



**DOCTORS OF BC DIVERSITY AND INCLUSION BARRIER ASSESSMENT
FINAL REPORT**

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GLOSSARY OF TERMS

Barriers are real and/or perceived obstacles and problems which limit or impede equal access to, and participation in, any program, service, or position.

Bias is a prejudice in favor of or against one thing, person, or group compared with another, usually in a way that's considered to be unfair. Biases may be held by an individual, group, or organization and can have negative or positive consequences. ¹

Discrimination is an action or a decision that treats a person or a group badly for reasons such as their race, age, or disability. These reasons are also called grounds and are protected under human rights legislation.

Diversity is about the unique dimensions, characteristics and qualities that we all possess including but not limited to race, age, gender, ethnicity, national origin, sexual orientation, disability, indigenous status, gender expression/identity, education, social class, religion or values system, geographic location, political beliefs and other identity factors that are intrinsic to who we are.

Harassment refers to objectionable or unwelcome conduct, comments, or actions by an individual, at any event or location related to work of the organization, which can reasonably be expected to offend, intimidate, humiliate, or degrade. Harassment can be physical, verbal, written, or otherwise. Often, harassment persists beyond the first incident and happens on multiple occasions. One-time incidents may also be considered harassment.

Inclusion: a state of being valued, respected and involved. It is how diversity is put into action. It's about recognizing the needs of each individual and having the right conditions so that each person has the opportunity to achieve their full potential. Inclusion is reflected in an organization's culture and practices, in addition to its programs and policies. It results in individuals feeling they can bring their entire selves to work and contribute their ideas, experiences and talents to the fullest.²

Intersectionality: the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups. ³

Microaggressions are verbal or behavioural indignities, whether intentional or unintentional, that communicate derogatory or negative prejudicial slights and insults toward any group which can result in subtle discouragement and or exclusion.

Unconscious biases are social stereotypes about certain groups of people that individuals form outside their own conscious awareness. Everyone holds unconscious beliefs about various social and identity groups, and these biases stem from one's tendency to organize social worlds by categorizing. ⁴

¹ <https://diversity.ucsf.edu/resources/unconscious-bias>

² https://www.rbc.com/diversity-inclusion/_assets-custom/includes/pdf/rbc-diversity-blueprint.pdf

³ <https://www.merriam-webster.com/dictionary/intersectionality>

⁴ Ibid

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EXECUTIVE SUMMARY

The Executive Summary provides an overview of key themes arising from the diversity and inclusion barrier assessment and a summary of the recommendations. The report that follows provides an in-depth description of the information and data from the assessment along with the recommendations.

Background

As a voluntary association composed of approximately 15,000 members, Doctors of BC has recognized the importance of addressing issues of diversity and inclusion. It is not clear that the organization's current governance structures represent or include the range of diverse voices that make up the membership. As these governance structures have significant influence over the direction and activities of the Association, it is particularly important that they not only reflect the diversity of the membership but also have inclusive practices.

Challenges and barriers to participation are common in all organizations and in society in general. In embarking on this initiative Doctors of BC joins other organizations also doing this work: the British Medical Association, the American Medical Association, the Canadian Medical Association, and other professional associations including dentists and lawyers.

In 2018, Doctors of BC engaged Sandy Berman of Circa Enterprises, a consultant specializing in Diversity and Inclusion, to:

- undertake an assessment of barriers to diversity and inclusion, and
- identify ways in which the Association could improve inclusion and increase diversity on its governance bodies.

Methodology

Doctors of BC established a Diversity and Inclusion Advisory Working Group of 7 physician leaders and one medical student to guide and support the

development and implementation of the assessment.

The barrier assessment involved three phases:

Phase 1: Round table discussions took place at the February 1, 2019, meeting of the Representative Assembly (RA). About 80 members participated in the one-hour discussions.

Phase 2: TWI Surveys Inc., in collaboration with the Diversity and Inclusion Advisory Working Group and the consultant, designed and administered an online survey completed by 1,408 Doctors of BC members between February 25 and March 11, 2019.

The response rate was 9%, and the findings are valid 19 times out of 20 with a margin of error of $\pm 2.49\%$. The report of the survey findings assumes that the participants are a representative group of the membership.

Phase 3: Focus groups and one-on-one interviews gathered more in-depth information on some of the themes that emerged from Phases 1 and 2. The focus groups were facilitated electronically using WebEx. The interviews were conducted on the phone or in person by the consultant: 29 members participated in 9 focus groups and 25 members participated in one-on-one interviews.

In all phases members were asked to identify the barriers or challenges to ensuring that Doctors of BC governance structures are representative of the membership and to suggest ways in which the organization can address these barriers or challenges. Members were asked about their experience while participating in Doctors of BC governing bodies. The survey also collected demographic data.

The data gathered from the diversity and inclusion barrier assessment forms the basis of this report. The research results **do not reflect findings of fact** but rather the perceptions and experiences of those who participated. These perceptions and experiences are invaluable in highlighting barriers, challenges, and areas of concern.

Key Themes

Overall, the majority of participants were positive about their experiences related to Doctors of BC governance activities. However, certain groups consistently indicated proportionately fewer positive experiences. The following sections summarize the key themes that emerged from each phase of the assessment.

Perception of Diversity and Inclusion

A slight majority of survey respondents, 54%, agreed that diversity is valued at Doctors of BC, 31% neither agreed nor disagreed, and 15% did not agree. 69% felt there was acceptance of people with different ideas, 15% neither agreed nor disagreed, and 16% disagreed. There were lower levels of agreement from some groups, including those who identified as South Asian, those working in remote regions, and those who identified as First Nations.

The comments from the RA discussion tables, focus groups, and interviews reflected a range of perceptions about the organization's commitment to diversity and the extent to which the organization's governance bodies are accepting of people with different ideas.

Most focus group and interview participants had the impression that membership in Doctors of BC's governing bodies was becoming more diverse and representative, but some noted that there is still "significant gender disparity" and that some groups, such as Indigenous physicians, physicians with disabilities, and younger physicians are still underrepresented. Several commented that Doctors of BC does value diversity "as an intention," but increasing diversity and inclusion does not appear to be a priority for the organization.

While many members indicated strong support for this initiative, a number of survey respondents made it clear they felt there was no diversity issue and this assessment was unnecessary.

Access to Governance Opportunities

Respondents were generally aware of opportunities to participate in Doctors of BC's governance structures and how to apply but did not always have a clear understanding of what the positions entailed.

Younger physicians and those new in practice were less aware of opportunities, the duties of available positions, and the application process.

Barriers to Engagement

The survey asked respondents if they were interested in applying for a Doctors of BC Board, RA, or committee position. 57% reported they were not interested in applying. The most common factors preventing members from applying to and/or serving on Doctors of BC committees, the RA, or the Board were time constraints (70%), followed by family (42%), professional responsibilities (37%), not having the right qualifications or knowledge (29%), location of and proximity to meetings (28%), timing of meetings (17%), and feeling their voice would not be heard (13%).

45% of survey respondents agreed that underrepresented groups are more likely to encounter barriers to participation, with members of underrepresented groups indicating significantly higher levels of agreement.

In the RA discussion groups, member interviews, and focus groups, some physicians pointed out financial barriers to participation, with the existing honoraria not covering the loss of income incurred. Tensions between family physicians and specialists were cited by some members as a barrier. Several members said that the lack of transparency about who is selected for a governance opportunity discourages some physicians, particularly those of colour, from becoming engaged in governance.

Some of the barriers cited were related to specific underrepresented groups. Medical students, residents, and new-in-practice physicians, for example, said they feel they can't compete for positions against more experienced physicians and that their fresh perspectives and skills are undervalued. Some female physicians described childcare challenges, and some retired physicians or those approaching retirement feel they are discouraged from participating. Physicians with disabilities reported that there is a lack of accommodation of some disabilities and that social stigma discourages disclosure of invisible disabilities.

Selection Process

Of those respondents who indicated they had applied for positions, 66% of them had been accepted. The profile suggests that those accepted to serve on a Doctors of BC governing body are most likely to be practising in an urban area, male, white, 55 years of age or more, born in Canada, and specialists.

Many members indicated they consider the process of selecting applicants to be inclusive, fair, non-discriminatory, and transparent. Several members noted that the system of selecting participants is more open than it was in the past when “you had to know someone to find out about positions.” Some observed, however, that the general call still favours known candidates who have served before, many of whom are white males.

Members observed that Doctors of BC’s Nominating Committee is committed to increasing diversity and is making progress regarding representation. There were mixed perceptions about the role of the committee and the decision-making process. Some members who had applied for positions commented that they found the email they received indicating they not been accepted to be abrupt, unfriendly, and lacking in encouragement or support to apply again.

Experience of members serving in Doctors of BC roles

Survey respondents who had participated in Doctors of BC governance bodies were asked to indicate their level of agreement or disagreement with a number of statements concerning what it’s like to serve on these governing bodies. Responses to these statements indicate that a large majority of respondents have had a positive experience, although responses for certain groups indicated significantly different experiences. Focus group and interview participants were also asked to comment on their experience of governance bodies.

A majority of respondents who have participated on committees, the RA, or the Board felt that their opinion mattered (72%), that they were able to contribute knowledge and expertise (77%), that their participation was supported and appreciated (76%), and that they had an important part to play in shaping or influencing decision-making (61%).

Between 10% and 16% of respondents disagreed or strongly disagreed with these statements.

Those identifying as female had lower levels of agreement with positive statements about their experiences in Doctors of BC bodies than those identifying as male. In particular, several female physicians spoke about the challenges they have had being heard and feeling safe speaking up at the RA meetings.

Some commented that younger physicians’ opinions are discounted because they lack experience and/or are fairly new in practice. Some rural and remote physicians see Doctors of BC as being very “Vancouver-centric” and feel that the organization needs to improve its use of remote technologies.

Cultural Context

The assessment explored 3 characteristics of the culture related to governance at Doctors of BC: safety (including social, emotional, and physical) and respect, civility, and experience of harassment.

46% of survey respondents agreed there is a culture of safety and respect in Doctors of BC’s governing bodies, 44% neither agreed nor disagreed, and 10% disagreed. If a respondent reported having served on the RA or Board in the last 5 years, the proportion of “agree” moved to 68%. Those respondents who identified as First Nations had a lower level of agreement, at 36%.

Some respondents described the culture as “reasonably respectful” now and said there has been a definite shift when compared to 10 years ago. This is supported by some members of underrepresented groups who reported a positive experience of being involved with Doctors of BC.

75% of respondents felt physician leaders reflected a culture of civility, 13% neither agreed nor disagreed, and 13% disagreed or strongly disagreed. The level of agreement was markedly lower among those who identified as South Asian (27%) and those who identified as Métis (33%).

Members were also asked to indicate their level of agreement or disagreement with the statement that physician leaders within Doctors of BC’s governance structures did not tolerate harassment. 65% agreed,

21% neither agreed nor disagreed, and 15% disagreed or strongly disagreed. Lower levels of agreement were expressed by those who identified as South Asian, female, Black, First Nations, or Métis, those who had been in practice 6–14 years, and those who worked in remote communities.

Members' Experience of Harassment, Microaggressions, Disadvantage, and/or Discrimination

Those who had applied for a position and/or had served on a Doctors of BC body were asked about their experience with harassment, microaggressions, and disadvantage and/or discrimination.

Of these respondents, 11% indicated they had personally experienced harassment, 23% had experienced microaggressions, and 13% experienced disadvantage and/or discrimination. Family physicians, those who served on the RA and the Board, and women were among those more likely to have experienced disadvantage or discrimination. Gender, age, race, and colour were identified as top factors respondents believed contributed to their experience of disadvantage or discrimination.

Although participants commented that things seem to be changing, some women indicated they have been excluded in overt and in subtle ways. They noted their ideas have been discounted and appropriated and that a double standard still exists with men and women being assessed and treated differently in the same situations. They also referred to having been the target of sexist comments.

Some physicians of colour indicated that colleagues made assumptions about their ethnicity or affiliation and expected them to speak on behalf of all others with those affiliations. Others noted they were asked about where they came from and where they had studied. In at least one case, it was suggested they were less qualified.

Several members commented on the challenges younger physicians face in securing a leadership position. There appears to be an informal consensus that younger members don't have enough experience to be seriously considered for Doctors of BC leadership roles. There was also concern that

physicians over 65 are discriminated against, despite their extensive experience.

An Indigenous physician indicated that Doctors of BC governance bodies were not considered to be a socially or emotionally safe place for Indigenous physicians. Two physicians spoke about hearing colleagues making racist comments about First Nations.

A large number of members who had experienced "bad behaviour" from other members didn't know how to report it, and some had received no support at all to deal with these incidents.

RECOMMENDATIONS

The recommendations have been developed by the consultant and are based on the analysis of the key themes arising from the research and the suggestions made by participants in the assessment.

In moving forward, it is important to recognize that diversity and inclusion implementation is a long-term and evolving process and includes all members, not just members from underrepresented groups.

Affirm a strong organizational commitment to diversity and provide organizational support and leadership for diversity. Making diversity and inclusion explicit values of the organization, together with the development of a diversity and inclusion vision statement, strategy, and implementation plan, will put the organization in a better position to affirm its strong commitment to diversity.

Setting up a formal Diversity and Inclusion Committee reporting to the Board will provide leadership in the development of the vision and implementation plan.

Collect demographic data. The collection of the demographic data of members and of those engaged with Doctors of BC bodies will provide a mechanism to track changes in representation.

Develop policy and training to address harassment and bullying. The development of a harassment and bullying policy that includes clear information about the process for members to file harassment complaints and about how the complaints will be investigated, together with the provision of training on the policy will provide support to those who have

experienced harassing or inappropriate behaviours and will also inform the membership that this behaviour is not accepted in the organization.

