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The essential role of dermatology publications in enhancing professional diversity, equity and inclusion

Dermatology publications have substantial untapped potential to improve patient care for all patients and communities. The leadership role of both the editors and editorial boards of these journals, books and digital media provides an important opportunity to support professional diversity, equity and inclusion (DEI) plus democratization of knowledge.¹ Multiple events in many countries in recent times have demonstrated the need to work harder at DEI to ensure a level playing field for all patients, clinicians and researchers.

There follows a statement endorsed by a group of dermatology editors who wish to highlight DEI issues, set goals towards improvement, and suggest some specific actions that can be taken to support the necessary changes, with the understanding that different publications may pursue these goals using various approaches.

Organizational aspects

- Worldwide coordination of dermatological organizations is necessary to foster DEI in the dermatology literature.
- Dermatology journals and other media should ensure diversity and inclusion in their editorial boards, peer review communities and management teams.

Publications and content

- Dermatology journals and their reviewers should challenge prejudice in submitted articles whenever encountered. Journals should consider rejecting papers describing results from patient cohorts that do not represent the wider patient population from the region.
- Editorial content should be broadened to include DEI efforts and programmes. Journals should invite articles targeted at diversity topics and reach out to authors

from under-represented communities. Periodic reports quantifying diversity efforts should be published.

- Manuscript acceptance should be independent of the author's background, primary language, gender identity or institutional affiliation.
- Instructions to authors should encourage the following:
 - Clinical images that reflect variation in presentation of skin conditions in all skin colours; comprehensive supplemental data should be provided when skin colour is a studied variable.
 - Clinical trials with a diverse range of participants, reflecting the populations in whom the intervention will be used.
 - Clinical research studies to increase the evidence base in less-researched areas, including tropical skin diseases, albinism, skin disease in older people, skin disease uniquely affecting the LGBTQ community, and skin disease in resource-limited (impoverished) communities and countries.
 - Publications covering artificial intelligence and machine learning that incorporate and train on images of all skin colours.
- Journals and their publishers should make provisions ensuring that financial considerations do not hinder publication of research from resource-limited areas of the world.
- Journals should establish editorial mentorship programmes to guide and train young physicians and researchers from diverse communities who may not have had the advantage of experienced mentors in reviewing a variety of manuscript submissions.

Research and development

Journals and professional media have an important role and responsibility in disseminating new information. The data collected should be of the highest possible quality. For that reason:

- Electronic health records should contain prompts to ensure recording of skin colour and diversity of gender identification and racial and ethnic background, and the detailed reporting of these data should be in accepted articles.
- Drug companies, clinical research organizations and institutions should ensure that clinical trial participants and investigators are inclusive and diverse.

- ‘Race and ethnicity’ should be used in journal articles to denote the inexactness of concepts that are culturally constructed but may have implications for medical predisposition.
- Studies in Africa need to be encouraged because, for example, African American and Afro-British research participants are not the same genetically and socioeconomically as African participants in Africa.
- Studies of skin and skin-related diseases in indigenous populations throughout the world should be encouraged.
- Research targeted at conditions commonly seen in certain skin colours (e.g. dark skin) should be prioritized, for example keloids, pigmentation disorders and tropical diseases.
- Research targeted at conditions commonly seen in the LGBTQ community and in economically underprivileged communities should be supported and encouraged.
- It is time to revisit and improve the Fitzpatrick skin colour classification to denote more precisely the full range of skin colours and their variations in disease seen worldwide.²

While the above list is not exhaustive, and precise methodology must be developed, the intention is to drive change and support efforts to improve DEI in dermatology and other specialties. It requires all of us to integrate DEI considerations into every facet of dermatology publishing to ensure we lead the way in wider societal change.

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