

Equity, diversity and inclusivity (EDI) in anatomy: The guidelines of the International Federation of Associations of Anatomists (IFAA)

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ABSTRACT

The principles underpinning Equity, Diversity and Inclusivity (EDI) are seen by many as being essential in contemporary society while others consider it disparaging and claim it can negatively affect meritocracy. In the USA, EDI is referred to as DEI (Diversity, Equity and Inclusivity) and appears to be under attack by the present governmental agencies. Indeed, multinational companies and other governments are responding in various ways, including partial compliance and outright resistance. Wherever one stands politically on the matter, the International Federation of Anatomical Associations (IFAA) has promulgated a strong statement of intent concerning the importance of EDI and the IFAA Executive, through its Federative International Committee for Equality and Diversity in Anatomy (FICEDA), has also provided guidelines for EDI based on the results of a survey of the IFAA's member associations. The findings of that survey are presented in this article and show a clear recognition by virtually all member associations of the importance of EDI, while highlighting some areas lacking diversity and inclusivity.

1. Introduction

Recent demands to reconsider healthcare curricula in relation to the principles underpinning equity, diversity and inclusivity (EDI or DEI in the USA) have triggered anatomists to review their discipline. There are several areas in anatomy that require closer consideration for change in relation to EDI, including the diversity of the bodies used in teaching and research (demographic diversity), and the use of images and of anatomical models (Finn et al., 2022). Above all, a key area of focus is enhancing diversity among students, faculty, and professionals at all levels of higher education. The importance of EDI was signalled by the International Federation of Association of Anatomists (IFAA) as early as 2017 with the setting up of its committee on EDI, the Federative International Committee for Equality and Diversity in Anatomy (FICEDA). The remit of FICEDA is to advise the IFAA's Executive Committee and is required to consider EDI both within, and beyond, the classroom, promoting diversity and fostering inclusivity at all levels of the discipline as suggested by Meyer and Cui (2019).

It was clear to FICEDA at its foundation that, while some of the

constituent member associations of the IFAA were producing statements and policies related to EDI, the situation across anatomical associations globally was unclear. Initially, the IFAA's Executive commissioned FICEDA to draft an EDI statement that would feature prominently on its website. Subsequent to the draft being approved by the Executive and its constituent member associations, the IFAA's agreed statement on EDI in Anatomy was published on its website in 2018 (www.ifaa.net) and states:

“The IFAA is committed to developing guidelines to support equality and diversity. The Federation, and its member associations, do not discriminate on the basis of sex, gender, race, colour, national origin or religion. The Federation is further committed to learning from the past to ensure that the future is more equitable. We encourage open dialogue on matters of equality and diversity in order to enable a future without bigotry or prejudice for all anatomists and all others who have cause to use the anatomical sciences.”

FICEDA subsequently proposed that it should conduct surveys to assess the degree of understanding and compliance of its member

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anatomical associations with the principles of EDI and of anatomists across the world. Here, we report on the findings of a survey of anatomical associations affiliated to the IFAA in 2023. The purpose of this study was twofold:

1. to gauge the extent to which IFAA member associations engaged with matters relating to EDI;
2. to inform the Federation about the development of its policies and guidelines for EDI (in accordance with the IFAA’s agreed statement on EDI).

2. Methods

The survey instrument was an online questionnaire. Initially, a draft questionnaire was provided to all 19 members of FICEDA who represented a wide segment of IFAA member associations and who were required to provide comment and approval. After their approval, the questionnaire was provided to the IFAA Executive Committee for validation and final approval.

The questionnaire consisted of 21 questions that aimed to assess each association’s opinions and processes related to EDI. Six of the questions used Likert scales for the responses while others simply required a YES/NO response. Three questions were open-ended and required specific information from the responding association. The questionnaire was sent by the IFAA’s Secretary-General as a Word document by means of email to the Presidents of all IFAA member associations, as well as to the official members of the IFAA’s College of Representatives of all the 32 anatomical associations that belonged to the IFAA in 2023. In the event of a delay in a response from an association, a reminder was sent.

Ethical approval for the survey was obtained through the offices of the IFAA’s Secretary-General at the Research Ethics Board (CEFCM) of the NOVA Medical School (NMS) - Nova University at Lisbon, Portugal (Case nr. 218/2021/CEFCM). Participating associations were assured of the confidentiality and anonymity of responses in that the report from FICEDA to the IFAA Executive Committee, to the IFAA’s General Assembly and to IFAA member associations would not record the names of the responding associations. Furthermore, any publication from the survey (including the present article) would not specifically record responses from named associations (unless agreed to by the association).

3. Results

Twenty-four of the 32 IFAA member associations contacted responded (a 75% response rate).

When asked if EDI was important (Fig. 1), in total 74% responded that EDI was important (17%) or very important (57%), the remaining 26% claiming it was of some importance. No association stated that EDI was of little or no importance.

In answer to the question “Do you think that general recommendations concerning EDI from the IFAA would be useful?”, twenty-three associations voted ‘Yes’ and only one voted ‘No’ (because they maintained that the association had never faced these kinds of problems) (see Table 1).

