



Equality, Diversity and Inclusivity dynamics and commitment profiles of comparator clinical Radiography and related medical radiation science journals

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ABSTRACT

Introduction: Medical radiation sciences (MRS) journals serve as the gatekeepers of knowledge within our professional field. This work sought to understand these professional journals' current levels of commitment and the operational dynamics towards the principles of Equality, Diversity and Inclusivity (EDI), which can serve as barriers to equitable access to publishing and published evidence.

Methods: Seven MRS journals were purposively sampled for inclusion. Editorial statements relating to the included journals' EDI position were identified through online searching. To ensure completeness, all editorial policies were searched for EDI-related content between May 18 to June 6, 2024. The Braun and Clarke thematic analysis methodology was employed to synthesise the statements.

Results: The Journal of Medical Imaging and Radiation Sciences (JMIRS) and Radiography were the only two journals that had specific EDI statements which guide their operational practices. Alongside tipsRO, JMIRS and Radiography were also the only journals to provide recommendations and/or clear emphasis for the use of inclusive language in their author guidelines. Six key themes were established from the analysis of the two EDI statements: *Commitment to Leadership and Editorial Diversity, Diversity Driving Scientific Excellence, Platforming Underrepresented Voices, Commitment to Health Equity, Disrupting Traditional Editorial Practices and Strategic Planning and Monitoring for EDI Progress*. Disparity across the two journals was, however, evident.

Conclusion: Whilst some best practices were evidenced, there is an opportunity across all MRS journals to improve and enhance EDI commitments.

Implications for practice: Journals play a pivotal role in promoting equitable access to publishing and ensuring the dissemination of diverse perspectives that enrich scientific inquiry and practice. An EDI-friendly MRS research cycle is critical through the comprehensive adoption of regular audits and the implementation of targeted education policies.

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Introduction

In the context of clinical Radiography and the related medical radiation sciences (MRS), guidelines have been established by national and international organisations to support and guide clinical practice regarding the principles of equality, diversity and inclusivity (EDI).^{1,2} Of note, this is not universal but is an area of growth.

This is not the same for clinical Radiography research and other activities that support evidence-based practice.^{3–5} Thus, the role of academic journals and editorial boards in addressing EDI issues in research is critical, however, this remains unclear.⁵

According to Stonehouse (2021), EDI entails eliminating discrimination based on individual characteristics (*Equality*), appreciating and welcoming differences (*Diversity*), and creating a sense of belonging through fairness and comprehension (*Inclusion*).⁶ Variations in EDI parameters exist globally, reflecting cultural differences across different regions.⁶ There are inherent or unconscious prejudices from our respective cultures and experiences that influence how we view and treat different groups of

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people. These may impact how research is conducted, reviewed, and published, affecting the fairness and objectivity in the review and dissemination process.³ Embracing EDI in all aspects of practice is morally and strategically vital for institutional success, as it is thought that future generations will favour organisations that prioritise EDI.⁷

Diversity in research teams is essential for promoting inclusivity, stimulating creativity, and improving research outcomes.^{3,5} Similarly, Cheruvelil and colleagues contend that incorporating individuals from varied backgrounds and perspectives into research teams enhances the likelihood of producing novel concepts.⁸ This diversity improves comprehension of research subjects from different viewpoints and facilitates more influential outcomes that question established norms and boundaries.⁹ Furthermore, Hancock and colleagues recommend that to attain optimal EDI in the MRSs, research should incorporate diverse viewpoints and employ strategies to bridge systemic disparities affecting marginalised, minority, and disadvantaged populations in the execution, distribution, and accessibility of research findings.⁵ To facilitate and achieve this, establishing a secure and supportive environment for diverse populations is essential across the entire research cycle. Such a framework should enable these groups to participate actively, contribute meaningfully, share knowledge, access mentorship and training programs, and acquire recognition for their input.²²

Considering the imperative for clinical Radiography and related MRSs to advance, it is worth understanding the current levels of commitment and the operational dynamics through the lens and principles of EDI across the journals that serve as gatekeepers of knowledge within the field. This study, therefore, aims to evaluate the EDI dynamics and commitment profiles of key comparator research journals in clinical Radiography and related medical radiation sciences.