Reduce barriers to participation. To reduce some of the identified barriers, the organization can maximize the use of reliable technologies, explore the provision of childcare at meetings, and develop strategies to encourage engagement of physicians in their community-based organizations.

Increase awareness of opportunities to serve on Doctors of BC's governing bodies, and actively recruit diverse applicants. The expansion of outreach strategies (beyond the use of email) to inform members of governance opportunities, the inclusion of explicit information about what each role entails, the skills the committee is looking for, and publicizing the profiles of members who are currently engaged will increase awareness and encourage engagement.

By including the diversity and inclusion vision and value statement on all postings and being explicit about and actively recruiting diverse applicant, the organization will demonstrate that it is actively seeking to recruit diverse applicants.

Revise the application form for committee, RA and Board postings, and review the selection process. Doctors of BC can communicate the importance of diversity and inclusion and improve the application and selection process by: a) adding self-identification questions to the application form, b) by asking applicants to detail their strengths and the ways in which they meet the posting requirements, and c) to discuss their level of commitment to and experience with diversity and inclusion.

To further build on the efforts of the Nominating Committee processes to improve the selection process, Doctors of BC can conduct a review of past application and decision files to identify ways to facilitate diversity and inclusion, allocate points for diversity factors, establish a broader definition of experience, and improve communication with unsuccessful applicants.

Welcome and support new members when they join a governing body. To better welcome and support new members, Doctors of BC can create a

list of mentors who are or have been engaged in Doctors of BC's governing bodies, and who can be linked with both successful and unsuccessful applicants. The organization can also develop and promote a list of leadership training opportunities and establish an onboarding process for new members.

Implement changes to governance operations and communications. To further inform and engage members, Doctors of BC can expand existing communication about the ongoing actions and/or discussions of committees, the RA, and the Board, educate the membership about the Nominating Committee and decision-making process, and expand advocacy on issues of importance to members (e.g., the opioid crisis and immigrant and refugee health). In addition, the organization can make succession planning part of the mandate of every committee. Doctors of BC will also need to actively engage those who are opposed to diversity and inclusion initiatives, explore their concerns, and find ways to encourage their participation.

Assess disability needs. To ensure accessibility for members with disabilities, Doctors of BC can, in consultation with members with disabilities, conduct an assessment of the washrooms and meeting rooms at Doctors of BC and ensure that other venues that Doctors of BC uses for meetings are accessible.

Make the organization's commitment to diversity visible. To increase the visibility of its commitment to diversity, the organization can audit all communications vehicles to ensure that images and language reflect the diversity of the membership; continuously update and inform members about what the organization is doing and why with respect to the diversity and inclusion vision, strategy and implementation plan, and the work of the Diversity and Inclusion Committee; and open every meeting with an acknowledgement of the Indigenous territory.

1.0 BACKGROUND

As a voluntary association composed of approximately 15,000 members, Doctors of BC has recognized the importance of addressing issues of diversity and inclusion. While the membership includes the majority of the profession in BC, it is not clear that the organization's governance structures represent or include the range of diverse voices included in the membership. As these governance structures have significant influence over the direction and activities of Doctors of BC, it is particularly important that these structures not only reflect the diversity of the membership but also have inclusive practices. (See Glossary of Terms.)

An informal scan of the current participants in Doctors of BC's governance structures indicated that the governance structures of Doctors of BC (Board, Representative Assembly, and committees) do not reflect the demographics of the broader membership and that some physician groups—these include but are not limited to women, physicians from diverse ethnic groups, Indigenous physicians, and younger physicians—are significantly underrepresented. To address this imbalance, the organization decided to undertake this barrier assessment to explore the challenges and opportunities with respect to diversity and inclusion within its governance structures.

Challenges and barriers to participation are common in all organizations and in society in general. In embarking on this initiative Doctors of BC joins other organizations also doing this work: the British Medical Association, the American Medical Association, the Canadian Medical Association, and other professional associations including dentists and lawyers.

In June 2018, the Communications and Public Affairs Department presented a tentative plan to the Board to begin identifying challenges and opportunities in relation to issues of diversity and inclusion. Following this presentation, Sandy Berman of Circa Enterprises, a consultant specializing in diversity and inclusion, was contracted to work with Doctors of BC staff to conduct a diversity and inclusion barrier assessment that would use a number of tools to engage the membership. To inform this process, a consultation took place with 4 physician members with an interest in this issue. To further guide this work, an environmental scan was conducted by the Economics and Policy Analysis Department of Doctors of BC to understand the range of diversity and inclusion initiatives of other member-based professional organizations. This scan included the national and provincial medical associations, medical associations abroad, and other professional associations.

In September 2018, a briefing note was presented to the Board to provide context for a formal Board decision regarding the scope of the diversity and inclusion work and direction on the creation, mandate, and composition of an advisory group to support this process. The Board determined that the focus would be on the challenges and opportunities Doctors of BC faces in striving to ensure its governance structures (committees, Board, and RA) reflect the diversity of the membership and the broader profession. In addition, the Board approved the formation of the Diversity and Inclusion Advisory Working Group (Working Group) and its terms of reference, and directed that the recruitment and selection process would be managed by the Nominating Committee.

The recruitment and selection of the 8 Working Group members took place in October and November 2018, and the first meeting of the group took place in January 2019.

The barrier assessment included round table discussions at the RA in February 2019, the distribution of a survey to all members in February 2019, and focus groups and one-on-one interviews in May–July 2019. Each phase of the barrier assessment design was informed by responses in the previous phase.

The data gathered from each of the assessment phases formed the basis of this report. Recommendations are also outlined at the end of the report.

2.0 OBJECTIVES

The objective of this assessment is to identify ways in which Doctors of BC could improve inclusion and diversity on its governance bodies to ensure policies, decisions, and the strategic direction of the association reflect all members. The decision to undertake this work is based on the assumption that by ensuring there are opportunities for all members to participate in decision-making, Doctors of BC will be better positioned to identify issues of relevance, develop programs and policy positions, and advocate on behalf of the entire profession.

3.0 METHODOLOGY

The barrier assessment used an intersectional approach to identify barriers to participation. This approach recognizes that individuals encompass varying dimensions of diversity and identity markers that do not exist independently. This insight into the overlapping identities and experiences of each person offers Doctors of BC a better understanding of the complexity of the barriers their members face.

The assessment explored transactional issues such as access to information about postings for openings and childcare needs, but also included an investigation of individual perceptions and attitudes to indicate where Doctors of BC needs to focus its efforts to address individual and organizational barriers in its governance structures.

3.1 Diversity and Inclusion Advisory Working Group

To support the work of the consultant, a Diversity and Inclusion Advisory Working Group of 7 physician leaders and one medical student was struck to provide advice and input to the consultant and Doctors of BC staff with respect to

- The development of tools to understand member views on challenges and opportunities regarding diversity and inclusion within Doctors of BC's governance structures
- The member engagement process as it relates to this work.

A letter of engagement was sent out to members to recruit applicants for the Working Group. The Nominating Committee reviewed the applications and selected the members. Thirty-four members applied to participate in the Working Group. Those who were not accepted were invited to share their input in a focus group.

(See Appendix 7.1 for a list of Diversity and Inclusion Advisory Working Group members.)

The Working Group met 6 times over the course of the assessment implementation. In addition, the working group members reviewed and provided input on the research tools, the research findings and the outreach communications via email.

3.2 Outreach Communications

To encourage participation in the survey, focus groups, and interviews, the Doctors of BC Communications and Public Affairs Department implemented a number of outreach strategies. These included

- President's email invitation to all members
- Inclusion of information in e-newsletters:
 - *In Circulation*
 - *Newsflash*
 - *Divisions Dispatch*
- News article on public side of the Doctors of BC website
- Information posted to social media:
 - Facebook

To further encourage participation in the focus groups and interviews, stakeholders and partners were also contacted for cross-promotion opportunities:

- Resident Doctors of BC
- Rural Coordination Centre of BC
- Chinese Canadian Medical Society BC
- Chief Medical Officer, First Nations Health Authority

An email invitation was sent out to identified “physician influencers” inviting them to participate in an interview, and to Board, RA, and committee members and to Working Group applicants inviting them to participate in a focus group.

3.3 Assessment Phases

The assessment involved 3 phases.

Phase 1: Round table discussions at the RA. The round table discussions took place for 1 hour during the February 1, 2019, RA meeting.

In consultation with the Working Group, the following discussion questions were developed:

- What barriers or challenges do you think exist to achieving diversity and inclusion in the representation of the membership in Doctors of BC's governance structures?
- What actions can Doctors of BC take to address these barriers or challenges?
- Are there other issues related to this subject that you want to discuss?

There were 16 tables, with 4–6 physicians at each table. The discussion was facilitated by a staff person who was tasked with taking verbatim notes of the discussion. The facilitator's notes were used to help inform the design of the survey questions and have also been integrated into this report.

Phase 2: Electronic survey. A survey tool was designed in consultation with the Working Group. TWI Surveys Inc., collaborated in the survey design, administered the survey, and prepared reports of the quantitative and qualitative raw data.

A total of 15,450 members were asked to complete an online survey between February 25 and March 11, 2019.

The survey collected demographic data and explored member awareness of opportunities, interest in applying, participation experience, perceptions about inclusion and the current culture, and experience of harassment, microaggressions, and discrimination. Respondents were asked how Doctors of BC can become more inclusive and reflective of the diversity of the membership.

The survey was completed by 1,408 Doctors of BC members for a response rate of 9%. The data is valid 19 times out of 20 with a margin of error of $\pm 2.49\%$.

The report of the survey findings assumes that the participants are a representative group of the membership.

The results of the survey were distributed to the Working Group members, and TWI Surveys provided a summary overview of the findings to the Working Group.

Survey Respondent Profile

Membership

The majority of respondents (87%) identified as physician members. There was low participation of medical students (3%) and residents (4%). Retired physicians made up 7% of respondents. A higher number of respondents were family physicians (51%) compared with (41%) of specialists. 5% identified as trainees (students/residents) and 3% as other.

Years in Practice

Sixty-one percent of respondents had been in practice for 15 years or more (22% had between 15 – 25 years in practice, and 39% had more than 25 years in practice); 18% had 6 –14 years, and 22% had 5 years or less in practice.

Health Region and Geographic Location of Practice

The largest number of respondents worked in the Vancouver Coastal Health region (31%), followed by 23% from Fraser Health, 19% from Vancouver Island, and 17% from the Interior. The remaining respondents worked in the Provincial Health Services Authority (5%), Northern Health (5%), and the First Nations Health Authority (1%).

Responses related to geographic location of practice indicated that 77% worked in an urban setting, 21% in a rural setting, and 2% in a remote setting.

Age

The majority of respondents (69%) were between the ages of 35 and 64; 25% were between 55 and 64, 24% were between 35 and 44, 20% were between 45 and 54 years old, and 17% were 65 or over. The participation rate was the lowest (12%) for those 34 or younger.

Gender

Forty-nine percent of respondents identified as male and 46% as female; 1% of respondents (16) indicated that they were non-binary or gender fluid; 3% preferred not to say, and 1% preferred to self-describe.

Transgender

Of all respondents, 1% (8) identified as transgender, and 4% (48) preferred not to say. The majority of respondents (96%) identified as not being transgender.

Sexual Orientation

Eighty-one percent of respondents identified as straight/heterosexual, 4% (57) identified as gay (39) or lesbian (18), 2% (25) identified as bisexual, and 3% identified as asexual (16), pansexual (4), queer (7), two-spirited (7), or questioning (2); 10% preferred not to say, and 1% preferred to self-describe.

Disability

Of all respondents, 3% (46) indicated that they have a disability, and 4% preferred not to say. The majority of respondents (93%) reported they do not have a disability.

Birthplace and Length of Time in Canada

A total of 60% of respondents were born in Canada, 37% were born outside Canada, and 2.5% preferred not to say. Of those born outside Canada, the majority (84%) had lived in Canada for 11 years or more, 10% had been in Canada for 6–10 years, 6% for 1–5 years, and 1% for less than 1 year.

Location of Medical Education

Of all respondents, 73% received their medical education in Canada, and 27% received their medical education outside Canada.

Racial/Cultural Identity

Respondents were asked to select as many of the identifiers listed as applied to them. The number of respondents for each of the top 12 identifiers therefore reflects multiple selections. Overall, 53% of respondents identified themselves as Canadian, 39% as white, 10% as British, and 9% as Western European, 4% identified as Eastern European, and 3% as Irish. A total of 10% identified as East Asian (such as Chinese, Japanese), 8% as South Asian (such as Indian, Pakistani, Sri Lankan), 2% as African, and 2% as Brown. 2% identified as Middle Eastern (such as Syrian, Iraqi, and Israeli). 2% identified as Aboriginal—First Nations (1%) or as Aboriginal—Métis (1%).

Religious Affiliation/Spiritual Practice

Thirty-four percent of respondents indicated that they have a religious affiliation or spiritual practice, 55% do not, and 11% preferred not to say.

Phase 3: Focus groups and one-on-one interviews. The goal of the focus groups and interviews was to gather more in-depth information regarding some of the themes that emerged from the RA round

table discussion and the survey data. The focus groups were facilitated electronically using WebEx. The interviews were conducted on the phone or in person by the consultant.

Members were offered the opportunity to participate in regional or diversity-specific focus groups or could request a one-on-one interview if they preferred.

Four regional focus groups were facilitated: 2 of these targeted members in the Vancouver/Lower Mainland and Victoria/Vancouver Island regions, and 2 targeted members who worked in the Interior and Northern health regions.

Six focus groups were scheduled for women, people of colour, LGBTQ (including gender non-binary), young physicians (medical students, residents and new in practice) people with visible and non-visible disabilities, and Indigenous members. An intersectional approach was used, giving members the option to attend whichever group they felt they would be most aligned with. Three focus groups (Indigenous, young physicians, and physicians with disabilities) were cancelled because of low registration numbers. Those who did register were offered the opportunity to participate in an interview.

