

European Hernia Society (EHS) Gender Equality Plan

The EHS is non-profit international scientific association as per its current bylaws. It was founded in June 1998 in Cologne, as the European Hernia Society, replacing its founding organisation of GREPA, which originated in 1979.

The EHS is run by a Board of 13 members, who are not paid for their activities. And while a secretariat and other providers are funded on an as required basis, the European Hernia Society currently does not directly employ any person, and thus does not have a human resource department. Nevertheless, the Board is very cognisant of the need for Gender Equality as laid down in its Bylaw 13.6 (b).

The EHS Board will ensure that all courses and conferences organised directly or endorsed by the EHS have a gender equity plan in place. The organising and scientific committees have to show how they have addressed this issue to the board of the EHS when applying for the endorsement and do everything they can to avoid a single gender panel, course attendees, delegates and so on. As surgery is by tradition a male predominant field, female surgeons, trainees and PhD candidates are always encouraged to join the activities of the EHS although at present, a minimum quota has not been set. This remains under review and will be revised as necessary.

The EHS takes several important factors into consideration as detailed below. In addition, the gender variation in responding to adverts for positions of responsibility or promotion is acknowledged.

- **work-life balance and organisational culture**

The EHS is aware that a work-life balance is harder to achieve especially for parents of young children. Unfortunately, in most countries it is the mother that is mainly responsible for the majority of tasks around childcare and the EHS encourages all male members of the community to actively take part and share the family responsibilities. In addition, the EHS encourages space for gender equity sessions at the annual meetings, webinars and other educational events. The EHS strongly encourages all members to apply for grants, prizes and internships and where age limited – we allow for deduction of time spent on maternity/paternity leave to those who had to take out to care for their children.

- **gender balance in leadership and decision-making**

When advertising any positions on the board or advisory wing, the EHS gives specific significance to the gender balance of such committees. For many years the board was male only, but this has changed significantly in recent years. The current president of the society is female. The EHS hopes to continue this trend until it reflects its membership. However, currently only 16 % of the EHS membership are female (predominately surgeons and surgeons in training) and it is therefore, likely to take time to reach a balanced gender ratio. This information will be considered by the General Secretary of the EHS on a regular basis, and a standing item on the Winter meeting of the Board where data on the composition of

the Board, its Advisory wings, its guideline and other working groups, along with grant awardees will be discussed and managed in the interest of diversity.

- **gender equality in recruitment and career progression**

The EHS does not currently employ staff. All projects of EHS are run by people from all over Europe who have shown interest in the activities of the society. The EHS endeavours to ensure that it gives place and support to anyone, irrespective of gender, to apply to be a member of these teams and working groups, and young female researchers are always welcomed. It has also become a tradition, that young researchers and trainee surgeons have found their mentors amongst the older members of the community. Together we have overcome many local barriers and help break glass ceilings when needed. The EHS is committed to this strategy going forwards.

- **integration of the gender dimension into research and teaching content**

The EHS gives 5 research grants a year. All of them are evaluated by the scientific committee of the society. One of the criterion to accept or reject the application is to address the gender balance in the research team and also if the team has addressed in their proposal how they are going to make sure that both genders are equally represented in the researched cohort.

- **measures against gender-based violence including sexual harassment**

The EHS board does not accept and deals swiftly with all gender-based discrimination or violence within the Board, its Advisory wings and working groups. Furthermore, it is interested and seeks to be involved with member organisations in respective countries when gender-based discrimination is brought to the attention of the EHS. Any EHS member can lodge an official complaint through the EHS secretariat. One or more of the board members will deal with the national representatives with the aim to terminate and prevent repetition of such behaviour in the future. The EHS is currently working on a memorandum of understanding together with the National Chapters to further strengthen the bond and association, with patient care, professional behaviour, equality and diversity as the heart of this project. It is hoped that National Chapters will sign up to this, accepting that while removal of a National Chapter from the EHS is very much a last resort, it remains a potential sanction.

The EHS takes diversity issues of all types including gender seriously and continues to review its plan on a regular basis. We wish to abolish any discrimination in its practices, by continuing to work and learn from best practice, to be open and transparent about our policy, and to be a safe haven for help to those who turn to us.

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EHS President



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