Methods

Search and selection of data sources

Seven clinical Radiography and related MRS journals were purposively sampled for inclusion: Journal of Medical Imaging and Radiation Sciences- *JMIRS* (Canada), Journal of Medical Radiation Sciences- *JMRS* (Australia), Radiography (UK), Journal of Nuclear Medicine Technology- *JNMT* (USA), Radiologic Technology- *RT* (USA), Journal of Radiotherapy in Practice- *JRIP* (UK), and Technical Innovations and Patient Support in Radiation Oncology- *tipsRO* (Netherlands). All these journals publish articles across the key areas of clinical Radiography practice relating to both the diagnostic and therapeutic subdisciplines and have recognisable impact factors with a wide international audience (mainly in English; of note, *JMIRS* publishes abstracts in French) as evidenced by indexing in internationally recognised databases including Scopus, PubMed, Web of Science and Embase among others.

Data collection

Editorial statements regarding the EDI positions of the included journals were identified through their online platforms. All editorial policies of the included journals were searched for EDI-related content to ensure thoroughness. These searches were conducted comprehensively from 18 May to 6 June 2024, across the seven selected comparator journals. Journal metrics, diversity pledges, and commitment statements were retrieved where publicly available, following an extensive and iterative search conducted across each selected journal and their respective publishers' websites (OA and TNA).

Journals might make pledges without issuing an EDI statement. This distinction is crucial because a pledge may indicate a journal's commitment to fostering an inclusive environment, but it does not necessarily detail specific actions or policies.^{10,11,24} In contrast, an EDI statement provides a comprehensive declaration outlining the specific principles, policies, and practices a journal adheres to promote EDI.¹² The metrics included Cite score, H-index, impact factor, and SCImago rank, all of which were systematically recorded.

To assess the gender diversity of the journals' editorial boards, the ratio of male to female membership was calculated and recorded, along with the geographical distribution of the editors. Gender diversity in editorial boards is a key indicator of inclusivity within academic research publishing spaces. Presenting data on sex ratio helps highlight whether journals reflect diverse sex/gender perspectives in leadership and decision-making. By assuming gender based on presentation (e.g., names, photographs, pronouns), this study aims to estimate the balance of perceived male and female participation, which can give a broad indication of gender equity. It is important to acknowledge that the authors have assumed gender based on presentation and further note that this approach may introduce limitations because not everyone identifies with the gender they present, or their name implies. The method used is a proxy and not an exact measure of the individuals' self-identified gender, but still provides valuable insights while also encouraging more direct reporting from journals. Additionally, a search for author guidelines related to EDI was conducted and documented for each respective journal. The recorded EDI statements were thematically analysed to develop themes (CR and TNA).

Data analysis and synthesis

Thematic analysis methodology was employed, following the guidelines of Braun and Clarke.¹³ The process involved a rigorous, six-phase framework: familiarisation with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. This approach facilitated a rich understanding of the EDI statements by systematically identifying key patterns of discourse related to diversity, equality, and inclusion in the field of radiography and the related MRS.

In addition to following Braun and Clarke's seminal thematic analysis methodology, their reflexive analysis approach,¹⁴ which involves acknowledgement of the researcher's active role in the construction of knowledge throughout the thematic analysis process, was incorporated. In line with pragmatist philosophy,¹⁵ reflexive journaling and discussions with EDI experts were employed to reflect on potential biases and positionality, ensuring that the emerging themes were interpreted within the broader socio-political context of EDI in healthcare research.¹⁵ This reflexive process, integral to pragmatist inquiry, ensured that the analysis was both grounded in empirical data and critically engaged with the real-world complexities of EDI issues, thus allowing the findings to be practically relevant and socially responsive.¹⁶

Ethical considerations and trustworthiness

The study employed only publicly accessible data from the included journal websites. Thus, ethical approval was deemed not necessary. To ensure the trustworthiness of the study, reflexive journaling and discussions with independent EDI experts and subject interest groups (including the Radiography EDI working group⁵) were employed to reflect on potential biases and positionality of the researchers for confirmability. Independent coding was employed for the analysis, and methodological documentation

Table 1
Characteristics relating to EDI across clinical Radiography and related medical radiation science journals.