Two additional focus groups were set up for Working Group applicants and with current Board and RA members. A focus group was scheduled for committee members but was cancelled because of low registration.

In total, 29 members participated in the 9 focus groups, and 25 members participated in one-on-one interviews.

The focus group and interview questions focussed on 3 main areas: (1) recruitment (including how members learn about opportunities and the selection/voting process), (2) members' experience participating in committees, the RA, and/or the Board, and (3) the extent to which members have experienced—or witnessed others experience—harassment, microaggressions, and discrimination and/or exclusion while participating in Doctors of BC's governing bodies. In each area, participants were asked for ideas and actions to improve representation, increase inclusion, and address negative behaviours.

Focus Group Participant Profile

Twelve participants identified as male and 17 as female. Thirteen were specialists, and one a specialist resident. Fifteen were family physicians. Three worked in the Fraser Health Region, 5 in the Lower Mainland, 3 in the Northern Health Region, 3 in the Vancouver Coastal Health region, 6 in the Interior Health region, one in the Vancouver Island Health region, and 2 in the First Nations Health Authority. Six did not specify which region they worked in. Four identified as members of the LGBTQ community.

One identified as having a disability. Eight identified as people of colour. One identified as Indigenous.

Seven participants had been or were currently members of the RA, 3 had or were currently members of the Board and 7 had been or were currently members of a committee.

Three had applied for a Doctors of BC position and had not been accepted, and 9 had not served on or applied to serve on any governance bodies.

Interview Participant Profile

Of those interviewed, 12 identified as female, and 13 as male. Seven were physicians of colour, and one was Indigenous. Sixteen worked in urban areas, 7 in rural settings, and 2 in both rural and urban settings. Three identified as gay and one as lesbian.

Five had been or were currently members of the Board. Four had been or were currently members of committees, and 5 had been or were currently members of the RA. Some had served on more than one governance body. Three had applied for positions on a committee but had not been accepted, and 8 had not served on or applied to serve on any governance bodies.

4.0 LIMITATIONS

As demographic information is not available for Doctors of BC members overall or for those who serve on the organization's governance bodies, it is not possible to ascertain specifically which groups of physicians are underrepresented on the various Doctors of BC bodies.

It is also difficult to know how many of those who responded to the survey also participated in the focus groups and interviews.

In addition, it was not possible to ascertain the number of respondents who were opposed to or had significant concerns about the initiative to increase diversity and inclusion at Doctors of BC.

The assessment is nevertheless a reflection of the interest and willingness of participating members to engage in discussions about diversity and inclusion. The assessment therefore provides important insight into the demographic makeup, the perceptions, and the experiences of a segment of the membership.

The research themes **do not reflect findings of fact** but rather the perceptions and experiences of those who participated. These perceptions and experiences are invaluable in highlighting barriers, challenges, and areas of concern.

5.0 KEY THEMES

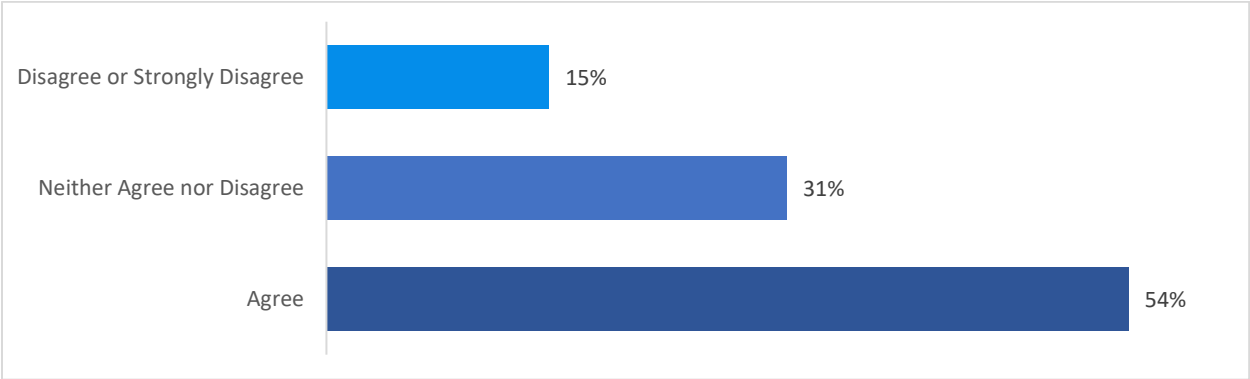
The themes arising from the assessment are based on information from the RA round table discussions, on the quantitative data and verbatim comments from the survey, and on the focus group and interview responses. The quantitative data is presented first, followed by the comments from each of the research sources. The comments include the perceptions, observations, and suggestions of participants. Consultant observations are made at the end of some sections.

5.1 Perception of Diversity and Inclusion at Doctors of BC

5.1.1 Is Diversity Valued and Acceptance of People with Different Ideas

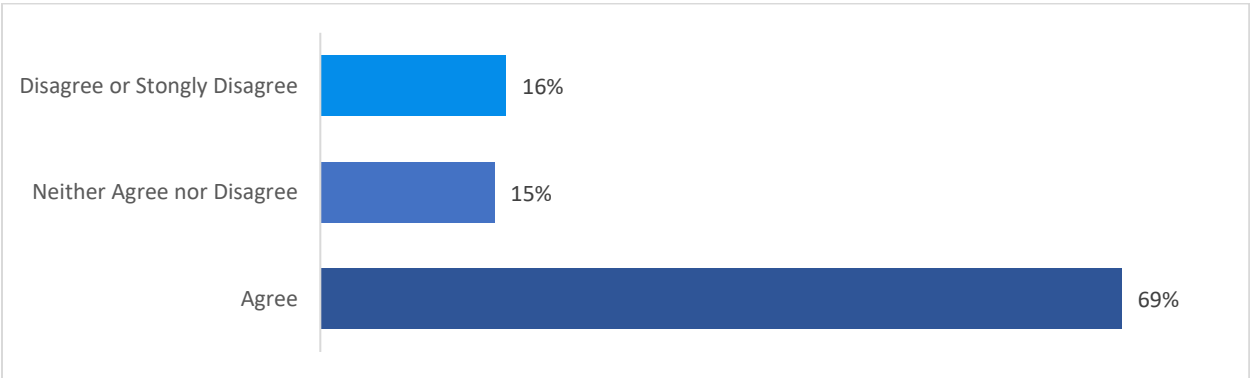
Survey Responses

Figure 1 Is Diversity Valued?



Those who had been in practice for < 5 years had a higher level of agreement at 67%. It is interesting to note that of members who served on Doctors of BC bodies 6–9 years ago, only 29% felt that diversity is valued at Doctors of BC, and those who served > 10 years ago indicated a lower level of agreement (20%). Those who identified as South Asian also indicated a lower level of agreement at 29%. Those who worked for the First Nations Health Authority had 33% agreement. Those who identified as female had 46% agreement compared with those who identified as male with 60% agreement. Those who had been educated outside Canada had a 47% level of agreement.

Figure 2 Acceptance of People with Different Ideas



Those who identified as South Asian had a 53% level of agreement that there was acceptance of people with different ideas. Those who identified as Middle Eastern had 50% level of agreement, and those who identified as Eastern European had 43% agreement. Those working in remote regions indicated a 40% level of agreement and those working for the First Nations Health Authority indicated only 33% agreement.

Observations

Some groups have clearly indicated lower levels of agreement with both the extent to which Doctors of BC values diversity and the level of acceptance of people with different ideas in its governing bodies. The levels of disagreement does indicate that a proportion of members would like Doctors of BC do more to demonstrate that it values diversity and accepts people with different ideas.

RA Round Table Discussions, Survey, Focus Group, and Interview Comments

The comments reflect a range of perceptions about the organization's commitment to diversity and the extent to which the organization's governing bodies are accepting of people with different ideas.

Some members of underrepresented groups indicated that their experience at Doctors of BC was positive and supportive.

"I've been working with Doctors of BC since 2006, and have always felt they were very supportive of LGBTQ issues. I've felt comfortable with them hearing my concerns."

One LGBTQ physician commented that it was good to see inclusive gender options in the survey.

Another person who identified as an LGBTQ ally reported being on committees with openly gay members and having not seen or heard about any bias with respect to sexual orientation or identity.

Other members of underrepresented groups also indicated that they have not experienced harassment or microaggressions when participating in Doctors of BC's governance activities.

"As a woman I felt supported, valued and respected. I did not experience any negative microaggressions." (Female survey respondent with Doctors of BC governance experience)

"I have experienced nothing. People are respectful to me, and completely appropriate and professional. I have never ever heard anyone at a committee meeting that I belong to being unprofessional. Never." (Survey response from older physician who has been engaged with Doctors of BC)

A majority of focus group and interview participants noted that there had been improvements in the representation of the membership in Doctors of BC governing bodies, but not all were convinced that work on diversity and inclusion was a priority.

"Since 2000, and since more women are in medicine, it's more female friendly and open. It is greatly improved and hopefully keeps working towards representing all the doctors of BC not just the inner Vancouver crowd." (Survey response from older physician who has been engaged with Doctors of BC)

"It's not been my impression that diversity has been prioritized by Doctors of BC. There's more information [about diversity] coming from them now, but it's much more homogenous than heterogenous." (Interview participant)

There was also a perception that Doctors of BC does value diversity "as an intention" but is less committed to implementing change. Others commented that the organization has a more superficial commitment to diversity and that it "makes a show of" valuing diversity.

“I think on paper there’s an effort to be inclusive, but I think in practice sometimes, it may not be as easy.” (Focus group participant)

Some described the issue as multi-layered and nuanced. One said that there’s nothing overt in terms of barriers—all members receive or have access to the same information, and most are aware there is work being done to increase diversity and inclusion—but more subtle messages may undermine the idea that everyone has equal access.

“There is a diversity and inclusion policy, but it’s been lukewarm—neither here nor there. [With diversity], an organization has to be proactive. Could be more proactive.” (Focus group participant)

“In terms of visibility, the images on the website are not too bad, but they could be better. It’s just optics, but optics are extremely important to me in terms of socialization and normalization and aspirations to leadership.” (Focus group participant)

Another noted that while committees may be inclusive, the process of getting on a committee is not and that “correcting that is difficult.”

Some members shared concerns that there is not a common understanding of what diversity or inclusion means. Several members talked about the importance of defining diversity in broad terms to include such matters as a diversity of opinions, perspectives and specialties, as well as age, race, gender, sexual orientation, etc. In addition, some members were not clear on what the organization hopes to achieve in terms of diversity and inclusion.

Some members said that although diversity and inclusion are often discussed together, they see them as being different and separate things that may not always be achieved together.

“Diversity is having people of different backgrounds (ethnicities etc.) there, but inclusion is determined by the people at the heart of the organization. They have a stake in what’s happening; they’re not included just for sake of tokenism.” (Survey respondent)

A respondent described a 9-person committee on which there are 2 women and one person of colour and noted that “it’s inclusive, but not diverse.” (Survey respondent)

Some noted that there still exists “significant gender disparity” in the organization. Others wondered how representative the governing bodies of Doctors of BC currently are and how diverse the membership as a whole is. Several members had the impression that women and physicians of colour are better represented on Doctors of BC bodies and in particular on the RA than previously.

“Things are changing from the ground up. The sections are increasingly being led by women. Now the Council of Specialists has more women than I can count.... This is a bit of a shift and I’m glad to see that.” (Female survey respondent)

But, some pointed out that there are groups, such as indigenous physicians and physicians with disabilities, who are still “grossly” underrepresented. Some reported that the only truly diverse committee was the Diversity and Inclusion Advisory Working Group.

“My vision of Doctors of BC is older physicians, straight white men. It would be good for the whole organization to be seen as more diverse.” (Younger female survey respondent)

“Doctors of BC is the only organization in the last 10 to 15 years in which I’m the only person of colour in the room. Also, at 42, I’m often 10 years younger than the next youngest person in the room.” (Female of colour survey respondent)

“In a group of 110 people, 20 or less are visibly non-Caucasian.” (Female survey respondent)

One member felt there has been too much emphasis on gender disparity and that more effort should be made to recruit other diverse groups.

“Every nominating committee hears there are not enough women on these committees. Sometimes I tire of hearing that and would like to hear more about more kinds of diversity. Bias towards getting more women. Bias towards getting younger people. Don’t want to turn people away that have the skills just because they don’t fit into the group.” (Survey respondent)

Several members pointed out that in the “new” Board design, Board members were meant to represent all Doctors of BC members, not a specific group, but they commented that this is not happening. One person stated that as the Board currently allocates an equal number of places to specialists and family physicians, there is a fear that this balance will be lost if targets are set for other groups that are currently underrepresented (e.g., women, people of colour).

Overall, many of the comments seem to indicate that participating in Doctors of BC bodies is a more challenging experience for some female than for many male physicians.

“I remember feeling quite disconcerted when the election results for the first Board were known and predominantly older white males were successful. It would have been great to see more diversity.” (Interview participant)

“In my time on Doctors of BC committees I found very much an old boys’ club where your power position was more important than the ideas that you have. The confrontational atmosphere can be uncomfortable for women.” (Survey respondent)

There was concern expressed by some that Doctors of BC does not represent the next generation of doctors and that those who are making the decisions are “the same people who have done this for years.”

Some also perceived that committee positions are filled by colleagues and friends of current or previous committee members—that those who succeed are within the same circles and are “in the know.”

Others, however, suggested that the lack of diversity might not be evidence of bias.

