



RACISM IN MEDICINE: PHYSICIAN SURVEY FINDINGS

October 2024



SASKATCHEWAN
MEDICAL ASSOCIATION



CPSS College of Physicians and
Surgeons of Saskatchewan



Land Acknowledgment

We acknowledge that the land on which we live and work is Treaty 2, 4, 5, 6, 8, and 10 territory, and the Homeland of the Métis.

We pay our respects to the traditional caretakers of this land.

We affirm our commitment to reconciliation; our shared stewardship of the land; and our relationship with one another.

We honor First Nations and Métis peoples' histories and cultures and strive to address the gaps in health outcomes between Indigenous and non-Indigenous peoples.

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Racism in Medicine: Physician Survey Findings 2024. Saskatchewan Medical Association and College of Physicians and Surgeons of Saskatchewan Joint Report. Available at: www.sma.sk.ca; www.cps.sk.ca



INTRODUCTION

In the fall of 2023, the Saskatchewan Medical Association's (SMA) Equity, Diversity, and Inclusion Committee and the College of Physicians and Surgeons of Saskatchewan's (CPSS) Diversity and Bias Committee conducted a joint survey to gain a better understanding of the experience of racism within the medical profession in Saskatchewan.

While there are many results that can be extracted from the survey, this report focuses on the key questions addressed in the survey:

Is racism an issue among physicians, residents, and medical students in Saskatchewan?

If so:

- Are there particular groups that are experiencing racism?
- Are there particular places where racism is occurring?
- How is racism affecting physicians, residents, and medical students?

- Are physicians, residents, and medical students experiencing or witnessing racism at the SMA or CPSS?
- What should the SMA and CPSS be doing to prevent and address racism?

The survey was conducted to support the advancement of knowledge and understanding of racism within the Saskatchewan medical community.

The intended outcome is that the survey plays a crucial role in driving positive change and promoting a healthcare system that values diversity and respects individuals' rights, as well as informs the creation of strategies and

development of specific policies, procedures, and interventions that meet the needs of those experiencing racism, bias, and discrimination.

Please see definitions and abbreviated terms in the Appendix.

Some of the information or quotations may cause some people distress. If you need support, please contact the SMA's Physician Health Program (PHP) at (306) 657-4585 in Saskatoon or (306) 359-2750 in Regina. The PHP is a confidential service for physicians, residents, and medical students (and immediate family members) who are members of the SMA.

Racism is defined as “individual, cultural, institutional, and systemic ways by which differential consequences are created for different racial groups, even if not overtly intentional. Racism is often grounded in a presumed superiority of the white race over groups historically or currently defined as non-white. Racism can also be defined as ‘prejudice plus power.’ The combination of prejudice and power enables the mechanisms by which racism leads to different consequences for different groups” (College of Physicians and Surgeons of Ontario, 2023).

EXECUTIVE SUMMARY

The Saskatchewan Medical Association (SMA) and the College of Physicians and Surgeons of Saskatchewan (CPSS) conducted a survey on racism among Saskatchewan physicians, residents and medical students. The survey was conducted from September 5 to October 19, 2023 and had a 13% response rate (n=496/3727). The survey aimed to gather insights into the prevalence and impact of racism in medicine, and the awareness of the support systems in place.

Demographic Overview of Respondents

The data reflects a diverse sample of Saskatchewan's physician community across various demographics and practice settings.

- **Age and Gender:** 58% of respondents were under 50 years old. Slightly more respondents identified as cisgender male compared to cisgender female.
- **Ethnicity:** Half of the respondents identified as visible minorities, with significant

representation from Black and Asian communities.

- **Licensure and Practice:** Nearly 75% of respondents were fully licensed physicians, with the remainder of respondents being residents, provisionally licensed, or retired. Half were specialists, and the rest were family medicine practitioners.
- **Location:** Most practiced in Regina or Saskatoon, with 20% in rural areas.

Experiences of Racism

The survey highlights that racism is a widespread concern among healthcare professionals at all levels and in various settings, from hospitals to clinics. It occurs across a broad range of interactions, involving patients, peers, and people in formal leadership positions, affecting individuals regardless of their ethnicity, licensure, or tenure. The findings suggest the need for systemic changes to address racism within the healthcare environment.

- **Prevalence:** Half of the respondents reported experiencing racism in their careers or training in Saskatchewan. Among these, 74% of visible minorities and 17% of non-visible minorities experienced racism.
- **Sources and Locations:** Racism was mainly perpetrated by patients, their families, colleagues, nurses, and people

in formal leadership positions. It was most experienced in hospitals and SHA facilities across both urban and rural areas.

- **Impact:** Emotional impacts were reported by 87% of those who experienced racism, while 40% reported physical impacts. The emotional toll led to severe distress, with some considering leaving the province.
- **Support and Reporting:** Awareness of support programs was low, with many relying on personal networks instead of formal supports. Only 14% reported incidents of racism formally, and of those, 73% were dissatisfied with the outcomes due to a lack of confidence in the process and fear of being labeled a complainer.

Witnessed Racism

The data highlights the widespread nature of racist behavior in healthcare settings and the lack of effective reporting and support systems for those who witness it.

- **Prevalence and Frequency:** Two-thirds of respondents witnessed or were aware of racism in the healthcare system. 75% reported that racism is sometimes or always observed.
- **Sources and Locations:** The primary sources of racist behavior were patients, physician

colleagues, patients' families, nurses, and physician leadership, occurring most frequently in hospitals and urban areas.

- **Impact and Reporting:** Witnessing racism caused emotional impacts for 83% of respondents and physical impacts for 31%. However, 80% of those who witnessed racism did not report it formally.

Experiencing and witnessing racism were reported across various genders, professional statuses, and ethnicities, with significant representation in Saskatoon and Regina (metropolitan areas). Fully licensed physicians, particularly those identifying as Black, and South Asian, were most likely to report they experienced or witnessed racism.

Perceptions of Racism at the SMA and CPSS

Respondents were asked about their experiences of racism within the two organizations, their perceptions of the organizations' cultures of safety and respect, the existence of policies to prevent and address racism, and the perceived impact on leadership opportunities.

- **Organizational Culture:** 10-15% of respondents reported experiencing or witnessing racism at the SMA or CPSS. A

third were unaware of the SMA or CPSS policies to prevent or address racism.

- **Career Impact:** One-third of respondents Strongly Agreed that race and ethnicity affect careers. Over half Agreed that individuals from privileged racial or ethnic backgrounds have better career and leadership opportunities.

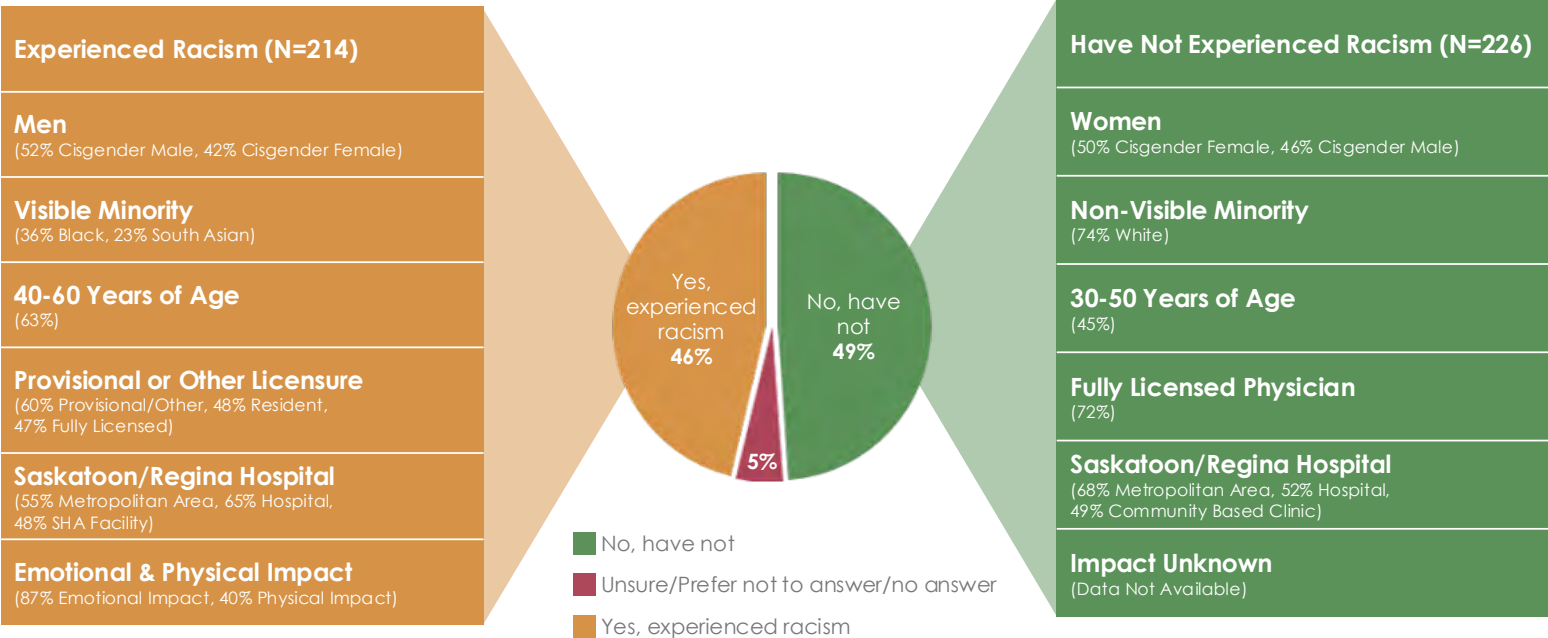
Overall, the survey highlighted the need for both organizations to address racism more effectively. This should include fostering inclusive cultures, improving awareness of

existing policies, and ensuring transparent and supportive systems for reporting racism.

Conclusion

Racism is a significant issue in Saskatchewan's medical community, affecting healthcare professionals across various demographics and practice settings. There is a critical need for systemic changes, on behalf of the SMA and CPSS, to address racism, improve support and reporting mechanisms, and foster inclusive and respectful organizational cultures.

Characteristics of Those Who Have and Have Not Experienced Racism





DESIGN & METHODOLOGY

Survey Details

- The survey was open to all physicians, residents, and medical learners in Saskatchewan.

Questionnaire Design

Questionnaire design was based on:

- Established anti-racism frameworks in medicine.
- Similar surveys existing in the medical literature.
- Input from experts in the medical field who have experienced racism.

Questionnaire components:

The survey was comprised of 55 questions (see Appendix 1), including multiple-choice, Likert scale, and open-ended questions.

Data Collection

The survey was open from September 5, 2023 to October 19, 2023, via the SurveyMonkey platform.

To increase response rate, we took the following measures to promote the survey:

- A survey link was included in the SMA eNews.
- CPSS sent communication to members via email.
- The SMA sent bi-weekly reminders to members.
- The survey was promoted at the SMA's Uncovering Racism in Medicine: A Pathway Forward conference held on September 22, 2023.

Data Analysis

- **Quantitative data:** The data was analyzed using Stata and MS Excel and involved descriptive statistics to summarize survey responses.
- **Qualitative data:** The data was analyzed using a Grounded Theory Approach until all categories were saturated (Charmaz, 2014).

Note: Where available, [Scott's Database, 2022 from CIHI](#), was used for comparisons.

Ancillary Measures

Psychological support: information was provided to the respondents on the resources and support services available to address any emotional or psychological concerns arising from survey participation.

Privacy: measures were implemented to safeguard the privacy and confidentiality of respondents.

Other measures: voluntary participation, informed consent, and anonymity of responses.

“Acknowledge that racism is a problem in the profession.”

- Respondent



DEMOGRAPHICS

WHO RESPONDED?

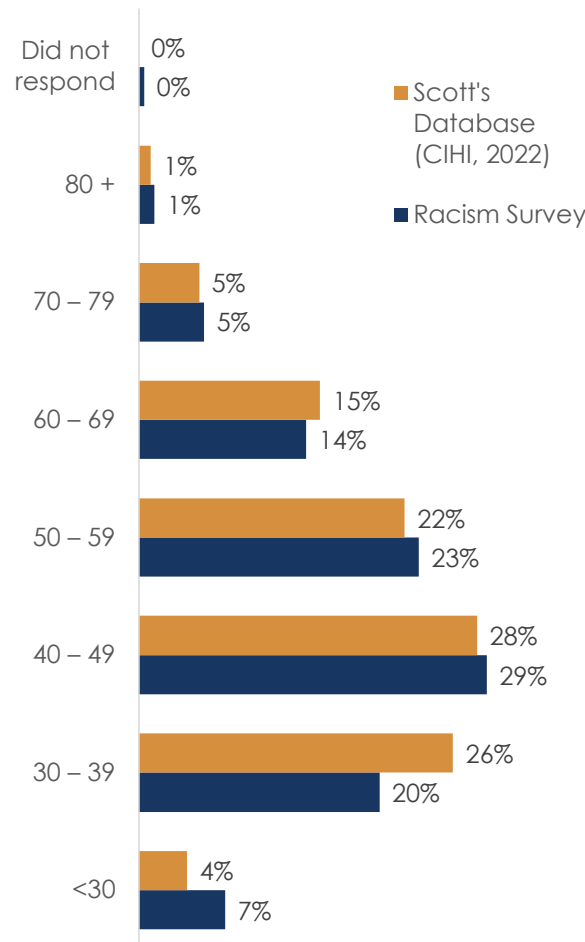
There were 496 respondents in total, however, 34 respondents were excluded because they entered only their age and licensure status. As a result, only **462 responses were analyzed**. The survey was sent to 3,727 members resulting in a **response rate of 13%**.

Age of Respondents

Physicians of all ages responded to the survey, from those beginning their career to those who are nearing retirement or have retired.

Of the respondents, 58% were younger than 50 years old, consistent with the age distribution of Saskatchewan's physician community.

Age of Respondents (n=462)



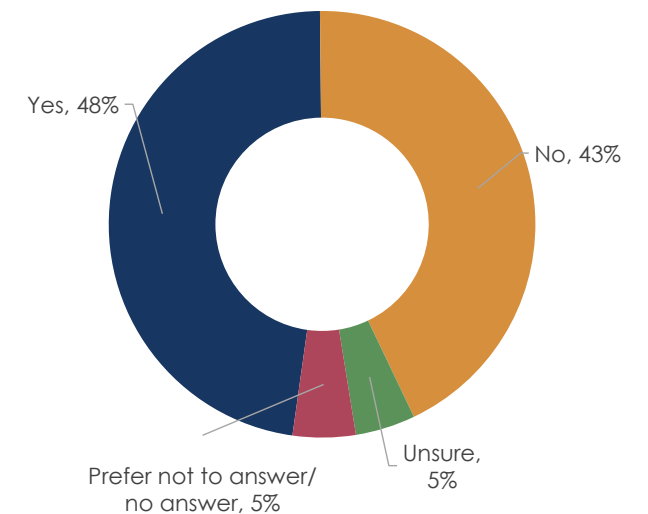
Gender of Respondents

Slightly more respondents identified as cisgender male than cisgender female, with a smaller group (5% of respondents) identifying as another gender or unsure. According to 2022 CiHi data for Saskatchewan, 60% of physicians are male, and 40% are female. However, the percentage of physicians identifying as non-binary is unknown. Compared to the male physician population, a relatively lower proportion of cisgender males participated in the survey (50% vs. 60%).

Visible Minority

1 in 2 respondents identified themselves as a visible minority.

Visible Minority (n=462)

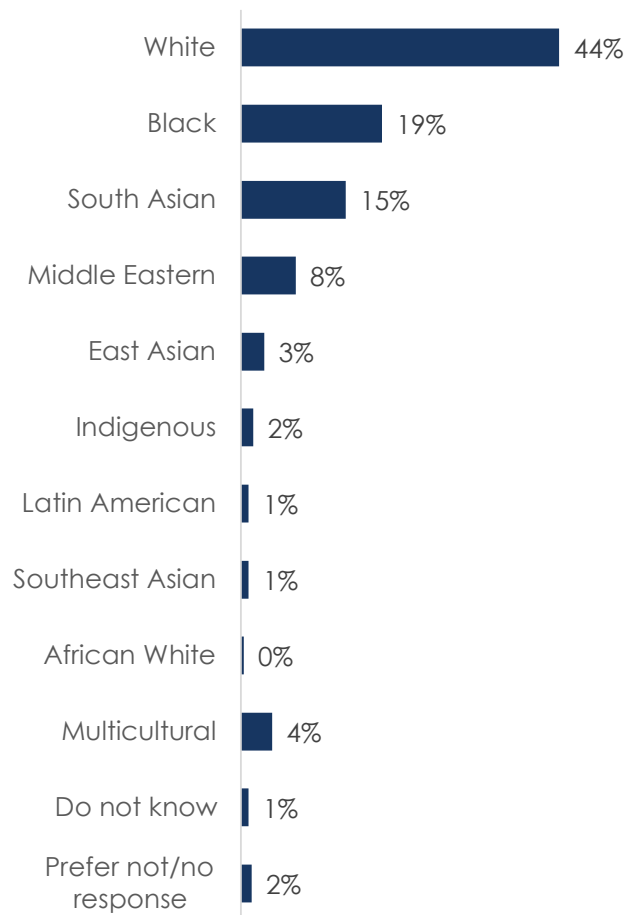


Ethnicity

A variety of ethnicities were represented. Half of the respondents identified as non-White.

Nearly one-fifth of respondents indicated that they were Black, and another one-fifth identified themselves as Asian (either South, East, or Southeast).

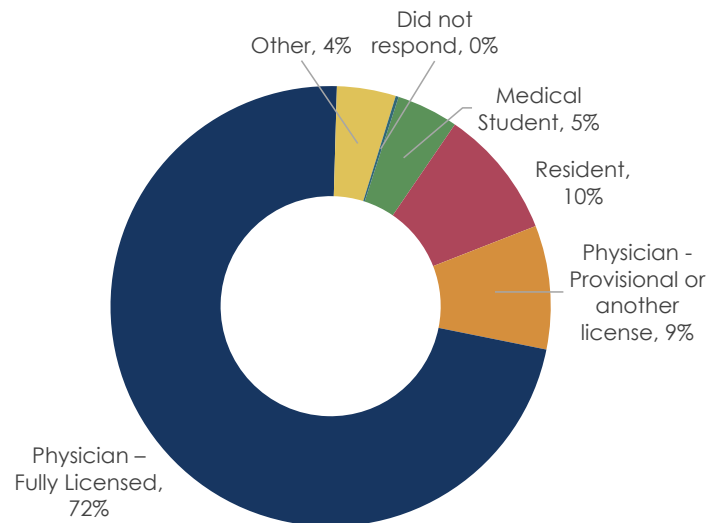
Ethnicity (n=462)



Licensure Status

Fully licensed physicians comprised the highest proportion of respondents, representing nearly three-quarters of the population. Physicians still in training or with a provisional or other CPSS licensure combined to represent nearly another quarter. Those responding with “other” regarding their licensure included physicians who have retired, are inactive, or are in ministerial roles.

Licensure Status (n=462)

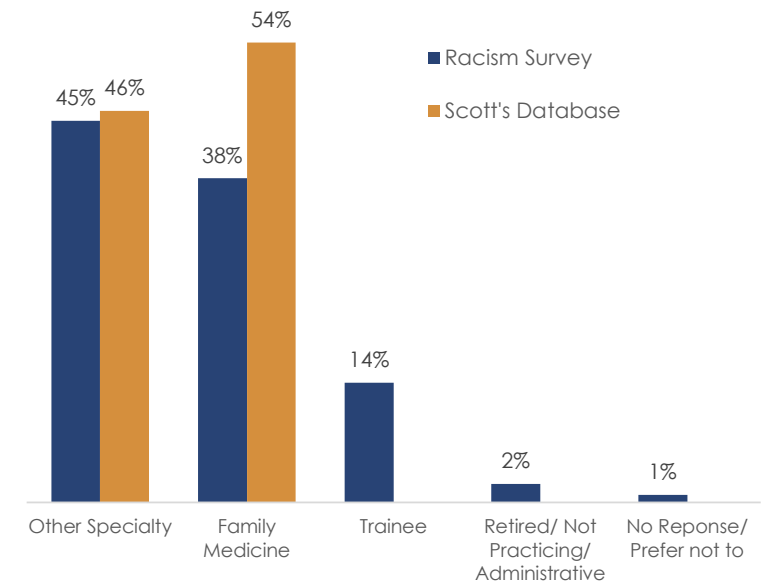


Medical Specialty

Nearly half of the respondents were specialists, followed by those practicing family medicine.

The proportion of other specialties is similar to that reported in the 2022 Scott's Database, while family physicians appear to be underrepresented among the survey respondents. Nonetheless, nearly 200 family physicians completed the survey, providing the unique perspective as it related to racism in family medicine.

Medical Specialty (n=462)



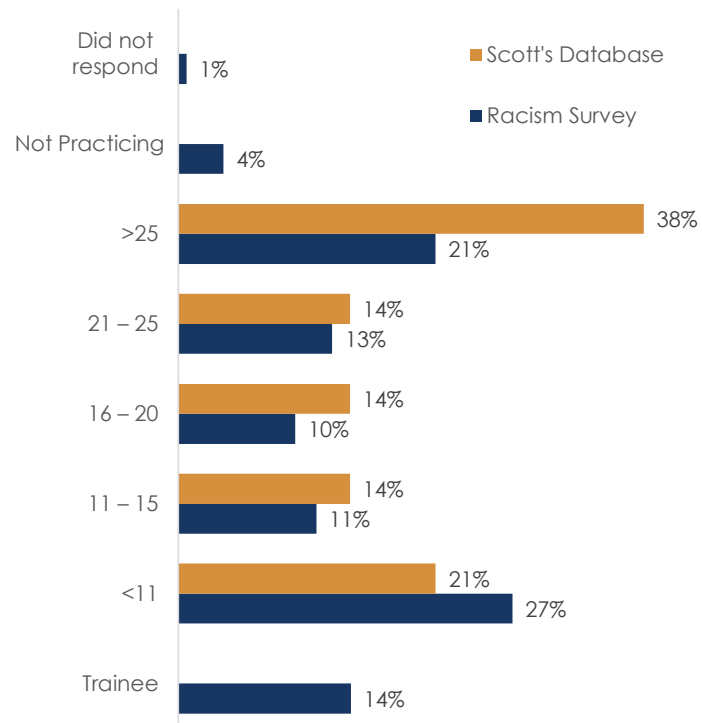
Years in Practice

Physicians at all career stages participated in the survey, with notably high proportions among those in the early stages of their career and among those with more than 20 years of experience.

Overall, there was higher participation from physicians who are early in their careers compared to physicians who have been practicing for 25+ years.

14% of respondents were trainees.

