Article details: 2019-0129		
Title	Proportion of resident-selected female award recipients across Canada from 2000 to 2018: A retrospective observational study	
Authors	Sarah Silverberg MD, Shannon M. Ruzycki MD	
Reviewer 1	Dr. Gillian A. Hawker	
Institution	Women's College Hospital, Medicine, Toronto, Ont.	
General comments (author response in bold)	This interesting study examined receipt of resident-selected awards for residents and faculty by sex/gender over almost two decades. Overall, I think the message is simple and provocative - I do, however, have some suggestions which are intended to further strengthen the paper.	
	1. Abstract: a) Please incorporate in your methods section that you examined proportions thus you controlled for numbers of male/female potential recipients - currently unclear what you actually examined	
	Thank you. We have now mentioned this explicitly in the Methods section of the Abstract.	
	b) Also clarify any other variables that were controlled for or taken into consideration.	
	We have adjusted or stratified for faculty or resident status, year of award, and category of award in our analysis. We have added this explicitly in our Methods section.	
	2. Abstract conclusion: suggest reworking final sentence as "Reasons, including possiblephysicians, need to be further explored."	
	Thank you. We have removed this statement from the Abstract.	
	3. Background:a) first line is presumably "The number of women?	
	Thank you. We have corrected this error.	
	b) I would omit the reference to the US as irrelevant here	
	We have removed the references to other countries and have focused on Canada.	
	c) while I appreciate the use of the term gender, all you had was male/female so I think sex is more appropriate throughout?	
	We have corrected the manuscript to refer to sex and have used female and male throughout to be consistent.	
	4. Methods: a) 'data' is plural these data were	
	Thank you for noting this error. We have corrected this.	
	b) Did you come across awards for mentorship? if so, how did you classify these? Mentorship has also been under-valued in academic promotion yet mentorship has consistently and rigorously been shown to influence career success, fulfillment, productivity etc of those mentored	

	The only named "mentorship" that we identified was the Professional Association of
	Residents and Interns of Manitoba Resident Mentorship Award for staff and resident physicians. We therefore did not include a specific mentorship category in our analysis of award types. Many of the teacher/educator categories included a nomination criterion for mentorship (see Appendix Table 1). We agree that mentorship is a skill that is undervalued in academia.
	c) I think it would be very important/useful to include whether or not the awards were open to 'self-nomination' as that is a major barrier for women more so than for men - could you review and include in your analysis? And were any of the awards limited to specific ranks within academics, which would also bias against women faculty members?
	Thank you for this interesting addition. We contacted the residency associations to obtain this information and found that about one third of the awards for residents allow self-nomination and one-third prohibit self-nomination. Staff physicians had to be nominated by a resident (and therefore could not self-nominate). We have included this information in Appendix Table 1 but have not mentioned it specifically in the Results or Discussion due to space limitations.
	Results: a) Page 11, last sentence of para 1 i think should read "This resultwhen all eligible practicing physicians was based on CMA data"
	Thank you. We have corrected this.
	Discussion: Please see comments above re: criteria for nomination and eligibility for faculty awardees
	We have added this information to Appendix Table 1.
Reviewer 2	Dr. Ksenija Bazdaric
Institution	Rijeka, Croatia
General comments (author response in bold)	Dear authors and editors, I have read this text with great interest. It is a very well written manuscript that deserves to be published in order to collect evidence and raise awareness of gender discrepancy in medicine.
	I have major remarks of the results presentation that I don't think will influence the text logic but will make the manuscript more clear and understandable. I would be happy to rereview the text. My comments are also in pdf.
	Introduction 1. Clearly presented background, minor remarks in the attachment Clear aim and hypothesis.
	Methods 2. This is a retrospective, not a cross-sectional study. The methodology is sound and explained in detail.
	Results: 3. I think the data should be analyzed slightly different and presented in a more logical order.
	4. Odds ratios are calculated absolutely opposite of the hypothesis. I would recommend calculating them men vs woman because odds ratios are much more easier to interpret and more understandable to the reader when they are higher than 1. (read more: https://www.biochemia-medica.com/assets/images/upload/xml_tif/McHugh_MLThe_odds_ratio_calculation_usage_and_interpretation.pdf).
	Thank for this advice. We have presented this data using females as the reference group so that the OR is greater than one in our revised manuscript.

5. Linear regression is calculated on N=17 where the data has non-linear distribution. Calculate chi square test of trend instead.
Thank you. We performed the Chi square test of trend on this data as advised and have updated the manuscript with this information.
6. Mean values: data is widely distributed and possibly not following normal distribution. This has to be checked and presented in the article. If the distribution is not normal average values have to be median and 95% CI of median or 25-75 percentiles.
We have now reported median and IQR as suggested.
7. Table 1: present odds ratio in the table calculated as suggested in order to be interpretable. For the total OR should be 1.77 (P=0.0017).
Thank you. We have added this to Table 1 and Table 2, as suggested.
8. Table 4. it is not usual to calculate percentages on N=10. Could this data be presented in a figure?
Thank you. We have adapted this to new Figure 1 and Figure 2.
9. Figure 1 and Figure 2. the same data as in tables, I would omit.
We have removed the original Figure 1 and Figure 2, and have included new Figures as recommended by the Editors.
Discussion 10. The discussion is very well written, logical and altogether of high quality. minor remarks in attachment.
Thank you for these suggestions. Please let us know if additional information is required.