“Committees...tend to be homogenous, but not from lack of effort to recruit.... I’ve not seen any bias, but despite best efforts, it’s not easy to achieve diversity.” (Survey respondent)

A physician of colour, a physician who is from the LGBTQ community, and an Indigenous physician said they do not see themselves reflected in the leadership of Doctors of BC. One described walking into a Doctors of BC meeting and seeing a room of men, with no people of colour and no young physicians. Another reported not feeling confident that they wouldn’t experience harassment if they were to join a

Doctors of BC group. The physician who is Indigenous called for a safer culture for minorities at Doctors of BC.

“Unless these positions [at Doctors of BC] and the culture there is safe to enter as a minority, it’s really challenging to put yourself out there...to a position where I’m very isolated and alone and on my own.... Doctors of BC seems very top heavy... Men are making most of the decisions. It doesn’t seem representative of what’s going on in the province... Until you start hearing that the space is becoming more and more safe, there’s a hesitancy to want to enter it.” (Indigenous Focus group participant)

Others added that they have observed that some physicians in round table discussions at the RA are dismissive of diversity and inclusion issues. There is a perception that this marginalization has led to some physicians giving up on Doctors of BC.

A survey respondent drew attention to the “parochial structure of the organizational leadership and lack of diversity in cultural influences from physicians trained at medical schools other than the University of British Columbia.” The respondent provided data compiled in May 2018 showing where the Board and nominating committee members had received their medical education. Of the 10 Board members in May 2018, 8 were educated at UBC. Of the 7 members of the Nominating Committee, 4 were educated at UBC. Another member indicated that he would like to see more diversity in the place of medical education for those engaged with Doctors of BC.

Observations

The comments draw attention to the perception held by some that the organization does not represent the diversity of its membership in its governing bodies or ensure that the different perspectives and voices of underrepresented groups are included and valued.

Although the organization is genuine in its commitment to diversity and inclusion, comments indicate that this commitment is not yet embedded in the system and the culture of the organization.

5.1.2 Support for Change

There was a full range of opinions from members on whether the organization should make changes to become more representative and, if so, what should be done and how quickly.

Many physicians applauded Doctors of BC for engaging in this initiative.

“I have seen younger Doctors that have transformed my hospital in the past 5 years in a big way. New Programs have been initiated and new 5-year strategic plans implemented by brand new young doctors. These docs are young, new grads, diverse, male and female, energetic, proactive, motivated, and go-getters. An opportunity to see a transformation at the Doctors of BC will be missed if ... Doctors of BC holds on to the old guard who may have served a necessary function at some point.” (Survey respondent)

“I am very much in favor of policy that states that the governance structures value diversity and inclusion and strives for it when voting/appointing/searching for/etc. members to sit within these structures. For example, an all-male, or all-white governing body is just not

representative, but shows a lack of rigor in recruitment and inclusion.” (Survey respondent, physician of colour)

One person noted that this is the first time he has seen the organization respond to this issue and said it “really turned” his head.

“I am grateful these questions are finally being asked and wish you all the best in achieving results. While it will be a large task, change is possible, and necessary.” (Survey respondent)

Some pointed to the existence of the Working Group as “a good first step.” Others expressed hope that there will be concrete actions coming out of this initiative. There were concerns however that if the “words are not matched by action,” physicians will become cynical. One person added:

“The organization needs to walk the talk, and if it wants to be diverse, then it needs to take action to break down the barriers and demonstrate it is a safe organization for underrepresented groups to participate in.” (Interview participant)

“We need to stop talking about ‘Is there a problem?’ and start acknowledging there is a problem and asking what we’re going to do about it.” (Focus group participant)

Others added that if Doctors of BC does not take action to address the lack of representation, physicians will disengage, and the organization could become “obsolete in all other respects outside of negotiations.” Some noted that even in negotiations, Doctors of BC may not be relevant if they are not representative.

“The consequence of not having diversity at Doctors of BC is evident in negotiations. When women are not represented, it’s often assumed that all doctors in a given specialty earn the same if they work the same hours. The ways in which physicians do work differently [different permutations of identity] have an impact on clinical incomes. Women are not there—they’re dealing with childcare, elderly parents, etc. Those decisions land on members in different ways. From the very simplest solution.... At Doctors Nova Scotia, childcare is provided for all meetings. That’s never been the case here.” (Focus group participant)

Some raised the need to “kill the idea of meritocracy” when assessing applicants, pointing out that there has been a meritocracy only for older, more experienced white men.

Others indicated that Doctors of BC needs to have the courage to discuss the idea of quotas instead of dismissing it at the start of this process. They suggested that quotas could be a starting place and could be phased out when the organization has reached its representation goals.

“We have the eighth woman president out of 117: it’s not happening fast enough. Need to be brave enough to ask what other organizations are doing. Potentially quotas.” (Focus group participant)

“Frankly, there is nothing wrong with having affirmative action quotas for certain groups. It is not as if that would somehow lower the calibre of the applicants.” (Interview participant)

Some members expressed opposition to the idea of quotas. One unsuccessful applicant for a Doctors of BC position, a physician of colour, does not want to see quotas established for representation of certain groups. “I don’t believe in quotas. They don’t resonate with me as a Canadian.” Another physician who

did not identify as “white” and who was born outside Canada warned in their survey response that Doctors of BC should not “become a positive discrimination organization—all you’ll do is create a different set of disenfranchised members.”

Some called for Doctors of BC to “lead the way” on this issue, and others emphasized that diversity and inclusion need to be part of—and embedded in—all the work Doctors of BC does, including in planning, decision-making, advocacy, and the setting of priorities. One member suggested that a position be created at Doctors of BC to be held by a senior physician who would take responsibility and accountability for implementing new diversity and inclusion strategies.

There was an acknowledgement that change takes time and is an iterative process. One person emphasized that it is important to communicate that the door is still open to members of the “old school” but that the culture is changing and there will be a “new norm.” Some pointed out that the process should not punish members for past mistakes.

A member emphasized that it also takes time to build trust and to achieve change. To address this, the Association needs to share what is happening with members so they can see proof that the organization is changing and becoming more welcoming. Another added it is important to remember that organizations rarely get it right the first time around.

One person pointed out that the Governance Committee is already looking at changing the culture and is two years into reviewing all the committees—looking at why each committee was formed, its purpose and who is on the committee. The goal is to look at the RA next. Some see the Board as being critical to leading this change and believe that Board members do embrace change and that the problem is more related to the difficulty of implementing change “without causing too much disruption.”

Others emphasized the importance of increasing representation to ensure all discussions and decisions are shaped by diverse ideas and experiences. One added that Doctors of BC needs to make more effort to tap into these groups and ensure their voices are heard as they have a lot to contribute. Some stressed that this initiative is about—and is the responsibility of—all members and that everyone, not just marginalized groups and the organization, should be encouraged to participate and collaborate in creating change.

“It needs to be clear why everyone will benefit from the change, and it is essential to be transparent about what the change process will involve.”

Others added that it will be really important for the report to be distributed to all members after the Board has reviewed it. This was seen as a way to demonstrate transparency in the process and outcomes. Another suggested it go first to the RA, where time is allowed for discussion.

There was a concern raised that the initiative not be used to sideline those who do not agree with its goals. Specifically, one person pointed out with respect to those who have different beliefs about sexual orientation and gender identity, this person commented that for this to be a truly diverse and inclusive process “... we need to promote the idea of treating those with whom we disagree with goodwill and respect... and include those of ideologies and religions who do not agree with LGBTQ++ ideology.”

Some expressed concern that if the organization makes too much of diversity it will set up an “us and them” mentality regarding “how to do it right.” There needs to be a cautious approach when addressing this issue.

Observations

A majority of assessment participants have indicated support for this initiative. For some there are caveats. The comments draw attention to the perception that although the organization states its commitment to diversity and inclusion, Doctors of BC has not demonstrated this commitment in its actions. There were differing views on how to remedy the underrepresentation, with some raising the need for quotas while others oppose this notion. It is clear, however, that action needs to be taken and consideration given to all strategies that will result in better representation.

Opposing Views

Some members expressed opposition to the diversity and inclusion initiative. They indicated that they did not believe that there are any barriers to participation for those who want to be involved or that there is any discrimination.

“I do not think that there are significant barriers to participate for any physician who wants to. It is all about what one chooses to make a priority.” (Survey respondent)

“The premise of this survey is wrong by assuming that some have to go to battle for other seemingly weak groups in pursuit of equality when there is no observable discrimination.” (Survey respondent)

“Any physician who truly wants to get involved in the governance structures can do so; there are no real ‘barriers.’ When you are young, you are focusing on building your career or spending time with your family. If you do not speak or write English very well, you may not be comfortable in these kinds of positions—but that is appropriate as these are not ‘make work’ positions but ones requiring expertise in communications. But everyone is free to give it a shot already.” (Survey respondent)

Some thought the resources invested in diversity and inclusion would be better directed to more pressing issues.

“The Doctors of BC should spend more time and effort fighting for BC physicians and their needs not left-wing virtue signaling views. Your job is to protect my interests and fight for better wages and conditions for doctors. It is ridiculous that my dues are being used for this nonsense.” (Survey respondent)

Others felt it would be discriminatory to take any further action that would encourage members from underrepresented groups to apply or stand for a Doctors of BC position. Among these physicians, there was widespread concern that diversity initiatives would undermine the principle of choosing candidates for positions based on merit, would lead to tokenism, and would result in less-qualified people being put into senior positions.

“The best candidate for the job should be chosen. Sex, age and ethnic background should not be a factor.” (Survey respondent)

“Any attempt to rig the election process to meet an artificial goal is simply discrimination. There is no ‘good discrimination’ and no panacea will result from initiating any form of systemic discrimination to ‘correct’ perceived barriers.” (Survey respondent)

“I believe that members should be chosen for committees etc. on the basis of their knowledge and abilities and not based on their gender or race. For example, if a white man happens to be the best candidate for position then he should be selected. To choose someone less qualified on the basis of race or gender is discrimination and does not lead to a good outcome.” (Survey respondent)

Some saw there may be a representation issue but felt strongly that it was up to the underrepresented individuals to step up for leadership roles.

“If anyone is underrepresented, it is their choice.” (Survey respondent)

“We do not need any strategies. All are free to apply and if found competent they will get the job.” (Survey respondent)

“I believe Doctors of BC is quite open to attracting minority groups and women to its infrastructures. The main problem may be the lack of motivation by such groups or individuals to participate.” (Survey respondent)

Some members stated that before Doctors of BC takes any action regarding diversity and inclusion, it needs to prove that there really is a problem. They called for data to demonstrate the underrepresentation of certain groups.

“I am against this whole initiative until a problem is first identified and measurable.” (Survey respondent)

“I do not agree minorities are not running for positions with the Doctors of BC. I would like to see objective proof of this.” (Survey respondent)

Observations

The comments of those who oppose the initiative or have concerns about the approach draw attention to different perceptions that members have about the purpose of the barrier assessment, the existence or lack of existence of barriers, and the effectiveness and inclusiveness of Doctors of BC recruitment and selection processes. In moving forward, it will be important for Doctors of BC to fully engage those with opposing views in the implementation of any changes.

5.2 Access to Governance Opportunities at Doctors of BC

Eighty-three percent of respondents had not been involved in committees, the RA, or the Board. Of the 17% who had been engaged, 52% were currently involved, and 20% had been involved in the last 1–5 years.

Results from the survey indicate a medium level of interest in getting involved with the governance of Doctors of BC. The survey found that 38% of respondents were interested in joining a committee in the future, 16% were interested in the Board, and 13% in the RA. To capitalize and expand on this level of

interest, it's important to understand why some members step forward and what can be done to encourage engagement.

5.2.1 Awareness of Opportunities

Survey Responses

A large majority of survey respondents (72%) indicated they are aware of opportunities to participate in Doctors of BC's governance structures, but there were lower levels of awareness reported by those 34 or younger (62%), medical students (53%), residents (63%), and those who have been in practice for < 5 years (63%). 12% of respondents disagreed with the statement that they were aware of opportunities to get involved.

Most respondents (72%) said they are kept informed of postings, and 60% said that the description of positions and instructions on how to apply are clear. Those in practice for < 5 years indicated 65% agreement, and those 34 or younger 66% agreement. Respondents who identified as Black reported 38% agreement. 10% of respondents disagreed that they were kept informed of postings, and 12% disagreed that the description of positions and instructions to apply are clear.

Almost all respondents (90%) had heard about opportunities from email and from the Doctors of BC website (17%); 8% heard by word of mouth. A small minority of respondents (7%, n=98) reported that they had not heard about opportunities.

RA Roundtable Discussions, Survey, Focus Group, and Interview Comments

The majority of participants reported that the recruitment process is fair, transparent, and open to everyone. A minority of respondents indicated that they didn't know about governance opportunities, were unclear about what positions require, or didn't feel qualified.

"I have been a member of the BCMA since 1979. I have always known that I could run for positions on the Board but have never seen a notice that I could join a committee. I have always assumed that the committees were structured by Board members and their friends. I think many of us feel that this is the case." (Survey respondent)

Although all members receive emails about positions, some respondents pointed out that most physicians receive high volumes of emails and may not even open those not perceived as urgent. Some saw this as a personal choice and not the responsibility of the organization.

Others noted that it's not clear what's involved in being on a committee and not clear what support or remuneration is offered. Some physicians said that when they have tried to find out more about the postings, they can't find a list of committees on the Doctors of BC website or find information about the purpose of each committee. However, the current process seems to work for some members.

"From my limited experience of applying to a committee in Doctors of BC, the process has been transparent and I have felt respected by the staff every step of the way. Communication was friendly and professional." (Survey respondent, physician born outside Canada who has had experience on Doctors of BC governance bodies)

While some members noted that the current system has made the process more accessible than it was in the past when “you had to know someone to find out about positions,” others observed, however, that the general call still favours the “dominant social group” and incumbents. One member drew attention to the campaigning that takes place on informal email networks that are a “product of who you know.”

