

Ella KM Reynolds,

Paediatric Nurse; Health Professions and Nursing Lecturer, Royal Cornwall Hospitals NHS Foundation Trust, Truro.

Christopher S Trethewey,

Translational Scientist; Scientific Associate, University of Leicester, Leicester Cancer Research Centre, Leicester.

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Are female authors under-represented in primary healthcare and general internal medicine journals?

Gender inequalities persist on a large scale in academic medicine. Compared with their male counterparts, female researchers generally receive lower salaries^{1,2} and less funding for their studies.³ They also have slower career progression.⁴ The representation of female and male authorship is a simple measure and is a surrogate marker that reflects the level of gender gap in research.

We selected all interventional and observational studies and all reviews published in 2016–2020 in all primary healthcare (PHC) journals with a JCR 2019–

2020 impact factor >1 ($N = 16$ journals) and in the same number of high-impact general internal medicine (GIM) journals. We then used Gender API (<https://genderapi.io/>) to determine the gender of the first authors. Finally, we calculated the proportion of articles authored by female researchers and compared the data by year of publication and by medical discipline using logistic regression adjusted for intra-cluster correlations (journal).

We retrieved 13 440 articles, the names of the authors being available for 13 329 of them. First authors' gender could be determined for 13 173 articles (98.8%). The proportion of female first authors ranged from 47.7% to 71.6% in PHC and from 24.3% to 53.3% in GIM. It was <50% in only one of 16 PHC journals and >50% in only one of 16 GIM journals. The difference between the two journal groups was statistically significant (53.7% for PHC versus 41.2% for GIM, adjusted odds ratio [AOR] = 1.66 [95% CI = 1.03 to 2.66], P -value = 0.04). The proportion of female first authors varied only slightly during the period under review (2020 compared with 2016: AOR = 0.98 [95% CI = 0.79 to 1.20], P -value = 0.81 for PHC, and AOR = 0.99 [95% CI = 0.90 to 1.09], P -value = 0.77 for GIM).

These results can be explained in part by a higher proportion of women in leadership positions in PHC compared with other medical disciplines.⁵ They highlight the important contribution of female scholars to scientific knowledge in PHC.

Our study has two main limitations. First, gender assignment relied on a gender detection tool and not on self-determination, and the risk of misclassification was therefore not excluded. However, Gender API was shown to be very accurate.⁶ Second, gender determination on the basis of first names raises ethical considerations by simplifying the concept of gender.⁷

Paul Sebo,

Primary Care Unit, University of Geneva, Geneva.

Email: paulsebo@hotmail.com

Carole Clair,

Center for Primary Care and Public Health, University of Lausanne, Lausanne.

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Corrections

In the editorial by Gerada C, General practice in crisis: stop skinning the cat. *Br J Gen Pract* 2021; DOI: <https://doi.org/10.3399/bjgp21X716153>, there was an omission from the competing interests paragraph, so text should read: "...; board member and founder of eConsult; and independent advisor to Cygnet Health Care Advisory Board." The online version has been corrected.

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In the research by Berner AM, *et al*, Attitudes of transgender men and non-binary people to cervical screening: a cross-sectional mixed-methods study in the UK. *Br J Gen Pract* 2021; DOI: <https://doi.org/10.3399/BJGP.2020.0905>, the authors would like to clarify that the estimate that transgender people make up 0.3% and 1.2% of the population is derived from a number of epidemiological studies in different countries, and estimates may vary according to rate of disclosure in that country. The latter UK estimate is drawn from data from the Office for National Statistics. Therefore the estimates for percentages and absolute numbers may not directly reflect each other. Text in the introduction, second paragraph, last sentence, now reads: "... trans people make up between 0.3% and 1.2% of the worldwide population.^{11–16} An estimated 200 000–500 000 trans people live in the UK.¹⁷" The online version has been corrected.

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