Years in Practice (n=462)

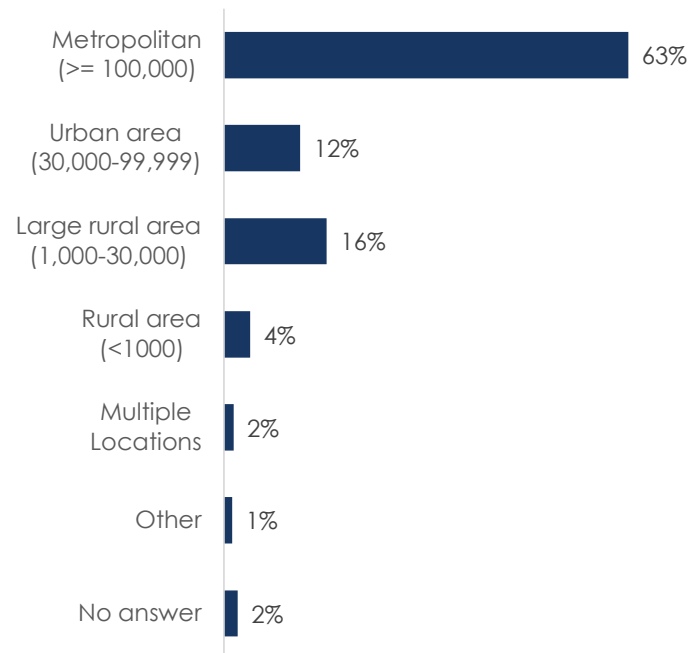


Practice Location

Respondents work in all contexts, from Saskatoon/Regina (metropolitan) to rural areas.

Most respondents practice in Regina and Saskatoon, while one-fifth practice in rural areas. Only 2% of respondents indicated that they work in more than one setting, reflecting the fact that some physicians have practices in more than one location.

Practice Location (n=462)



Characteristics of Respondents

Licensure level, age, and years of practice were closely related among the respondents.

Most respondents under the age of 30 years were trainees, while those above age 30 were physicians with full or provisional licenses. The range of years in practice among those with full licenses was from less than five to more than 25 years, while those with provisional licenses were more likely to have been practicing for less than 5 years.

Respondents who indicated that they were retired or semi-retired were aged 60 years and over.

“Looking at the majority of those who lead whether they are in CPSS or in SHA, most are Caucasian. It's a bit hard to see work on promotion if EDI is lead by someone who doesn't experience this.”

- Respondent

Age and Years of Practice by License Type

YEARS		LICENSE TYPE							Total	Percentages
		Physicians		Trainees		Other				
		Fully Licensed	Provisional or other license	Resident	Medical Student	Retired/ inactive/ semi-retired	Ministerial	Other		
		Age Range	<30	1		17	20			
30 – 39	68		1	25	5				99	20%
40 – 49	110		22	5			2	1	140	28%
50 – 59	97		16			1	1		115	23%
60 – 69	58		5			5	1		69	14%
70 – 79	17		2			6			25	5%
80 +	2					6			8	2%
Total		354	46	47	25	18	4	1	496	
Years of practice	<5	53	15	15			2		85	19%
	5 – 10	52	3	1					56	12%
	11 – 15	45	7						52	11%
	16 – 20	40	4						44	10%
	21 – 25	48	8				2		58	13%
	>25	93	3			1			97	21%
	Not practicing	2	1	28	21	13		1	66	14%
Total		333	41	44	21	14	4	1	459	

Specialty by Years of Practice

SPECIALTY	YEARS PRACTICING						Not practicing/no answer	Total	Percentage
	<5	5 - 10	11 - 15	16 - 20	21 - 25	>25			
Family Medicine	36	27	13	23	29	43	5	176	57%
General Surgery	5	4	5		3	7		24	8%
Emergency Medicine	3	3	4	1	4	2		17	6%
Obstetrics/Gynecology			6	3	1	6		16	5%
General Internal Medicine	3	2	3	2	2	3		15	5%
Psychiatry		2	2	3	5	2		14	4.5%
Pediatrics	3	1	3	1	3	2	1	14	4.5%
Anesthesiology		2	2	2	1	3	1	11	4%
Public Health & Preventative Medicine		1	1		2	3		7	2%
Anatomical Pathology	3	1	2			1		7	2%
Diagnostic Radiology			3	2		2		7	2%
Total	53	43	44	37	50	74	7	308	

Less than half of the specialties were represented among the respondents (11/39).

Family physicians comprised the largest cohort of respondents (57%), particularly among those practicing for less than five years or more than 25 years.

“There should be action. We have had enough of education, promotion, advertisement. There needs to be obvious actions taken against whoever commits racism, even small acts and even at high level positions.”
- Respondent

Ethnicity by Years in Practice

Many ethnicities are represented by respondents at all stages of their career.

Of the trainees, two-thirds identified as Non-white, and one-third of those practicing more than 25 years identified as Non-white.

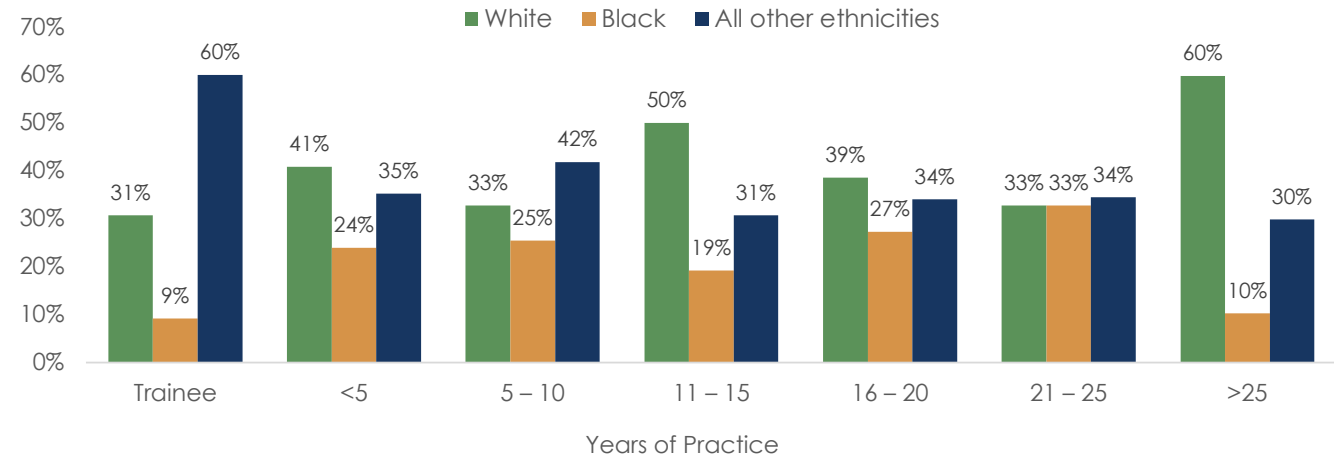
White respondents comprised 50% or more of the respondents in only two practice duration categories: 11-15 years and >25 years.

“There are harsher outcomes towards physicians of ethnic descent. Much more lenient on local white graduates. The council/leadership is predominantly driven by white people. Even if minorities are seen to be in positions, behind closed doors they have no voice.”

- Respondent

ETHNICITY	YEARS PRACTICING							Not practicing/ no answer	Total	Percentage
	Trainee	<5	5 - 10	11 - 15	16 - 20	21 - 25	>25			
White	20	29	18	26	17	19	58	16	203	44%
Black	6	17	14	10	12	19	10	2	90	19%
South Asian	17	9	5	5	8	9	13	1	67	14.5%
Middle Eastern	5	10	3	5	3	5	3	1	35	7.5%
Multicultural	8		5		2	2	3		20	4%
East Asian	1	5	3	2		2	2		15	3%
Indigenous	3		2			2	1		8	2%
Southeast Asian	3		1	1					5	1%
Latin American			2	1			2		5	1%
African White	1						1		2	0.5%
Do not know			1	1	2		1		5	1%
Prefer not/no answer	1	1	1	1			3		7	1.5%
Total	65	71	55	52	44	58	97	20	462	

Ethnicity by Years of Practice (n=462)





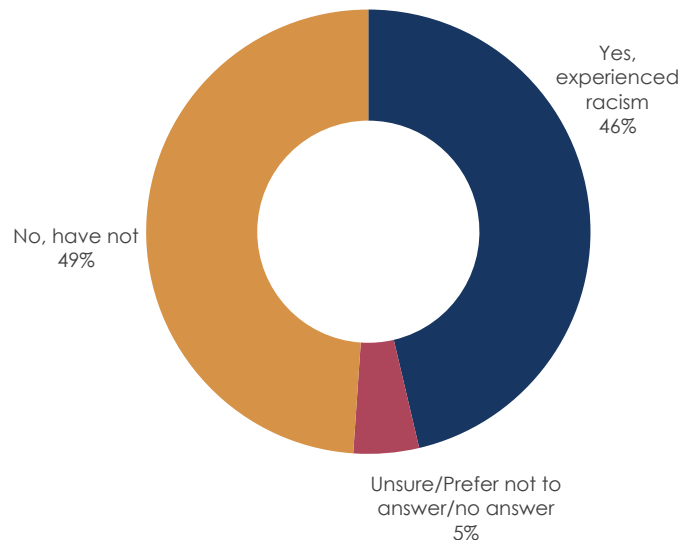
SUMMARY OF FINDINGS

IS RACISM OCCURRING?

1 in 2 respondents have experienced racism in their medical career or training, in Saskatchewan.

Of the respondents, 46% (n=214) indicated they have experienced racism in their medical career in Saskatchewan, and another 5% were unsure or preferred not to answer.

Experienced Racism (n=462)

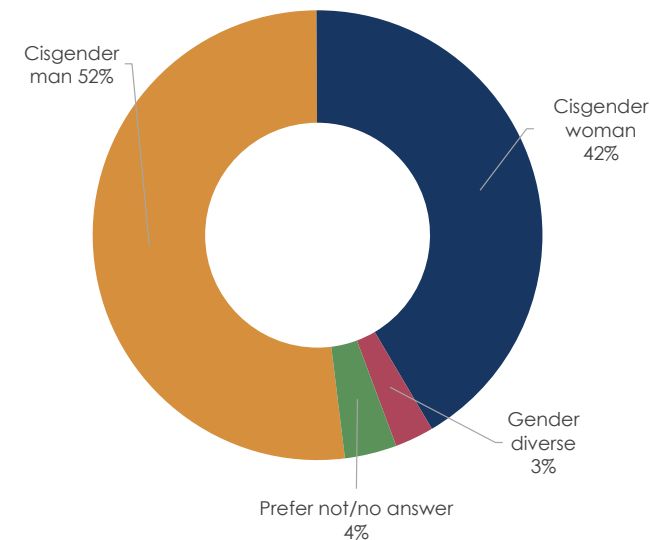


Who Experienced Racism?

Gender did not appear to have a substantial effect on experiences of racism apart from those who identify as other genders (e.g. gender free, transgender), however, the sample size for this cohort is small so results should be interpreted with care.

Apart from those who are gender diverse, rates of racism were 4% higher for cisgender females than for cisgender males who identified as visible minorities, while among those who did not identify as visible minorities rates were 5% higher for cisgender males compared to cisgender females.

Genders of Those Who Experienced Racism (n=214)

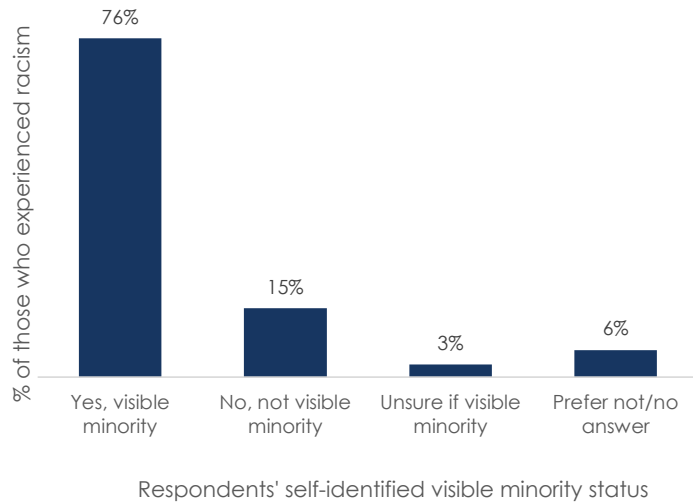


Racism is experienced by all genders.

The majority of those who experienced racism were cisgender male, followed by cisgender female.

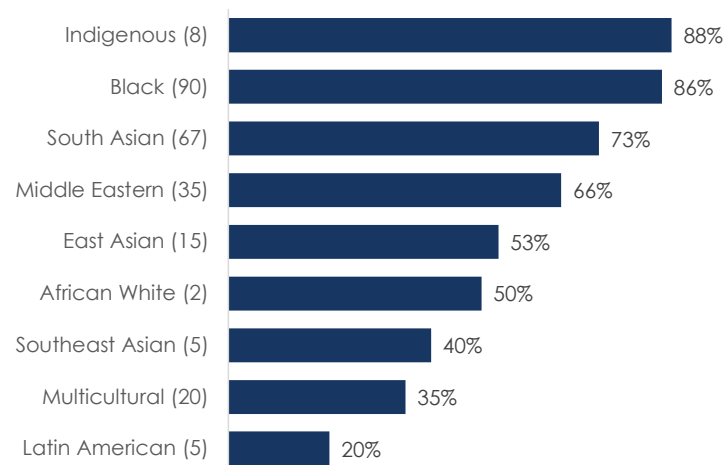
When examined by total number of respondents by age, 48% of cisgender males experienced racism, and 43% of cisgender females, and 55% of those who identified as another gender experienced racism (data not shown).

Visible Minority Status Among Those Who Experienced Racism (n=214)



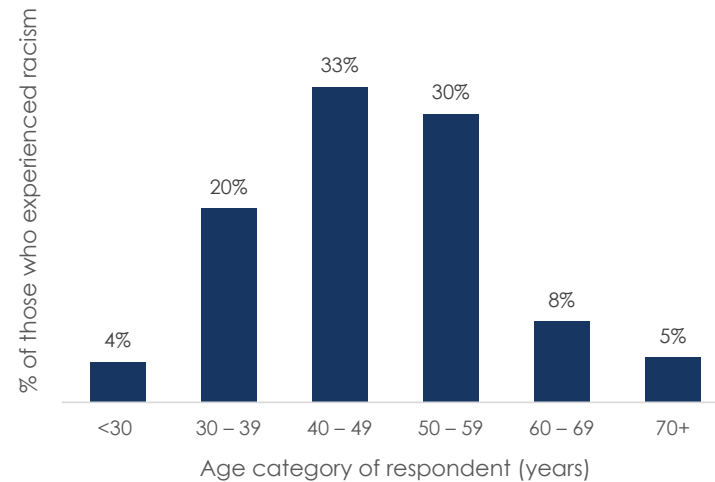
3/4 of those who experienced racism were visible minorities.

Proportion Reporting "Yes" Or "Unsure" Experienced Racism



Respondents who identified as Indigenous, Black, South Asian, and Middle Eastern were more likely to experience racism. Proportionally, most Indigenous respondents (88%) reported experiencing racism, followed by Black respondents (86%).

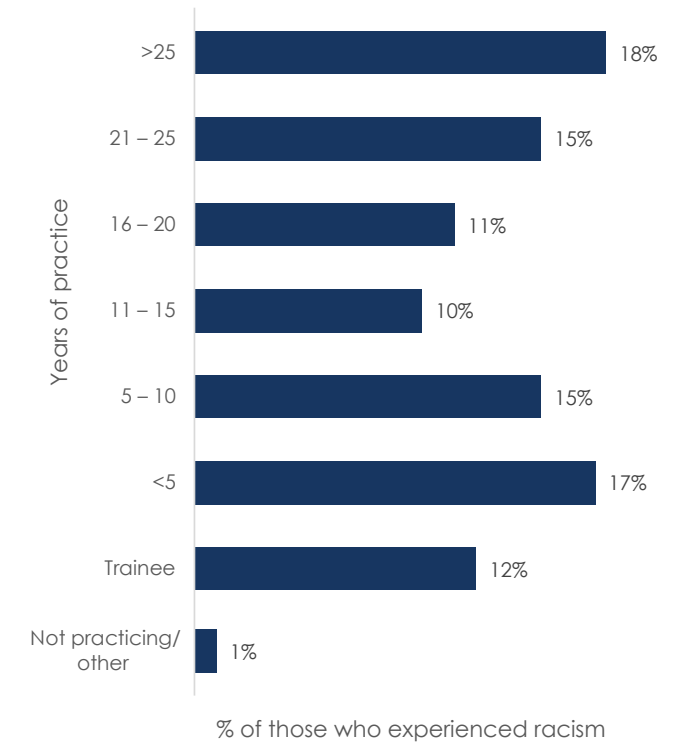
Age Categories of Those Who Experienced Racism (n=214)



Physicians of all ages have experienced racism.

Racism is not only experienced by those who are young or are early in their careers, two-thirds of those who reported experiencing racism are between 40 to 59 years of age.

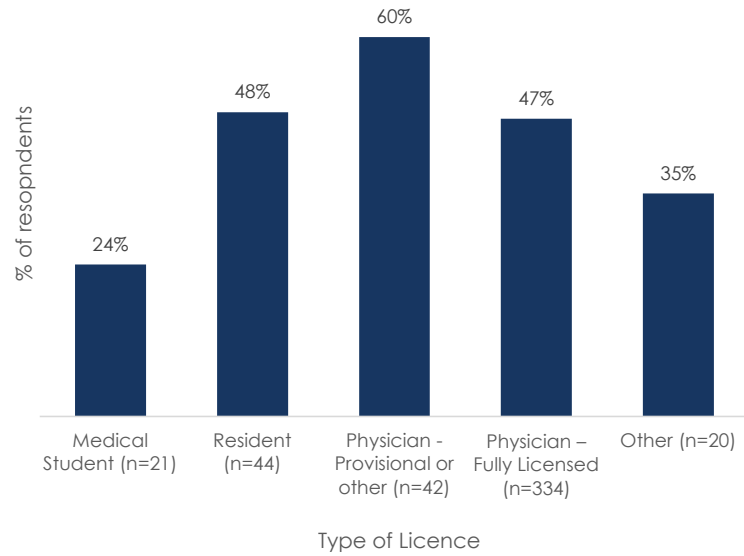
Years of Practice Among Those Who Experienced Racism (n=214)



Racism affects physicians in all stages of their career.

Respondents who experienced racism span the spectrum of years spent practicing. One-third of those who reported experiencing racism had been practicing for more than two decades.

Percent Experiencing Racism by Licensure Status (n=462)



60% of respondents with provisional or other license experienced racism.

Nearly half of resident and fully licensed physician respondents indicated they had or were unsure if they had experienced racism.

One quarter of medical students reported that they may have or did experience racism.



The following graphs provide more in-depth analyses of gender as it relates to the experience of racism. Due to the small sample size of gender diverse respondents, further analyses of this cohort was not feasible.

67% of cisgender females who reported experiencing racism are fully licensed physicians.

Most cisgender females who experienced racism were fully licensed physicians and are Black, South Asian, White, and Middle Eastern. These cohorts were followed by Black female physicians with other licenses.

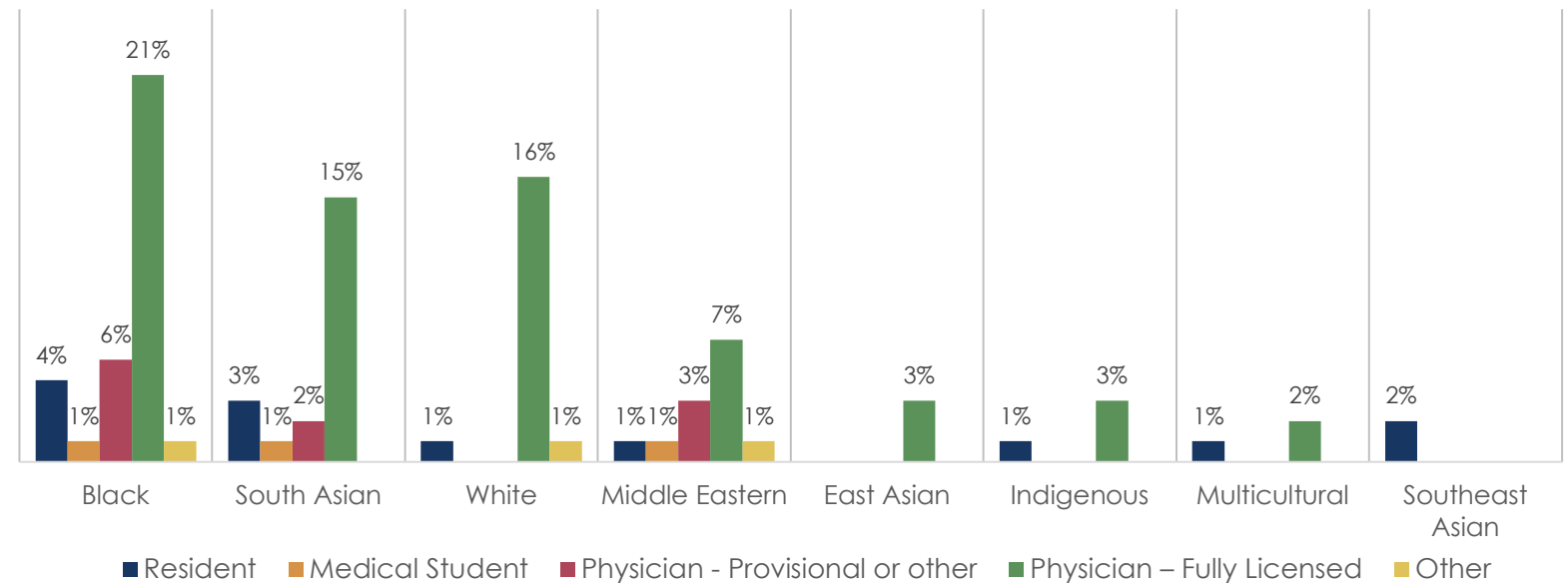
Black, South Asian, White, and Middle Eastern cisgender females reported experiencing racism primarily in Saskatoon/Regina (metropolitan area). Black cisgender females who experienced racism also reported working in urban and large rural areas.

(Note: multiple answers were provided by some respondents.)