Some members commented that the online form is difficult to use and that the format is frustrating and time consuming. One said it took him 8 hours to complete. Some were concerned that the application form is too generic and does not draw out the specific skills needed for a committee. Others pointed out that the form does not capture demographic data and that this is a missed opportunity.

Suggestions from RA Roundtable Discussions, Survey, Focus Groups, and Interviews

Members had a number of suggestions on increasing awareness of opportunities to serve on governance bodies at Doctors of BC.

To encourage more underrepresented groups to apply, some members pointed to the need for better and more diverse methods of communication with members, more user-friendly software, and use of more diverse images in marketing materials and on the website, showing members who are active in the organization. There was support for use of human-interest stories, better use of social media, and the production of a video that explains how the application and selection process works and what opportunities are available, and that provides an overview of the role of each of the governing bodies.

Others felt there was a need to be more explicit and that Doctors of BC should include a statement that “applications are encouraged from racialized, Indigenous, women, etc.”—something that would communicate that Doctors of BC has thought about this issue. Some saw this as a first step that would need to be followed by “intentional recruiting” and perhaps “protected spots” for some groups, including residents. This would involve Doctors of BC actively reaching out to potential candidates who are part of specific groups. One person added “there is nothing wrong with quotas as there is no shortage of qualified candidates.” Doctors of BC would communicate the seriousness of their commitment by implementing quotas.

One person added that intentional recruitment could be supported by an inventory of members: how they are able to contribute, what skills they bring to the table. This member pointed out that the association may be unaware that members have expertise (including non-medical) that committees need.

“The association could do more—not just assume members will come forward. Members have busy lives. We should have a broad dynamic map of where members are, what they are doing, and what interested in.” (Survey respondent)

It was also suggested that Doctors of BC should collaborate with other organizations to recruit candidates from underrepresented groups. Suggested organizations include the Chinese Canadian Medical Society BC, Specialists of BC, Resident Doctors of BC, First Nations Health Authority, and the Indigenous Physicians Association of Canada. It was also suggested that information should be promoted at divisional or hospital staff meetings.

There was some discussion regarding how to determine representation if there is no self-identification data collected by the Association to make accurate comparisons. Some recommended that Doctors of BC start collecting demographic information on its members and on those participating in or applying to participate in governance. Caution was expressed by some that the focus should not be on collecting data as this will not only detract from addressing inclusion but, depending on how it is done, may also result in feelings of exclusion.

As medical students and residents are more likely to pay attention to communications that come from the faculties of medicine, it was suggested that the Association approach faculties of medicine and ask them to advertise positions and to encourage students and residents to get involved.

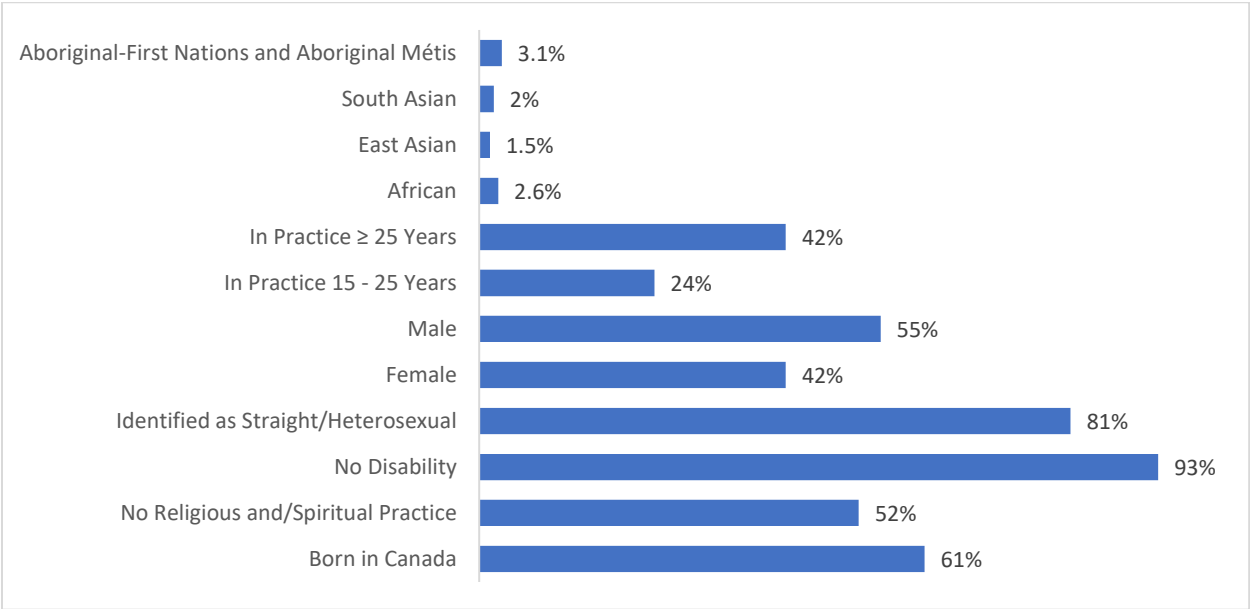
Some pointed out that having members of Doctors of BC’s governance bodies speak to medical students, residents, and those new in practice would definitely help get the word out and correct any misapprehensions about participation. This could also take place online, using a networking event or a forum for new graduates in the first 5 years of practice.

5.2.2 Factors Affecting Level of Engagement

Survey Responses

Fourteen percent (n=195) of survey respondents had applied to join a Doctors of BC body in the last 5 years. The majority of those who applied were from the Vancouver Coastal (34%) and Fraser Health (24%) Authorities. Similarly, 80% of those who applied were from urban settings.

Figure 3 Profile of Applicants



Observations

The low number of applicants overall reflects the need to explore alternative ways of encouraging membership engagement. The snapshot of those who have applied to participate on Doctors of BC governing bodies provides some indication of the low representation of some groups. The profile of applicants suggests that the majority are urban and predominantly drawn from Vancouver Coastal and

Fraser Health Authorities. A higher number of applicants are male, are heterosexual and are people who do not identify as having a disability. A majority were born in Canada. Because respondents could indicate more than one identity group, it is difficult to determine the number of applicants who were white, British, Irish, Western European or Eastern European; however, the data suggests that the majority of applicants were from one or more of these groups.

Reasons for Applying

The reasons for applying or running varied. Some were motivated by a desire to serve, to contribute, or to help the profession, or by a commitment to the mission of the organization. Others pointed to a desire to improve things for doctors, patients, and nurses in creative ways and to promote an equitable publicly funded health care system. Another pointed to a desire to change the direction of Doctors of BC, in particular with respect to certain public policy domains and what is emphasized in negotiations with the province.

Representing colleagues was cited frequently as a motivating factor. Individuals wanted to ensure issues important to them, their colleagues, and their physician community were heard and considered. Others cited a willingness to serve and represent their rural colleagues and their patients.

“I wanted to add the small specialist community hospital voice to the discussion of surgery initiatives, since it is very clear that the majority of voice is given to large centres out of proportion to the provision of surgical care, at least on Vancouver Island.” (Survey respondent)

“Ongoing NEED to have a TRUE voice at the table. To honour the work of like-minded colleagues and to bring out the issues challenging all of us in BC.” (Survey respondent)

Others were motivated by an interest in Doctors of BC or the subject matter of the committee. One person indicated an interest in knowing more about the Association and its function and goals and determining how and if it works for ALL doctors. Another commented that he knew and respected other physicians on the committee and thought the committee was doing valuable work.

Members also pointed to being motivated by awareness of underrepresentation and the need to have a voice.

“My gender and area were underrepresented; I wanted decisions to be made fairly without bias.” (Survey respondent)

Some felt that Doctors of BC does not listen to its members, and they wanted a voice in decision-making. One person observed that the Association’s meetings in the past have shown “a surprising lack of diversity and that needed to be remedied, so I applied.” Another spoke to the importance of having Indigenous representation. One respondent pointed to a desire to share “an underrepresented perspective (new grad working in non-standard practice setting).”

The ability to use skills and knowledge, and the experience of being in a leadership position were also motivating factors. Respondents spoke of having something to offer or having the opportunity to contribute their knowledge and experience and provide value to the committee. A retired physician indicated bringing many years of administrative experience and an interest in providing “a retired perspective” on many aspects of medicine.

Others indicated they had been asked or encouraged by colleagues to apply or had experienced peer pressure to apply.

Enablers of Engagement

In interviews, focus groups, and discussion groups, members identified several factors that encouraged them to become engaged in Doctors of BC and made suggestions for how engagement could be further encouraged.

Some female physicians volunteered for Doctors of BC bodies because they were encouraged to do so. A female physician who was asked to chair a committee said that as a woman of colour she would not have stepped forward for the position without being asked. Another female physician said she wouldn't be in a leadership role if she hadn't been encouraged by her colleagues.

Many of these physicians cited the importance of mentorship, especially for those who are underrepresented. They talked about how useful having a mentor had been for them, especially when they were new in practice. Some referred to the informal network that already exists for men and said there is a need for a more formal mentoring system so that members outside the informal network are not put in the potentially uncomfortable position of having to ask someone to be their mentor. Mentoring relationships could also help the Association learn more about why members are not engaging and what their priorities are.

Some noted the importance of members first becoming engaged at the community level, such as within the divisions of family practice, as a way of gaining experience and confidence and building leadership skills. One person observed that the challenge is that a large majority of members do not know how the system works and "they need to get involved to understand."

Suggestions from RA Roundtable Discussions, Survey, Focus Group, and Interviews

To encourage members to get involved, some suggested that stories could be posted on the website, and published in newsletters or as journal articles highlighting the reasons physicians are involved with the organization and what the benefits have been for them—as well as for their patients and their communities—and providing a description of their experience. This could be a very powerful way of connecting with those who are not currently engaged with the organization.

Others suggested that Doctors of BC's Chairs need to implement a process for succession planning in order to pass on their experience and foster the talent and skills of interested physicians. Some noted that this may be challenging as there is "a lot of ego" attached to these roles, and individuals want to "keep that power."

Still others commented that the Association needs to advocate for pay equity, as this would communicate to female physicians that the organization is committed to dealing with issues that matter to them.

Barriers to Engagement

This section presents data provided by members about the barriers to participation in Doctors of BC. It does not include information about microaggressions, harassment, and discrimination, which are addressed later in the report.

Fifty-seven percent of survey respondents reported they were not interested in applying for positions. The most common factors preventing members from applying to and/or serving on Doctors of BC's committees, the RA, or the Board were time constraints (70%), followed by family (42%) and professional responsibilities (37%), not having the right qualifications or knowledge (29%), location of and proximity to meetings (28%), timing of meetings (17%) and feeling their voice would not be heard (13%).

Experience of Underrepresented Groups

Forty-five percent of survey respondents agreed that underrepresented groups are more likely to encounter barriers to participation, with members of underrepresented groups indicating significantly higher levels of agreement: those identifying as women (60%), those in practice 6–14 years (58%), those aged 35–44 (55%), those identifying as gay (59%), and those identifying as lesbian (77%), queer (83%), Black (77%), South Asian (60%), and South East Asian (75%). This is contrasted with the lower levels of agreement from males (33%) and those with > 25 years in practice (36%).

Observations

The percentage of survey respondents who agreed that underrepresented groups are more likely to encounter barriers to participation—and the significantly higher levels of agreement from members of underrepresented groups—indicates a perception that barriers to engagement exist.

RA Roundtable Discussions, Survey, Focus Group, and Interview Comments

Members spoke of a number of barriers that impede broad participation of the membership in Doctors of BC. Many of the comments have been grouped under the specific headings that follow.

Several participants commented that it is difficult to recruit diverse members when the perception is that those involved have traditionally been European male physicians. One member spoke about the old boys' network and his discomfort when a Board member "tried to groom" him. The individual found the process selective and assumed that the Board member was seeing him as "someone like him."

Lack of time was frequently cited as a barrier for many groups of physicians. Certain specialists (e.g., surgeons), and family physicians in rural practices, find it more difficult to take time away from practice to engage in Doctors of BC activities. One person pointed out that because time is such an issue, individuals would need to be motivated by something "close to their heart" to get involved.

Some raised concerns that some of the committees and the RA in particular, are too big and/or are dominated by 1 or 2 individuals, so there is a perception that other voices will not be heard.

Tensions between Members

Some participants perceived there were tensions between family physicians and specialists that negatively impact their interactions.

"The profession is not entirely united, although it's better than it was five years ago. Tension between FPs and specialists rears its ugly head the closer we get to government negotiations. There's not the recognition with specialists that family practice *is* a specialty." (Survey respondent)

A family physician reported being put off because she had heard from physicians involved with Doctors of BC that specialists' voices are more valued than those of family physicians. This is contrasted with comments from a specialist who perceived Doctors of BC to be dominated by family physicians. This has led to reluctance to be a part of Doctors of BC.

A specialist raised concerns that subspecialties are not well recognized or represented at Doctors of BC.

"Pathologists are not really represented, despite the fact that 70% of medical decisions involve pathology. But our voices are not heard." (Interview participant)

One person said there is so much "inertia with specialists holding control of the system," and added it was good to see more focus on primary care.

What happens now, according to some members, is that each speciality advocates for their own group and against other specialties. One person called on Doctors of BC to set up a safe space for all physicians to collaborate on behalf of the whole community instead of being so divided: "after all, we are all in this together."

Financial Barriers

Doctors of BC does provide an honorarium for participation on some of its committees, the RA, and the Board, but this does not cover the loss of income many incur, so participation can be a financial burden. One person noted that "it's a token" to acknowledge and thank members for their involvement and is not intended as income replacement. However, not everyone saw it that way.

