

## The global evidence of gender inequity in academic health research: a living scoping review protocol

### Rationale

Academic leadership positions are still dominated by men, suggesting system-wide challenges for women to progress in academic careers. Attempts to address this inequity are limited by a lack of comprehensive evidence to guide decision-making and policy development.

### Implications

Results from this scoping review will provide systematic evidence on what works well in rebalancing the gender inequity observed in universities. The knowledge users, including members of the Canadian Academy of Health Sciences, leaders of Canada's research-intensive universities, the science publisher Elsevier, an editor from The Lancet and ABC, World Health Organization (WHO), Science in Australia Gender Equity (SAGE), and the South African Medical Research Council (SAMRC), have been involved in co-creating the research. This ensures its relevance and increases its likelihood of uptake.

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**For more information, please contact**  
Andrea C. Tricco:  
Andrea.Tricco@unityhealth.to

### Background

- The number of women attending universities, including medical schools, has increased, with women now outnumbering men at undergraduate and graduate levels.

### Objective

- To describe the existence and extent of gender inequity among individuals with appointments at an academic institution conducting research in the health sector.

### Methodology

- Our methodology is guided by the Joanna Briggs Institute Methods Manual for Scoping Reviews.
- **Eligibility Criteria:**
  - Population:** Individuals primarily affiliated with an academic institution in the health sector
  - Concept:** Studies that describe gender inequity, including any outcomes related to gender equity, such as the representation of women in university/faculty/department or the proportion of women in different academic ranks/positions.
  - Context:** studies that occurred in the academic health sector based on the four pillars defined by the CIHR: biomedical, clinical, health services, and social, cultural, environmental and population health.
  - Types of Sources:** primary research studies of quantitative, qualitative, and mixed methods design. There are no restrictions based on year or language of publication, study duration, or publication status.
- **Literature Search:** MEDLINE, EMBASE, PsycINFO, CINAHL, Web of Science, JBI Evidence-based Practice Database, Cochrane and Evidence-Based Medicine (EBM) Reviews Database, and the Campbell Library Index will be searched as well as databases of grey literature, internet search engines and conferences on gender equity.
- **Study Selection/Data Abstraction:** A theoretical model for analyzing gender bias in medicine and the conceptual framework of the glass ceiling for women academic leaders will be used to examine concepts related to gender equity. Screening pilot tests will be conducted by the full review team. Full charting will be completed by two reviewers independently and discrepancies will be resolved by discussion or a third reviewer.
- **Synthesis:** Results will be synthesized across facets of gender equity using multi-dimensional social identities highlighted by the Tri-Council Secretariat's Advisory Committee on Equity, Diversity, and Inclusion Policy and the Dimensions charter will be of specific interest. These include race and ethnicity, disability status, and Indigenous status.

### Knowledge Translation Strategy

An integrated knowledge translation (IKT) approach will be used. Knowledge users will be engaged in a modified online Delphi to inform future academic health research priorities. The Patient and Engagement Questionnaire will be used to assess stakeholder engagement at study end.

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