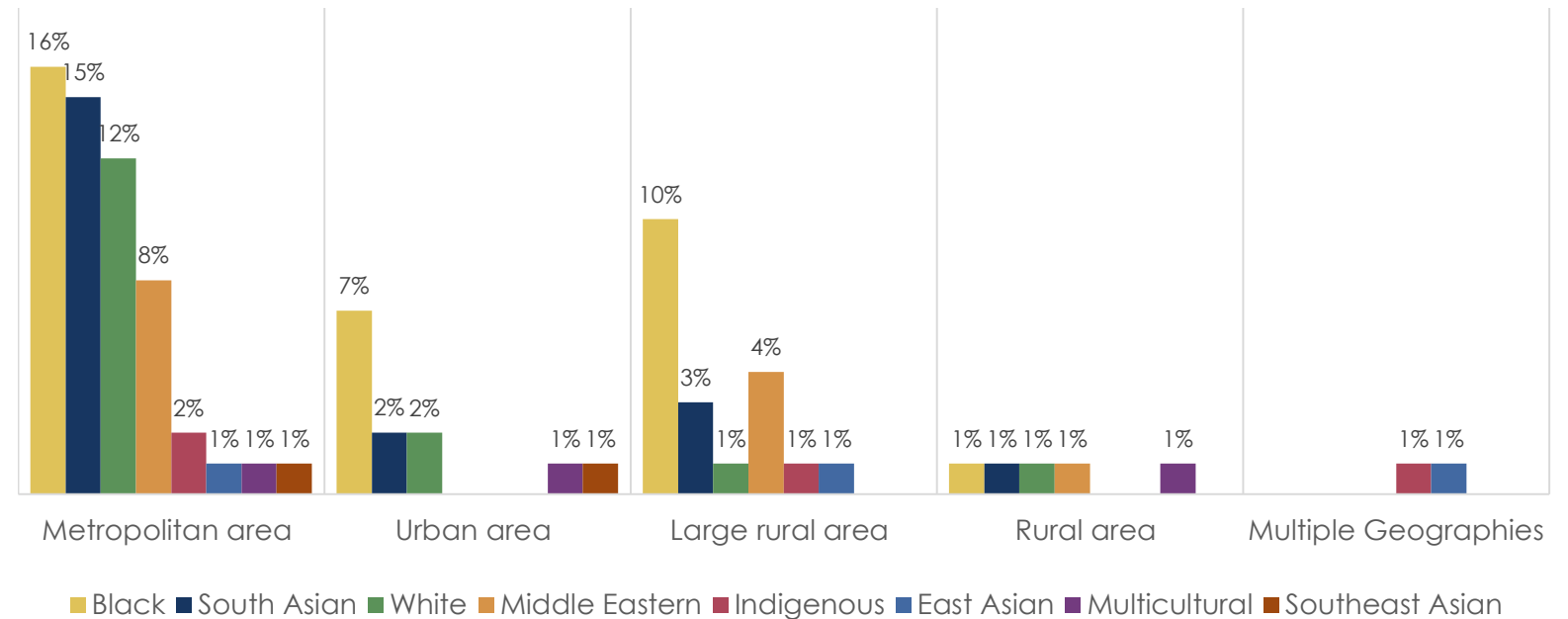
“Where is GENDER? Women are discriminated [against], less leadership, less pay, mistaken for a nurse or added demands from family and patients, treated poorly by some male colleagues.”

- Respondent

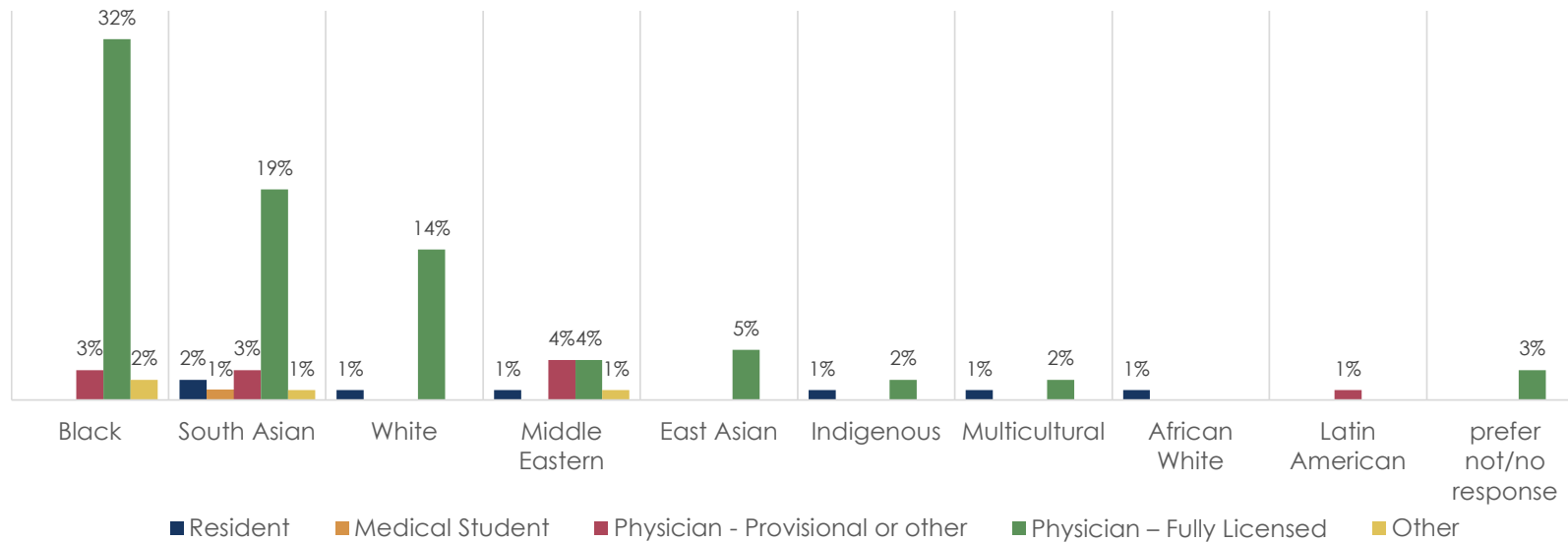
Cisgender Females Who Experienced Racism by Ethnicity (n=89)



Cisgender Females Who Experienced Racism by Location (n=89)



Cisgender Males Who Experienced Racism by Ethnicity (n=111)



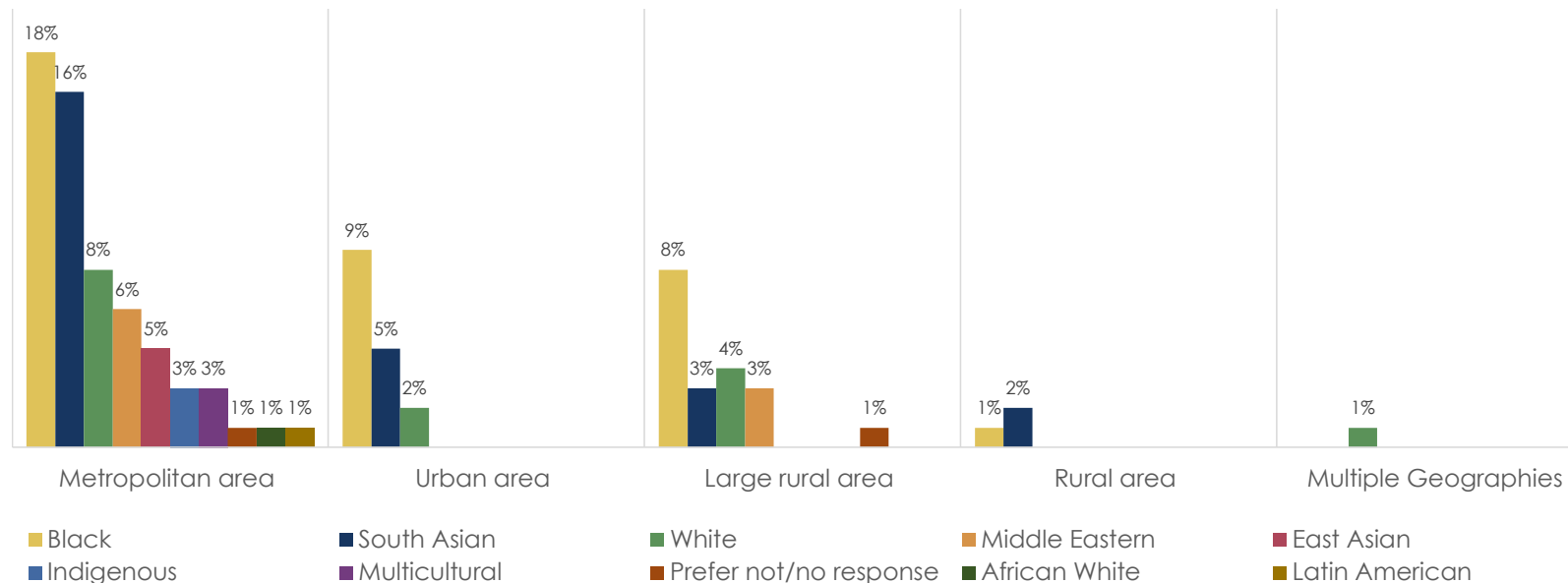
Of the cisgender males who experienced racism, 61% reported that they worked in metropolitan areas (Saskatoon/Regina). The majority of these cisgender males were Black and South Asian. Black cisgender males who experienced racism also reported working in urban and large rural areas.

(Note: multiple answers were provided by some respondents.)

79% of cisgender males who experienced racism were fully licensed physicians.

Most cisgender males who experienced racism were fully licensed physicians who are Black, South Asian, White, and East Asian, with Black and South Asian respondents comprising half of the population.

Cisgender Males Who Experienced Racism by Location (n=111)

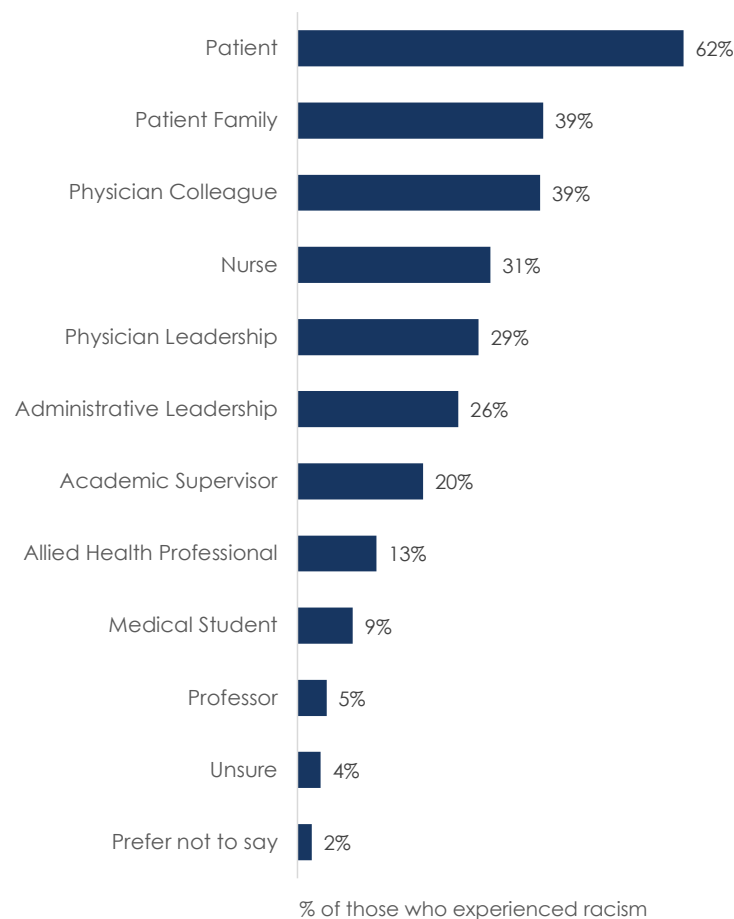


“Provide a safe environment for hearing the complaints of racism and take an obvious and fierce action against any racist act committed at any capacity by doctors... even the powerful ones.”

- Respondent

Who Treated You in a Racist Manner?

Categories of Individuals Who Behaved in a Racist Manner (n=214)



Racism is perpetuated by those who receive healthcare services as well as by other physician colleagues.

Patients and/or their family members are among the most common perpetrators of racism, other physicians, nurses, and those in leadership positions were also frequently identified.

Source of Experienced Racism by Ethnicity

More than 75% of Black, East Asian, and Multicultural respondents reported that patients and/or their family members treated them in a racist manner.

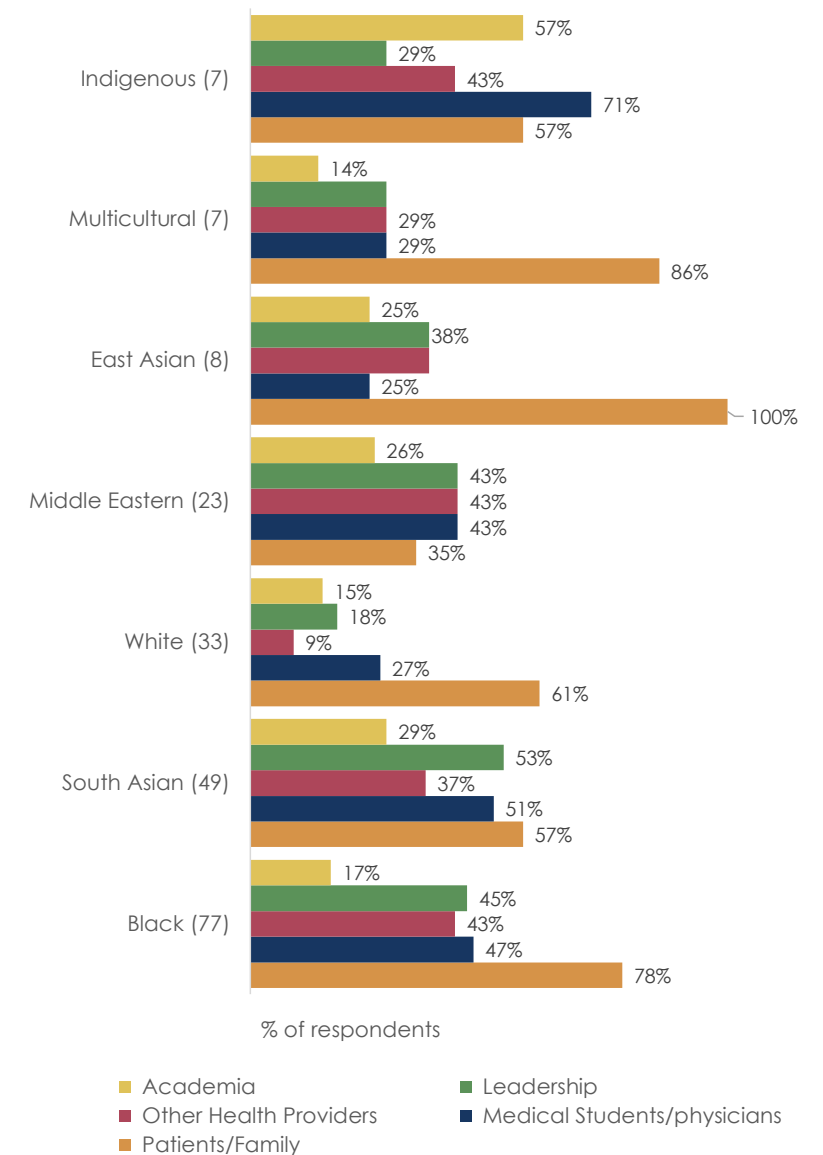
Medical students and/or physicians were the most common source of racism for Indigenous respondents.

The types of perpetrators listed in the survey were grouped as follows to provide additional insight:

- Patients or patient family member
- Allied health providers or nurses
- Medical students, residents, physician colleagues
- Academic supervisor or professor
- Administrative leadership or physician leadership

These results show that racism is experienced from those in a variety of roles within the healthcare and health education system.

Source of Experienced Racism by Ethnicity



The sources of racist behaviour differ depending on the respondent's ethnicity.

Source of Experienced Racism by Licensure

Patients and/or their families were the most common perpetrators of racism among all four main licensure types.

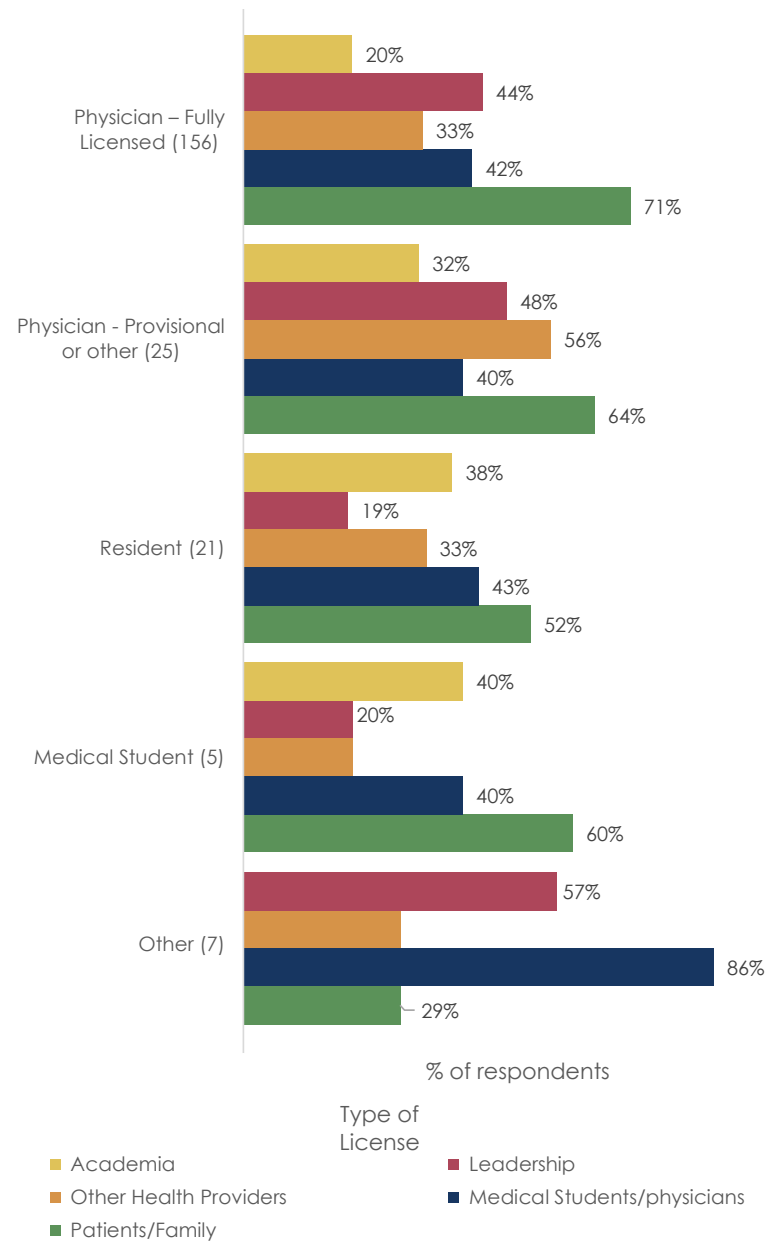
Rates of racism by academia were higher among medical students and residents than other licensees.

People in leadership positions were also ranked high among fully licensed physicians and those with provisional licenses. This latter cohort also indicated considerable racism from other types of providers.

Physicians with provisional licenses indicated higher rates of racism from administrative leadership (40%, n=10/25), while fully licensed physicians indicated higher rates of racism among physician leadership (33.3%, n=52/156).

40% of medical students and physicians with provisional or other type of license report experiencing racism from other medical students or physician colleagues.

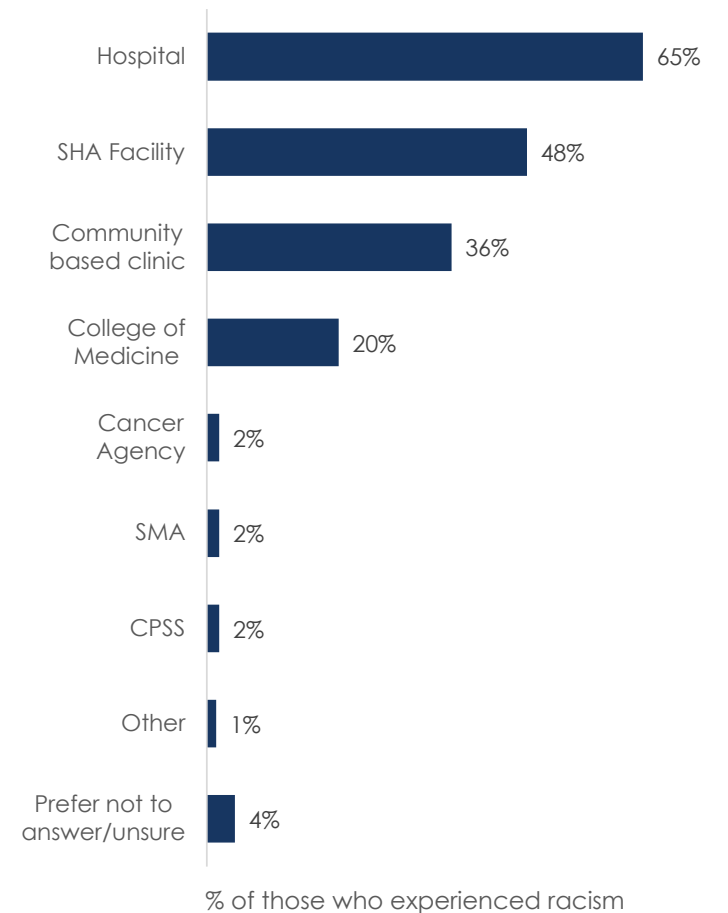
Source of Experienced Racism by Licensure



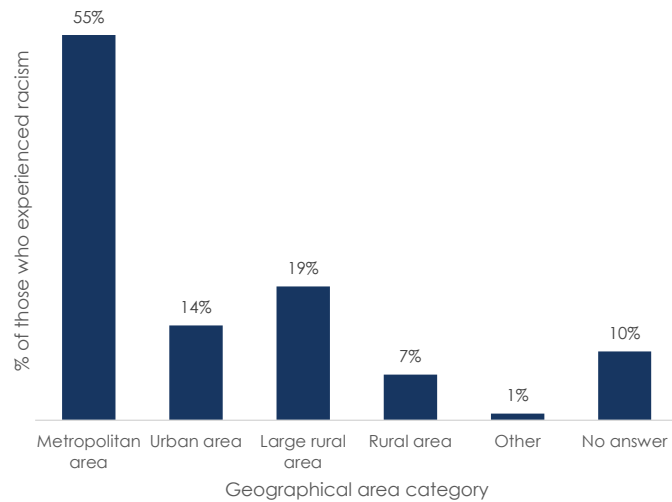
Where Did You Experience Racism?

Two-thirds of those who experienced racism indicated that it occurred in hospitals, while nearly half indicated that they experienced it in other Saskatchewan Health Authority (SHA) facilities.

In Which Settings Were You Treated in a Racist Manner? (n=214)



In which settings were you treated in a racist manner? (n=214)



Racism is not isolated to one area of the province, nor does it only occur in major centres. More than half of those who experienced racism indicated that such experiences occurred in metropolitan areas, and a quarter identified rural areas.

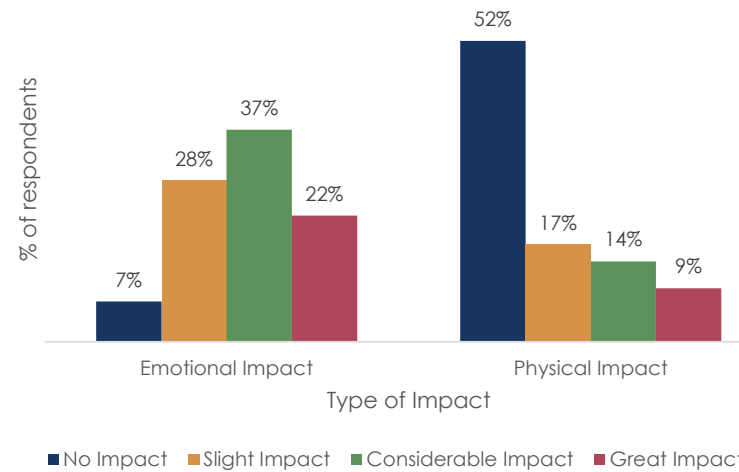
“Most of the racism I’ve experienced or observed is not overt racism but micro-aggressions like refusing to learn the pronunciation of a physician’s name because it’s “too hard” and I’m not sure how to create a policy or change that, besides those who are experiencing the racism having to speak up for themselves every time.”

