

SUMMARY REPORT: CMA roundtables on equity, diversity and discrimination

1. Context

This summary report outlines the key themes from a series of six roundtables (held between Sept. 30 and Oct. 5, 2020) with 33 physicians and medical learners who are affected by and committed to addressing discrimination in the profession. Building on the broad consultation with all members that informed the development of the CMA's [Equity and Diversity in Medicine \(EDiM\) policy](#) in 2019, this engagement process focused on facilitating listening and learning, with the goal of informing the CMA's work to advance the implementation of the policy.

Additionally, this report outlines steps that the CMA has taken to address some of what we heard from the roundtable participants, as well as how their feedback will inform our future work.

2. What we heard: key themes

Experiences with discrimination

- Burden placed on victims:** Too often it falls solely to individuals from underrepresented groups who have experienced discrimination to report and follow up on instances of mistreatment. Several participants described how this leads to feelings of powerlessness and a lack of safety in their work or school environment, particularly if they are the only Black or Indigenous person. This makes it difficult to report discrimination because they can be more easily identified through the process. As a result, while many learners and physicians experience mistreatment, most do not disclose or report it. Similarly, some participants explained how people who highlight instances of discrimination are sometimes “gotten rid of” because they are considered too outspoken or disagreeable by others.

“It is not friendly for women leaders — we’re asked to make a lot of change but at a great personal cost.” – roundtable participant, reflecting on their experience in academic medicine

Additionally, individuals who experience discrimination are frequently asked to participate in working groups and committees aimed at addressing equity and diversity issues. Although many recognize the importance of this work and take on these roles to ensure their perspectives are not overlooked, it can be very challenging and stressful as they also need to manage their regular workload and do not receive remuneration for their additional efforts.

“More policies should be in place so that we don’t also need to come up with the solution.”
– roundtable participant

- 2. Inadequate support for learners:** Addressing systemic discrimination is critical at the beginning of one’s medical education, as learners from underrepresented groups often experience a lack of support and safety at different points in their training.

“Clinical stereotypes are rampant in medical education.” – roundtable participant

Several learners noted that it is particularly challenging when they are the only Indigenous person or person of colour in their cohort and when there is a lack of diversity among faculty. In addition to making it difficult to report instances of discrimination, this also results in a lack of awareness of the resources and supports needed.

Additionally, participants described how some learners from underrepresented groups experience “imposter syndrome”: not only is medical school itself challenging, some learners from these groups may place additional pressures on themselves to exceed expectations because they may feel that they do not deserve their medical school spot. Some learners shared that they experienced enough stress to take medical leave or to consider quitting their program entirely.

As such, some participants recognized that while medical schools are working to improve their admissions processes for these individuals, underlying supports and processes need to be in place for learners to succeed during their medical training.

“It’s like we’ve been invited to dinner, but when we arrive nobody has done any of the preparations.” – roundtable participant describing their experience in medical school, without the proper supports

- 3. Lack of diversity and representation in the profession:** There needs to be greater diversity across the profession, both within the medical learner population and at the leadership level in medical organizations. It can be difficult for learners to find mentors and role models from ethnic and culturally diverse backgrounds with whom they can identify and who understand their challenges.

“I always dream that we have a medical community that mirrors the community we serve. Canada is diverse, but preceptors, boards, decision-makers — they’re not as diverse.”
– roundtable participant

More specifically, some participants discussed the need for more gender diversity, particularly in leadership positions and within historically male-dominated specialties.

- 4. Lack of awareness and recognition that racism exists:** Individuals not affected by racism or sexism need to recognize their own privilege and explicitly acknowledge that this exists in Canada. Although recent events like the death of Joyce Echaquan have raised awareness and inspired activism to help address systemic discrimination in health systems and society more broadly, some participants shared that those who do not have direct lived experience often remain silent, which highlights the need for more education and engagement in this area.

“All have to agree that systemic racism in medicine exists —until we can say that we will have a hard time moving forward.” – roundtable participant

- 5. Lack of accountability and consequences:** Further to earlier points on the burden of reporting discriminatory behaviour in medicine, participants also discussed the challenge of how the perpetrators are often in positions of power, who seldom face consequences for inappropriate behaviour. For example, one participant described the “halo effect” in some situations, where an offending individual is “put on a pedestal” and excused for their conduct because of their medical expertise and contributions.

- 6. Limited opportunities:** Some participants shared experiences of facing significant barriers in their education and career. These include being overlooked for advancement opportunities and faculty appointments, as well as being disrespected or questioned about whether they are qualified for their chosen area of practice (e.g., working in an Indigenous community or a community health clinic) or position, even if they have proven experience.

“Indigenous students hear ‘you’re only here to check a box’ to help achieve a quota. These are constant experiences.” – roundtable participant and medical learner

Feedback on the CMA’s Equity and Diversity in Medicine policy

- Positive feedback and support:** Several participants commented that the CMA’s EDiM policy is comprehensive, well written and supported with robust context and definitions. Many agreed that the recommendations provide some solid next steps in addressing equity and diversity and could be useful for other organizations.
- References to add:** Some participants suggested specific additions to the policy, including explicit references to racism, systemic discrimination, power structures and ability/disability. As one participant explained, *“We need to be naming specifically what we want to change.”*

Ideas to advance CMA policy recommendations

Looking forward, participants discussed several ideas and themes to support the implementation of the CMA's policy recommendations, with many commenting that the pace of change needs to be quicker and that meaningful action *"needs to happen tomorrow"* — within both the profession and broader society.