No.	Journal & Publisher	Journal Metrics	Editorial Board Diversity*	Author Guidelines	Open Access & Equity features
1	Journal of Medical Imaging and Radiation Sciences (JMIRS) - Elsevier	CS = 2.3 HI = 20 IF = 1.3 SJR = 0.286	M:F is 23:22 (51.1 % males, 48.9 % females). Geographical spread of the editorial board (n = 46): Canada (13), Australia (9), Ireland (6), and the United Kingdom (6), Singapore (3), United States of America (3), Ghana, Greece, New Zealand, Norway, Portugal, South Africa.	Includes author guidelines on EDI and emphasizes the use of inclusive language.	Supports gold open access To publish open access, a publication fee (APC) needs to be met by the author or research funder. Audience/readers require a subscription or institutional access to some articles. Special content access arrangements exist for low- and middle-income countries
2	Journal of Medical Radiation Sciences (JMRS) – John Wiley and Sons Ltd (Wiley)	CS = 2.6 HI = 25 IF = 1.7 SJR = 0.374	M:F is 16:26 (38.1 % males, 61.9 % females). Geographical spread of the editorial board (n = 42): Australia (19), New Zealand (8), United States of America (4), United Kingdom (2), Canada (2), Singapore (2), China (2), South Africa, Ireland, Malaysia.	No emphasis on EDI in author guidelines	Supports gold open access, solely. To publish open access, a publication fee (APC) needs to be met by the author or research funder. Multiple routes to funding Gold Open Access exist through the journal, including equity initiatives and APC waivers and discounts. All articles are free to access
3	Journal of Nuclear Medicine Technology (JNMT) – Society of Nuclear Medicine and Molecular Imaging (SNMMI)	CS = 1.0 HI = 44 IF = 0.7 SJR = 0.316	M:F is 8:11 (42.1 % males, 57.9 % females). Geographical spread of the editorial board (n = 19): United States of America (16), United Kingdom (2), and Australia (1).	No emphasis on EDI in author guidelines	Supports gold open access To publish open access, a publication fee (APC) needs to be met by the author or research funder. Audience/readers require a subscription or institutional access to some articles.
4	Journal of Radiotherapy in Practice – Cambridge University Press	CS = 1.1 HI = 16 IF = 0.3 SJR = 0.153	M:F is 13:9 (59.1 % males, 40.9 % females). Geographical spread of the editorial board (n = 22): United Kingdom (11), United States of America (2), Canada, Slovenia, New Zealand, South Africa, Australia, Ghana, Ireland, India, and Iran.	No emphasis on EDI in author guidelines	Supports gold open access, solely. To publish open access, a publication fee (APC) needs to be met by the author or research funder. Multiple routes to funding Gold Open Access exist through the journal, including equity initiatives and APC waivers and discounts. All articles are free to access
5	Radiography - Elsevier	CS = 4.7 HI = 35 IF = 2.5 SJR = 0.521	M:F is 28:28 (50 % each). Geographical spread of the editorial board (n = 56): United Kingdom (23), Ireland (5), Australia (5), United States of America (3), Nigeria (2), United Arab Emirates (2), Argentina, Canada, Denmark, Finland, Ghana, Greece, India, Italy, Malaysia, Malta, Portugal, Singapore, Slovenia, Sri Lanka, Sweden, South Africa.	Includes author guidelines on EDI and emphasises the use of inclusive language.	Supports gold open access To publish open access, a publication fee (APC) needs to be met by the author or research funder Audience/readers require a subscription or institutional access to some articles. Special content access arrangements exist for low- and middle-income countries
6	Radiologic Technology – American Society of Radiologic Technologists (ASRT)	CS = 0.6 HI = 24 IF = 0.5 SJR = 0.206	M:F is 5:25 (16.7 % males, 83.3 % females). Geographical spread of the editorial board (n = 30): The United States of America (28), United Kingdom, and Canada.	No emphasis on EDI in author guidelines	Audience/readers require a subscription or institutional access.
7	Technical Innovations and Patient Support in Radiation Oncology (tipsRO) - Elsevier	CS = 2.8 HI = 11 IF = 2.3 SJR = 0.516	M:F is 11:18 (37.9 % males, 62.1 % females). Geographical spread of the editorial board (n = 29): Australia (4), Canada (4), Ireland (4), Netherlands (4), United Kingdom (4), Switzerland (2), Austria,	Includes author guidelines on EDI and emphasizes the use of inclusive language.	Supports gold open access To publish open access, a publication fee (APC) needs to be met by the author or research funder Audience/readers require a subscription or institutional access to some articles.