"When asking a physician to participate by adding voice to advocacy and committees, [you] need to value that resource appropriately. Some of it is providing an honorarium, but also the cost of travel and nights away from home. It's very expensive to spend a night or two in Vancouver, and the per diem doesn't cover the cost. People can't afford to do it. 'You get what you pay for.'" (Survey respondent)

By contrast, one physician questioned whether financial barriers were preventing physicians from getting involved.

"I am not sure I fully buy into the economic argument. As physicians we are well paid. The stipend should cover overhead but not the rest." (Interview participant)

While family physicians and specialists get the same amount if they are doing something on behalf of Doctors of BC, some members felt there was conflict and tension regarding the Joint Collaborative Committees (GPSC, SSC, SCC) because on these committees, family physicians get a lower rate than specialists.

Some indicated that this is based on the notion that because specialists charge out at higher rates, their honoraria should be higher. Countering this are those who believe that honoraria are a recognition of the skills that each member brings rather than a compensation for lost income. These members called for an open discussion about this issue, as family physicians feel that paying specialists more would be a "bias against them" as their contributions to these committees are equally valuable.

Barriers Experienced by Female Members

Some female members reported being put off from applying to join a Doctors of BC governance body because friends who were younger, female, and of colour did apply and were turned down. Another added that when she brought up the idea with colleagues, they reported that the Association was not a supportive environment and encouraged her to seek leadership opportunities elsewhere where the leadership was “not dominated by older white men.”

Some women who are already engaged in Doctors of BC’s governance bodies feel it is their responsibility to get more women, and especially younger women, involved. However, they also feel a responsibility to warn them that women in these roles often experience microaggressions or harassment and to help them develop strategies to deal with this.

One person perceived that there was a lack of visible commitment by Doctors of BC to address gender equity and that she found this discouraging.

“The Women Deliver conference—the biggest gender equity conference in the world—is going on in Vancouver right now. The Government of Canada is there, but Doctors of BC isn’t there.”
(Focus group participant)

Some women described a marked difference between the mentoring opportunities offered to young male physicians and those offered to young female physicians, adding that in many cases, women are not mentored at all. They added that as mentoring helps prepare younger physicians for leadership roles, women are therefore at a disadvantage when applying for positions at Doctors of BC.

Lack of Transparency

Some members expressed concern about the lack of transparency. Some indicated that it is difficult to navigate the website to find out who actually sits on committees or to find information about the activities of the committees or the RA.

The lack of transparency was described by some as normalized and deeply systemic, and one pointed out that while he had made requests that Board minutes be made accessible to members and in particular to the RA, this has not been done. Others raised similar points in relation to committees and thought that change should begin with the Board becoming more open and transparent.

“Suspicion and secrecy is not good for the organization.” (Interview participant)

Some felt that the lack of transparency can lead to distrust, and for some marginalized members can be seen as evidence of racism or exclusionary practices. This view is supported by comments from physicians of colour that the lack of transparency about how selection decisions are made has led to a lack of trust in the process and a perception that it is related to who you know and the recruitment of friends.

“If you are a member of marginalized group then you feel you won’t fit into that club.”
(Interview participant)

Some observed that the organization is less open and transparent since the change in the Board structure and the introduction of the RA. Concerns were raised that because the RA votes, rather than

the membership, for the Board, there is more of “a disconnect” for the membership. For some this has also changed the organization from a “member responsive” association to a corporate structure that is more closed and secretive and results in members being less aware of what is happening in the organization. One person commented that with the corporate structure “you don’t know who you are dealing with.”

Lack of Networks

Some pointed out that networking is really important, and if members are not part of or connected to these networks, they are less likely to apply.

One person added that when people are connected to networks, some will be approached to apply, which may discourage others if “the network doesn’t seek you out.”

Barriers Experienced by Medical Students and Residents

Some members pointed out that medical students and residents cannot compete for positions with more experienced physicians, and this discourages them from getting involved. One person observed that residents do not receive administrative or managerial training, which can be a drawback to participation.

Another commented that it is a “fundamental disenfranchisement” that students cannot vote in the election of the President. This is seen as one of the biggest barriers to medical student engagement and a clear message of exclusion. It was noted that the Canadian Medical Association allows students to vote.

“If the organization truly represents students then not being able to vote is a major flaw, and the message is ‘you are not one of us.’”

Individuals reported that they get no response to attempts to bring this issue up with Doctors of BC.

Others indicated that there is a need to educate physicians about who medical students and residents are and about the value they can bring to the organization.

Some residents reported that they have no idea who, if anyone, represents them on the RA. If there is someone who represents them, they note it “definitely is not a two-way role,” as they have no idea what happens at the RA.

Residents have reported finding it “challenging and gruelling” to get involved and to get their voices heard.

One member commented that there is a tendency to conflate medical students and residents, which can result in the assumption that medical students can represent residents. This member was “shocked” that the working group didn’t have a resident.

“We are not the same as medical students, our context is different and we are at different stages in our careers. A medical student cannot represent our concerns.”

Some residents of colour commented that they are not represented and that Doctors of BC “speaks inclusive words but is not inclusive in practice.”

Some residents felt that they are an integral part of the profession and it “would be nice to have that recognized.” One added that he “had hoped that Doctors of BC would have had a deep understanding of that.”

One resident acknowledged it is difficult for Doctors of BC to work with residents’ schedules as they do not get their schedules far enough in advance to plan to participate in meetings, and they might be on call while attending a meeting. It was suggested that Doctors of BC follow the example of organizations that have worked with UBC to facilitate the involvement of residents.

Barriers Experienced by New-in-Practice Physicians

Some members observed that there exists an age and/or experience bias at Doctors of BC. This is evident in the belief that younger members cannot offer anything that is as valuable as decades of experience. One person added that “the skill sets are still weighted to older boys with 20 years’ experience.” This is seen as an impediment to younger physicians whose lack of experience overshadows the value of their fresh approach and up-to-date skills. Another observed that if younger physicians think they won’t be valued they have less motivation to be involved.

Some pointed out when physicians are so busy trying to build new practices and cope with student debt there is not enough time available to get involved. One person emphasized that Doctors of BC is competing for members’ time. Another added that things happening in the community “right in front of you” are more likely to get a physician’s attention and energy.

Others stated that there is nothing in medical school that encourages or prepares physicians to become involved. Some felt that medical schools need to support the acquisition of advocacy skills.

Although some younger physicians indicated that they do gain committee experience as student or resident representatives on committees (with other organizations), this doesn’t necessarily make participation easier. One person pointed out that there’s a big difference between being in a designated role and being an equal member of the committee.

“You’re okay as a resident representative: you feel like ‘I’m there representing that’ but once you are in the bigger pool, you feel you don’t have much to offer or to share, and by the time you do, a decade has gone by.” (Focus group participant)

Some reported that participation can seem intimidating when the leadership “does not look like you.” Some physicians new in practice indicated they can also become intimidated by the use of jargon (including abbreviations that are not commonly understood). Others pointed out that postings often require experience in governance, and it is hard for new-in-practice physicians to gain such experience.

Some commented that the Association does not take a stand on issues that are important to younger physicians. One person stated that “there should be an outcry regarding mental health and the opioid crisis,” and another said that “it is galling how silent Doctors of BC is on the drug crisis.” To get younger physicians interested, the Association “needs to connect with and get to the heart of what touches them.” Another added that she has not been motivated to participate because she often sits in meetings with “older white men with established views” in other contexts and has found it difficult to bring up issues related to social justice.

Some observed that younger women's commitment to the profession is questioned if they seek work-life balance. Several respondents noted that it is assumed that younger women will have children and will then want to work part time. They perceived that this is seen as detrimental to the work of committees and is offered as a reason for discouraging younger women from applying and as a reason they are not successful when they do apply.

"While [I was] sitting on a committee, a well-respected member of the committee singled me out, told me that young female physicians end up having children and working part time, and that this impacts primary care HHR planning...." (Survey respondent)

A member commented that a senior white male committee member made value judgements about the commitment level and motivations of younger female colleagues, referring to "lifestyle medicine."

Some reported that younger physicians are trying to build a different style of medical practice but have been told they are doing a "disservice" to the medical community if they do not want to work full time—or even if they work full time but no more than that. Women not carrying a full workload because of childcare commitments have also experienced criticism.

Some suggested that Doctors of BC needs to tackle systemic issues such as student debt and the overall cost of medical training if they really want to increase diversity in medicine. Some are excluded because they cannot afford to take on such a high level of debt.

"There are systemic reasons for who shows up for committees. It starts with who can become a doctor." (Interview participant)

Some talked about the belief that some new-in-practice physicians think they don't know enough to make a contribution. Others felt this was true not only for new-in-practice doctors. While women tend to speak about this feeling of inadequacy more, men also have these feelings.

In contrast one person added

"There should be some self-awareness as a young physician that you don't know everything, that you need to learn about the wide spectrum of experience that is health care before jumping into a leadership position." (Interview participant)

Others talked about the lack of encouragement or advice with respect to getting engaged with governance. One person asked "how do I get to learn how to get there, achieve what I want?" if there is no openness or support.

Barriers Experienced by Older Physicians

Some participants believed that older and/or retired physicians are not encouraged to participate.

One person pointed out that when physicians are older, they have more time and could bring benefits to the organization, such taking on the role of "elders" or mentors to younger physicians, but this is not recognized or valued. Another added

"A natural desire exists to have members on all boards, who are still practicing. Nothing untoward but just when I thought I might have become wise, I am too old?!" (Interview participant)

One person referred to the value of including “legacy physicians,” who would bring a “depth of knowledge and skill” to the organization.

“We shouldn’t be apologetic to have people sitting at the table who have grey hair and who are no longer clinically active.” (Survey participant)

Barriers Experienced by Physicians with Younger Children

Some pointed out that although younger physicians generally are more likely to be concerned about work–life balance, family issues and childcare are still seen as women’s issues and considered marginal, and no urgency is attached to addressing them. This is despite the fact that, as one person pointed out, 50% of the most recent medical graduates are female.

Others added that young physicians—particularly women—are already overwhelmed and can afford neither time nor money to serve on committees, especially if that entails travel. Some observed that there is a general lack of support for those who have children, especially during residency.

“As a female physician, I balance my work and family roles. I do not live in Vancouver. I foresee participating in doctors of BC in future when my kids are grown and moved out.” (Survey respondent)

“As a female physician, I already have two jobs: mother/taxi/assistant teacher/fixer/cook/cleaner and doctor. I don’t see how I could manage three.” (Survey respondent)

“Do the positions pay anything? Are meetings in Vancouver (which means a 3-hour round trip to attend). [If there’s no childcare] female physicians will be paying sitters (\$20 per hour last I checked). Is food provided? Otherwise female physicians have to prepare dinner/food for family and then go out after. Potentially spending hours travelling to meetings would dissuade me. Basically, female physicians need a stay-at-home wife.” (Survey respondent)

“I don’t have an option other than fee for service at the moment. [I’m] billing less than male colleagues—may work the same hours as males, but don’t have someone running my house for me.” (Focus group participant)

“Travel is impossible for me with kids and no partner.” (Focus group participant)

“It’s a universal experience for many women, single or not, that we take more than our share of childcare and household responsibilities.” (Focus group participant)

Some commented that time taken to raise children and not engage in leadership activities results in women not having strong resumes when they later compete with men for governance positions.

The lack of childcare supports for those attending meetings at Doctors of BC was raised frequently by participants. This was seen as not only preventing those with younger children getting involved but also putting pressure on those who are engaged to find childcare while they are away. One person noted that the burden becomes greater if the physician is a single parent.

Barriers Experienced by Physicians Who Are International Medical Graduates

A member who is not an international medical graduate (IMG) pointed out that despite the fact that IMGs can bring useful information about and experience of other systems, “we are not friendly to them.” Another person indicated that Doctors of BC needs to draw on the expertise of IMGs and recognize that “if we don’t have their stories, we are missing out.” Some members commented that Doctors of BC needs to be more welcoming and communicate to IMGs that Doctors of BC is a safe place for them to become engaged. One member suggested that Doctors of BC could start by offering orientation sessions to IMGs about the organizations.

Barriers Experienced by Physicians with Disabilities

Some indicated that the Doctors of BC building is not inviting to people with disabilities. For example, some washrooms are not accessible. Others reported that there is still a social stigma about disability, especially for physicians with a less visible disability. This stigma could lead to a reluctance to disclose.

A few members wondered about the lack of representation of physicians with visible disabilities.

“Those who use wheelchairs, who require feeding assistance.... We don’t see them at committees or the RA or in the boardroom. Are we representing them? I hope so.” (Focus group participant)

“Certainly don’t see enough accommodation for physicians with disabilities—physical, mental, or emotional.” (Focus group participant)

Barriers Experienced by Physicians from Rural and Remote Regions

Doctors of BC is seen by some participants as a “very Vancouver metro-centric” organization. This was perceived as making it difficult for those in the Interior, on the North Coast, and on the North Island to attend. One person indicated that to attend a 3-hour meeting from the Interior usually entails “2 days out of practice unless you live next to an airport.” Another noted that while loss of income is an issue, “2 days out of practice means a 2 days longer waiting list for patients. This also means 2 days away from our families.” Still others added transportation can also be more challenging and time consuming in bad weather. One person pointed out that the restriction on compensation for travel time on weekends is challenging for some physicians.

Some physicians noted that although members from the Lower Mainland and those from rural and remote regions appear on paper to be contributing the same amount of time to the organization, in reality, there is a considerable discrepancy.