- Respondent

Impact of Experiencing Racism

Overall, respondents who experienced racism reported both emotional and physical impacts of racism. However, they are more likely to experience an emotional rather than a physical impact. Only 7% of respondents indicated that there was no emotional effect (an additional 6% did not provide an answer).

Impacts of Experienced Racism (n=214)



87% of the respondents indicated racism had an emotional impact, while 40% indicated that they were impacted physically.

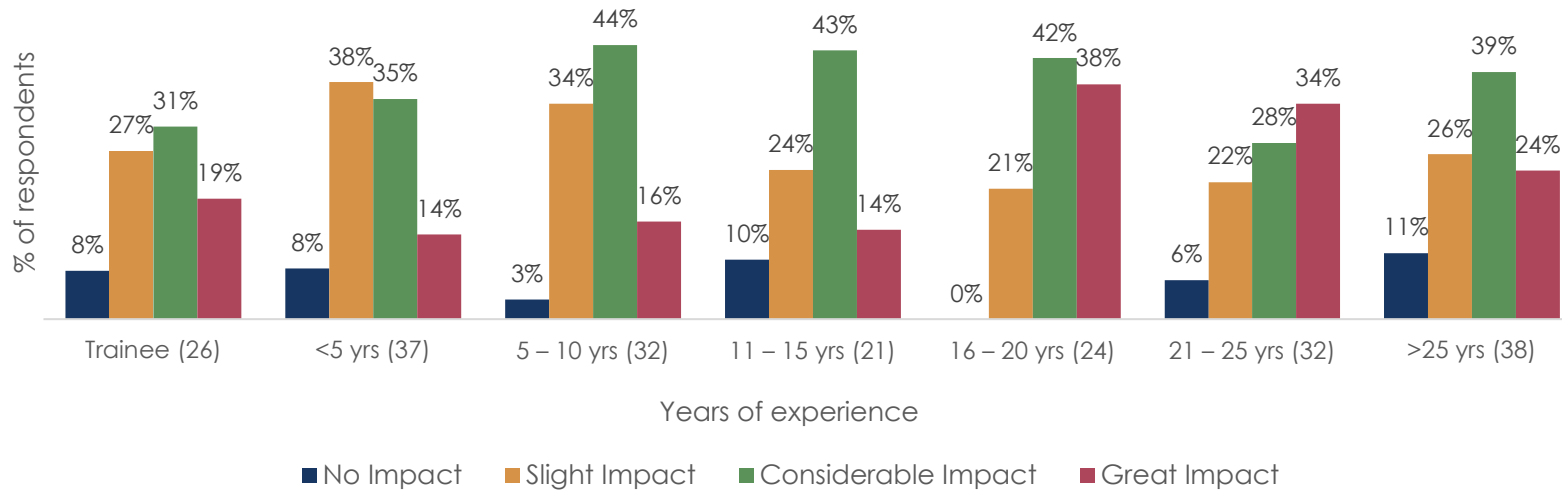
“I cried to God to help me; I was demoralized for over 9 years. Now thinking of leaving the province...”

- Respondent

“Feel that we have very little power to address racist and other inappropriate behaviors in our patients.”

- Respondent

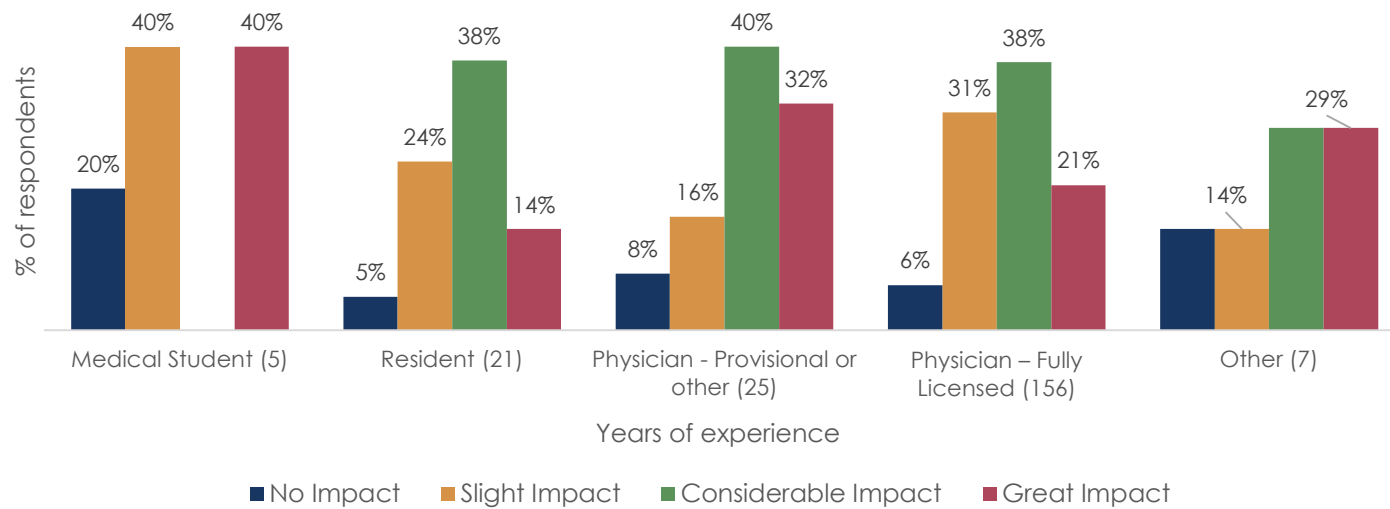
Emotional Impact of Experiencing Racism by Years of Experience (n=210)



The longer the tenure the more likely respondents reported experiencing great emotional impact from racism.

“Racism policies are only policies. It is time to walk the talk.”
- Respondent

Emotional Impact of Experiencing Racism by Licensure (n=214)

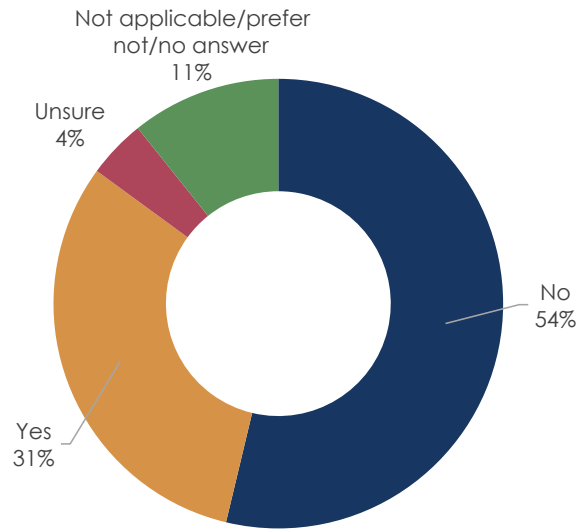


3 in 4 physicians with a provisional or other license reported that experiencing racism had a significant or great emotional impact.

"Considerable Impact" was most common among residents and physicians of any type of license, but "Great Impact" was most common among medical students and physicians with provisional or other licenses.

Formal/Informal Supports/Programs for Experiencing Racism

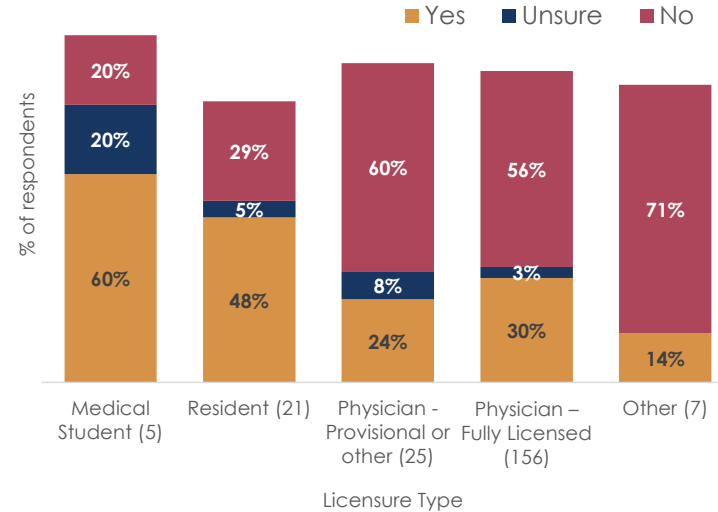
Awareness of Available Supports (n=214)



1 in 2 respondents were not aware of any support programs within their training or practice setting to seek help for their experience of racism.

Only one-third of respondents indicated that they were aware of emotional or psychological supports/programs available to them to help process their experience of racism.

Awareness of Supports by Licensure (n=214)

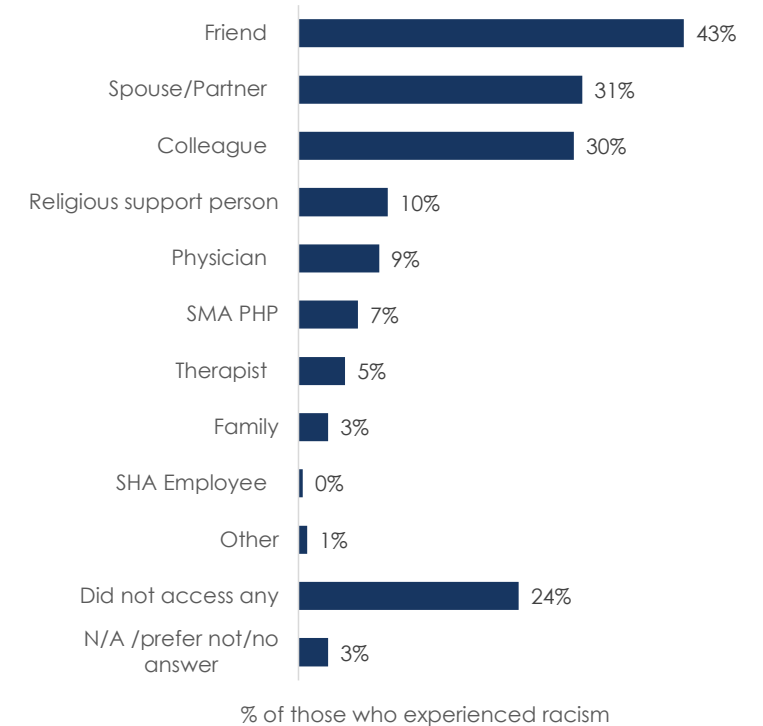


Medical students and residents who experienced racism were the most aware of available support.

Awareness was highest among medical students and residents with approximately half reporting they were aware of supports, and lower among physicians with any type of license. Results of awareness of supports for all genders was around 30%.

Note: percentages in diagram do not add to 100% as other answers included "Not Applicable", "Prefer Not To Answer" or the respondent did not answer this question.

Types of Supports Accessed/Used (n=214)



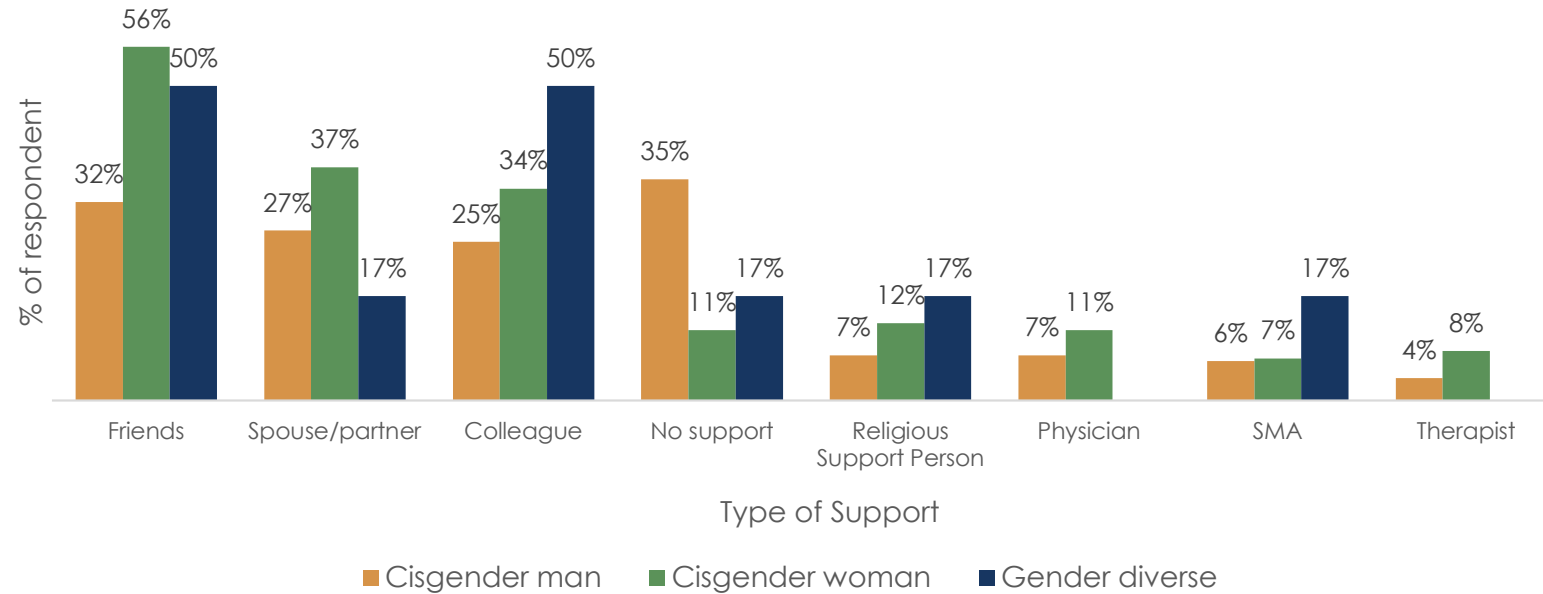
Respondents were more likely to connect with their friends, spouses/partners and colleagues compared to formal programs, such as the SMA PHP or SHA EFAP.

One quarter of respondents did not access any supports, while most others turned to those close to them at home and/or at work.

"Other" supports included OSA at the College of Medicine, University of Saskatchewan, and the CMPA (e.g., Employee Family Assistance Program).

Note: multiple answers permitted.

Supports Accessed by Those Who Experienced Racism (n=214)

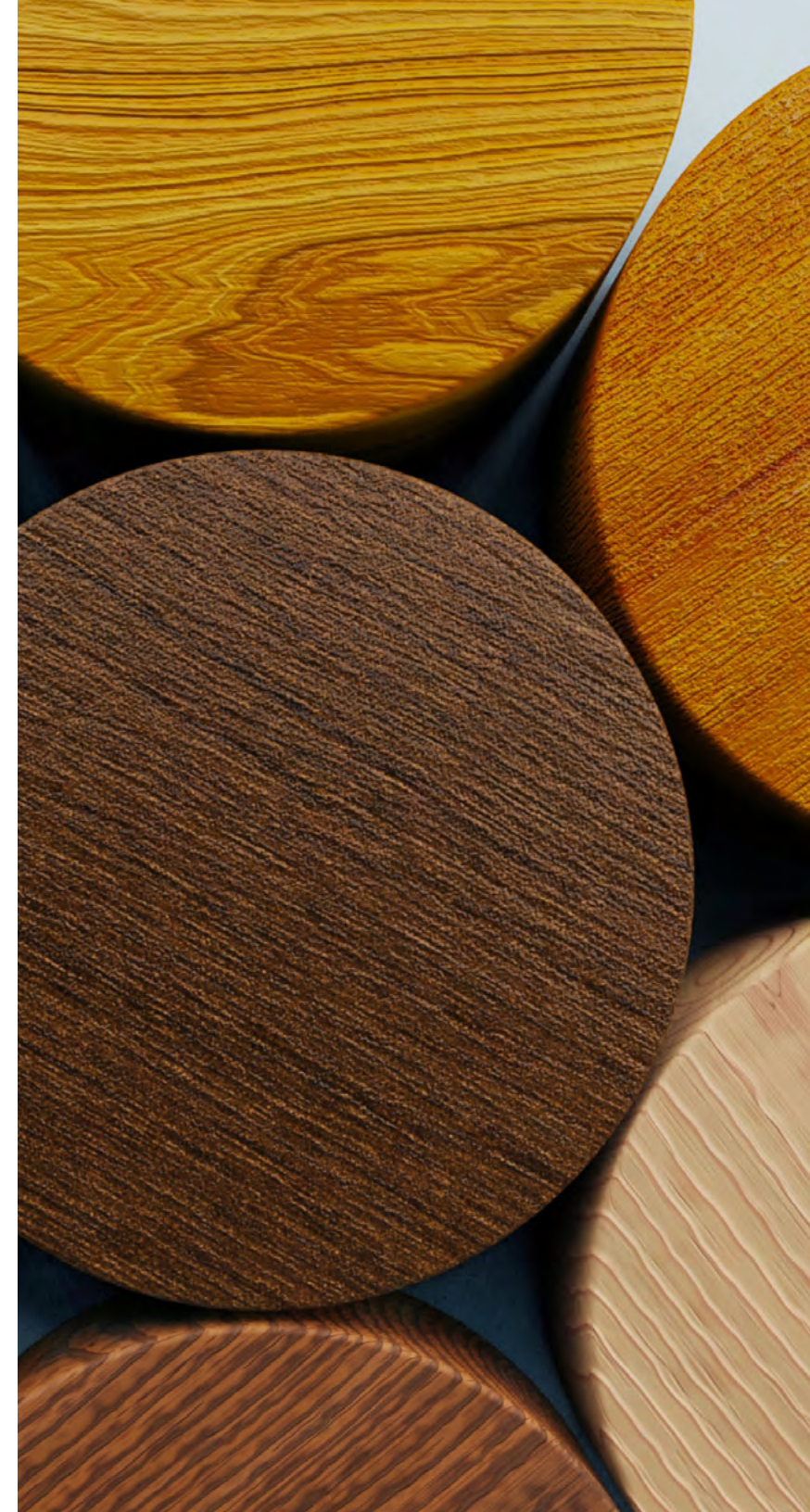


Differences in supports accessed arose when gender was considered.

Cisgender females were more likely to access support, with only 11% reporting they did not access any, compared to 34% of cisgender males. More than half of cisgender female respondents sought support from friends compared to only 32% of cisgender males. A quarter of cisgender males sought support from their spouse or partner and from a colleague.

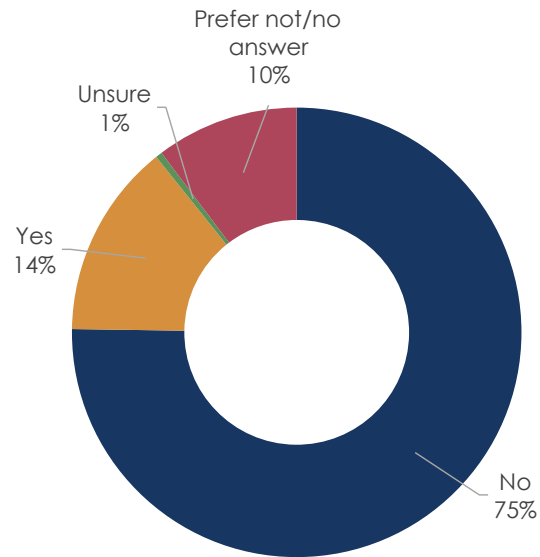
“More concerned about the discrimination against women. Active programs promoting females in all work areas, at College of Medicine and at the College of Physicians and Surgeons required. Flexibility required at all levels to accommodate women’s unique positions as child bearers.”

- Respondent



Reporting Racism

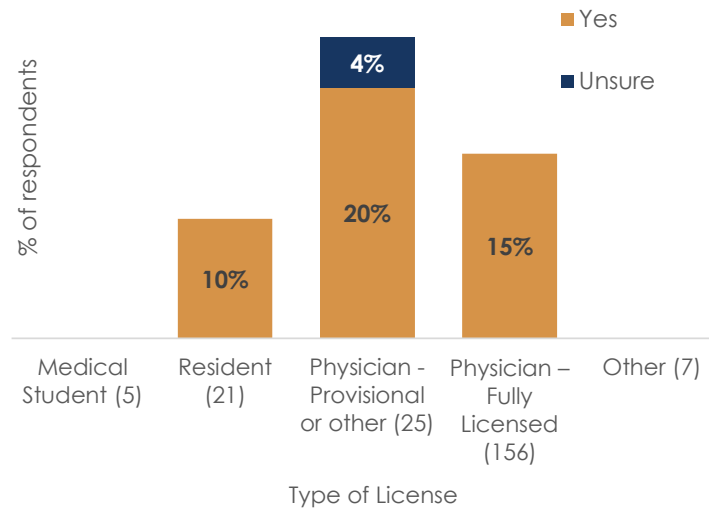
Was the Racism Reported? (n=214)



3 out of 4 respondents who experienced racism did not formally report it.

Only 14% of respondents indicated that they reported their experience(s) through a formal reporting mechanism at work, such as to their supervisor, department head, or human resources.

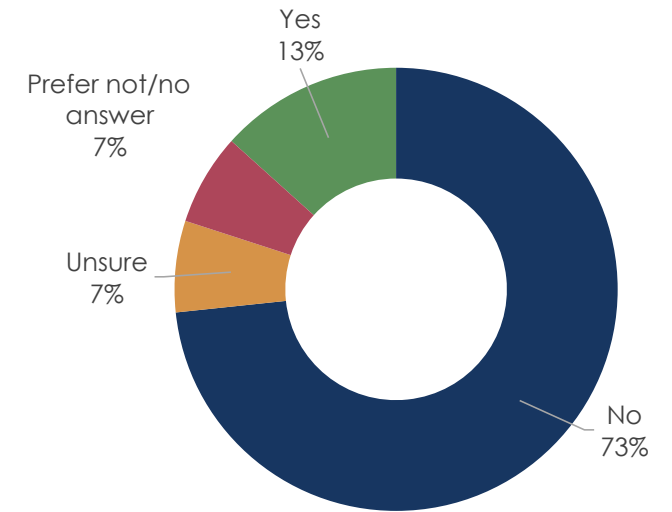
Proportion Reporting by Licensure (n=214)



Although medical students were aware of formal or informal supports, those who experienced racism did not report it.

When respondents were asked if they reported their experiences with racism, analysis by licensure type showed that physicians with provisional licenses were most likely to report their experiences, but even among that cohort, only 20% indicated that they had reported the event.