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Table 1 (continued)

No.	Journal & Publisher	Journal Metrics	Editorial Board Diversity*	Author Guidelines	Open Access & Equity features
			Denmark, India, Italy, New Zealand, Turkey, United States of America.		Special access arrangements exist for institutions in lower income countries with online access to academic and professional peer-reviewed content.

CS— Cite Score; HI— H-index; IF- Impact Factor; SJR- SCImago Journal Rank. M-Male; F-Female *Gender is assumed based on presentation. Gender diversity in editorial boards is a key indicator of inclusivity within academic research publishing spaces. Presenting data on sex ratio helps highlight whether journals reflect diverse sex/gender perspectives in leadership and decision-making. By assuming gender based on presentation (e.g., names, photographs, pronouns), this study aims to estimate the balance of perceived male and female participation, which can give a broad indication of gender equity. It is important to acknowledge that the authors is assuming gender based on presentation as this approach may introduce limitations because not everyone identifies with the gender they present, or their name implies. The method used is a proxy and not an exact measure of the individuals' self-identified gender, but still provides valuable insights while also encouraging more direct reporting from journals.

and audit trails were thoroughly kept throughout the study to ensure credibility, dependability and transferability.^{25,26}

Results

Table 1 outlines the journal metrics, the diversity of the editorial board, and the open-access and equity features of the various journals. It emphasises that four of the journals (JMRS, JNMT, JRIP, and RT) do not provide recommendations and/or a clear focus on the use of inclusive language in their author guidelines. Additionally, it notes that most journals (JMRS, JNMT, RT, tipsRO) have a higher percentage of their editorial board members identifying as female, alongside a good geographical distribution.

In terms of open access and equity characteristics of the journals explored, only JMRS and JRIP are solely open-access, while the rest support hybrid publishing (i.e., both open-access and subscription) except RT. RT was the only journal whose content could only be assessed by audience/readers through a subscription (society membership or direct) or institutional access. Three of the journals (JMRS, Radiography, tipsRO) had special content access arrangements in place for individuals and institutions from low- and middle-income countries.

Of the journals explored, only JMIRS and Radiography have specific EDI pledges to guide their operational practices. At the time of this study, the journals JMRS, JNMT, JRIP, RT, and tipsRO do not have visible or formalised EDI commitments in the form of statements or pledges for their operations (Table 2). The absence of

Table 2
EDI pledges and statements across clinical Radiography and related medical radiation science journals.

No.	Journal & Publisher	Diversity Pledge ^a	EDI Statement ^a	Themes and summary outcomes
1	Journal of Medical Imaging and Radiation Sciences (JMIRS) - Elsevier	Equity, diversity and inclusion in publishing are critically important for representation, fairness and equal access. A diverse journal also contributes to scientific excellence, innovation and professional advancement. At JMIRS, we pledge our commitment to improve diversity in its multiple and intersecting forms in all facets of the journal, be it authorship, reviewers, or editors. This pledge is in line with Elsevier's support of the joint commitment for action on inclusion and diversity in publishing Opens in new window. To honour this pledge, we plan to disrupt traditional editorial gatekeeping. We will actively encourage submissions to JMIRS from currently underrepresented groups (for example, but not limited to Black, Indigenous and People of Colour). We will encourage submissions in the areas of health equity and disparities in the medical radiation sciences including work on systems of oppression, such as racism, colonialism, ableism, cis/ heteronormativity etc. We will invite diverse voices to lead Special Issues, and author invited papers.	JMIRS is committed to enhancing equity, diversity, and inclusion in publishing for better representation, fairness, and equal access. The journal aims to improve diversity among authors, reviewers, and editors, aligning with Elsevier's commitment to inclusion. JMIRS plans to disrupt traditional editorial practices by encouraging submissions from underrepresented groups and focusing on health equity and disparities. They will also invite diverse voices to lead special issues and author-invited papers, emphasizing topics such as racism, colonialism, ableism, and cis/ heteronormativity.	Commitment to leadership and editorial diversity. Diversity driving scientific excellence. Platforming underrepresented voices. Commitment to health equity. Disrupting traditional editorial practices.
2	Journal of Medical Radiation Sciences (JMRS) – John Wiley and Sons Ltd (Wiley)	Not available	Not available	Absence of formal EDI commitment
3	Journal of Nuclear Medicine Technology (JNMT) – Society of Nuclear Medicine and Molecular Imaging (SNMMI)	Not available	Not available	Absence of formal EDI commitment.