“For a six-hour meeting in Vancouver, of 10 members, 6 are likely travelling in from outside the Lower Mainland. They might be leaving their community at 4:00 the previous afternoon, and they may not get home until 11:00 p.m. the day of the meeting, so they are spending 18 to 19 hours of their time to attend what Doctors of BC has on paper as a six-hour meeting.” (Survey respondent)

“For someone in Richmond [a meeting in Vancouver involves] a half-hour drive back and forth. They can still have a clinic in the afternoon. For rural members, it takes two days, with flights. It takes half a day to get home. It’s a major impediment to participation.” (Survey respondent)

Others raised concerns that this disparity leads to a higher representation of those from the Lower Mainland, which can skew the perspective of the governing bodies, as the viewpoints of those outside of the Lower Mainland, and especially those from smaller communities, would not be included.

One person observed that in larger centres physicians have “administrative time,” while for those in smaller communities it is “work, work, work,” and there is less encouragement by the health region administration to take on extra responsibilities.

Suggestions from RA Roundtable Discussions, Survey, Focus Groups, and Interviews

Some suggested that Doctors of BC could do more to recruit doctors to get involved at a local level first so “they can see their own value and recognize they can contribute.” Others also suggested that the Association could offer orientation sessions and leadership training in different geographical locations.

While in-person meetings are better, members strongly recommended that Doctors of BC use more teleconferencing and video-conferencing. It was also suggested that the location of meetings be rotated in and out of Metro Vancouver.

Some commented that the Association should organize childcare for meetings (especially the RA) and/or should provide financial support for childcare while members are engaged in Doctors of BC activities.

To overcome the perceived lack of transparency regarding what is happening in Doctors of BC’s committees, a member suggest that it would be helpful if the minutes were made public and members given an opportunity to comment.

A member who did his medical training outside BC pointed out that physicians transitioning to residencies or practice from another province do not get the information package about the Association, which makes them feel “non-existent.” The information it contains is available online, but finding it can be time-consuming, so this member recommended that everyone who becomes a member of Doctors of BC should receive the package to ensure they are informed about the organization.

Some suggested that the Association do an assessment of the Doctors of BC offices to determine how accessible the building is for people with different disabilities.

Some residents suggested that there could be a review of committees to see where roles can be filled by residents and students. These dedicated seats would be a way to build leadership amongst these cohorts.

One person also noted that Doctors of BC needs to look for opportunities to visibly support diversity in the community, such as officially joining the Vancouver Pride Parade or the Chinese New Year Parade, essentially “showing up and being part of the community and supporting what is important to the community.”

One participant said that Doctors of BC could be doing more with respect to the substantial issues facing immigrants and refugees.

“Canada is a multicultural nation.... I wish [these issues] were discussed more at Doctors of BC in terms of priorities, policy setting, program setting, and funds directed to help those who are new to the country.”

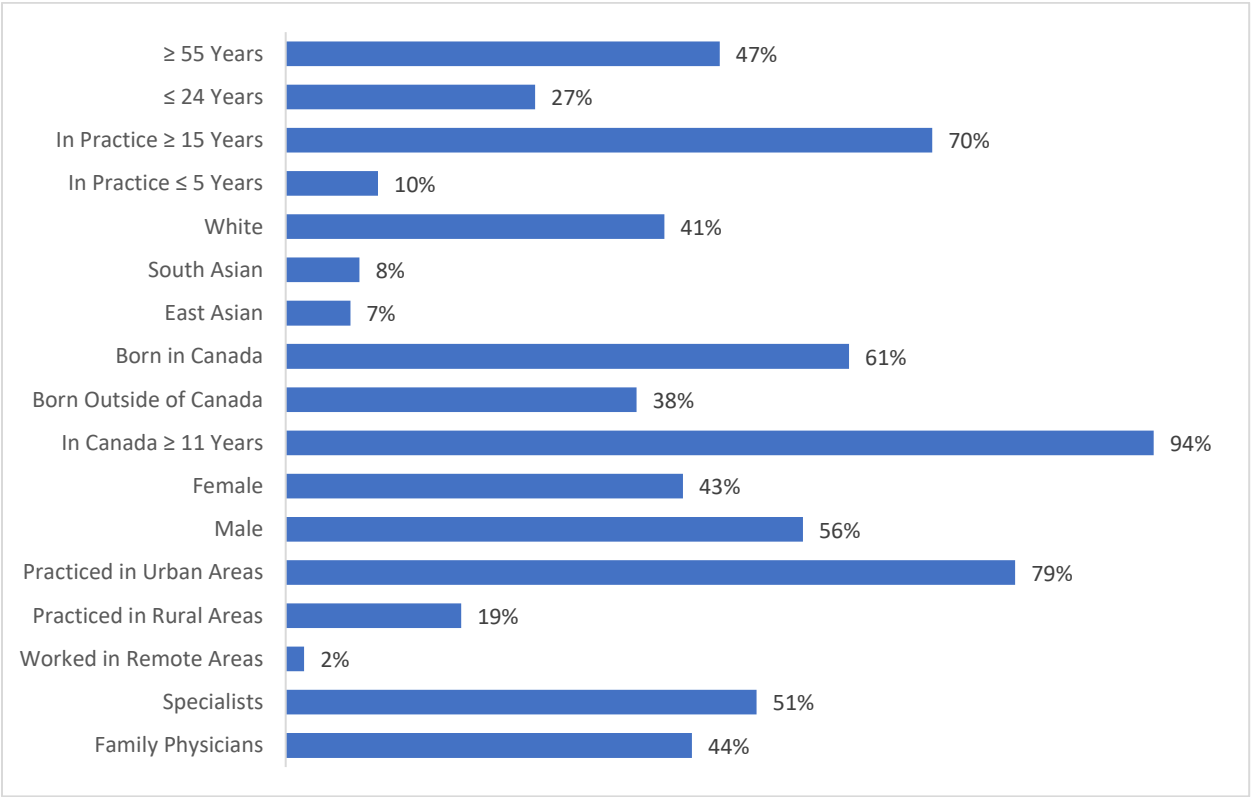
Several members commented that the Association’s spaces should be made explicitly and visibly inclusive, for example by displaying rainbow posters or stickers around the organization. This would make members feel safe and that “a part of you is represented in the institution.” One suggested organizing a ribbon campaign to celebrate diversity at Doctors of BC.

5.2.3 Selection Process

This section provides a demographic profile of survey respondents who had been accepted to serve in Doctors of BC’s governance positions, as well as members’ perceptions of the selection processes and the ways they could be improved.

Survey Responses

Figure 4 Profile of Those Who Were Accepted



Sixty-six percent (126) of those who applied for positions were accepted.

Observations

The demographic information from the survey about those who were selected or elected for governing bodies indicates that there were more men than women and more members who are over 55 with 15 years or more years in practice than younger physicians who have fewer years in practice. While members from various cultural and/or ethnic groups are present, those who identified as white are more highly represented. There are significantly more physicians from urban areas than from rural and remote areas, and there are more specialists than family physicians. This profile of governing body

members is consistent with the comments made by participants in the assessment with respect to their perception of who currently participates on committees, the RA and the Board.

RA Roundtable Discussions, Survey, Focus Group, and Interview Comments

Comments from physicians indicated that a majority consider the process of selecting applicants is inclusive, fair, non-discriminatory, and transparent.

A female physician pointed out that even “though the process is fair, being a woman, a person of colour, and young, plus being shy,” means your chances of being heard and selected are significantly reduced. Multiple minority statuses are “very hard to overcome.”

Another person stated that women still have to push harder than men to get on the Board or a committee. She observed that in 2008, 5 of the 39 Board members were women, and “getting there was hard.” Although she believes there has been a commitment to addressing this imbalance, the current Board of 9 members has only 2 women.

“Men dominate—they are not intentionally exclusive. They don’t think beyond those that they know.” (Survey respondent)

While others noted there was not any explicit bias in the selection or voting process, the number of women voted onto the Board is still disproportionately low, suggesting there may be some “hidden” bias. One person commented that the last Board election illustrates this: the successful candidate for the one family physician vacancy was male, even though there were competent female candidates running.

Some observed that white males are overrepresented, but one member pointed out that it doesn’t mean that white males are not the “right applicants.”

One person stated that one of the factors determining who sits on the RA is that only 35% to 40% of family physicians belong to the Society of General Practitioners of BC, and 10% of specialist are members of the Society of Specialists. The culture of these organizations therefore influences who they chose to represent them on the RA. For example, the Society of GPs has made a conscious and successful effort to recruit those who are in the first 10 years of practice.

Another physician cautioned that selecting people from underrepresented groups who do not have the required skills not only puts them at a disadvantage but also risks reinforcing the misperception that they are underrepresented because they lack the skills, rather than because of systemic barriers.

Other members felt the selection processes for various Doctors of BC positions have an underlying bias.

“I do feel that there is a bias at Doctors of BC towards known candidates which ends up creating a process where committees, the RA and the Board are older, male and white because these are the people who have served in these roles before and therefore have the experience but this creates a large barrier to entry.” (Female survey respondent)

Some members noted that they could see selection processes becoming more inclusive.

“The classic criteria for leadership positions in medicine is ‘male and been around a long time’ so we have up to this time a major barrier for some other groups. The launch of provincial medical

leadership and other leadership/collaboration and QI programs (many supported by Docs of BC) is the first layer of changing that dynamic to move to skills-based leadership which then can be much more inclusive.” (Survey respondent)

Doctors of BC’s Nominating Committee

Members of the Nominating Committee indicated that the committee’s role is to solicit and review applications for committee appointments for recommendation to the Board. They pointed out that they review committee mandates, core functions, and demographics related to type of practice, geographic location, stage of practice, and gender balance. They assess the qualities, skill sets, and type of experience required by the committee, and they get input from the committee Chairs and the Association’s staff.

Some observed that the Nominating Committee is making progress, and believe it is committed to increasing diversity. However, the lack of demographic data means the Nominating Committee is not aware of where there is underrepresentation and relies on applicant self-identification in considering diversity factors. The low number of applicants was also seen as making their work more challenging.

There were mixed perceptions about the role of the Nominating Committee and their decision-making process. Some were aware that the committee uses a matrix to assess applications but were unclear about what it measures and whether there is any unintentional or unconscious bias built into the design. One person referred to the Nominating Committee as a “black box...you don’t know what it is, which gives the impression of something undemocratic going on—it might be fair but how can you know?” Some participants also asked if the definition of “the best candidate” took into account factors such as sociodemographic data. One person noted that the lack of information about how the selection occurs results in speculation and misunderstandings.

One member said that because there is no understanding of what influences the decisions of the Nominating Committee, the outcomes of these decisions could be questioned, and people may perceive there are barriers or grievances where they don’t exist.

Another emphasized that the organization needs to understand what the values are that underpin the selection criteria, where these come from, and what their impact is (although this person recognized that it is hard for the organization to be introspective).

Some members who had applied for positions found the email they received indicating they not been accepted to be “abrupt,” unfriendly, and lacking in encouragement or support to apply again. One person commented that if members have experienced marginalization then this rejection email can feel like “an aggression.” Others indicated that the poor communication put them off applying again.

Some members noted that while they did not think the Committee members are explicitly biased, one person added “as human beings we are all implicitly biased.”

Suggestions from RA Roundtable Discussions, Survey, Focus Group, and Interviews

Several members called for the Nominating Committee process to be more transparent and clearly communicated to the general membership so they understand what the selection process involves.

Some suggested the Nominating Committee review their whole process to identify what the barriers are and to ensure that the process is more inclusive. One member proposed that this needs to include a review of the applications and a consideration of why individuals were turned down, who was selected, and the ratings for all applications. “There needs to be a systematic analysis as to why people were turned down.” Another added that when making selection decisions, the Nominating Committee needs to consider “What are we missing? Who should get preference?”

Several members felt that Doctors of BC could do a better job of explaining to unsuccessful applicants why they weren’t chosen for a particular position. An RA discussion group suggested unsuccessful applicants be invited to apply for other opportunities for which they might be qualified. The group suggested that instead of what they called “a cold decline letter,” staff or members of the Nominating Committee could reach out and have a conversation with applicants about the results and explore ways they could improve their skills. The conversation could be a form of coaching to encourage applicants to apply again or get involved in another way.

Others suggested that the Nominating Committee could develop a list of mentors who could be linked to both successful and unsuccessful applicants. Some applicants could also be referred to education opportunities to build their skills, such as “how to build a strength and skill-based resume.”

Another suggested that as gender and cultural bias exist, the Nominating Committee could use “blind” assessments whereby the name and gender of the applicants are removed.

“Even if we think we are open-minded, we have preconceived ideas that can cause bias.”
(Interview participant)

Onboarding

Suggestions were made about useful information that could be provided to new members of Doctors of BC’s governing bodies, including an infographic of the health care system and its players, a guide/directory on who to talk to if you have questions, and a glossary of frequently used terms. It was also suggested that the Association hold some kind of welcome event (virtual or in person) for new Board members, committee and RA members.

Several physicians expressed strong support for a mentoring program for new leaders and for a strong orientation program that would include basic training on Robert’s Rules.

“Be more open to new members, I joined one committee a few years back and it was not a great experience, felt unwelcome, seemed to be a culture of the ‘inner circle’ that did not embrace newcomers. Some people seem to be there so I don’t bother to join new committees even though I may be very interested in the mandate.” (Survey respondent)

Some suggested that as part of the onboarding process, all members of governance bodies, but in particular the Nominating Committee, should receive training and/or take the Harvard Implicit Association Test to better understand how bias impacts their decision-making processes. There was some discussion about whether this training should be mandatory as part of membership in governance bodies.

5.3 Experience of Members Serving in Doctors of BC Roles

Survey respondents who had participated on Doctors of BC’s governance bodies were asked to indicate their level of agreement or disagreement with a number of statements concerning what it’s like to serve on the Association’s bodies. A large majority of respondents indicated they had a positive experience. Although most felt their contributions were valued, responses for certain groups showed significantly different experiences. Focus group and interview participants were also asked to comment on their experience of governance bodies.