In terms of whether the association had written policies for EDI, only 29% of the responding IFAA’s constituent member associations had produced policies, but 58% of responding associations were aware of existing EDI policies in other anatomical associations (Table 1). Furthermore, despite respondents saying they considered EDI important or very important (see Fig. 1), only 21% had an EDI Officer and only 50% claimed to place EDI on their agenda (Table 1).

Questions were then asked to assess the diversity and demographics of IFAA anatomists across the globe. Fig. 2 assesses the age range of anatomists across the responding IFAA associations. It suggests that

Table 1
Direct responses from IFAA member associations to questionnaire on EDI.

Question posed	Yes % [#]	No % [#]
Does your Association have written policies concerning Equality and Diversity?	29	71
Is your Association aware of written Equality and Diversity policies existing in other Anatomical Associations?	58	42
Does your Association have an Officer for Equality and Diversity?	21	79
Does your Association include in its business meetings items related to Equality and Diversity?	50	50
Has a female anatomist ever been President of your Association?	69	31
Does your Association make provision in its meetings for religious holidays?	52	48
Do you think that general recommendations concerning Equality and Diversity from the IFAA would be useful?	96	4

Percentage response is based on the total response from 24 Associations

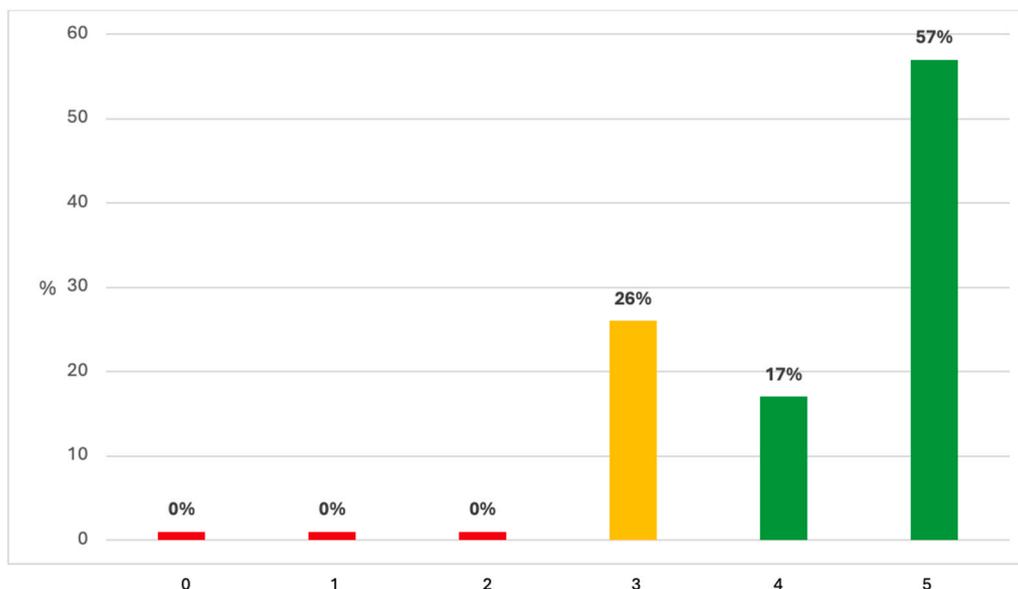


Fig. 1. Histogram displaying the responses of IFAA associations on the importance of matters related to EDI (Likert scale from 0 to 5 where 0 = of no importance; 5 = extreme importance).

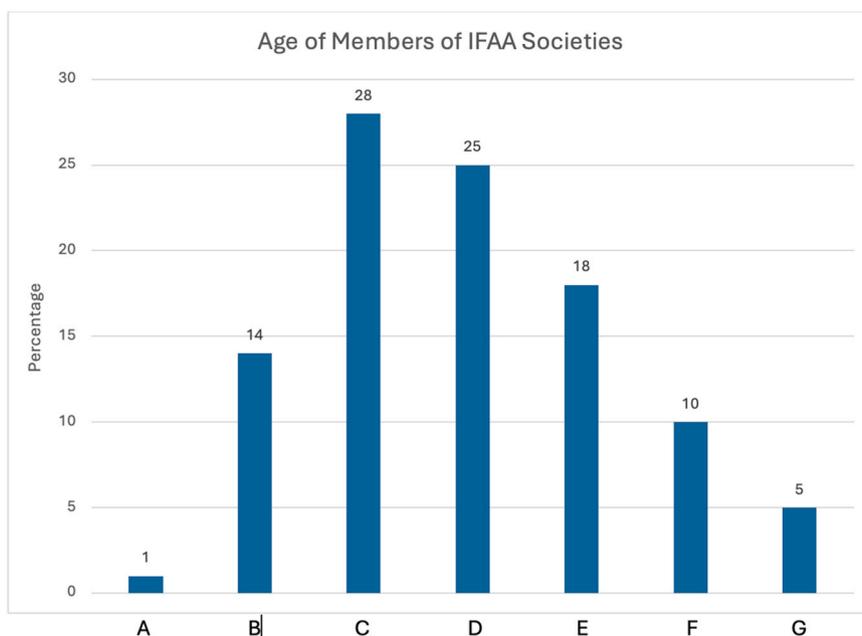


Fig. 2. The age range of anatomists globally and thus across the totality of the IFAA’s constituent member associations. A = <20 years old; B = 20–30 years old; C = 31–40 years old; D = 41–50 years old; E = 51–60 years old; F = 61–70 years old; G = >70 years old. Note that, for administrative and/or legal reasons three associations were unable to provide data.

