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Change is on the horizon

It is not a mystery that there have been gender imbalances in the field of urology for decades.¹ Female urologists are outnumbered in the workforce and in positions of leadership within the urologic community.^{2,3} We often joke that the only place where the women's bathroom line is shorter than the men's is at a urology conference.

It can be intimidating and challenging as a trainee or attending urologist to ask for opportunities, including involvement in guideline development, when there is not someone who looks like you in a role that you wish to pursue. Importantly, the Canadian Urological Association (CUA) is actively and radically taking several steps to change how authors are included on guideline panels, which will improve the proportion of female authors.

The development of the CUA Equity, Diversity, Inclusion, and Accessibility (EDIA) Committee, chaired by Dr. Ashley Cox, was an excellent first step at raising awareness and acting on any areas of imbalance and inequality that exist in all work done through the CUA. On the CUA Guideline Steering Committee (and all other CUA committees), there is an appointed EDIA representative to ensure the values of EDIA are reflected in the guidelines and in the individuals selected to participate as guideline authors.

Additionally, there is an ongoing complete overhaul of the methods and processes by which CUA guidelines will be developed. In addition to several initiatives to make the guidelines more standardized and methodologically robust, there is also a major focus on improving the diversity of guideline panels. This means purposefully selecting guideline co-authors from different provinces, medical specialties, and genders on each guideline panel. It also includes having patient representatives on guideline panels where possible. Each guideline panel will be reviewed by the Guideline Steering Committee to ensure there is appropriate representation before the guideline is developed, which provides another opportunity to intervene if there is inadequate diversity.

The inclusion of a diverse group of co-authors on a guideline panel is not just about fulfilling EDIA requirements: consider the differences in experience between a urologist vs. a medical oncologist, a male physician vs. a female physician, a family doctor in Alberta vs. a family doctor in Nova Scotia. Having a diverse set of co-authors on a guideline panel allows a broader set of perspectives on the questions that should be answered by the guideline statements. By improving the diversity of co-authors, the CUA guidelines have the potential to also become more widely relevant to other medical specialties and patient advocacy groups.

The article by Singh et al in this month's *CUAJ*, highlights an imbalance in the female co-authors of previous CUA Guidelines, Best Practice Reports, and Consensus Statements.⁴ It is by studying and highlighting these areas of under-representation that change can be directed and then the outcomes re-evaluated. Thankfully, at CUA, the push to improve the diversity of guideline panels, including an increase in the number of female co-authors, is already underway, and I truly believe that these numbers will improve in the near future. Change is on the horizon, so please stay tuned!

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