Satisfaction with Outcome (n=30)

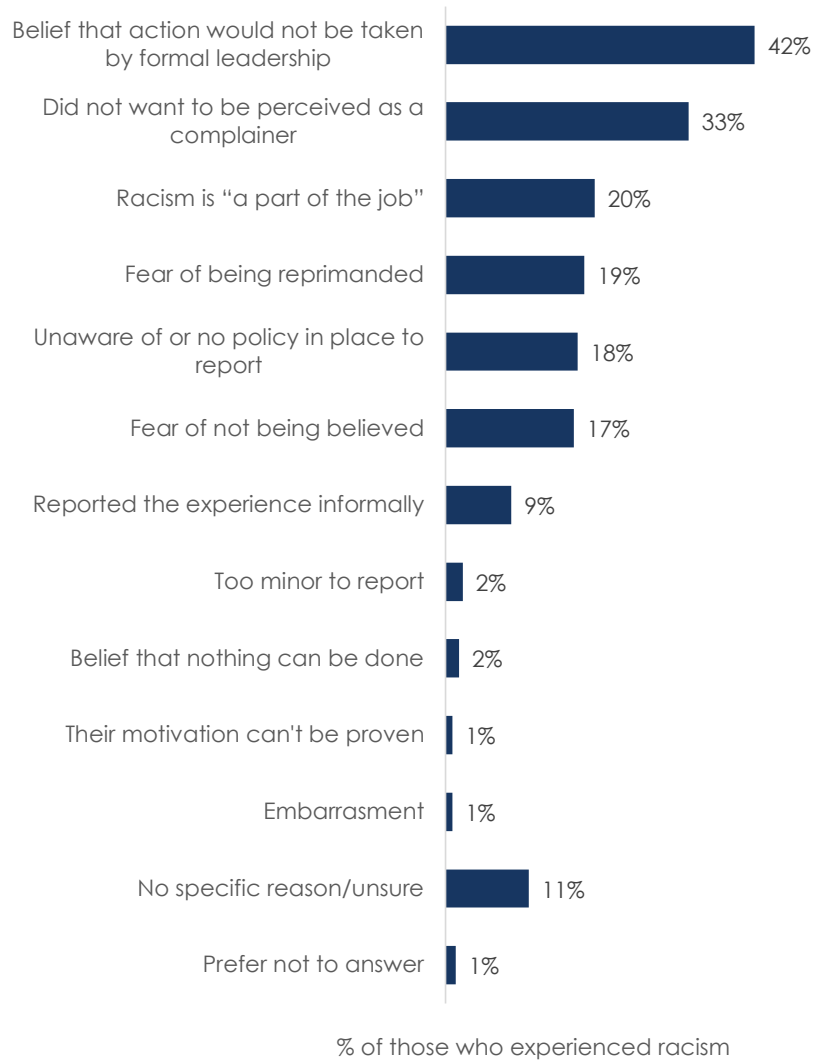


73% of those who reported the racism they experienced were not satisfied with the outcome of the formal reporting process.

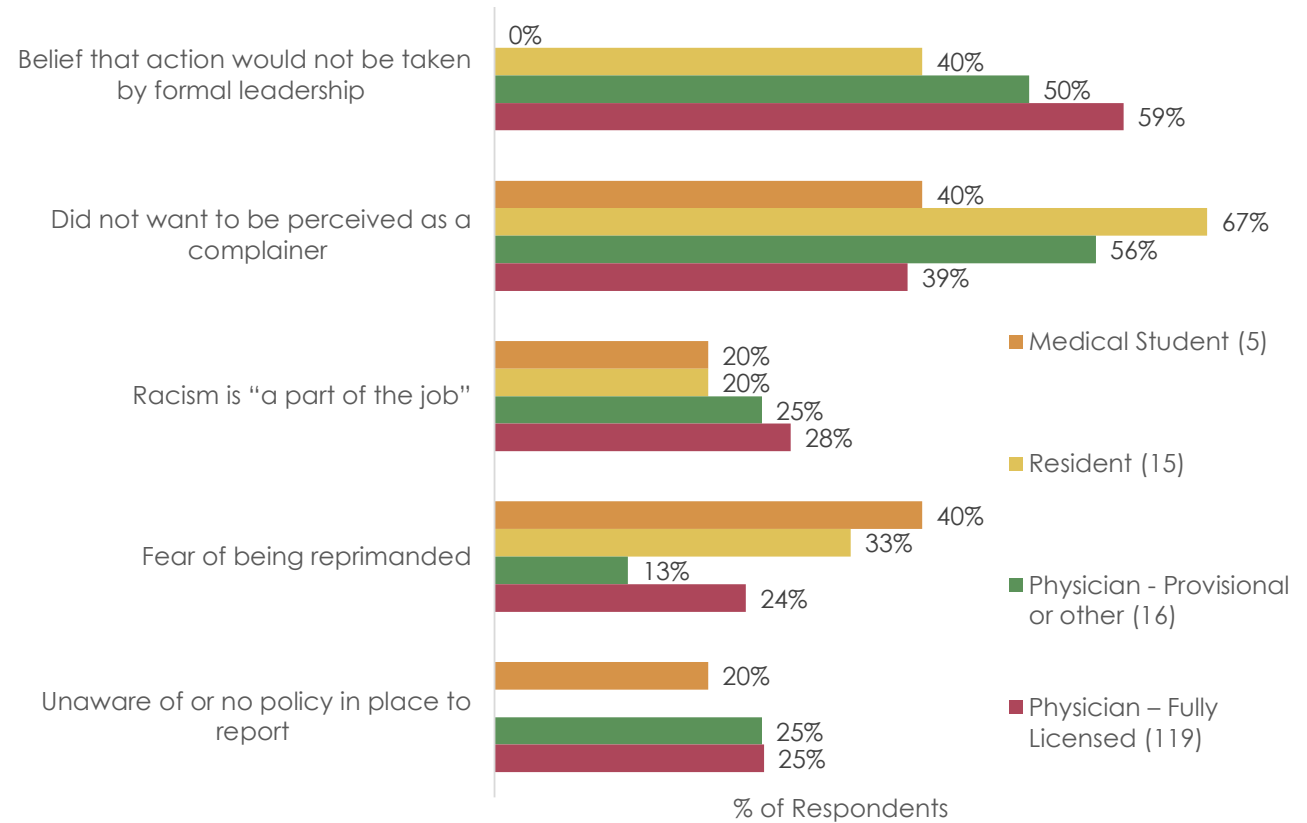
“Too embarrassed to make an issue of it.”

- Respondent

Reasons for Not Reporting (n=214)



Top 5 Reasons for Not Reporting, by Licensure



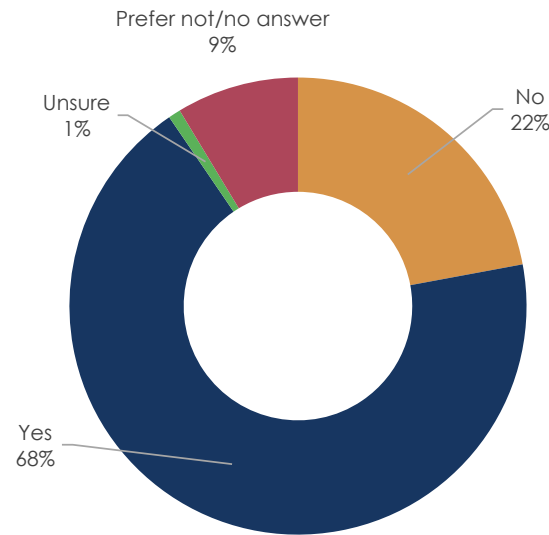
When asked why they did not report their experiences:

- 42% of respondents indicated that they did not believe that action would be taken by formal leadership; this response was particularly highest among fully licensed physicians at 59%.
- The second most common response overall was that they did not want to be perceived as a complainer.

Overall, awareness of supports could be improved, particularly among physicians, and there is an issue of stigma surrounding reporting racist behaviour as well as a sense of doubt that such a report would make a difference or be acted on.

WITNESSED/INFORMED OF RACISM

Witnessed/Made Aware of Racism in the SK Healthcare System (n=316)

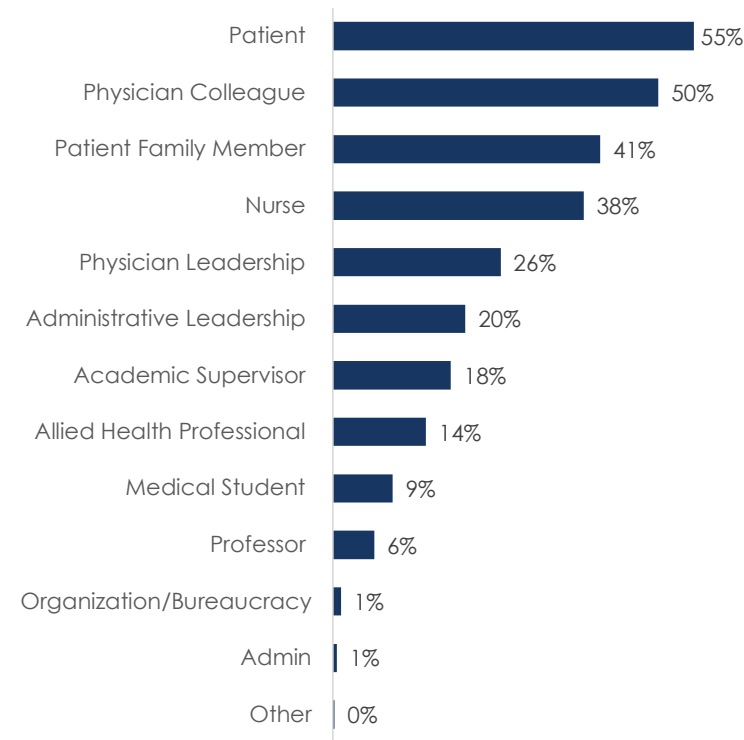


68% of respondents have witnessed or were made aware of racism toward others.

Less than one quarter of respondents indicated that they have never witnessed or been made aware of racism in Saskatchewan's healthcare system directed towards other physicians, residents, or medical students.

Who Behaved in a Racist Manner?

Categories of Individuals Who Behaved in a Racist Manner (n=316)

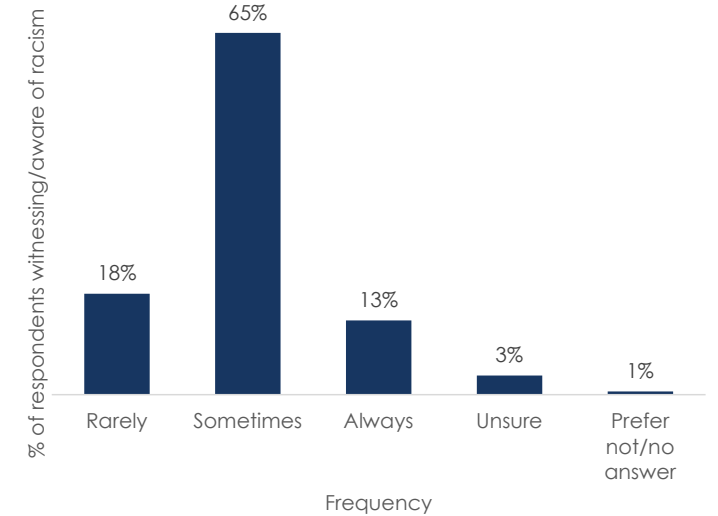


% of respondents witnessing/aware of racism

Those who witnessed and/or were made aware of racist behaviour identified the same top 5 sources as respondents who experienced racism, although the rate for physician colleagues is 11% higher among these respondents, moving them up to second most common.

Patients and their families are, again, among the most common sources of racist behaviour directed at physicians, residents, and/or medical students, but are not the only sources.

How Often Witnessed/Made Aware (n=316)

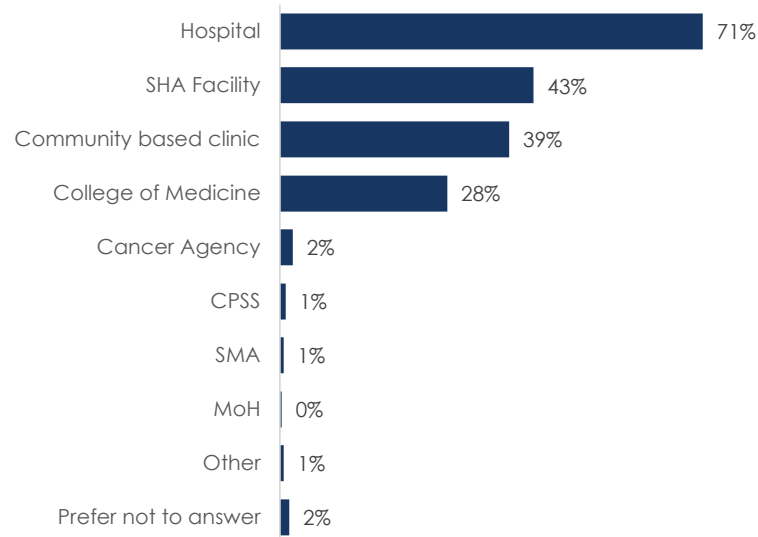


3 out of 4 respondents indicated that they sometimes or always witness or were made aware of racist behaviour.

Respondents who witnessed or were made aware of racism, indicated that racism is a frequent occurrence in the medical profession.

Where Did You Witness Racism?

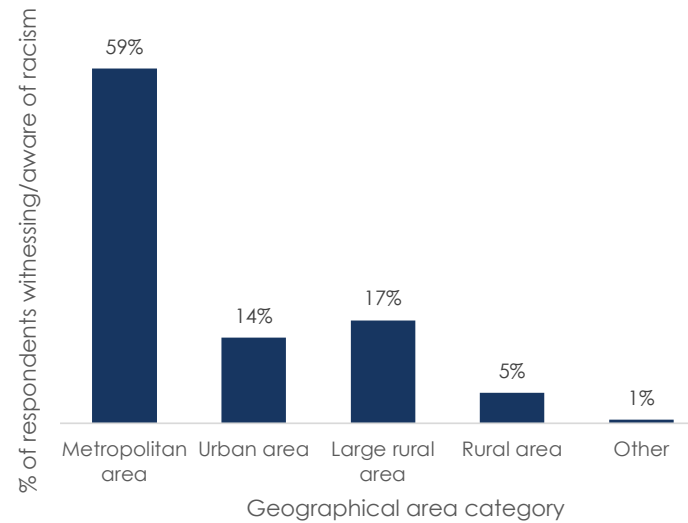
Location of Witnessed Racism (n=316)



% of respondents witnessing/aware of racism

71% of respondents indicated that they witnessed or were made aware of racism occurring most frequently in Saskatchewan hospitals.

Location of Witnessed Racism (n=316)



59% of witnessed cases of racism occurred in metropolitan centres, and 22% in rural areas.

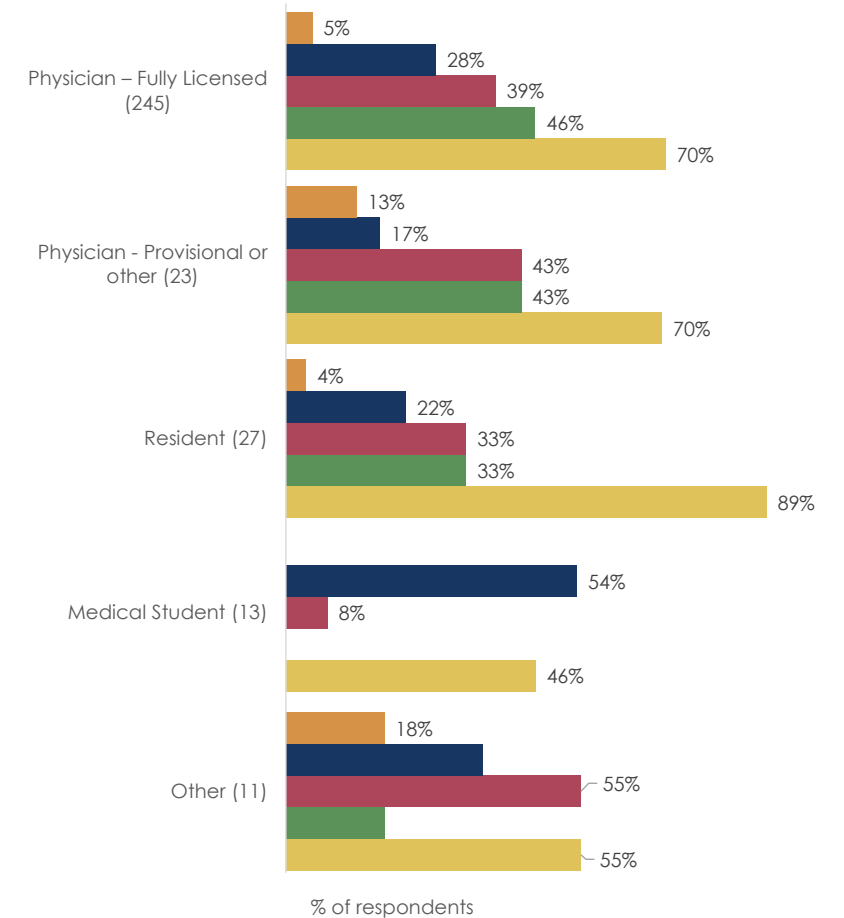
As with those who experienced racism, those that witnessed it or were aware of it reported that racism is not isolated to rural areas or major centres. It is witnessed across the province in all geographical areas.

“Feel that we have very little power to address racist and other inappropriate behaviours in our patients”

- Respondent

Location of Racism by Licensure

Location of Witnessed Racism by Licensure



Legend: Other (orange), College of Medicine (dark blue), Community (maroon), SHA Facility (green), Hospital (yellow)

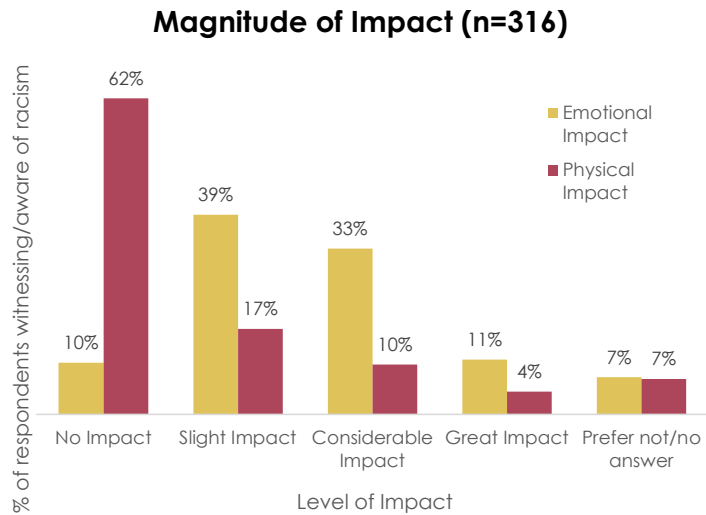
Hospitals were the most common location where respondents of all licensure witnessed racism apart from medical students.

Half of the medical students (n=13) who witnessed racism did so at the College of Medicine.

Location/setting of experienced or witnessed racism was analyzed in relation to years of practice, gender, identification as a visible minority, and across all other stratifications. Hospitals rank as the most widely reported setting, followed by other SHA facilities and community clinics.

Racism is occurring in a wide variety of settings, from clinics to hospitals; it is not localized to a single context.

Impact of Witnessing Racism



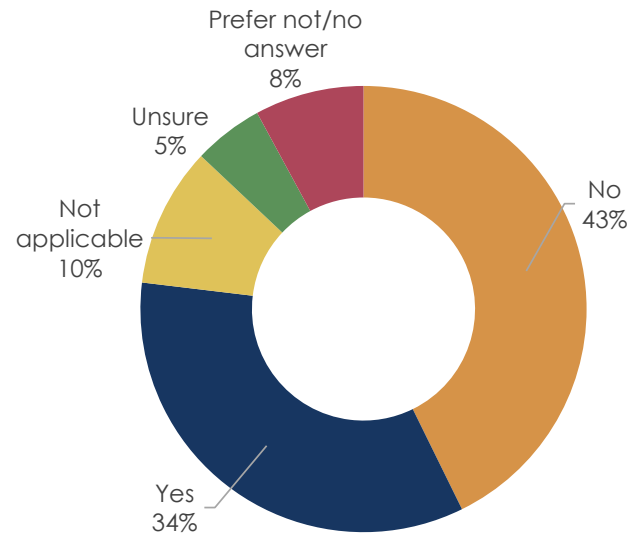
The majority of respondents indicated that witnessing racism had a slight or considerable emotional impact and only 1 in 10 indicated

great impact. These results are slightly lower for those who directly experienced racism, among whom nearly 1 in 4 indicated that the emotional impact was great.

**83% of the respondents witnessing racism, experienced emotional impact.
31% witnessing racism stated that they have experienced some physical impact.**

Formal/Informal Supports/Programs for Witnessing Racism

Awareness of Available Supports (n=316)

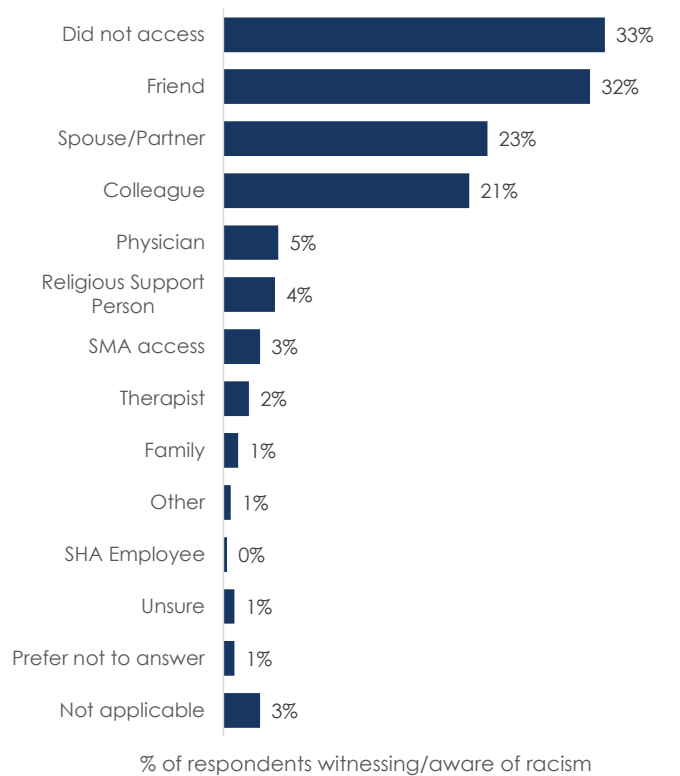


2 out of 5 respondents witnessing racism were not aware of any support programs within their setting to help them process their experience of witnessing racism.

Only one-third of those who witnessed or were made aware of racist behaviour were aware of formal or informal psychological or emotional supports/programs within their training/practice setting.

Formal/Informal Supports Accessed by Those Witnessing Racism

Types of Supports Accessed/Used (n=316)



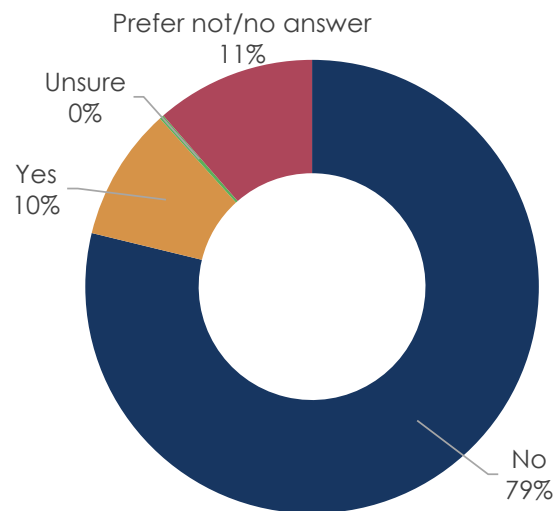
1 in 3 respondents witnessing racism did not seek any support.

