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Citation for final published version:

Guckian, J., Ingram, J. R. , Rajan, N. and Linos, E. 2021. Dermatology is finally talking about race. British Journal of Dermatology 185 (5) , pp. 875-876. 10.1111/bjd.20599

Publishers page: http://dx.doi.org/10.1111/bjd.20599

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.Editorial

"Dermatology is finally talking about race"

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Conflict of interest statement: JG, JRI, NR and EL are all members of the BJD Editorial Team

Word count: 635/750 words; 11/10 references

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The dermatology community is finally talking about race. Shockwaves sent worldwide by the Black Lives Matter movement have started a serious conversation amongst leaders, educators and scholars about the impact of racism, lack of diversity and need for solutions in dermatology. Disparities within our specialty are painfully visible; in the United States, dermatology is classed as the second least diverse specialty in terms of the clinical workforce [1]. From an educational perspective, one study demonstrated 47% of dermatologists felt that their training was inadequate to diagnose skin disease in skin of colour [2]. In research, race is only reported in 11% of clinical trials [3]. A recent review of articles on cutaneous manifestations of COVID-19 almost exclusively featured images of patients with lighter skin [4].

This isn't the first time racial inequity in dermatology has been highlighted [5,6], and cynics will point out the lack of change in the past. However, the societal impact of the murder of George Floyd has evoked a response from all levels of society and many scientific journals are calling for changes to address structural racism [7] and we cannot afford to ignore opportunities to bring reform.

We are a journal that champions global health [9] with the aim of improving outcomes for all patients. Previously, the BJD's mission statement [8] referred to the urgent need to serve patients of all backgrounds with a focus on equality and diversity. We wish to turn these words to actions, taking several steps to play our part in tackling racial inequalities in dermatology.

First, we align with our society the British Association of Dermatologists in its drive to improve resources to study, describe and improve care for people with skin of colour. We commit to fair and timely evaluation of articles containing skin of colour and aim for over-representation to address imbalances of historical poor education and stereotyping. Second, we will review our

editorial recruitment policies to ensure equality, diversity & inclusivity across our editorial team and advisory board, to act as role-models and allies by more clearly displaying our values. Third, we will show solidarity with our sister journals CED and SHD in the promotion of educational content that will aid in the training of dermatologists to recognize presentations across diverse skin types. We have updated our author guidelines to highlight the need for further articles in underserved populations and the need for clinical images that are more representative of the diversity of affected populations. We will call out historic and current examples of racially discriminative clinical and research practice, to learn from them and to recognize that we are not immune to making the same mistakes again.

Around us, academic institutions in the UK have gone even further, signing up to the Race Equality Charter[11], a framework through which bodies work to identify and self-reflect on institutional and cultural barriers standing in the way of visible racial minority staff and students. Akin to other successful schemes such as the Athena Swan awards in the UK that have helped address gender imbalance in higher education, such are examples of tangible change and their signatories are role-models in advocating equality. We will review and learn from these successful examples and stay in collaboration with other journals to encourage positive change across dermatology publishing.

The BJD has been publishing for over 130 years, and the world has undeniably changed since 1890. However, a constant over this time is our role as a journal to publish articles that have a direct benefit for all dermatology patients. We have a responsibility to be representative and inclusive of a diverse, global population. Recognising our responsibility as leaders in the conversation to improve racial equity in dermatology we commit to learning from our failings and bringing collaborative, meaningful change which will ultimately benefit dermatology and our wider community.

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