most anatomists were aged between 31 and 50 years of age, with only 10% of anatomists being between the ages of 61 and 70 and only 5% being older than 70. In line with the assessment of age, Fig. 3 assessed whether associations thought that anatomy was dominated by senior anatomists. Thirty-two percent of associations reported that anatomy was dominated or greatly dominated by senior anatomists. 41% claimed that there was some domination and only 27% stated that there was little or no domination by senior anatomists. Fig. 4 looks at whether the associations perceived a male dominance within anatomy. Thirty-nine percent of associations stated that there was little or no male dominance (26% none; 13% little) while 34% claimed that there may be some male dominance and 27% stated that there was clear or extreme

domination of anatomy by male academics. Fig. 5 assessed whether associations perceived that anatomy was dominated by a group from a particular population/ancestry. Only 4% suggested there was domination with 21% some domination and 74% little or no domination.

Concerning the gender balance within anatomy, associations estimated that the number of female anatomists in their association varied from just 10% to a surprising 100%, with a median of 48%. One association stated that they had a transgender member. One society for legal and administrative reasons could not supply these data. With regard to whether an association had had a female President, 69% responded that they had had such a President. For the 31% who said they had not had a female President the reasons given included:

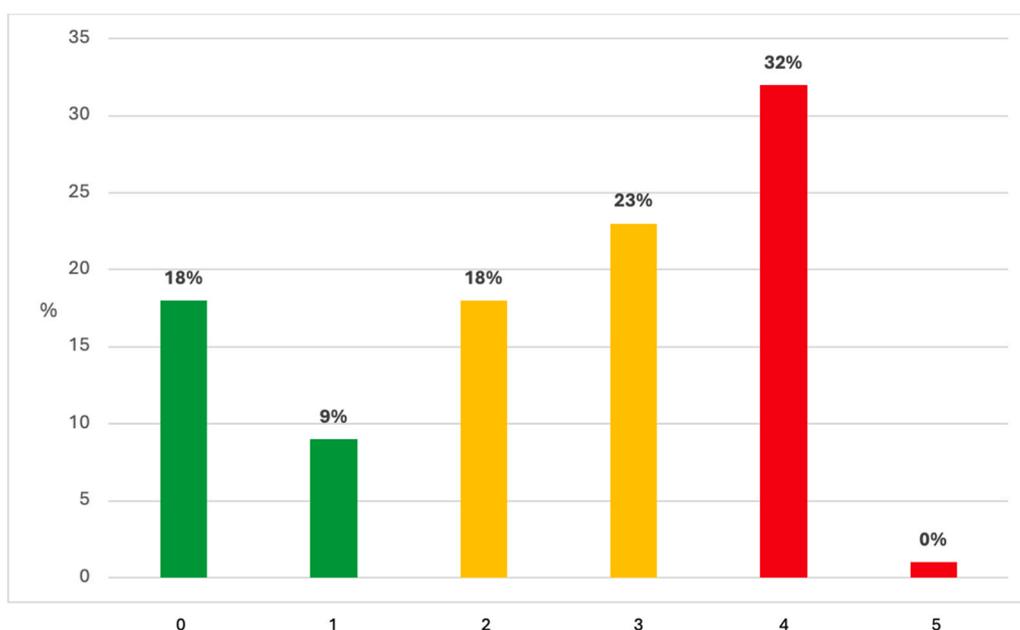


Fig. 3. Histogram displaying the responses of IFAA associations on whether IFAA associations viewed senior persons dominating anatomy (Likert scale from 0 to 5, 0 = no domination; 5 = extremely dominated by senior persons).