Among those that witnessed or were aware of racist behaviour and sought emotional/psychological support, most turned to friends, their spouse/partner, or colleagues. Few sought the help of the SMA or SHA programs.

Note: Multiple answers were permitted.

Reporting of Racism Witnessed

Was the Racism Witnessed Reported? (n=316)

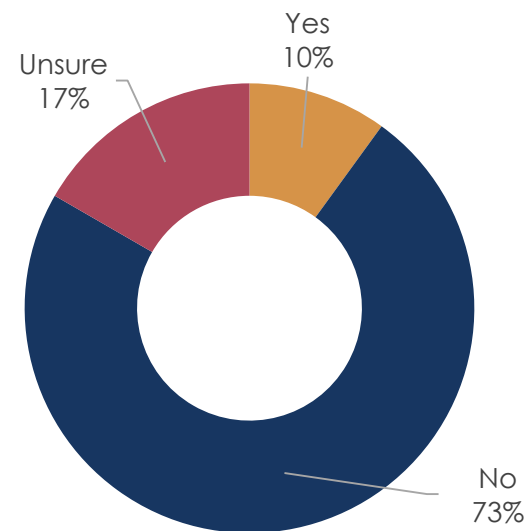


79% respondents who witnessed or were aware of racism did not formally report it.

Only 10% of respondents indicated that they reported the racist experience through a formal reporting mechanism at work, such as to their supervisor, department head, or human resources.

Overall, those who witnessed or were made aware of racist behaviour were less likely to report it than those who experienced it directly.

Satisfaction with Outcome (n=30)



73% of those who reported the racism they witnessed or were aware of were not satisfied with the outcomes of the formal reporting process.

Only 10% of those who formally reported the racism they experienced were satisfied with the outcome.

The satisfaction levels reported by those who witnessed or were aware of racism are similar to those of respondents who reported racism they experienced directly.

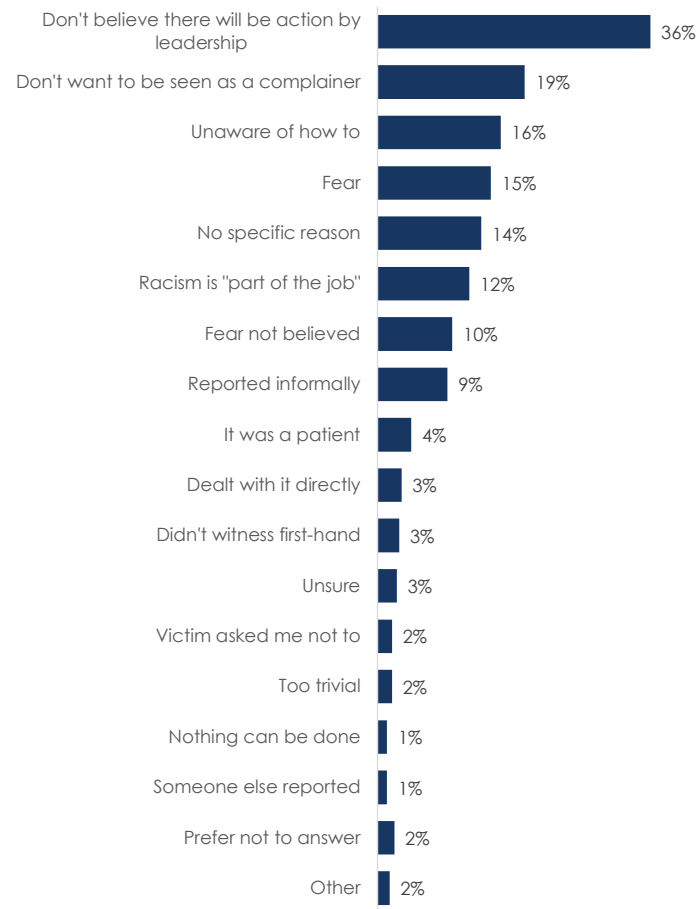
Overall, nearly three quarters of those who reported an incident of racism were not satisfied by the outcome of that report.

“Management shrugged shoulders: this happens.”
- Respondent

“As a medical student, advised by physician supervisor to “decide” how far I really wanted to take it and whether or not I wanted to be involved. In hindsight, worst possible advice I could have gotten.”
- Respondent

Reasons for Not Reporting Witnessing Racism

Reasons for Not Reporting (n=316)



% of respondents witnessing/aware of racism

The main reason for not reporting witnessed or known racism is the belief that there would not be any formal action taken by leadership.

DISMISSAL OF RACISM IN MEDICINE

A small portion of survey respondents (n=17/462; 4%) denied the existence of racism within the medical profession. Of these individuals, 11 out of 17 (65%) reported that they have never experienced or witnessed racism. Additionally, 10 out of 17 (65%) respondents identified as White, cisgender males.

4% of the respondents indicated that racism does not exist in the Saskatchewan medical community.

"I am conflicted. I treat everyone equally, but the racist card is too easily applied. It itself starts to create backlash."

- Respondent

"Once again – there is no tangible racism in Canada – spend money on education."

- Respondent

"There is no racism in the medical profession...deal with other more pressing issues such as physician burnout and not succumb to political correctness."

- Respondent

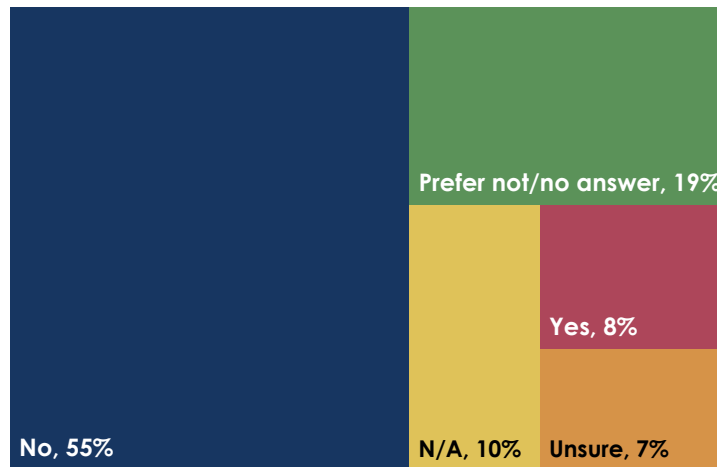
"Stop following critical race theory. I went to a webinar where they said we need to erase whiteness in Canada and that white people and men couldn't experience bigotry. What nonsense...all doctors should be treated the same."

- Respondent

EFFECT OF RACISM ON CAREER

The majority of respondents (55%) reported that they have not been denied a leadership role as a result of racism.

Been Denied a Leadership Position Because of Racism? (n=462)



8% of respondents indicated they had been denied or turned down for a formal leadership position due to racism.

“Most positions in SK have no tenure duration so it’s difficult to get involved sometimes.”

- Respondent

“Racism in selecting “other” individuals for leadership positions takes many subtle forms, which are not easy to identify. There are frequent excuses such as lack of “relevant” experience or not enough Canadian experience or lacking “communicative skills” because of accent or using different verbal approaches, or many other superficial excuses. Typically, the “other” person is advised informally that they are not qualified enough for these positions, so they won’t even think about it.”

- Respondent

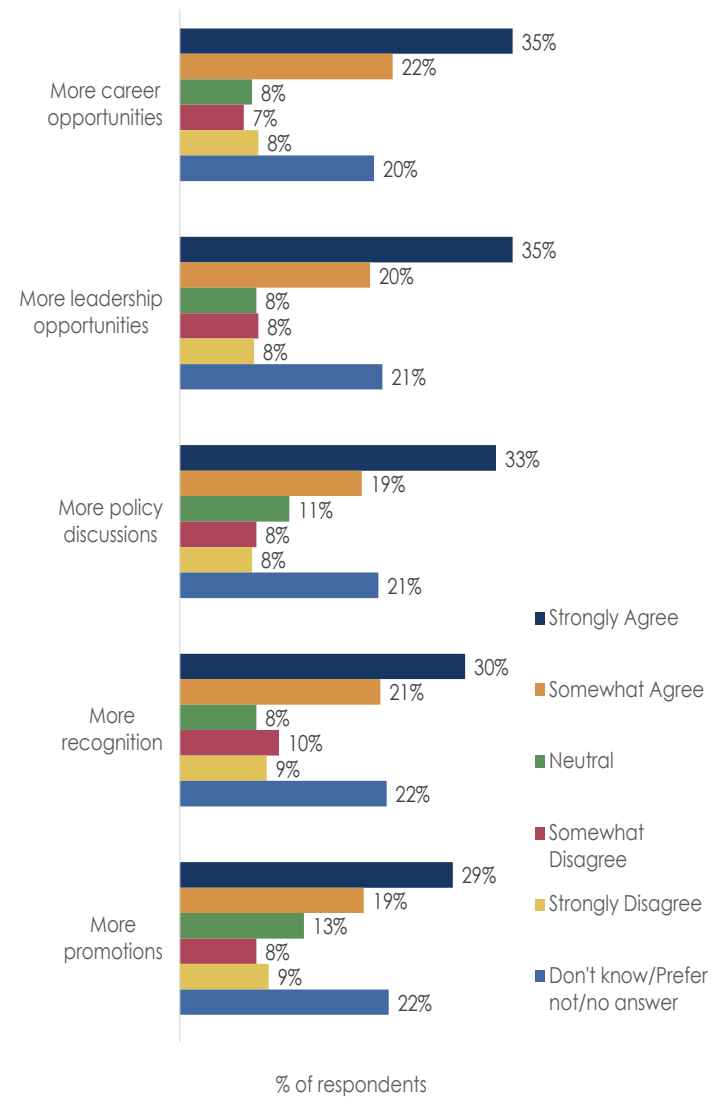
“Gender disparities in supporting non-male physicians for leadership training and opportunities.”

- Respondent

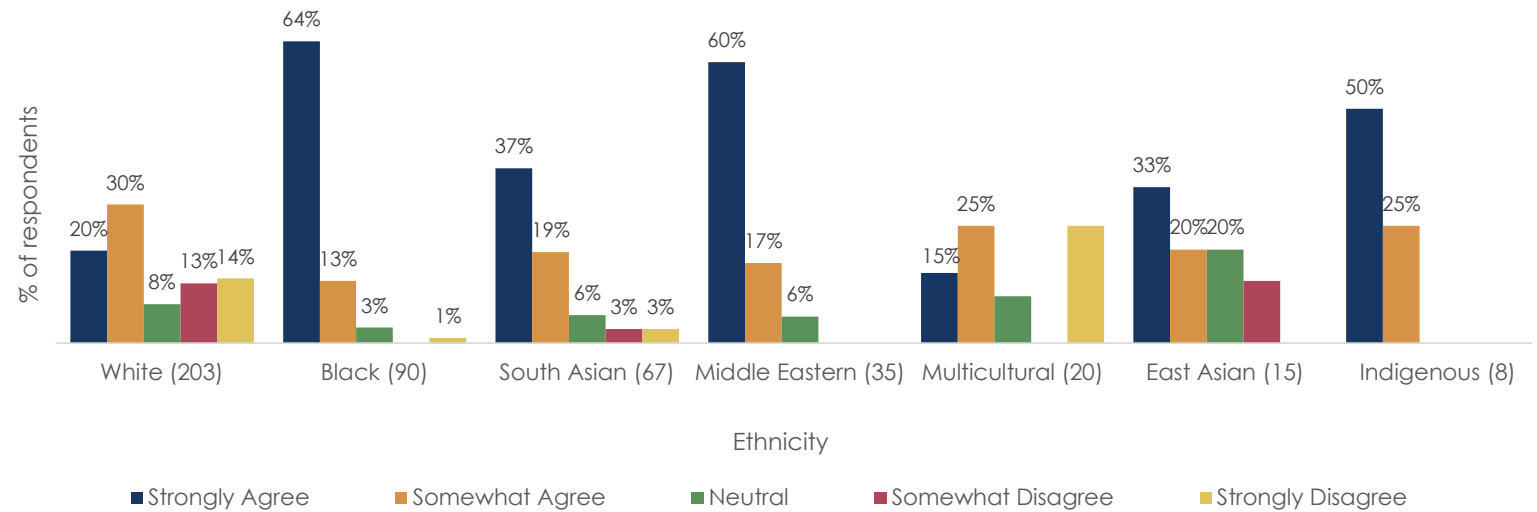


Perceived Impact of Ethnicity on Career

Perception of Privilege Based on Race/Ethnicity (n=462)



Perceived Impact: Career Opportunities



1 in 3 respondents Strongly Agreed that race and ethnicity affect careers in multiple ways.

More than half of the respondents Strongly or Somewhat Agreed that, compared to their colleagues from other racial or ethnic backgrounds, physicians, residents, or medical students who are considered privileged based on their racial or ethnic background are more likely to:

- Have career opportunities
- Have leadership positions
- Be included in discussions of policies or administrative changes
- Be recognized for their work
- Be promoted

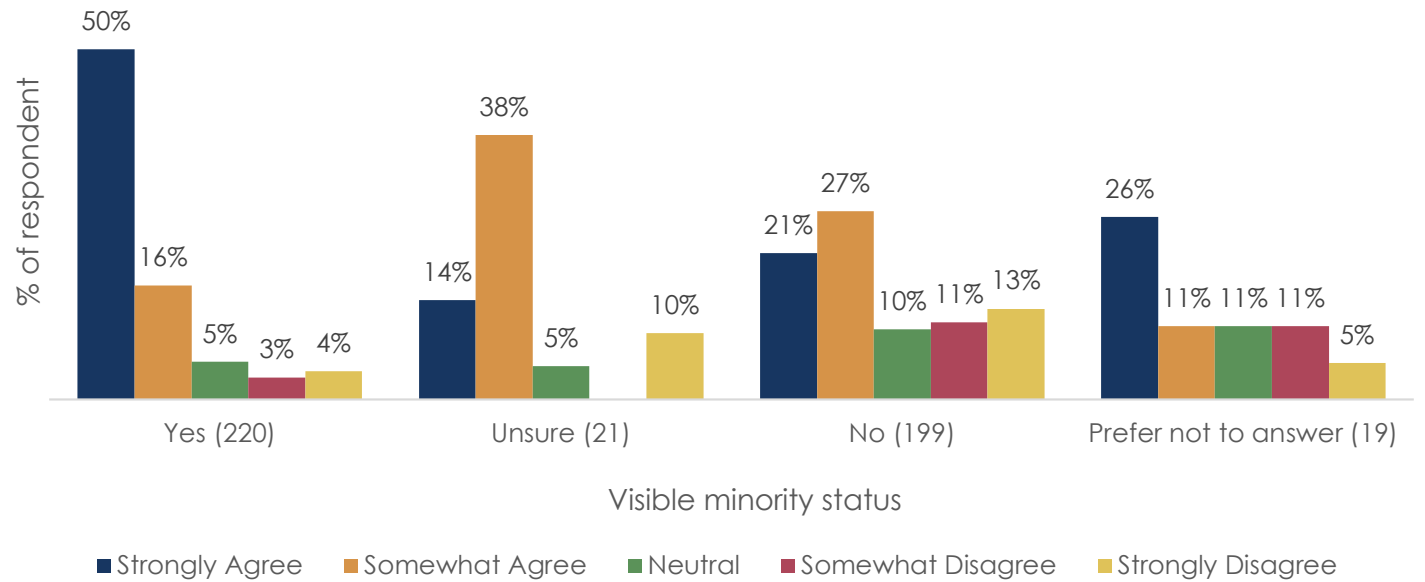
Less than 20% Strongly or Somewhat Disagreed.

When asked if they believed that students, residents, and physicians who are considered privileged based on their racial or ethnic background had more career opportunities than others, “Strongly Agree” was the most frequently selected answer among all ethnicities apart from those that identified as White and those identifying as Multicultural.

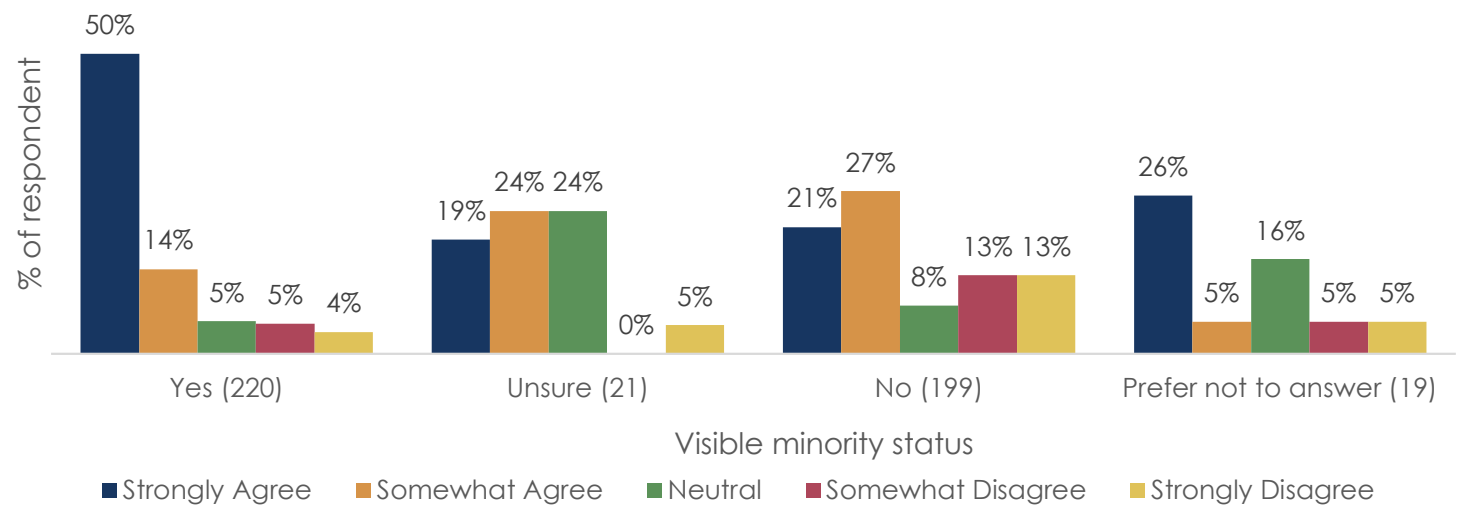
50% of visible minorities Strongly Agree that ethnicity affects career and leadership opportunities.

Even among those that did not identify as a visible minority, half indicated they either Strongly or Somewhat Agreed that ethnicity affects careers and leadership opportunities.

Agreement That Ethnicity Affects Career by Visible Minority Status



Agreement That Ethnicity Affects Leadership Opportunities



“Make it clear by recruiting staff & board members from a spectrum of backgrounds and skill sets.”

- Respondent

2 in 3 Black respondents Strongly Agreed that ethnicity affects leadership opportunities.

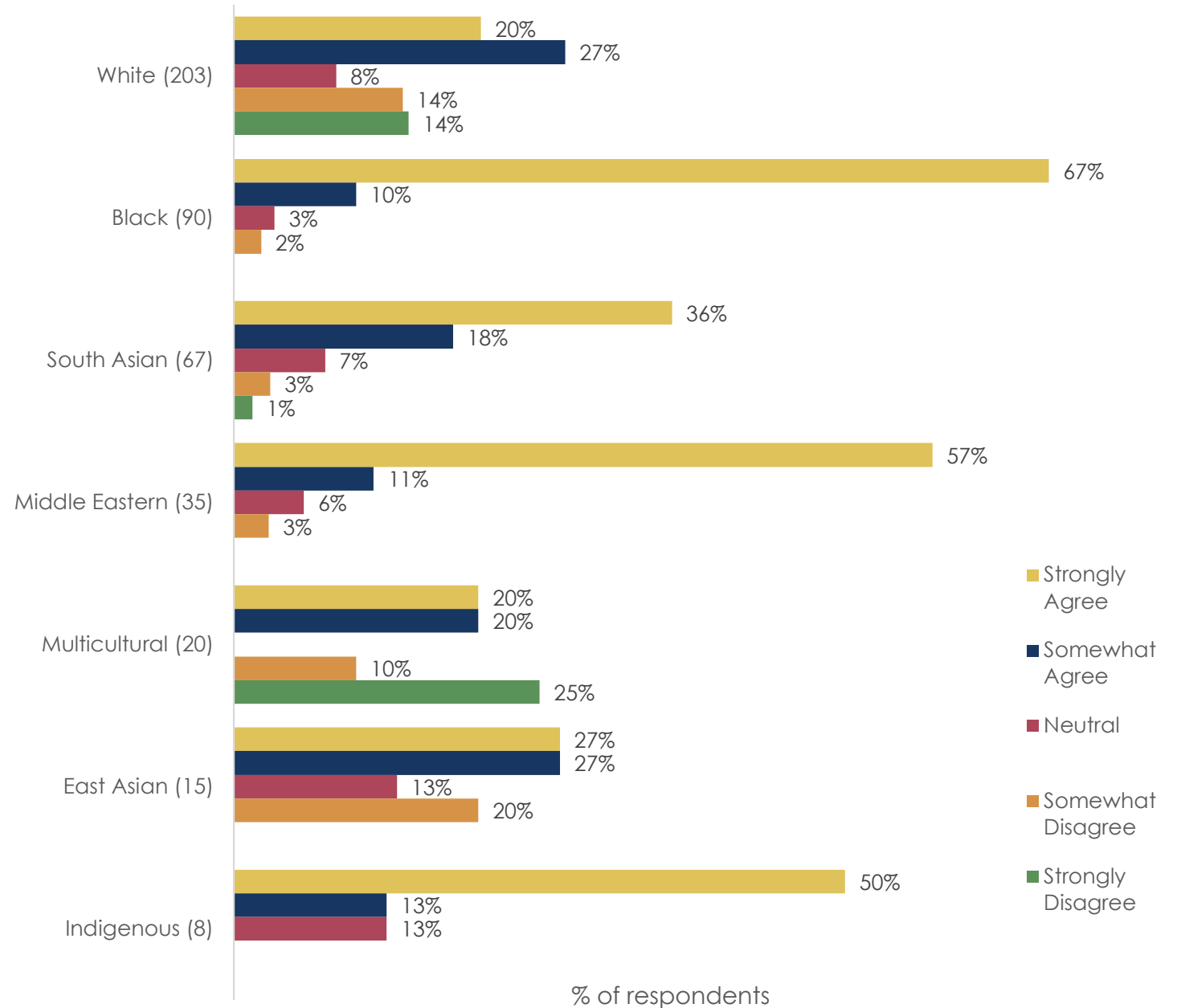
When asked if those who are considered privileged are more likely to hold leadership positions, "Strong Agreement" was the most selected answer among those who identified as any ethnicity other than White, apart from those who identified as Multicultural or East Asian.

Even among those who identified themselves as White, 20% indicated that they Strongly Agreed and 27% indicated they Somewhat Agreed with the statement.

