

	Number of guidelines (N=454)	Median proportion (IQR) of female authors per guideline*	Median proportion (IQR) of female physician authors per guideline†
(Continued from previous page)			
Radiology	54 (12%)	28.9% (16.7–41.2)	30.0% (15.4–42.9)
Respirology	21 (5%)	35.7% (20.0–47.1)	20.0% (0–33.3)
Rheumatology	4 (1%)	37.6% (28.5–38.5)	29.0% (19.2–32.1)
Urology	6 (1%)	15.9% (9.1–33.3)	15.0% (0–21.4)

Data are n (%) or median (IQR). \*Ratio of the number of female authors to total number of authors. †Ratio of the number of female physician authors to the total number of physician authors. ‡Examples: American College of Physicians, American College of Neurology, and Endocrine Society. §Guideline developers with fewer than six guidelines (eg, American Physical Therapy Association and American Occupational Therapy Association). ¶Clinical specialties with fewer than four relevant clinical practice guidelines were combined and reported as Other.

**Table: Characteristics of 454 clinical practice guidelines and 7134 authors published between January, 2012, and December, 2017**

findings might be partially explained by the smaller number of women than men in academic medicine,<sup>4</sup> the proportion of female authors of original research has been increasing, including women in senior and first author positions, in the past four decades.<sup>5</sup> Therefore, barriers to achieve CPG authorship might be different. CPG authorship is determined informally by invitation, which leaves more opportunity for gender bias compared with the self-driven authorship of original work.

Our study is the first to evaluate the representation of women on CPGs and can be generalised across multiple medical specialties. Inclusion criteria provided by the National Guideline Clearinghouse and Guideline Central ensured consistent quality among the CPGs analysed; however, these guidelines are not necessarily the highest impact guidelines of each specialty. Future directions should include a review of CPGs published in high-impact journals<sup>2,5</sup> or of those published by societies in specialties of interest.

On the basis of these findings, we suggest that efforts be made to improve the representation of female authors on CPGs. Initiatives should include diversity policies for CPG authorship, competitive merit-based invitations, publication of the methods used for author selection,

and publicly reporting metrics of women's representation on future CPGs.<sup>1</sup>

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## Department of Error

Walker KF, Thornton JG. Encouraging awareness of fetal movements is harmful. *Lancet* 2018; published online Sept 27. [http://dx.doi.org/10.1016/S0140-6736\(18\)31720-3](http://dx.doi.org/10.1016/S0140-6736(18)31720-3)—This Comment is eligible for Open Access. The copyright line has been added. This has been corrected online as of Oct 3, 2018, and is correct in the print Comment.

Steel N, Ford JA, Newton JN, et al. Changes in health in the countries of the UK and 150 English Local Authority areas 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet* 2018; published online Oct 24. [http://dx.doi.org/10.1016/S0140-6736\(18\)32207-4](http://dx.doi.org/10.1016/S0140-6736(18)32207-4)—In this Article, an incorrect version of figure 1 was published. This has been corrected online as of Oct 26, 2018, and is correct in the print Article.



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