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Background: A growing number of professional societies in clinical and medically related disciplines investigate evidence, make recommendations, and take action to advance gender equity. Evidence on women's advancement and leadership in the context of the European Alliance of Associations for Rheumatology, EULAR, is limited [1].

Objectives: The objective of the EULAR Task Force on Gender Equity in Academic Rheumatology was to establish the extent of the unmet need for support of female rheumatologists, health professionals and non-clinical scientists in academic rheumatology and develop a framework to address this through EULAR and Emerging EULAR Network (EMEUNET).

Methods: Potential interventions to accelerate gender-equitable career advancement in academic rheumatology were gathered from a narrative review of the relevant literature, expert opinion of a multi-disciplinary Task Force (comprised of 23 members from 11 countries), data from the surveys of EULAR scientific member society leaders, EULAR and EMEUNET members, and EULAR Executive Committee members. These interventions were rated by Task Force members, who ranked each according to perceived priority on a five-point numeric scale from 1 = very low to 5 = very high.

Results: A framework of 29 potential interventions was formulated, which covers six thematic areas, namely, EULAR policies, advocacy and communication, EULAR Congress and associated symposia, training courses, mentoring/peer support, and EULAR funding (Figure 1).

Theme	Intervention	Level of priority, Mean	SD
EULAR policies	Requirements for EULAR Centres of Excellence to demonstrate commitment to gender equity	4.5	0.8
	Gender-equitable EULAR committees, working groups, and task forces	4.4	0.8
	Gender-equitable grants committees	4.0	0.9
	Gender-equitable editorial boards and peer-review in rheumatology journals	3.9	1.0
Advocacy and communication	Campaigns to increase visibility of female role models and promote women's leadership	4.5	0.7
	Raising awareness of unconscious bias and gender equity issues in rheumatology	4.3	1.0
	Promoting gender-sensitive clinical practice, research and training	4.1	1.0
	Engaging national rheumatology groups to develop country-specific support	3.6	1.2
EULAR Congress and associated symposia	Monitoring gender equity of chairs and invited speakers (invites and acceptances)	4.6	0.7
	Increasing visibility of female role models	4.4	0.7
	Family- and child-friendly policies	4.1	1.2
	Code of Conduct expressing and enforcing the values of diversity and inclusion	4.1	0.9
Training courses (open to men and women)	EULAR no male only panel pledge	4.0	1.1
	Collating a register of female experts in field	3.5	1.3
	Leadership skills training	4.2	0.7
	Training and support for writing grant applications	4.0	0.8
Mentoring/peer support (open to men and women)	High-impact scientific writing masterclasses	3.8	1.0
	Effective work-life balance management training	3.8	0.9
	Speaking/presentation/communication skills training	3.7	0.9
	Unconscious bias training	3.7	1.0
EULAR funding	Promotion and salary negotiation training	3.6	1.0
	Peer to peer mentorship programmes	4.5	0.6
	Establishing a EULAR network for women in rheumatology	4.2	1.1
	Information on training/career pathways	4.0	1.0
EULAR funding	Senior sponsorship programmes	3.8	1.0
	Effective work-life balance training	3.6	1.1
	Monitoring gender equity in EULAR funding	4.3	0.7
	Career grants for mid/senior women academics	4.0	1.1
EULAR funding	Funding calls for research on gender-sensitive clinical practice, research, and training	4.0	1.1

Figure 1. A framework of potential interventions with the levels of priority, mean and standard deviation (SD)

Conclusion: The framework provides structured interventions for accelerating gender-equitable career advancement in academic rheumatology.

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OP0075

EVALUATION OF A VIRTUAL REALITY TEACHING CONCEPT FOR MEDICAL STUDENTS DURING THE SARS-COV-2 PANDEMIC

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Background: The ongoing COVID-19 pandemic has disrupted face-to-face teaching of medical students and forced efforts in finding alternative approaches. In order to help maintain high-quality education, a new virtual reality (VR)-based concept for training medical students in rheumatic and musculoskeletal diseases (RMD) has been developed. This VR training concept is based on the integration of real patient data with two- and three-dimensional visualized pathological joints from X-ray and computed tomography generated images.

Objectives: To evaluate the practicability and acceptance of the VR training application in the digital curricular education of medical students during the COVID-19 pandemic.

Methods: A short refresher lecture on rheumatic diseases (duration 60 minutes) was followed by presenting the VR training concept to the students. The VR training concept included the demonstration of three virtual patients with early rheumatoid arthritis, rheumatoid arthritis psoriatic arthritis regarding the symptoms, current medical problems, disease patterns at the imaging (conventional radiographs and high-resolution computed tomography) and therapy options. The practicability and acceptance of the VR was evaluated by medical students using a survey.

Results: The study encompassed 237 medical students (163 female, 73 male, one diverse, age range 20 to 40 years). 72 % of the participants rated the virtual teaching as good or very good. 87 % presented an expanded knowledge for rheumatoid arthritis and psoriatic arthritis through the VR. Moreover, 91 % reported that the lecture provided a deeper understanding of RMD. Furthermore, 60 % of the students asked for additional courses by VR.

Conclusion: The study highlighted the usefulness of innovative VR tools for teaching medical students digitally about RMD. VR applications can be a complementary educational modality for medical students, especially during the COVID-19 pandemic, to provide students with the best possible clinical experience while ensuring that patient, student, and staff safety is not compromised.

Figure 1. A Screen view of virtual reality included three virtual patients with early rheumatoid arthritis (RA), RA, and psoriatic arthritis (PsA) and B demonstration of structural damage in RA and PsA using hand X-ray and high-resolution quantitative computed tomography images.

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