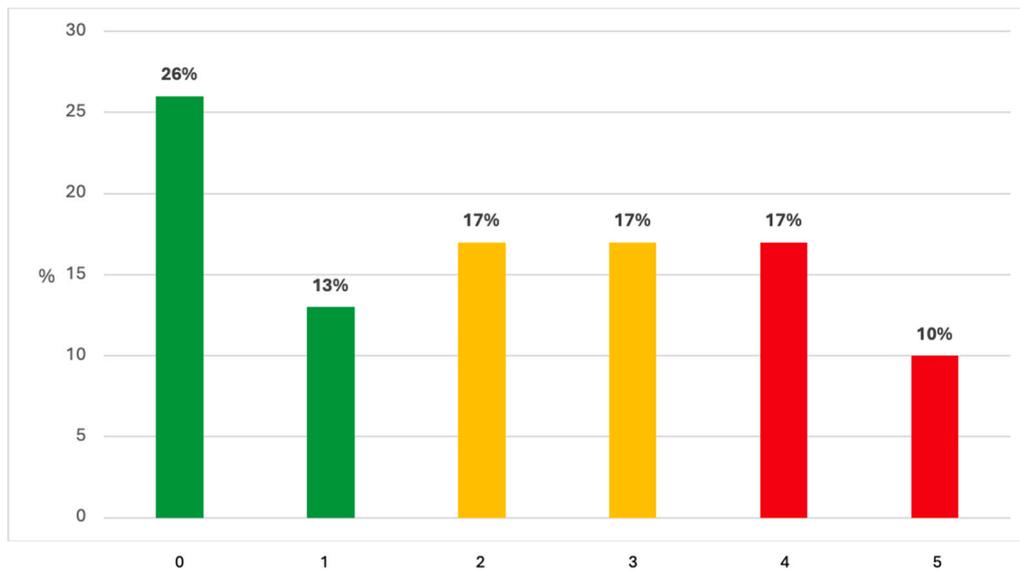


Fig. 4. Histogram displaying the responses of IFAA associations on whether they considered anatomy to be male dominated (Likert scale from 0 to 5 where 0 = no domination; 5 = extremely domination).

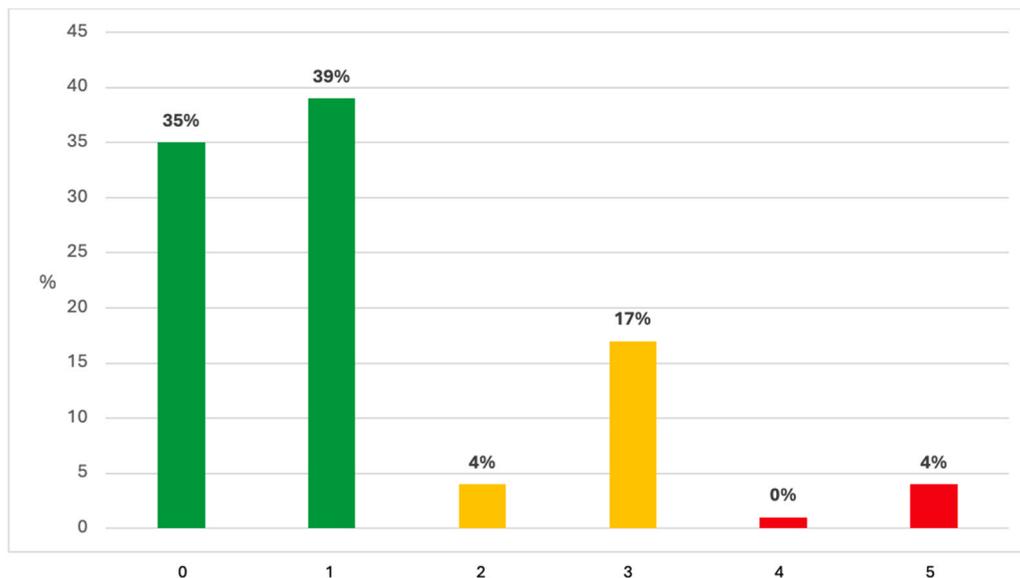


Fig. 5. Histogram displaying the responses of IFAA associations on whether they considered anatomy to be dominated by individuals of a particular population affinity/ancestry (Likert scale from 0 to 5 where 0 = no domination; 5 = extreme domination).

“Females usually act as Secretary.”

“No female contested the position.”

“No particular reason.”

“Historically, the number of female anatomists in the association is low.”

Concerning the perception of tolerance of sexual diversity within their association (Fig. 6), 67% claimed that tolerance was important or extremely important, with 14% saying there was some acceptance of the importance of tolerating sexual diversity. However, 19% admitted there was little or no tolerance.

The importance of religious tolerance was also assessed (Fig. 7). While 69% of responding associations showed tolerance or great tolerance, 9% reported only some tolerance and 22% no tolerance. When asked whether associations made provision in its meetings for religious

holidays, 52% stated that they provided such provision (Table 1).

Finally, associations were asked whether they thought that general recommendations concerning EDI from the IFAA would be useful. Twenty-three of the 24 associations who responded to the survey said that they would appreciate receiving EDI guidelines from the IFAA. The one association that did not want such guidelines claimed that the reason was because they never faced EDI problems.

Table 1 provides a summary of the outcomes of questions requiring Yes or No responses. For those questions relating to discriminatory behaviour that may be legally sensitive, three cases were admitted with two resolved.

4. Discussion

Twenty-five percent of the IFAA’s member associations did not provide survey information, even when provided with reminders.