Additionally, actions need to be supported by engagement and collaboration with key stakeholders (e.g., medical schools, specialty societies) and they need to align with or leverage work that is already being done in this area by others.

- 1. Ensure accountability and consequences:** Several participants acknowledged the need for greater accountability and discipline in the profession, which could be supported by the development of standards that are consistent across all jurisdictions. This should include explicit consequences for the mistreatment of learners, physician colleagues and patients.
- 2. Engage with medical schools on curriculum and support for learners:** Some participants emphasized the need for curriculum reform to include equity and diversity considerations, as well as to account for the individual needs of learners who may experience or are experiencing discrimination and provide relevant resources (e.g., accommodations for learners with disabilities). Suggestions included revising curriculum, applying an equity and diversity/social justice lens to curriculum development and admissions processes, providing equity and diversity training for faculty and staff, and hiring more faculty and staff with lived experience of discrimination.

"There is an opportunity to reimagine medical education." – roundtable participant

- 3. Build capacity at leadership levels:** Medical schools and other institutions should view equity and diversity as a measure of excellence, with a goal of having leadership be representative of the population they represent. This could involve reviewing hiring and tenure practices and guidelines and integrating processes to better assess candidates' knowledge and awareness of — as well as their willingness to learn about — discrimination, particularly for potential preceptors and faculty members. Additionally, some participants recommended that individuals from underrepresented groups need to be well supported in pursuing leadership opportunities, and not just opportunities directly related to equity and diversity.

"In the absence of lived experience, it's tough to move conversations forward."
– roundtable participant

- 4. Work with people "where they are":** Participants also acknowledged that everyone is at a different place in recognizing discrimination and the impact of their own behaviour, as some physicians do not realize their biases and that they may unintentionally be harming others through their conduct. As such, strategies to address these issues need to be tailored to individuals on the basis of a variety of factors and should help both individuals and organizations identify where they are and what they need to improve.

5. **Collaborate to collect data:** A collaborative effort to collect and act on data should be part of any plan moving forward, as *“you can't fix what you don't know.”* For example, data could help identify disparities in learner populations and specialties that need to be addressed, as well as situations in which relevant data are not currently being collected. Some participants cautioned that there could be challenges in data collection and ownership, as some data are controversial and could be used to cause harm.
6. **Create opportunities to share stories and experiences:** In addition to data, participants considered personal testimonials to be very powerful in bringing discrimination to light and raising awareness of the challenging issues that need to be addressed in the profession. For example, some participants explained how many physicians and learners are not aware of the mistreatment happening around them. However, individuals' reluctance to share personal experiences must be respected and there needs to be safe space, as sharing one's stories can be exhausting or retraumatizing.
7. **Support physician advocacy efforts:** Participants also discussed how, in their experience, advocacy roles for physicians should be better defined and promoted, as advocacy often goes unrecognized at the institution level compared with other nonclinical roles, such as research. As a result, many learners and physicians are discouraged from engaging in advocacy activities that could help address issues related to equity and diversity.

Feedback on roundtable process

Several participants appreciated the opportunity to hear and learn from others with similar experiences through the roundtables.

“I truly want to appreciate the work by CMA. I was a bit apprehensive initially coming to this meeting, but I felt safe sharing my experience /observation with the team.”

“I'm feeling so invigorated by this conversation — just hearing you all is therapeutic! I'm hopeful — this is historic.”

However, more importantly, participants were unanimous in calling for real action and progress soon. Many recognized that long-term change in addressing equity and diversity requires a *“true shift in power,”* within both the profession and broader society.

3. Moving forward: what we're doing

The insights shared by learners and physicians through the series of roundtables have informed various CMA initiatives to help address equity, diversity and discrimination in the profession, including the following:

- **Revising the EDiM policy:** In response to participants' specific comments in the roundtables, language was added throughout the EDiM policy to acknowledge the following: *racism/antiracism, systemic discrimination and racism, systemic and structural inequities, fundamental shifts in power structures and dynamics, and ability/disability*. The revised policy was adopted by the CMA board.
- **Endorsing two allyship framework documents:** Informed by participants' suggestions and in the spirit of supporting other organizations' efforts, the CMA board has endorsed two allyship resources: the *For Allies* resource produced by Black Physicians of Canada and the *Indigenous Ally Toolkit* developed by the Montreal Indigenous Community NETWORK.
- **Developing an equity-informed decision tool:** The feedback gathered through the roundtables has informed the development of the CMA's equity-informed decision tool to guide how we will apply an equity lens to all of the CMA's work.
- **Guiding the development of goals for Impact 2040:** Participants' insights were brought forward to the CMA's planning process for Impact 2040. In particular, the findings informed the development of strategic goals, which collectively define the CMA's strategic aims moving forward. Looking ahead, the CMA will continue to draw on the insights gathered through the roundtables to further inform its work throughout 2021 as it moves toward the strategic implementation of Impact 2040.