Table 2 (continued)

No.	Journal & Publisher	Diversity Pledge ^a	EDI Statement ^a	Themes and summary outcomes
4	Journal of Radiotherapy in Practice – Cambridge University Press	Not available	Not available	Absence of formal EDI commitment.
5	Radiography - Elsevier	As part of a wider initiative and the publisher's inclusion and diversity efforts, <i>Radiography</i> pledges to focus on the diversity of our Editorial Leadership Team, Editorial Board, International Advisory Board, and across our reviewers. We are committed to attracting, retaining, and developing a diverse editorial team. In terms of appointments to our Editorial Board and International Advisory Board, we take care to examine gender, geographical, and age diversity. We understand that gender, geography, and age are only three aspects of diversity along with race, ethnicity, disability, and sexual orientation, among others. <i>Radiography</i> pledges its commitment to improving diversity at all levels. We will actively seek relevant data and review on an annual basis and seek to balance gender, geographical, age, race, and ethnicity of our team members. We will be responsive and will actively work to address diversity issues. We are developing a strategic plan, including clear annual targets, to deliver positive change; and communicate on our progress to our community as equity and inclusion in publishing is critically important for scientific excellence and innovation while at the same time, we will ensure that at all levels we will seek to appoint individuals with the necessary competencies and expertise. A Radiography Equality, Diversity, and Inclusivity (EDI) Working Group has been established to progress our work on EDI.	Radiography is committed to enhancing diversity within its editorial leadership, boards, and reviewers as part of a broader inclusion initiative. The journal focuses on gender, geographical, and age diversity, while also considering race, ethnicity, disability, and sexual orientation. Annual reviews and data collection will guide efforts to balance these aspects. A strategic plan with clear targets is being developed to ensure positive change while ensuring all team members possess the necessary competencies. Radiography aims to communicate progress regularly, recognizing the importance of equity and inclusion for scientific excellence.	Commitment to leadership and editorial diversity. Strategic planning and monitoring for EDI progress. Diversity driving scientific excellence.
6	Radiologic Technology – American Society of Radiologic Technologists (ASRT)	Not available	Not available	Absence of formal EDI commitment.
7	Technical Innovations and Patient Support in Radiation Oncology (tipsRO) - Elsevier	Not available	Not available	Absence of formal EDI commitment.

^a At the time of study.

statements or pledges around EDI efforts indicates a gap in the focus on diversity and inclusion, which contrasts with the more proactive approaches of *JMIRS* and *Radiography*.

Six key themes were developed from the analysis of the pledges and statements by *JMIRS* and *Radiography* as highlighted in Table 2.

Commitment to Leadership and Editorial Diversity (*JMIRS*, *Radiography*)

Both *JMIRS* and *Radiography* emphasise their commitment to increasing diversity in leadership and editorial roles, aiming to include diverse voices at the decision-making level. This commitment is evident in their focus on improving the representation of various demographic groups (e.g., gender, race, ethnicity, geographical diversity) among editors, reviewers, and leadership teams. These efforts reflect a strategic approach to enhancing diversity across the board, ensuring that leadership is not only diverse but also inclusive. *Radiography* has also established an EDI working group however, it is noteworthy that, at the time of this

article, the group only contains members who are doctorate-educated.

Diversity Driving Scientific Excellence (*JMIRS*, *Radiography*)

Both journals explicitly link diversity to scientific advancement, asserting that the inclusion of diverse perspectives is critical to fostering innovation and improving the quality of scientific output. This theme captures the belief that diverse voices contribute to more comprehensive research outcomes and improve the overall quality of academic discourse, as stated in their pledges to include marginalised groups and address issues like health disparities.

Platforming Underrepresented Voices (*JMIRS*)

JMIRS was the only journal to place a strong emphasis on platforming voices from traditionally underrepresented communities, such as Black, Indigenous, and People of Colour (BIPOC). They actively encourage submissions from these groups and aim to

disrupt traditional editorial gatekeeping, which has historically excluded marginalised voices. This theme reflects the journal's proactive efforts to create space for underrepresented groups within the academic publishing ecosystem.

Commitment to Health Equity (JMIRS)

JMIRS was the only journal which commits to addressing health disparities in its publication focus, particularly by encouraging work that examines systemic oppression, including racism, colonialism, ableism, and cis/heteronormativity. This theme represents the journal's focus on fostering research that tackles inequities in health care and the broader medical radiation sciences, connecting diversity in publishing to broader societal health goals.

