[Opinion] How can we make attendance at scientific conferences inclusive?

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How can we make attendance at scientific conferences inclusive?

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As scientists and physicians, one highlight of our working life is attending national and international conferences. They are essential to our work as innovators and practitioners focused on delivering the best quality of care. They provide opportunities to form collaborations, consider different perspectives, share ideas, and learn. In 2020, heightened awareness of the risks of large gatherings for the spread of covid-19 meant that scientific conferences moved exclusively online. While it was a very different experience, it allowed a wider community to engage in scientific sessions. We hope to convince you that if you are intending to organise a purely in-person event, making it hybrid with a virtual attendance option is actually the most logical, productive, and inclusive way forward.

Firstly, for health reasons, it is inequitable to assume that people who want to contribute to conferences are obliged to take the health risks associated with airborne viruses such as SARS-CoV-2 transmission in enclosed, crowded indoor spaces. Some people have underlying medical conditions that put them at higher risk of severe disease or that made it difficult to attend conferences even before the pandemic hit. Others may have experienced poor health following a previous infection and do not want to risk repeated reinfections, such as those with long covid, or may have a clinically vulnerable family member. Whatever the reason, it is not for us to judge. We as scientists and
physicians should be the first to reflect on and take measures to accommodate all needs and tackle ableist approaches.

Secondly, to avoid exclusion of those already structurally disadvantaged in our systems. For many with competing priorities such as caring commitments, clinical duties, or disabilities who classically struggle to attend events outside working hours or travel long distances, the pandemic opened up the welcome option of remote attendance. This meant more access to resources and networks vital to their career progression. This also applies to more junior and mid-career colleagues who may not afford the cost of in-person attendance. If we are committed to equity and justice agendas across our institutions, it is hardly justifiable that we go back to the in-person only, exclusionary model of conference attendance.

Thirdly, for the climate. Many people feel increasing responsibility towards reducing their carbon footprint. Some feel it is unjustified to travel to distant venues if they can get what they need from the conference online. In our position as scientists, healthcare, and public health professionals, often preaching about the effects of the climate emergency on health, we need to lead by example and offer delegates the option to weigh their priorities in relation to the journeys they make.

Fourthly, to achieve scientific excellence. The more diversity that can be achieved in participation, the more likely impactful innovations arise as a result. If certain groups within the workforce are systematically disadvantaged from contributing, then the natural result is for science and research to continue developing through a narrower and more traditional lens. The global challenges we face during current times mean we need to collectively think out-of-the-box with contributions from across the board— demographically, socially, and geographically.

In addition to offering a virtual option, it is vital that in-person gathering is planned with multiple layers of risk mitigations, especially when prevalence of infection is high. The covid-19 pandemic has not yet been declared over. Attendees at health-related conferences can be at higher risk of carrying infection due to work-place exposure, and have a social responsibility not to introduce infections to patients or colleagues. Spread of infection among healthcare workers has wider knock-on effects on provision of already over-stretched clinical services to the public.

Examples of good practice exist. One of us had a good experience as a conference organiser, with a supportive response from the learned society involved by convening a working group around covid 19 safety. Free FFP3 masks and SARS-CoV-2 antigen tests were provided to delegates. Importantly, positive messaging both at the event and online in the run-up to the conference, were prioritised, with resulting high uptake of the mitigations being offered. Furthermore, the venue provided detailed information in advance regarding air handling (high grade filtered air with airflow set to engage at 400ppm CO2 throughout the conference in communal areas, auditoria and most meeting rooms), offered additional covered outdoor spaces for hospitality and refreshments, and enabled physical distancing at potential pinch-points (e.g. staircases, queues etc).

We recognise that what we are advocating presents significant barriers to early adopters, such as the additional costs of adequate ventilation and providing well-functioning virtual platforms. We are also aware of concerns around diminished “networking” due to less socialising and unplanned meeting of minds in hybrid settings. We hope with time and normalisation, that cost-savings and smart technological solutions are operationalised and become mainstream. Change is inevitable so let us learn together how to do conferences better for the benefit of our professions and the wider society.