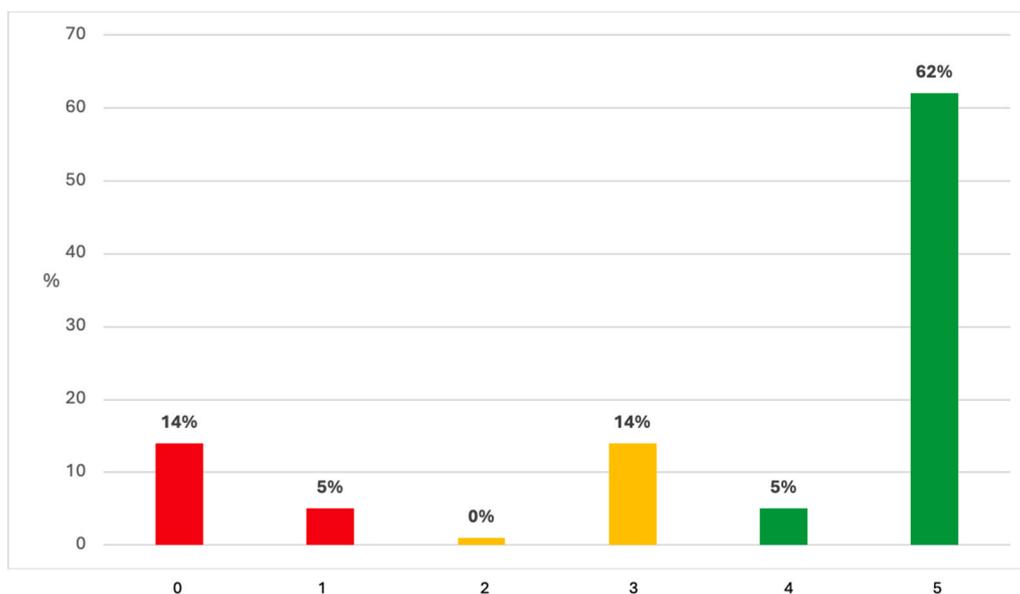


Fig. 6. Histogram displaying the responses of IFAA associations on whether the tolerance to sexual diversity was important. (Likert scale from 0 to 5 where 0 = extremely intolerant; 5 = extremely tolerant).

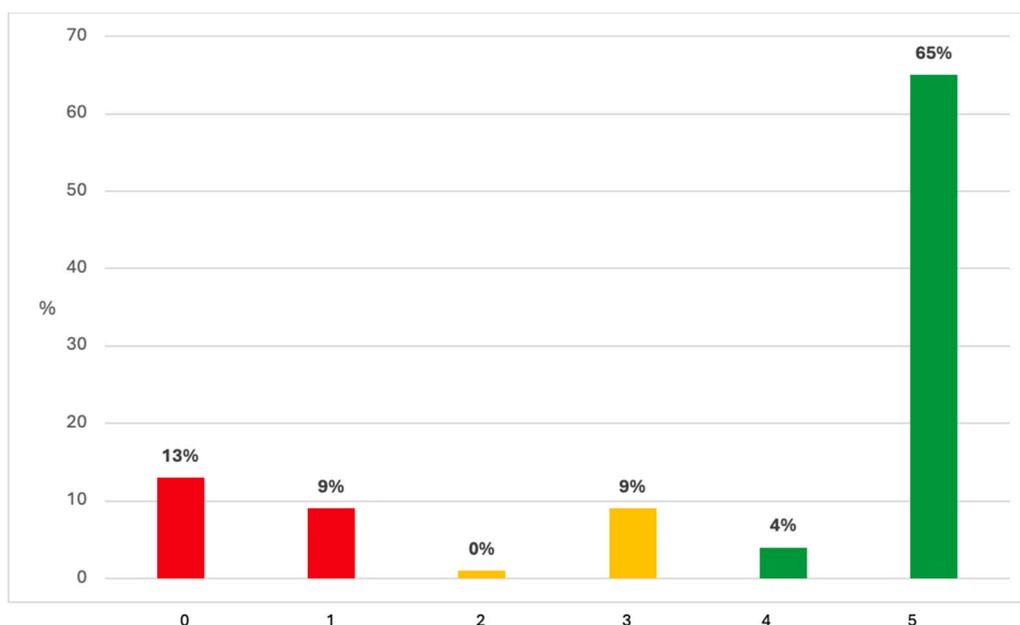


Fig. 7. Histogram showing how important the IFAA associations viewed religious tolerance (Likert scale 0-5 where 0 = extreme intolerance and 5 = great tolerance).

Reasons for not completing the questionnaire could not be elicited. While that might be construed as indicating a neutral or negative attitude to EDI from those who failed to respond to the survey, care must be taken as problems of communication are often experienced when the IFAA centrally sends material to its associations.

On the basis that the IFAA member associations recorded that EDI was very important within the anatomical disciplines and how the associations function, and also on their strong opinion that the IFAA should show leadership on EDI, the IFAA’s Executive agreed that EDI Guidelines would be constructed that reflected the findings of the EDI survey. These Guidelines would be available on the IFAA’s website.

Although 75% of the IFAA associations did not have written policies concerning EDI, the IFAA Executive Committee resolved to state in its EDI Guidelines that:

“Associations and Associations of Anatomy should develop policies to ensure that EDI issues are embedded within their constitutions or equivalent. Documents relating to these policies should be deposited with the IFAA as part of the requirement for membership of the IFAA. Examples of EDI policies can be forwarded to Constituent member Associations and Society on request.”

Concerning the presence or absence of EDI Officers within the IFAA member associations, it was resolved that the IFAA Guidelines should include the statement that:

“Each Constituent member Association and Society of the IFAA should have an Officer within its Executive/Business/Management Group that has specific responsibilities for matters relating to EDI.”

Furthermore:

“The name of this person should be communicated to the IFAA and will become a member of FICEDA” (i.e., the Federative International Committee for Equality and Diversity in Anatomy).