Disrupting Traditional Editorial Practices (JMIRS)

Not evidenced within the other journals, this theme is derived from JMIRS' pledge to disrupt traditional editorial gatekeeping by encouraging submissions from underrepresented groups and actively seeking to change how editorial decisions are made. The journal's goal is to challenge entrenched practices that have historically limited diversity in academic publishing, a significant part of their overall commitment to EDI.

Strategic Planning and Monitoring for EDI Progress (Radiography)

Radiography is the only journal that outlined a detailed strategic plan to include regular monitoring, data collection, and annual reviews to ensure progress in diversity initiatives. This theme reflects the journal's structured approach to implementing EDI, demonstrating their commitment to transparency and accountability. The development of clear targets and the establishment of an EDI Working Group also signify a long-term dedication to these goals.

Discussion

Using a pragmatist philosophical lens through reflexive journaling and discussions with the EDI working groups,⁵ we evaluated and present the first known study to identify the EDI commitment profiles across internationally leading academic and professional Radiography and associated MRS comparator journals. The findings provide suggestions for implementing EDI-informed operational policies and practices across the entire publication cycle of journals in the MRSs and apply broadly to healthcare research publishing.

Absence of formal EDI commitment

Although only 2 of the 7 journals analysed had a statement or pledge, any absence does not necessarily depict an environment where EDI is not considered important. The omission may instead suggest either a lack of general engagement with EDI issues, a conscious decision to remain neutral (avoiding contentious political topics) or oversight in aligning with evolving EDI expectations in research and academia. However, these documents support organisations and their members to share a collective vision, driving system-wide practices which promote EDI as a standard. Our findings may, therefore, posit how EDI is not a strategic priority for those journals that do not have EDI documentation.

Conversely, for those 2 journals with a statement, the presence of such does not necessarily mean these are environments that promote inclusion.¹⁷ Any organisational and strategic vision must translate into practices that align with the visionary statements expressed for the commitments made under the guise of EDI to be

valid. Those practices must then be designed to operationalise EDI in a way that is practical and sustainable.¹⁸ Visible leadership and designated roles which incorporate EDI are therefore essential to demonstrate a genuine commitment and drive change.¹⁸ Championing inclusion and integration can develop an intersectional ethos whilst avoiding segregation of those who represent diverse backgrounds.¹⁸ The data illustrated how only Radiography operationalised its activities through the formation of a Radiography EDI working group,⁵ validating commitments presented in its diversity pledge. Formed in 2023, with the purpose of progressing the journal's work, it aims to capture the journal's current EDI position, whilst establishing best-practice guidance for activities associated with the conduct of research, peer-review, and publication.⁵ At the time of this discourse, Radiography was the only journal with such designated EDI practices, as well as being the only journal which explicitly included EDI as a part of a role for the selection of its Associate editors and International Advisory Board members within the group.⁵ Similarly, the results also highlight how both Radiography and JMIRS have committed to improving the diversity of its Editorial and International Advisory Boards. It must be noted that whilst illustrating equity across their editorial boards with 50 % (Radiography) and 51.1 % male and 48.9 % female diversity on its editorial board membership (JMIRS), these metrics focus solely on gender without consideration of other characteristics which can signify a diverse group. Panels, committees, and governing boards should be as diverse as possible, but with diversity expanding beyond gender identities alone.^{18,23}

Policy into practice

If the MRS profession wishes to promote and enhance EDI throughout the research and innovation space, then MRS journals must become the exemplars of EDI. Subsequently, practices which promote diversity across its authors, whilst supporting inclusion for its readers should also be addressed. MRS journals should actively invite diverse voices for special issues and invited papers. Continuing to publish papers which challenge and disrupt social norms and special issues or sections dedicated to EDI topics will highlight and amplify research and initiatives promoting EDI in MRS. This approach supports broader EDI efforts by national and international organisations within the medical imaging field.^{3,4} To enable its readers to be included, journals should ensure their websites and articles include comprehensive accessibility features such as alternative text for images and language translation options. Scott (2024) of Taylor & Francis further suggests that if photos, illustrations, and diagrams are not described and made available, the entire literature cannot be fully accessed.¹⁹ This lack of accessibility could pose a significant barrier, particularly for individuals with disabilities, potentially impacting their lives, education, career opportunities, independence, and livelihood. Alternative text (alt text) is a textual description of images that is crucial for visually impaired researchers who rely on screen readers. Screen readers vocalise the alt text, enabling these researchers to understand the content and context of images, graphs, and charts.¹⁹ By implementing alt text and other accessibility features, journals promote inclusivity and ensure all researchers and readers have equitable access to essential research data and visual information.

