founded by the Royal Society of Chemistry in 2020, worked with a range of stakeholders to devise the questions used to gather diversity data. By collecting these data from users, BMJ is meeting the minimum standards we agreed to by joining the joint commitment alongside 53 other publishing organisations, including more than 15,000 journals.

Collecting and reporting EDI data are now industry standards in scholarly publishing. All BMJ journal contributors will be prompted to complete this information, but they can opt out by selecting “prefer not to disclose.”

Collecting these data will enable BMJ to benchmark the diversity of the contributors to all our journals. We acknowledge that journal publishing is not impervious to the biases that exist in academic research, funder environments, clinical practice, and in broader societies. These biases, not limited to gender and race, create and sustain an unequal playing field and restrict journals’ abilities to break away from status bias in peer review (peer reviewers favouring or not wishing to discredit senior researchers), Western bias (favouring research conducted in and applicable to Western populations), and colonial approaches to clinical research and public health (also known as “helicopter” or “parachute” research, conducted on rather than in collaboration with populations in lower income countries). These biases have shaped scientific research and dissemination since the establishment of scientific journals in the 17th century. We want to surface, publish, and promote excellence and expertise in science and medicine from diverse communities, countries, and perspectives. BMJ journals want to publish the best research, regardless of the gender, race, or ethnicity (or any other personal characteristic) of the authors, and we want to ensure that we are not perpetuating barriers to publication that hold back career progression.

Studies published in The BMJ and elsewhere show that women are under-represented in the authorship of academic research. The percentage of women researchers published in academic journals further decreased during the covid-19 pandemic. Collecting self-reported data on gender, race, and ethnicity of contributors will give us a more accurate picture of author characteristics and, for the first time, enable us to report on the ethnic diversity of our contributors.

These data will provide BMJ with better evidence to evaluate the diversity of our journal contributors and monitor the outcomes of interventions to the editorial process; for example, we will be able to assess whether having more diverse editorial boards across our journals improves the diversity of peer reviewers invited to evaluate articles as well as the authors we commission for commentary articles.

**Background**

After #metoo, #timesup, LancetWomen, and other international and cross industry social justice campaigns, The BMJ and our specialty journals need a way to capture the diversity of our contributors systematically. We want to understand the diversity of authors, reviewers, editors, and editorial advisory board members, and we have publicly committed to doing so. The joint commitment took up the challenge of setting standards to introduce EDI data collection on article submission systems. The group also designed and tested an international list of race and ethnicity terms (https://www.rsc.org/new-perspectives/talent/joint-commitment-for-action-inclusion-and-diversity-in-publishing/).

**What next for EDI data at BMJ?**

BMJ will review these data in six months’ time, and we hope to present and publish journal and portfolio level summaries of the data. We also hope to use these data to begin publicly stating the gender ratios of our journal editorial boards to support our mission of achieving at least gender parity among members of our journal editorial boards.

If you have any questions, please find answers to FAQs here: https://authors.bmj.com/policies/gender-identity-and-race-ethnicity-data-in-scholarone, and
you can contact Mark Richards at policy.edi@bmj.com.