The IFAA’s EDI Guidelines further stated that:

“Constituent member Associations and Societies of the IFAA should prominently display their policies for EDI on their website and should alert their members to such policies.”

And:

“The policies of a Constituent member Association or Society should include procedures to be followed where individual members have breached the principles of EDI.”

And:

“Each year, Constituent member Associations and Societies of the IFAA should briefly report to the IFAA Executive Committee (and its Federative International Committee for Equity, Diversity & Inclusivity (FICEDA)) on matters relating to EDI, its policies and any transgressions of its policies.”

Given that the findings of the survey suggest that there is a perception of male dominance, some elements of sexual or religious intolerance, and dominant senior persons within Anatomy (but little or no perception of intolerance to population affinity/ancestry), the IFAA Executive Committee resolved that its EDI Guidelines should state:

“It is expected that each Constituent member Association and Society of the IFAA will seek a reasonable balance within its organisational structures between gender/age/sexual orientation/religious beliefs and ethnicity.”

It is to be noted that there is an expectation for a ‘reasonable balance’ within an association’s structures, given that the IFAA cannot expect rapid change where change might be necessary but would nevertheless wish to monitor how EDI principles were being enacted over time. As further direction, the Guidelines state:

“The policies of a Constituent member Association or Society should include provisions to recommend that its members should ensure that their teaching, research investigations, reports, articles, books, presentations, digital material, and imagery uphold the principle of EDI. The anatomy of a white muscular male must not be regarded as the ‘norm’. Thus, the anatomy of people should be treated with equality, as applies also for different body form and ages, and for groups of different ancestry. The primary and secondary sexual organs of people should be taught without prejudice and without moral (or shameful) connotations.”

Finally, the IFAA’s Executive Committee resolved that the Guidelines should state:

“Each year, Constituent member Associations and Societies of the IFAA should briefly report to the IFAA Executive Committee (and its Federative International Committee for Equity, Diversity & Inclusivity (FICEDA)) on matters relating to EDI, its policies and any transgressions of its policies.”

Fig. 8 provides the complete IFAA EDI Guidelines that are presently also available on the Federation’s website (www.ifaa.net).

Many governments across the world, and many multinational companies are responding to EDI in a variety of ways, including partial compliance and outright resistance. Given that some politicians suggest that EDI works against meritocracy, it is important to emphasise that, in

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1. Associations and Societies of Anatomy should develop policies to ensure that EDI issues and strategies are embedded within their constitutions or equivalent. It is recommended that documents relating to these policies should be deposited with the IFAA as part of the requirement for membership of the IFAA. Examples of EDI policies can be forwarded to Constituent member Associations or Societies on request.
2. It is expected that each Constituent member Association or Society of the IFAA will seek a reasonable balance within its organisational structures between gender/age/sexual orientation/religious beliefs and groups of different ancestry.
3. The policies of a Constituent member Association or Society should include provisions to recommend that its members should ensure that their teaching, research investigations, reports, articles, books, presentations, digital material, and imagery uphold the principle of EDI. The anatomy of a white muscular male must not be regarded as the ‘norm’. Thus, the anatomy of people should be treated with equality, as applies also for different body form and ages, and for groups of different ancestry. The primary and secondary sexual organs of people should be taught without prejudice and without moral (or shameful) connotations.
4. Constituent member Associations or Societies of the IFAA are advised to prominently display their policies for EDI on their website and should alert their members to such policies.
5. The policies of a Constituent member Association or Society should include procedures to be followed where individual members have breached the principles of EDI.
6. Each Constituent member Association or Society of the IFAA is recommended to have an Officer within its Executive/Business/Management Group that has specific responsibilities for matters relating to EDI. The name of this person should be communicated to the IFAA (via the Secretary of the Federative International Committee for Equality and Diversity in Anatomy (FICEDA)) and that person will become a member of FICEDA.
7. It is recommended that agenda for the Executive/Business/Management Group of each Constituent member Association or Society of the IFAA should include items relating to EDI.
8. Each year, Constituent member Associations or Societies of the IFAA should briefly report to the IFAA Executive Committee (via FICEDA) on matters relating to EDI, its policies and any progressions on, or transgressions of, its policies.
9. FICEDA will assess matters relating to EDI and Constituent member Associations or Societies of the IFAA should respond to issues raised by FICEDA.

Fig. 8. The IFAA Guidelines for Equality, Diversity and Inclusion (EDI) for IFAA Member Associations or Societies.

the IFAA's EDI statement, the recognition of (and reward for) merit is not undermined by the need to acknowledge where there is discrimination based upon prejudice. That prejudice exists is shown by several papers that have highlighted how female anatomy is subservient to male anatomy from images and descriptions in anatomical texts where the young, healthy, male predominates (Giacomini et al., 1986; Lawrence and Bendixen, 1992; Mendelsohn et al., 1994; Morgan, 2014; Parker et al., 2017). Furthermore, Morgan et al. (2014, 2016, 2017) have published findings suggesting that, among some anatomists and medical students, misogyny still can be found, as exemplified by a variety of prejudicial statements that were elicited from their surveys. For example:

"Girls can only be GPs so why teach them anatomy."

"Women need not study but should instead marry."

"Many trust more if answers come from a male."

"There are more successful male medical scientists in our present time."