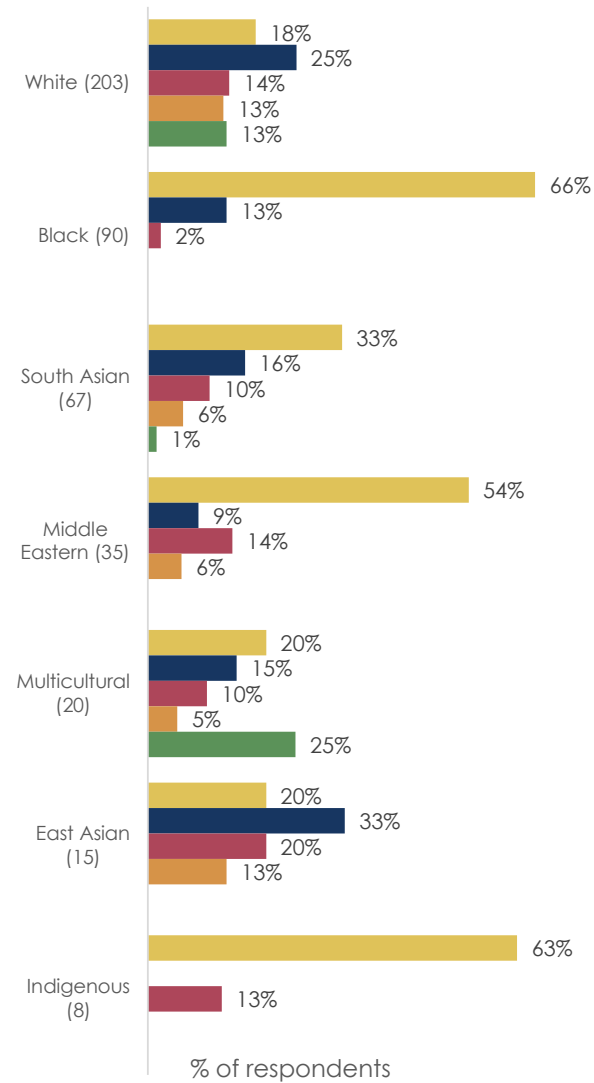
"This survey is a start, but the interpretation of the data should be done with other ethnic groups. There needs to be more purposeful inclusion of non-white doctors at events. Sometimes, when I attend and feel that I don't belong, so I don't attend any longer. Also, the other doctors just shut you out only the leaders bother to speak to you. It's quite sad, when we are all colleagues."

- Respondent

Agreement That Ethnicity Affects Leadership Opportunities

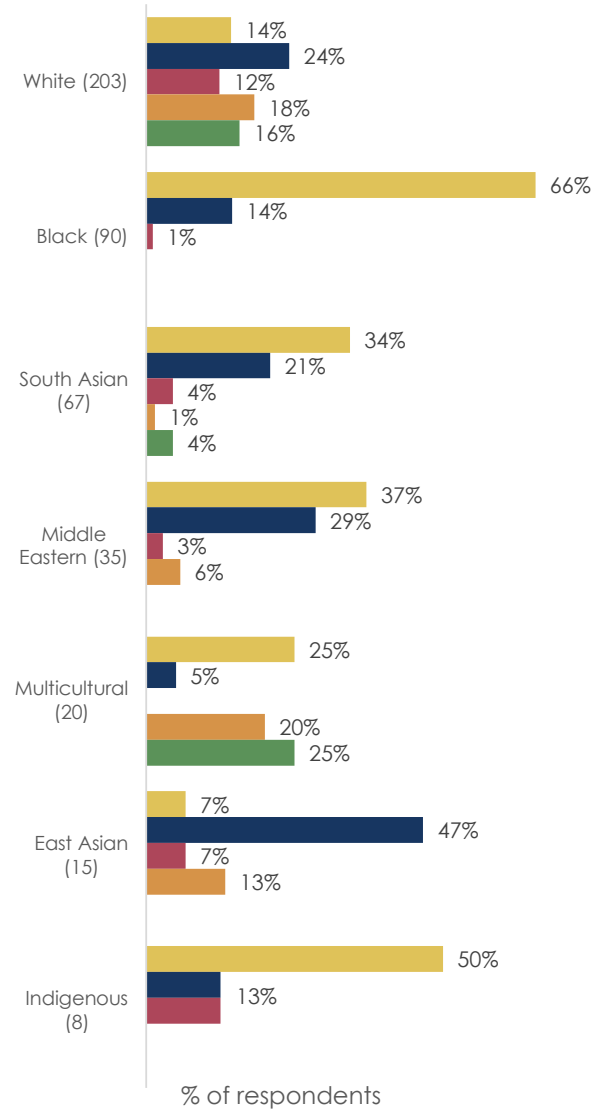


Agreement That Ethnicity Affects Inclusion in Policy Discussions



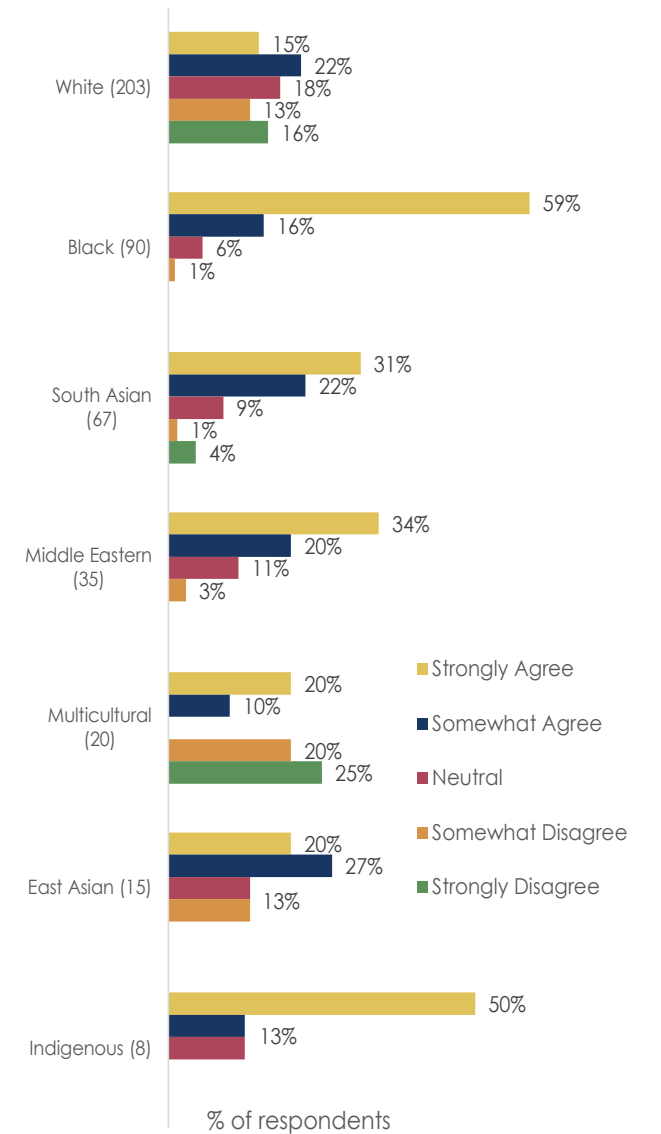
66% of Black respondents Strongly Agreed that ethnicity affects inclusion in policy discussions.

Agreement That Ethnicity Affects Recognition



66% of Black respondents and 50% of Indigenous respondents Strongly Agreed that ethnicity affects recognition at work.

Agreement That Ethnicity Affects Promotions



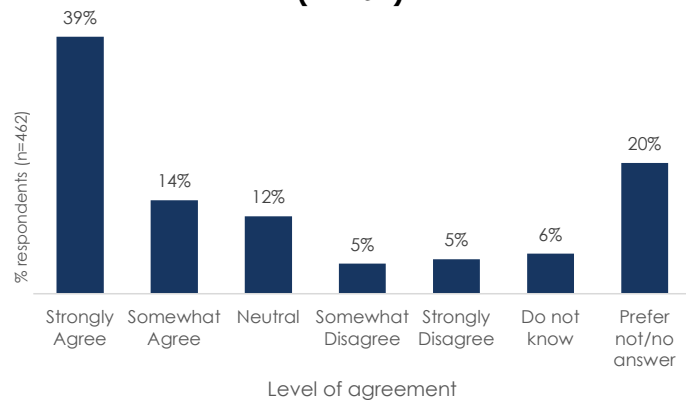
59% of Black respondents and 50% of Indigenous respondents Strongly Agreed that ethnicity affects promotions.

EXPERIENCES OF RACISM WITHIN THE SMA AND CPSS

The final section of the survey focused on respondents' experiences and perceptions of the CPSS and SMA as well as their views of what, if anything, these organizations could do regarding racism in medicine.

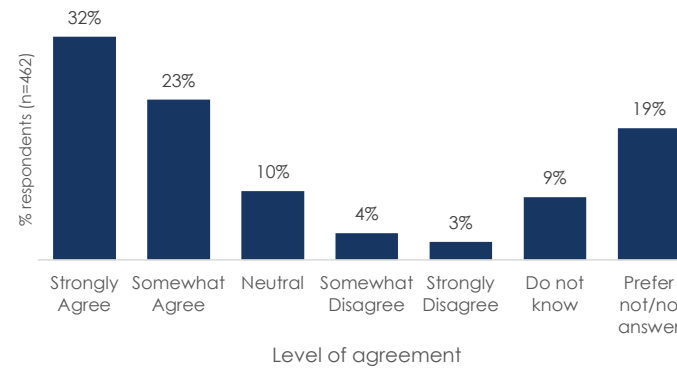
Experiences of Racism at the SMA

No Experience/Witness of Racism at the SMA? (n=462)



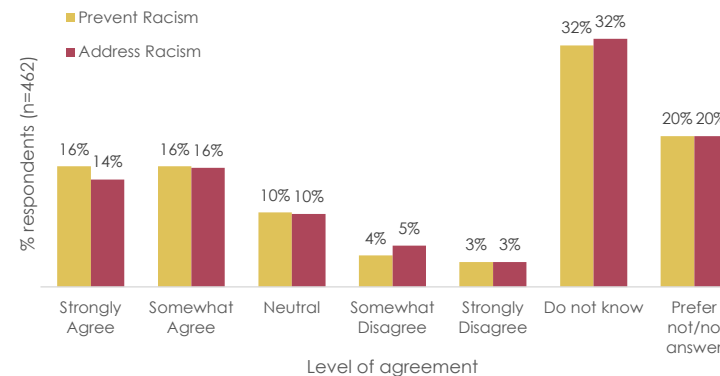
10% of respondents indicated they have experienced or witnessed racism in interactions with the SMA.

Culture of Safety at the SMA (n=462)



7% of respondents do not believe there is a culture of safety and respect at the SMA.

SMA Policies Regarding Racism (n=462)

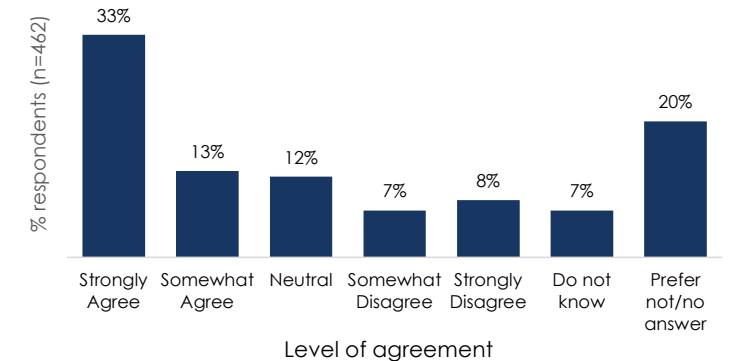


1 in 3 respondents did not know if the SMA had processes/policies in place to prevent or address racism.

Among those that indicated their level of agreement, one-third agreed that policies and processes to prevent and address racism exist at the SMA, while less than 10% disagreed.

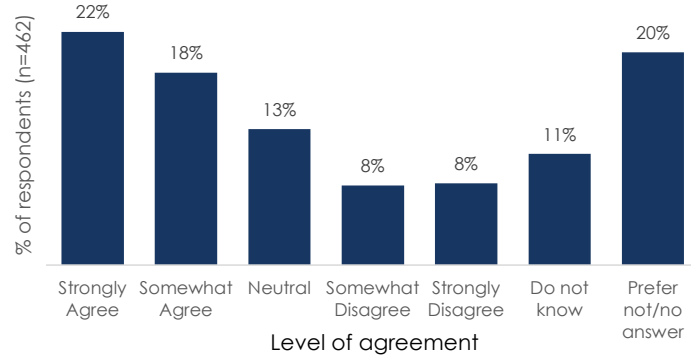
Experiences of Racism at the CPSS

No Experience/Witness of Racism at the CPSS? (n=462)



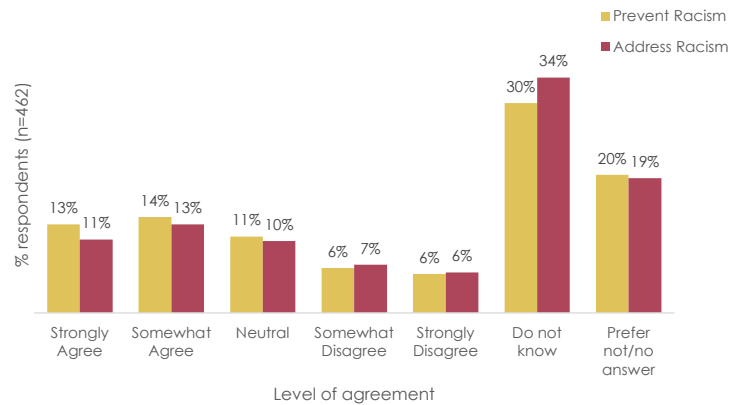
15% of respondents indicated they have experienced or witnessed racism in interactions with the CPSS.

Culture of Safety at the CPSS (n=462)



16% of respondents do not believe there is a culture of safety and respect at the CPSS.

CPSS Policies Regarding Racism (n=462)



1 in 3 respondents Did Not Know if the CPSS had processes/policies in place to prevent or address racism.

Among those that indicated their level of agreement, one-third agreed that policies and processes to prevent and address racism exist at the CPSS, while less than 13% disagreed.

“Point people to different anti-racism education modules when there are concerns about racism and then follow up afterward about learning. Build in real accountability for growth.”

- Respondent

“Again, recognize [racism] is going on all the time. A need to really look at the culture that has been cultivated and look to add change. Need to really address and look at processes that are leading to these situations. Lots of education on anti-racism, need to have many more diverse/ BIPOC/LGBTQ2+ individuals in senior leadership positions.”

- Respondent



Responses to “I have never experienced/witnessed racism in my interactions” by Ethnicity

Analysis by ethnicity revealed the highest levels of agreement that they had not experienced or witnessed racism were among those identifying as White. Those that identified as Black and Asian had the highest rates of Strongly Disagreeing with this statement, indicating that they had experienced or witnessed racism in interactions with these organizations.

“Advocate for more transparency in hiring processes to open avenues for visible minorities; advocacy for more time spent in orientation of IMGs to medical processes and policies in the Saskatchewan health system especially for those having to work in rural settings; more supports to IMGs and better contracts (taking into consideration work life balance and stress related to systemic racism and discrimination).”

- Respondent

	STRONGLY AGREE		SOMEWHAT AGREE		NEUTRAL		SOMEWHAT DISAGREE		STRONGLY DISAGREE	
	CPSS	SMA	CPSS	SMA	CPSS	SMA	CPSS	SMA	CPSS	SMA
White (203)	42%	47%	19%	15%	13%	9%	4%	5%	3%	2%
Black (90)	24%	28%	9%	16%	11%	16%	12%	2%	16%	11%
South Asian (67)	22%	34%	4%	12%	7%	9%	7%	4%	19%	10%
Middle Eastern (35)	34%	43%	9%	11%	9%	11%	9%	6%	9%	0%
Multicultural (20)	35%	40%	5%	10%	15%	10%	5%	5%	0%	5%
East Asian (15)	20%	33%	27%	33%	13%	13%	13%	0%	0%	0%
Indigenous (8)	25%	25%	13%	0%	25%	25%	0%	13%	0%	13%
All others (24)	25%	25%	4%	8%	17%	21%	4%	4%	13%	0%

Responses to “I believe there is a culture of respect” by Ethnicity

Analysis by ethnicity revealed that those identifying as White largely agree that there is a culture of safety and respect among these two organizations, with only 9% indicating they disagree in regard to the CPSS and 3% in regard to the SMA. Disagreement is higher among other ethnicities, particularly those who identified as Black.

“They need to address the silent systemic racism that exists. It is evident to minorities and difficult to characterize but is felt by all minorities that there are separate rules for elderly, white males in comparisons to everyone else. There is a lack of voice for minorities in these leadership positions. There needs to be acknowledgment of these inequities before anything can change.”

- Respondent

	STRONGLY AGREE		SOMEWHAT AGREE		NEUTRAL		SOMEWHAT DISAGREE		STRONGLY DISAGREE	
	CPSS	SMA	CPSS	SMA	CPSS	SMA	CPSS	SMA	CPSS	SMA
White (203)	31%	39%	22%	29%	14%	10%	6%	2%	3%	1%
Black (90)	16%	21%	16%	20%	13%	10%	11%	9%	14%	2%
South Asian (67)	12%	30%	12%	18%	12%	4%	7%	4%	16%	7%
Middle Eastern (35)	26%	34%	17%	17%	11%	11%	9%	0%	6%	0%
Multicultural (20)	15%	25%	30%	20%	0%	10%	10%	5%	0%	5%
East Asian (15)	20%	27%	27%	33%	7%	13%	7%	0%	7%	0%
Indigenous (8)	13%	25%	0%	13%	25%	13%	13%	13%	13%	13%
All others (24)	13%	29%	13%	8%	17%	17%	4%	0%	8%	0%

Policies/Processes to Prevent and Address Racism

When asked if each organization has processes/policies in place to prevent and address racism within the medical profession in Saskatchewan, the most notable result is that regardless of whether they identify as a visible minority or not, approximately 1 in 3 respondents indicated that they did not know.

Further investigation into the “Do Not Know” responses regarding policies to prevent racism revealed that, in relation to the CPSS, this was the most common answer among residents and fully licensed physicians, whereas only 1 in 5 medical students indicated they did not know and their most common answers were “Strongly Agree” 29% followed by “Somewhat Agree” (19%).

In relation to the SMA, medical students were equally likely to indicate “Strongly Agree” and “Do Not Know”, with one quarter selecting each option. Among residents and fully licensed physicians, 1 in 3 indicated they did not know, while physicians with provisional or other licenses selected “Strongly Agree” slightly more frequently than “Do Not Know” (24% versus 21%). Thus, lack of knowledge of existing policies and processes surrounding racism prevention is common across all types of licensure, although medical students appear to be slightly more knowledgeable about related CPSS and SMA policies/processes.

		VISIBLE MINORITY	STRONGLY AGREE	SOMEWHAT AGREE	NEUTRAL	SOMEWHAT DISAGREE	STRONGLY DISAGREE	DO NOT KNOW
POLICIES TO PREVENT RACISM	CPSS	Yes (220)	10%	13%	10%	10%	9%	26%
		No (199)	17%	16%	11%	3%	2%	37%
	SMA	Yes	14%	14%	11%	6%	5%	28%
		No	18%	18%	8%	2%	2%	38%
POLICIES TO ADDRESS RACISM	CPSS	Yes	9%	11%	7%	11%	9%	32%
		No	14%	14%	13%	3%	3%	39%
	SMA	Yes	12%	14%	10%	9%	5%	29%
		No	18%	18%	8%	3%	1%	39%

INTERVENTIONS AND NEXT STEPS FOR THE SMA AND CPSS

Finally, respondents were asked what interventions each organization could put into place to prevent/address racism and what, in their opinion, were the next steps for each to focus on related to equity, diversity and inclusion to improve workplace wellness and physician health. As these were open ended fields, responses were grouped by theme; some responses included more than one theme.

THEMES FOR THE CPSS	N
Education	102
Policy/guidelines	51
Demonstrate inclusivity	35
Nothing needed/already doing enough	24
Strong action when racism occurs	22
Raise awareness of racism	20
Support doctors who experience racism	15
Provide a safe way to report	15
Encourage equality	13
Investigate when racism is reported	15
Learn / listen – hear more about the racism that is occurring	10
Promote inclusivity	6
Little CPSS can do	5
Inter-professional interventions	5
Clear statements regarding racism	3
Recognize / acknowledge that racism is an issue	3
Provide advice on how to handle racism from patients	2
Limit terms in administrative roles	2
Transparency regarding diversity in CPSS	2
Advocacy	1

Themes for the CPSS

Themes that emerged among the recommended interventions for the CPSS are provided below. **The two most commonly cited interventions were education**, which encompassed responses such as workshops and conferences and **policies/guidelines**. Other themes that arose include, demonstration of inclusivity, as well as the CPSS needing to take strong action when racism occurs. This can be achieved by:

- **“Having a more culturally diverse CPSS management team.”**
- **“Ensure hiring practices and board representation that reflect SK population.”**
- **“Visible and accessible policies with clear definitions and outline actions to be taken in the event of racism occurring.”**
- **“I think there should be zero tolerance which means taking action against perpetrators” and,**
- **“Appropriate disciplinary action.”**

There were comments related to raising awareness of the issue of racism, accompanied by suggestions such as:

- **“Provide anonymous examples in a newsletter section.”**

There were also requests to support physicians who experience racism, with some comments including additional details, such as:

- **“More supports (including mental health**

support) and better contracts for IMGs in rural settings.”

- Safe ways to report racist treatment, as well as genuine investigations following such reports.
- Tackling racism in collaboration with other health professions, such as **“more faculty engagement seminars like this one but include other allied health professionals.”**¹
 - **“I do not know - I am more concerned myself about issues with gender - particularly as a woman I have experienced MANY situations regarding my gender.”**
- **“I hope they avoid antiracism training until there is evidence it is helpful rather than harmful.”**
- **Assessments before licensing: “Assess attitudes via online assessments prior to licensing.”**
- And others:
 - **“Leave us doctors alone, be part of solution, not a problem! Do you have solution? If you don’t then this survey is useless!”**
 - **“It would take more than a box on a survey to explain.”**
 - **“Openness is solution to many problems.” [sic]**

¹Note: Several comments included phrases akin to “seminars like this one”; which seems to indicate that several respondents completed the survey while at the SMA hosted “Uncovering Racism in Medicine: A Pathway Forward” conference held on September 22, 2023 in Saskatoon.

Themes for the SMA

Analysis of the recommendations for the SMA revealed largely similar themes as shown in the table below. Similar to the CPSS, **education and policies** were the most commonly cited intervention, followed by **demonstrate inclusivity**. Interventions to address these themes included:

- **“Make it clear by recruiting staff & board members from a spectrum of backgrounds and skillsets.”**
- Another common suggestion was to support physicians, which in some cases included specific suggestions, such as:
 - **“Individualized debriefs following incidents.”**
- Some also said that the SMA was doing enough; several of these also referenced the “Uncovering Racism in Medicine: A Pathway Forward” conference hosted by the SMA in September 2023.

Many of the other common themes were comparable to those mentioned earlier, some, however, were unique to the SMA. Such as:

- **“Targeted faculty development by physicians that the physician group trusts.”**
- **“Reverse mentorship programs on diversity would be helpful.”**

Other comments included a request to publish the results of the survey, as well as issues of workload.

- **“Some of the root causes of this include overworked staff (not the main issue but part of the issue) and much more sick patients and the SES problems that affect patients but that we have little ability to deal with as health care workers.”**

The theme of gender discrimination and the need to address this issue arose.