Only three journals had special content access arrangements in place for readers/audiences from low- and middle-income countries. Article processing charges place the costs onto the publishing authors, their funders or their affiliated institutions through Open Access Agreements (OAA). These sadly place a price tag on knowledge and further exasperate inequalities of access to marginalised groups, especially, from low- and middle-income countries.²⁰ Of note, some journals and their publishers have begun the

implementation of equity initiatives to address this for various categories of authors, including those from low and middle-income countries and early-career researchers without funding, among others.

MRS journals as EDI educators

Essential targeted initiatives to address the insufficient integration of EDI in MRS include educational programs to enhance EDI awareness and provide comprehensive training for researchers and journal editors, as demonstrated by the initiatives of the JNMT's publisher, Society of Nuclear Medicine and Molecular Imaging (SNMMI).²¹ To address the insufficient integration of EDI in MRS, essential initiatives could include implementing policies that mandate EDI considerations in research proposals and publications. Essential initiatives could include engaging stakeholders across academia, funding bodies, and professional societies to prioritise EDI in research agendas. Additionally, journals should educate authors by promoting the use of inclusive language in their articles, and this could be clearly emphasised in the author guidelines. It is important to note that work towards EDI should also be undertaken by all to avoid burdening marginalised groups with the efforts.

Limitations

It should be emphasised that this discourse does not address other vital aspects of diversity with editorial boards of journals, such as non-binary categorisation, ethnicity, and sexual orientation, which merit future exploration. This could have strengthened the findings. Similarly, any EDI documentation in development or not currently in the public domain will not have been captured.

Recommendations

There are several recommendations arising from this work. Firstly, whilst we would suggest that any EDI exemplars across MRS journals should be used as a blueprint, there must also be further work to address diversity beyond gender on the Editorial and international advisory boards. Secondly, MRS journals should address how they can provide a platform for underrepresented voices and publish content which commits to health equity as a standard. Finally, inclusivity created through fair and accessible practice must be addressed across MRS journals. Further research is required to capture author demographics across the journals.

Conclusions

Disparate levels of visual EDI commitment and journal practice were observed across the seven MRS journals included in this study. The presence of pledges in conjunction with embedded operational practices highlighted the commitment of both Radiography and JMIRS in comparison to JMRS, JNMT, JRIP, RT, and tipsRO. While these findings serve as a baseline for future investigations, practical and actionable steps are required to promote EDI across all Radiography and related MRS journals. These should include the development and adoption of formal EDI policy (pledges and commitments) as part of the strategic and operational priorities of all journals. These priorities would have to be accepted by leadership and translated into practice to reflect true diversity (across several EDI parameters) on both the Editorial and International advisory boards. As part of efforts to translate policy into practice, journals must promote inclusivity and ensure all researchers and readers have equitable access to essential research data and visual information. Innovative open-access opportunities, including the implementation of equity initiatives to address access

challenges for various categories of authors (e.g. early career without funding, those from resource-limited settings, etc), would be a practical step to achieving the EDI objectives. We conclude by making the clarion call for journals to continuously educate authors to use inclusive language in their articles, and this could be clearly emphasised in author guidelines and enforced during the peer review cycle.

Reflexivity statement

The authorship of this work consists of a therapy radiographer and three diagnostic radiographers. Two of these are currently clinical academics, while two are solely academic radiographers with specialist interest, lived experience and working knowledge of EDI issues. In terms of gender, two of the authors identify as male and two as women. Two of the authors are post-doctoral with editorial experience across several journals, while two are pre-doctoral and could identify as early career researchers. We believe the diversity of our current personal and professional backgrounds highlights our potential biases and positionality and provides a better perspective to initiate a discourse around EDI in the MRS research and innovation space for the benefit of our profession and our patients.

Conflict of interest statement

TNA and AH are current Associate Editors at *Radiography*, however, as authors of this submission, they had no role in or visibility of the handling of the manuscript through the editorial or peer review process.

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