"Females are best suited for GP, Community, Dermatology, Gynae and Obstetrics, Paediatrics, Psychiatry, Nursing, making sandwiches."

The results of this study show that respondents felt that there was some dominance by males in anatomy. This is supported by studies from specific countries (Chia and Oyeniran, 2020; Hall et al., 2025) and, although the literature on this topic is sparse, there are indications from some regions of the world that few women reach senior positions in anatomy (e.g., Borgno, 2023). Furthermore, Gursus et al. (2025) highlighted the paucity of women in the anatomical publishing arena. However, there are indications that, in some regions of the world, women have reached the most senior positions in their professional societies (Borgno, 2023; Krebs and Agur, 2023; personal communications e.g., ASSA and IFAA), indicating a turning point for women in anatomy.

The outcome of the survey relating to whether anatomy was dominated by a particular population affinity/ancestry yielded results indicating a spread from dominance to little dominance. This possibly relates to the composition of anatomists in the countries around the world. However, underrepresentation of African American members has previously been reported by the American Association for Anatomists (Sumner et al., 2022), but what is apparent is the growing trend in transformation in both population affinity and sex of members of anatomical societies around the world (personal communication). One area that is receiving attention from anatomists is the diversity of individuals with regards to population affinity and sex of images and human bodies used in anatomy teaching (Morgan et al., 2014; Parker et al., 2017; Finn et al., 2022; Beresheim et al., 2024). We would add a recommendation to the IFAA and to FICEDA to investigate and, if appropriate, include in the Guidelines consideration of proportionate population affinity or ethnic representation within organizational structures.

The authors recommend to the IFAA that EDI should now be redesignated Equity, Diversity and Inclusivity. Furthermore, we recognise that some of the provisions in the IFAA Guidelines are more 'requirements' than 'guidelines'. We recommend therefore that both the new IFAA Executive and FICEDA change the title to "Guidelines and Requirements for Equity, Diversity and Inclusivity (EDI) for IFAA Member Associations". As 'requirements', IFAA membership is dependent on following the Guidelines and Requirements provisions. In particular, it is already stated that "Each year, Constituent member Associations and Societies of the IFAA should briefly report to the IFAA Executive Committee (and its Federative International Committee for Equity, Diversity & Inclusivity (FICEDA)) on matters relating to EDI, its policies and any transgressions of its policies." It is for the Executive of the IFAA to consider how to deal with reported matters, but the authors would counsel being flexible to allow IFAA associations to move gradually

towards compliance with the IFAA's EDI principles. Furthermore, the requirement of the principles of EDI is one which should be expected of all member associations as these principles are essential for fairness, effectiveness and social responsibility. The IFAA through working with a body of like-minded professionals would expect its member associations to act in this fashion.

4.1. Limitations and conclusions

The authors held significant positions in the IFAA and its Executive at the time of the survey and of the development of the IFAA's EDI Guidelines. All were committed to improving EDI within anatomy but maintained objectivity in compiling the questionnaire and analysing the responses. Since 2024, there is a new President and new, and diverse, membership of FICEDA who will oversee further development of the EDI Guidelines.

There is a need to follow up to see how associations reacted to the survey and to the publication of the IFAA's EDI Statement and Guidelines on its website. Since the survey was conducted more associations have joined the IFAA and they should be made aware of the IFAA's EDI policies and requirements. The authors advise the IFAA to insist that all member associations comply with any follow-up questionnaires concerned with EDI, in line with the requirement stated in the present IFAA's EDI guidelines. Total compliance would not only enable a full understanding of the global EDI situation but would enable analyses of regional differences (perhaps related to legal, ethnic or religious differences) that would provide the IFAA with more sensitive 'instruments' to guide associations to improve their EDI provisions.

How each association chose to elicit responses from its committees or members is not clear, i.e. whether an individual of authority responded on behalf of the association, or whether a committee or membership was involved. Furthermore, future surveys are needed of the opinions of individual anatomists and not just of associations. It is further recommended that qualitative research is undertaken to enable thematic analyses that tease out opinions beyond the general trends observed by quantitative analyses. However, the essential purpose of the existing survey was to gain a 'snapshot' of what is happening amongst global anatomical associations so that the IFAA's EDI Guidelines could be constructed.

Despite these limitations, we can conclude that, clearly for many anatomical associations across the world, little has been done to put in place personnel and policies that enshrine the principles of EDI. Perhaps this is not surprising given the recent prejudices and hostility to matters of diversity and inclusivity shown by some governmental authorities and politicians. Overall, the IFAA and its committee, FICEDA, has striven to support not only EDI within the curriculum but also in the composition of the educators that make up its member associations. As with all IFAA recommendations, we hope that the IFAA guidelines and requirements are "living" documents that should be revisited and revised over time as Society and attitudes evolve.

CRediT authorship contribution statement

Diogo Pais: Writing – review & editing, Methodology, Conceptualization. **Bernard John Moxham:** Writing – review & editing, Writing – original draft, Project administration, Methodology, Investigation, Conceptualization. **Beverley Kramer:** Writing – review & editing, Writing – original draft, Conceptualization. **Odile Plaisant:** Writing – review & editing, Conceptualization.