- **“I believe this survey is not inclusive: gender discrimination is a way bigger issue. On a daily basis patients mistake you**

for a nurse or speak to the male learner instead of the older women, the nurses abandon you to assist the male doctor on rounds, some of my male colleagues [shut] me down, ridicule me and exclude me - and treat me with less respect than male colleagues. Need to prevent discrimination for everyone.”[sic]

Next Steps for the CPSS and SMA

When asked for next steps each organization should take, many of the comments were very similar to the responses provided regarding interventions and largely encompassed:

1. Provide education and training regarding racism.
2. Demonstrate inclusivity and inclusive leadership within each organization.
3. Learn more about racism that physicians encounter.
4. Have clear, well published policies in place regarding racism, including actions that will be taken when racism occurs.
5. Provide support and a safe way to report situations that arise.
6. Raise awareness of the issue throughout the healthcare system.
7. In relation to the SMA in particular, the request to advocate for physicians.

THEMES FOR THE SMA	N
Education	97
Policies	29
Demonstrate inclusivity	23
Support doctors who experience racism	15
Already doing enough	13
Raise awareness of racism	13
None needed/ racism is not an issue	13
Strong action when racism occurs	12
Learn / listen – hear more about the racism that is occurring	11
Advocacy	9
Provide a safe way to report	7
Recognize / acknowledge that racism is an issue	6
Appreciate and/or promote diversity	5
Transparency	4
Inter-professional interventions	3
Limit leadership terms	2
Clear statement regarding racism	2
Mentorship	2
Promote equality	2

RECOMMENDATIONS

This analysis required a comprehensive review of the survey responses which yielded the following broad learnings:

Respondents who have experienced racism want very much to be heard, to share their stories, to be understood, and to raise awareness.

There is a great sense of futility among the respondents; this issue seems so overwhelming and pervasive that they struggle to believe that anything can be done.

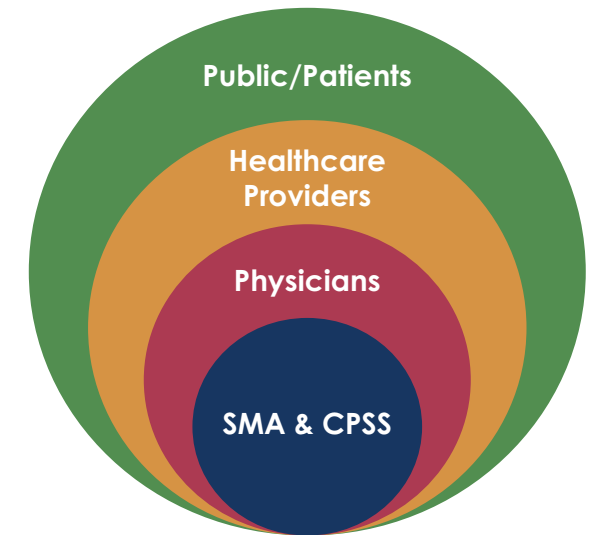
There is a sense that the requirements around IMGs becoming licensed in Saskatchewan are racist and this seems to be a large aspect of respondents' views of the CPSS.

Physicians do not see diversity reflected within the CPSS and SMA.

There are other aspects of discrimination, beyond racism, that need to be understood and addressed as well, particularly related to gender.

Addressing racism will require more than just physicians and their organizations. It must encompass those of other healthcare system colleagues and participants in the healthcare system, such as patients and their families. Interventions that fail to encompass a broader audience will likely not be successful.

Thus, a multi-faceted approach is recommended, addressing the public/patients, healthcare providers, physicians, and within the CPSS and SMA organizations.



Public/Patients

Broad education targeting the public and patients regarding topics, including:

- What racism is, and what it is not.
- Targeted public campaign to bring awareness of racism and garner advocacy.

In addition, clear signage that racism will not be tolerated, placed in hospitals, clinics, and other areas where physicians provide care. As well as information on steps that will be taken if it does occur.

- The need for diversity among healthcare professionals within the Saskatchewan healthcare system. Targeted communication about physician shortages in Canada, and in Saskatchewan, could help the public better understand the need for International Medical Graduates. (e.g., ad campaigns that convey that IMGs and others are qualified and needed to help address shortages).

Healthcare Providers

Racism education and awareness campaigns aimed at a spectrum of healthcare providers, via inter-professional conferences, workshops, and learning sessions are required. Cultural competency, implicit bias, and anti-racism training is also recommended to raise awareness.

A communication strategy including newsletters or other forms of communication on racism that are targeted towards all healthcare providers could be leveraged, providing anonymous profiles/case studies of racist incidents that have occurred including recommendations on steps that could be taken when incidents occur. Clear organizational statements as well as policies and procedures that relate to racism are also required.

When racism is found to occur among providers, debriefing sessions with all involved,

regardless of their position and role, should be undertaken to discuss the incident and promote understanding and reconciliation.

Physicians

Within the profession, similar events as those outlined for healthcare providers can be taken in a more targeted manner, as well as communication regarding relevant policies, procedures and supports within the CPSS and SMA. Furthermore, physicians and especially those in leadership positions should receive targeted training including cultural competency, implicit bias, anti-racism training, and how to eliminate real or perceived racism related to hiring, promotion, and recognition of racism. Steps should be taken to increase advocacy and empathy for physicians, hear and share stories of physicians who have experienced racism as well as gender discrimination, as this issue also became apparent in the survey. Physicians should be given the opportunity to safely share their experiences with colleagues as well as the SMA and CPSS without judgement or retribution.

Within the SMA and CPSS

Aligned with the strategies indicated above, education within the SMA and CPSS should include educating board members, committee

members, staff, and others about racism, cultural competency and implicit biasness, raising awareness of the existence of and types of racism, and demonstrating humility, equity, diversity and inclusion internally. Additional steps that could be taken within the SMA and CPSS include:

1. Reviewing processes, procedures, and requirements surrounding IMG licensure and membership to ensure that they do not include any race-related tones or biases.
2. Developing clear, safe, and just procedures for reporting incidents of real or perceived racism and discrimination, including mechanisms for safe reporting. Concrete and reasonable steps should be taken to investigate claims, and establish and enforce consequences when racism or discrimination have been identified.
3. Aligned with point 2, if, in the process of hearing physicians' stories as outlined above, interactions with the SMA or CPSS arise as the source of racism, the situations and communications involved should be examined internally or externally per each organization's policies to determine methods for the investigation and prevent such incidents in the future.
4. Review hiring and promotion practices and policies within each organization as well as board member, committee, and staff complements to determine

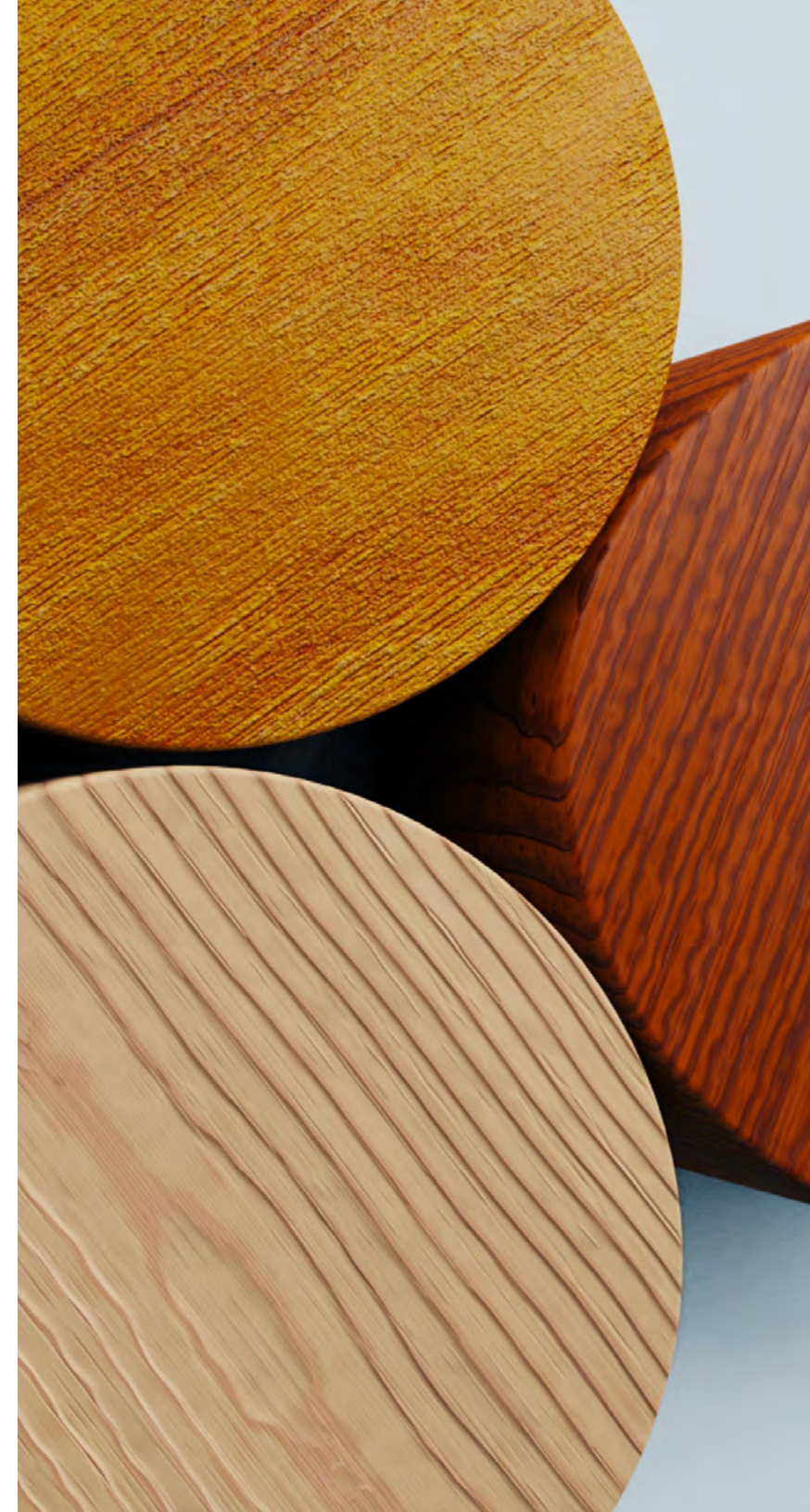
if respondents' concerns regarding equal representation are valid. If valid, establish a plan to address this in future promotions and employment decisions, with transparency regarding the plan forward. Recruit and retain members of equity deserving groups. Develop clear organizational statements against racism and establish policies on inclusivity, in collaboration with colleagues from equity deserving groups. Audit and monitor adherence to the policies and formalize a reporting mechanism back to members.

5. Support physicians when they must take steps regarding racism or discrimination from patients, colleagues, and others; for example, provide counselling or peer support, and/or develop mentoring options and opportunities. Establish a dedicated response team to facilitate immediate response protocols, provide follow up and feedback to those involved in incidents and provide a supportive network. Evaluate response and supports for continued improvement, and clearly communicate reporting mechanisms and available resources to the physician community.
6. Advocate for policy reform in the healthcare community, including data collection and sharing of information including data related to equity, diversity, and inclusion for transparency and establishment of baseline measures for monitoring and improvement. Establish an

advocacy coalition between the CPSS, SMA, SHA, University of Saskatchewan, and other relevant external stakeholders to share, learn, and develop ways to improve systemic conditions for all physicians.

7. Share the results of the survey to help physicians feel heard and understood, and for some, to help them realize that they are not alone and the SMA and CPSS are willing to listen and take their concerns seriously.

Overall, these organizations are encouraged to genuinely seek to hear and understand the situations that physicians, residents, and medical students are facing, the incidents that arise, and work to address these issues at all levels.





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APPENDIX 1: SURVEY QUESTIONS

Q1 Age.

Q2 Licensure.

Q3 If you are currently a practicing physician, how many years in practice.

Q4 Current practice specialty.

Q5 Current training/practice setting. Please select all that apply.

Q6 Geographical area of practice.

Q7 Which of the following most closely represents your gender? Please select all that apply.

Q8 Do you identify as a member of the 2SLGBTQI+ community?

Q9 Which category describes you the best? Please select all that apply.

Q10 If you identify as Indigenous, please select one option.

Q11 Do you consider yourself a member of a visible minority group?

Q12 In your medical career or training, in

Saskatchewan, have you ever experienced racism?

Q13 Please identify the position of the person(s) who, in your experience, treated you in racist manner? Please select all that apply.

Q14 Please identify the training/practice setting(s) in which this experience(s) occurred. Please select all that apply.

Q15 To what extent did this experience(s) have an emotional impact on you?

Q16 To what extent did this experience(s) have a physical impact on you?

Q17 Were you aware of any formal or informal psychological or emotional supports/programs within your training/practice setting?

Q18 What formal or informal supports did you access because of this experience(s), if any? Please select all that apply.

Q19 Did you report this experience(s) through a formal reporting mechanism available in your work setting (e.g., to your supervisor, department head, human resources)?

Q20 Were you satisfied with the outcome of formally reporting your experience of racism?

Q21 If you did not report this experience(s) or you are unsure, what was the reason? Please select all that apply.

Q22 Please identify the geographical area in which this experience(s) occurred.

Q23 In your medical career or training, have you ever witnessed or been made aware of racism in the Saskatchewan Health Care System directed towards other physician(s), resident(s), or medical

student(s)?

Q24 In your medical career or training, how often have you witnessed or been aware of racism in the Saskatchewan Health Care System directed towards other physician(s), resident(s), or medical student(s)?

Q25 Please identify the position of person(s) you witnessed or were made aware of treating other physician(s), resident(s), or medical student(s) in a racist manner. Please select all that apply.

Q26 Please identify the training/practice setting(s) in which this experience(s) occurred. Please select all that apply.

Q27 To what extent did this experience(s) have an emotional impact on you?

Q28 To what extent did this experience(s) have a physical impact on you?

Q29 Were you aware of any formal or informal psychological or emotional supports/programs within your training/practice setting (e.g., Employee Family Assistance Program) to help you through this experience(s)?

Q30 What formal or informal supports did you access because of this experience(s), if any? Please select all that apply.

Q31 Did you report this experience(s) through a formal reporting mechanism available in your work setting (e.g., to your supervisor, department head, human resources)?

Q32 Were you satisfied with the outcome of formally reporting the racism that you witnessed or were made aware of?

Q33 If you did not report this experience(s) or you are unsure, what was the reason? Please select all that apply.

Q34 Please identify the geographical area in which this experience(s) occurred.

Q35 In your medical career, in Saskatchewan, have you ever been denied or turned down for a formal leadership position because of racism?

Q36 If you have not had the opportunity to hold a formal leadership position in your medical career or training in Saskatchewan, please identify the possible reasons for this. Please select all that apply.

Q37 In your medical career or training, have you ever been mistaken for a non-physician at work?

Q38 If you have been mistaken for a non-physician in your work setting, please identify who mistook you? Please select all that apply.

Q39 Physicians, residents, or medical students who are considered privileged based on their racial or ethnic background may have more career opportunities as compared to their colleagues from other racial or ethnic backgrounds.

Q40 Physicians, residents, or medical students who are considered privileged based on their racial or ethnic background are more likely to hold leadership positions compared to their colleagues from other racial or ethnic backgrounds.

Q41 Physicians, residents, or medical students who are considered privileged based on their racial or ethnic background are more likely to be included in discussions of policies or administrative changes in their work setting compared to their colleagues from other racial or ethnic backgrounds.

Q42 Physicians, residents, or medical students who are considered privileged based on their racial or ethnic background are more likely to be recognized for their work as compared to their colleagues from other racial or ethnic backgrounds.

Q43 Physicians, residents, or medical students who are considered privileged based on their racial or ethnic background are more likely to be promoted compared to their colleagues from other racial or ethnic backgrounds.

Q44 As a physician, resident, or medical student, in Saskatchewan, I have never experienced/witnessed racism in my interactions with the CPSS.

Q45 As a physician, resident, or medical student, in Saskatchewan, I believe there is a culture of safety and respect at the CPSS.

Q46 The CPSS has processes/policies in place to prevent racism within the medical profession in Saskatchewan.

Q47 The CPSS has the processes/policies in place to address racism within the medical profession in Saskatchewan.

Q48 In your opinion, what interventions (e.g., education, conferences, policies) could the CPSS put into place to prevent/address racism within the medical profession in Saskatchewan? Please explain.

Q49 In your opinion, what are the next steps for the CPSS to focus on related to equity, diversity, and inclusion to improve workplace wellness and physician health in Saskatchewan? Please explain.

Q50 As a physician, resident, or medical student, in Saskatchewan, I have never experienced/witnessed racism in my interactions with the SMA.

Q51 As a physician, resident, or medical student, I believe there is a culture of safety and respect at the SMA.

Q52 The SMA has processes/policies in place to prevent racism within the medical profession in Saskatchewan.

Q53 The SMA has processes/policies in place to address racism within the medical profession.

Q54 In your opinion, what interventions (e.g., education, conferences, policies) could the SMA put into place to prevent/address racism within the medical profession in Saskatchewan? Please explain.

Q55 In your opinion, what are the next steps for the SMA to focus on related to equity, diversity, and inclusion to improve workplace wellness and physician health in Saskatchewan? Please explain.

APPENDIX 2: DEFINITIONS

Anti-Black Racism: A specific form of racism, rooted in the history and experience of enslavement, that is targeted against Black people. These are the policies and practices rooted in Canadian institutions, such as education, healthcare, and justice, which mirror and reinforce beliefs, attitudes, prejudice, stereotyping, and/or discrimination towards people of African, Black, and Caribbean descent.

Anti-Indigenous racism: The ongoing race-based discrimination, negative stereotyping, and injustice experienced by Indigenous peoples within Canada. It includes ideas and practices that establish, maintain, and perpetuate power imbalances, systemic barriers, and inequitable outcomes that stem from the legacy of colonial policies and practices in Canada.

Anti-racism: A process, an approach, and a systematic method of analysis and a proactive course of action. The approach recognizes the existence of racism, including systemic racism, and actively seeks to identify, prevent, reduce, and remove the racially inequitable outcomes and power imbalances between groups and the structures that sustain these inequities.

Bias

Explicit (conscious) - a person is very clear about their feelings and attitudes, and related behaviors are conducted with intent. This type of bias is processed neurologically at a conscious level as declarative, semantic memory, and in words. Conscious bias in its extreme is characterized by overt negative behavior that can be expressed through physical and verbal harassment or through more subtle means such as exclusion.

Implicit (unconscious) - operates outside of a person's awareness and can be in direct contradiction to a person's espoused beliefs and values. What is so dangerous about implicit bias is that it automatically seeps into a person's affect or behavior and is outside of the full awareness of that person.

BIPOC: An acronym standing for "Black, Indigenous or person/people of colour." This term is used to describe any person who is not white (although racism affects different groups differently).

Cisgender: Describes someone whose internal sense of gender corresponds with the sex the person was identified as having at birth.

Disability: A complex phenomenon reflecting an interaction between features of a person's body and mind and features of the society in which they live.

Discrimination: The act of treating someone differently based on some aspect of their identity.

2SLGBTQIA+: An acronym for two-spirit, lesbian, gay, bisexual, transgender, queer, intersex and

asexual, while the "+" stands for other ways individuals express their gender and sexuality outside heteronormativity and the gender binary.

Equity: The absence of barriers, biases and obstacles that impede equal access and opportunity to succeed in society.

Equity-deserving groups: Equity-deserving groups are communities that experience significant collective barriers in participating in society. This could include attitudinal, historic, social and environmental barriers based on age, ethnicity, disability, economic status, gender, nationality, race, sexual orientation and transgender status, and so on. Equity-deserving groups are those that identify barriers to equal access, opportunities and resources due to disadvantage and discrimination and actively seek social justice and reparation.

Gender identity: How an individual perceives and calls themselves that reflects their innermost and authentic gender, which may or may not correspond to sex assigned at birth. Gender-diverse people identify with a gender outside the male/female binary.

Indigenous people: "Indigenous peoples" is a collective name for the original peoples of North America and their descendants. The Canadian Constitution recognizes 3 groups of Indigenous peoples: First Nations, Inuit and Métis.

Institutional betrayal: This term refers to wrongdoings perpetrated by an institution upon individual's dependent on that institution, including failure to prevent or respond supportively to wrongdoings by individuals (for example, sexual assault) committed within the context of the institution.

Metro/Metropolitan: refers to a population greater than 100,000, while urban equals a population of 30,000-99,999.

Microaggression: Brief and common daily verbal, behavioral, or environmental indignities, comment or action that subtly and often intentionally or unintentionally expresses a hostile, derogatory, or negative slights and insults toward a member of a marginalized group (such as BIPOC, 2SLGBTQ+, disability), also referred to as casual and everyday racism.

Power: Power can be defined as the degree of control over material, human, intellectual and financial resources exercised by different sections of society.

Privilege: A right or advantage that only some people have access or availability to because of their social group membership.

Prejudice: A preconceived belief/thought about a group/individual based on stereotypes.

Race: A concept used to describe a group of people who share physical characteristics, such as skin color and facial features. They may also share similar social or cultural identities and ancestral backgrounds.

Racism: An individual, cultural, institutional, and systemic ways by which differential consequences are created for different racial groups, even if not overtly intentional. Racism is often grounded in a presumed superiority of the white race over groups historically or currently defined as non-white. Racism can also be defined as 'prejudice plus power.' The combination of prejudice and power enables the

mechanisms by which racism leads to different consequences for different groups. (College of Physicians and Surgeons of Ontario, 2023).

Race vs. Ethnicity

Race - a social construct that categorizes people by skin color.

Ethnicity - a category of people who identify with each other, usually based on presumed similarities such as a common language, ancestry, history, society, culture, nation, or social treatment within their residing area.

Sexism: Prejudice or discrimination based on sex or gender, especially against women and girls.

Systemic racism: Policies or practices that are part of the social or administrative structures of an organization, and which create or perpetuate a position of relative disadvantage for racialized people. These appear neutral on the surface but, nevertheless, have an exclusionary impact on racialized persons.

Socio-economic Status: (otherwise known as SES) refers to an individual's level of income, wealth, education, and prestige.

Unconscious bias: Refers to social stereotypes about certain groups of people. Everyone holds unconscious beliefs about various social and identity groups, and these biases stem from one's tendency to organize social worlds by categorizing. This is also known as implicit bias: the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

Urban: refers to a population of 30,000-99,999, while metro/metropolitan refers to a population greater than 100,000.

Visible Minority: Persons, other than Aboriginal peoples, who are non-Caucasian in race or Non-white in colour.

APPENDIX 3: ACRONYMS

CiHi: Canadian Institute for Health Information

CMPA: Canadian Medical Protective Association

CPSS: College of Physicians and Surgeons of Saskatchewan

EDI: Equity, Diversity and Inclusion

EFAP: Employee and Family Assistance Program

OSA: Office of Student Affairs (University of Saskatchewan)

IMG: International Medical Graduate

PHP: Physician Health Program, Saskatchewan Medical Association

SES: Socio-Economic Status

SHA: Saskatchewan Health Authority

SMA: Saskatchewan Medical Association

USask: University of Saskatchewan

For more information, please visit the SMA website:
www.sma.sk.ca or email edi@sma.sk.ca.



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