Declaration of Competing Interest

The authors have no conflicts of interest.

APPENDIX A

Confidential Survey of IFAA Member Associations concerning Issues relating to Equality and Diversity within the Anatomical Sciences

The Executive Committee of the IFAA has endorsed the proposal of its Federative International Committee for Equality and Diversity in Anatomy (FICEDA) to survey member associations concerning their awareness of, and compliance with, matters relating to equality and diversity. The responses will help the IFAA formulate policies and guidelines relating to issues that are increasingly seen as being important in contemporary society.

It is important to state that responses to this questionnaire will remain confidential in that the report from FICEDA to the IFAA Executive Committee, to the General Assembly and to IFAA member Associations will not specifically record responses from named associations (unless agreed to by the Association). Furthermore, any publication from the survey will also not specifically record responses from named associations (unless agreed to by the Association).

Ethical approval for this survey has been obtained via the office of the IFAA Secretary General.

Only one response should be returned per Association.

PLEASE COMPLETE THIS SURVEY AFTER CONSULTATION WITH THE EXECUTIVE COMMITTEE/MANAGEMENT COMMITTEE OF YOUR ASSOCIATION AND RETURN YOUR RESPONSES BY 30th APRIL to:

PROFESSOR DIOGO PAIS (diogo.pais@nms.unl.pt)

Further information regarding this survey can be obtained from FICEDA via Odile Plaisant (odileplaisant@me.com) or Bernard Moxham (moxham@cardiff.ac.uk)

THE IFAA EXECUTIVE COMMITTEE AND FICEDA THANK ASSOCIATIONS FOR COMPLETING THE SURVEY.

There are 5 pages to this questionnaire (including this Introductory page)

Equality is concerned with ensuring individuals are treated fairly and equally regardless of gender, ethnicity, age, disability, religion or sexual orientation. Diversity relates to accepting and promoting differences between people.

Association name:

Continent:

Country:

Do you wish the responses to this questionnaire to remain anonymous: YES/NO

- 1) Does your Association have written policies concerning Equality and Diversity?
- 2) a) YES
- 3) b) NO
- 4) If YES could you please provide the policies when returning the questionnaire (a website address might be sufficient)
- 5) If your answer to 1) was NO, please provide reasons for policies on Equality and Diversity not being considered
- 6) Is your Association aware of written Equality and Diversity policies existing in other Anatomical Associations?
- 7) a) YES
- 8) b) NO
- 9) Does your Association have an Officer for Equality and Diversity?
- 10) a) YES
- 11) b) NO
- 12) Does your Association include in its business meetings items related to Equality and Diversity?
- 13) a) YES
- 14) b) NO
- 15) On the following scale, does your Association consider Equality and Diversity matters to be important?
- 16) 0 (no importance)12345 (extremely important)

- 17) On the following scale, do you consider Anatomy to be essentially a male dominated discipline
- 18) 0 (not dominated)12345 (extremely dominated)
- 19) On the following scale, do you consider Anatomy to be essentially a discipline dominated by senior or more elderly persons
- 20) 0 (not dominated)12345 (extremely dominated)
- 21) On the following scale, do you consider Anatomy to be essentially a racially dominated discipline
- 22) 0 (not dominated)12345 (extremely dominated)
- 23) In terms of gender, estimate separately the number of female anatomists, transgender anatomists, in your Association

Female anatomists %

Transgender anatomists %

11) In terms of gender, estimate separately the percentage of female anatomists, transgender anatomists, who are Officers in your Association

Female anatomists %

Transgender anatomists %

12) Has a female anatomist ever been President of your Association?

a) YES

b) NO

If NO can you provide an explanation?

13) In terms of age, estimate the number of anatomists in your Association in various age groups

Less than 20 years

20–30 years

31–40 years

41–50 years

51–60 years

61–70 years

Greater than 70 years

14) In terms of ethnicity, provide an indication of the ethnic 'mix' within the membership of your Association.

15) On the following scale, how important is religious tolerance and diversity for your Association

0 (not important)12345 (extremely important)

16) Does your Association make provision in its meetings for religious holidays?

17) On the following scale, how important is tolerance relating to sexual diversity (i.e. towards the LGBTQ community) for your Association

0 (not important)12345 (extremely important)

18) Has your Association ever received allegations (directly or indirectly) of discrimination for teaching and/or research in Anatomy/Histology/Anthropology/Cell Biology?

a) YES

b). NO

19) Has your Association ever known about allegations of discrimination for teaching and/or research in Anatomy/Histology/Anthropology/Cell Biology?

a) YES

b) NO

20) If you answered NO for either question 18 or 19 GO TO QUESTION 23. If you answered YES for either question 18 or 19, specify the grounds for the discrimination.

a) Race

b) Religion

c) Ethnic groups

d) Gender

e) Age

f) Others (Which?)

21) Was the situation successfully resolved?

- a) YES
b) NO
c) Do not know

22) To your knowledge, does the discrimination continue?

- a) YES
b) NO
c) Do not know

23) Do you think that general recommendations concerning Equality and Diversity from the IFAA would be useful?

- a) YES
b) NO
c) If the answer is NO, please give reasons:

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