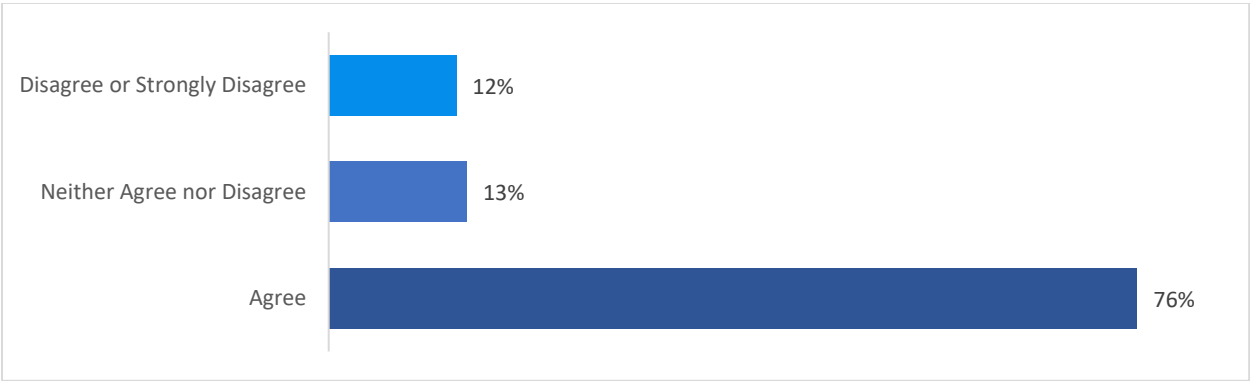
5.3.1 Ability to Contribute and Participate

Survey Responses

Of respondents who had participated in Doctors of BC’s governance bodies, 77% agreed they were able to contribute knowledge and expertise, 12% neither agreed nor disagreed, and 10% disagreed or strongly disagreed. Those who had been in practice between 15 and 25 years had significantly lower levels of agreement at 64%, and those who had participated on committees had a higher level of agreement at 88%.

Some members pointed out that those on governance bodies may not intentionally exclude others, but in some cases, their behaviour can result in others feeling unable to contribute. For example, some members commented that men often take up the majority of the time talking in some meetings, and not all Chairs have the skills to ensure equal participation.

Figure 5 Participation Was Supported and Appreciated



Those in practice between 15 - 25 years had significantly lower levels of agreement that their participation was supported and appreciated at 69%. Those who had participated on committees had a higher level of agreement at 86%. Male respondents had a higher level of agreement at 82%, and the level of agreement for female respondents was lower at 70%.

RA Roundtable Discussions, Survey, Focus Group, and Interview Comments

Some said that quieter and shyer people are often “swept aside” and tend not to stay on committees. A few with experience as leaders said that Chairs should be trained to notice this and to intervene.

“We need to look around and see if people are not contributing, ask ‘how can I help you have your voice come forward?’ We need to support Chairs and committees so they can support those who don’t speak up as much.” (Interview participant)

“It depends on the composition of the committee. I have other champions in Doctors of BC who try to promote me. If the committee is predominantly white male, I’m not going to be heard. Gender is more of an issue than being Asian for me. It’s not about accommodation ... more a style of leadership.” (Survey participant)

One person noted that some older men do speak up, but they are the exception.

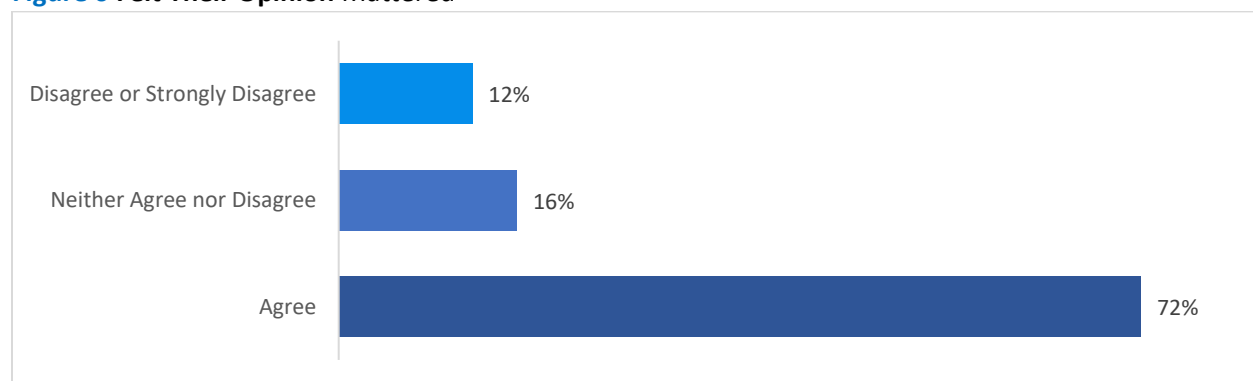
Comments from several physicians, particularly those from underrepresented groups, indicated they received little or no support when they joined a Doctors of BC governing body.

“Men do have an informal mentoring system whereas young women or women, you’re somewhat excluded from that. On the surface, everyone is very nice to you, but no formal system or informal system has been there, as it has been for men.” (Survey respondent, female physician who has engaged with Doctors of BC)

“Existing board members were aloof and ignored me. No warm welcome. I felt they were very nepotistic in their behaviour.” (Survey respondent, physician born outside Canada, who has engaged with Doctors of BC)

Some doctors with rural and remote practices see the Association of BC as being very “West Broadway/Vancouver-centric.” They pointed out that the organization does not use remote technologies well and that it’s often hard to hear on a teleconference line or to participate in a video conference. Others added that they need to be there in person, because calling in remotely is so frustrating and often ineffective. This is seen as challenging for physicians from outside Metro Vancouver, and some raised a concern that this can result in Metro Vancouver physicians becoming the voice for the province.

Figure 6 Felt Their Opinion Mattered



Those who had participated on committees had a higher level of agreement at 83% that their opinion mattered. Those who identified as women had a lower level of agreement (65%) than those who identified as men at 79%. Physicians working for the Northern Health Authority also had a lower level of agreement at 60%. Specialists had a higher level of agreement at 77% than family physicians at 65%.

RA Roundtable Discussions, Survey, Focus Group, and Interview Comments

Some members commented that younger physicians' opinions are discounted because they lack experience and/or are fairly new in practice. This was also seen as true for those who have "unusual practices" or who are in a smaller speciality, because their experiences are "different."

Some stated that how an individual practices medicine influences the extent to which their voice is valued. Some believed that surgeons' opinions are given more weight than those of family physicians. Others agreed that some voices have more weight but disagreed as to who they were, asserting for example that family physicians, because of sheer numbers, often dominate discussions. There was a feeling expressed by many that specialists and family physicians form two distinct and separate camps. This has caused tensions, and many stated they felt discounted or dismissed by the "other camp."

Others pointed out that defining physicians by their training has resulted in "othering," and some feel this has held the profession back from being inclusive. This was seen to also undermine the sense of belonging that physicians have had within the different governing bodies.

One person raised a concern that asking about experience of microaggressions and harassment could have "a stifling effect," that there was a danger that people would be afraid to contribute to discussions or raise questions for fear "that somebody might be offended and you're going to be guilty of some norm that you may not have been aware of."

Representative Assembly

The RA is seen as too big to allow everyone's voice to be heard, and some members find it stressful and intimidating to go up to the mike to speak. This is exacerbated by the perception that there are participants who tend to dominate the discussions. Some commented that this creates an unhealthy environment and said there is a need to make it safer for everyone to contribute. Others suggested there should be more open discussion about these concerns and how to address them.

Some said they do not feel their comments are heard or acknowledged. This is particularly true for women, who, in some cases, feel insecure and have a fear of being dismissed.

"These are highly capable women who feel like impostors." (Interview participant)

One respondent reported feeling "invisible and not validated when trying to speak up at the RA." Others mentioned women being "openly harassed" and "racist comments" being made at the RA.

"It has been necessary to make an effort to be heard as a woman in the days when there were few of us on the Board or some of the committees. Nothing overt, but definitely felt a need to be pushy to get a point across. Subtle stuff like not being invited to informal social get-together before or after meetings." (Female survey respondent with Doctors of BC governance experience)

Some women who had been or were members of the RA spoke about finding women crying in the bathroom after a round table discussion because of how they had been treated. Others added that

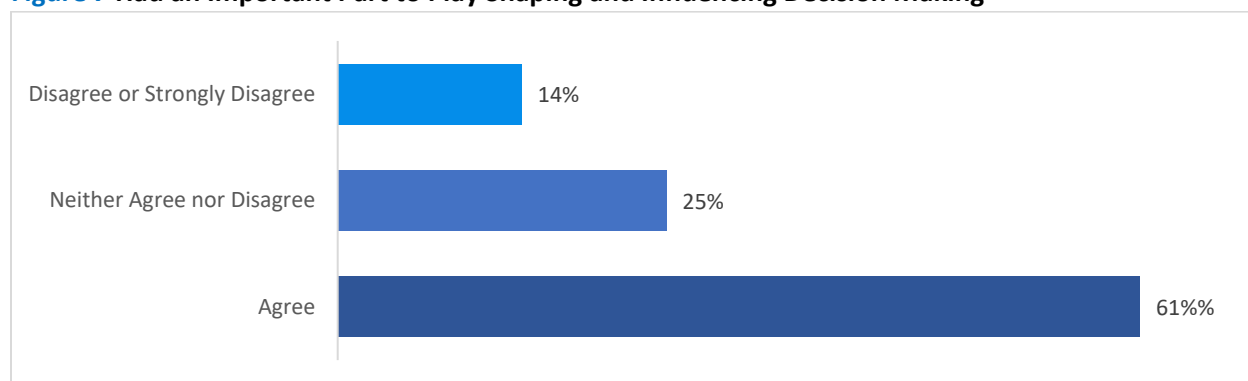
some members behave poorly, and staff who chair the round table discussions are often young women who “get run over” and are unable to call participants on their behaviour.

“It isn’t safe for them or most women who attend. There is a need to change the culture of the organization for people to speak up for themselves or as allies.” (Interview participant)

Round table discussions are seen as a positive way for members to contribute and be heard. It also provides an opportunity for members to meet physicians from other geographical and medical areas. The use of Slack was also seen as a positive way that some can contribute. One member suggested that having the question channel on Slack open all the time would be helpful in encouraging more engagement before RA meetings. The individual noted that if “others affirmed a question this might create more comfort to step up.” There was concern expressed by some that while these opportunities to contribute are worthwhile, members rarely receive any feedback on how their contributions are used as there is “no accountability back to the RA.”

Some women who have participated in the RA have noted that they have not felt marginalized and that they have been treated well by the organization. Some attribute this to their own style of communication and their comfort with speaking up.

Figure 7 Had an Important Part to Play Shaping and Influencing Decision Making



Members who had served on governance bodies 6–9 years ago had lower levels of agreement at 44% and those who were 45–54 years old indicated a 53% level of agreement.

Observations

In the survey, women physicians agreed less strongly than men to all positive statements regarding their opportunities to participate in Doctors of BC bodies and to all positive statements about participating in the Association’s bodies.

Comments seemed to indicate that those participating in the RA had the most difficulty being able to contribute to and influence the organization.

Suggestions from RA Roundtable Discussions, Survey, Focus Group, and Interviews

Training for Doctors of BC’s Chairs to enable them to intervene and at times challenge the behaviour of members was seen as an important step by some members for the Association to take. One person commented that training for Chairs is already being planned with the goal of building the necessary competencies for the role.

Suggestions were made as to how the Association could be more accountable and transparent about what happens at the RA. One member pointed to the need to tabulate all the questions raised at the RA, and to “close the loop” on each question and be more accountable regarding the small table discussions and on input given on “big ticket” items. This could be addressed by sending an email to RA members regarding what was done with the information and the ideas they had put forward.

One member commented that given the size of the RA, it would be helpful for new members to be assigned an experienced member to “coach” and help orient them to the role. This could include advice on matters ranging from hotel accommodation to what to do if they experience harassment.

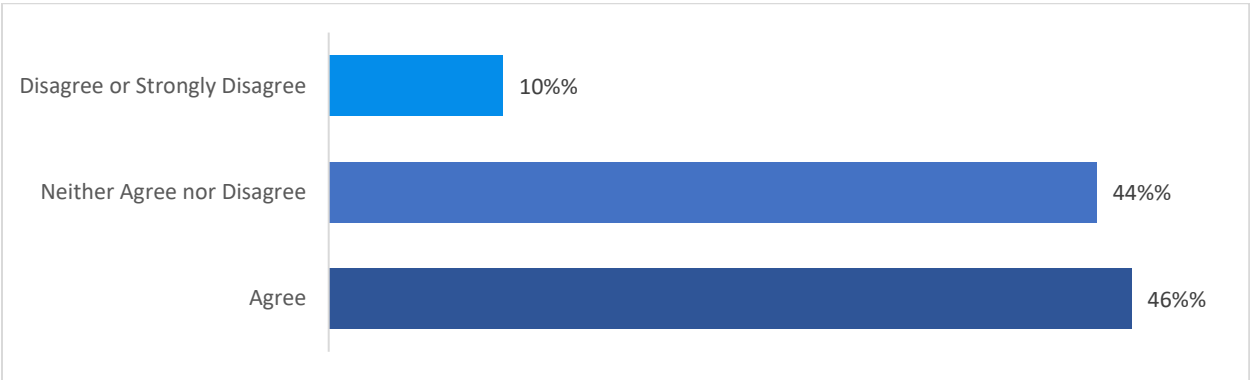
5.4 Harassment, Microaggressions, Disadvantage, or Discrimination

This section addresses the degree to which the cultural context supports diversity and inclusion, as well as members’ specific experience with harassment, microaggressions, disadvantage, or discrimination.

5.4.1 Cultural Context

Survey Responses

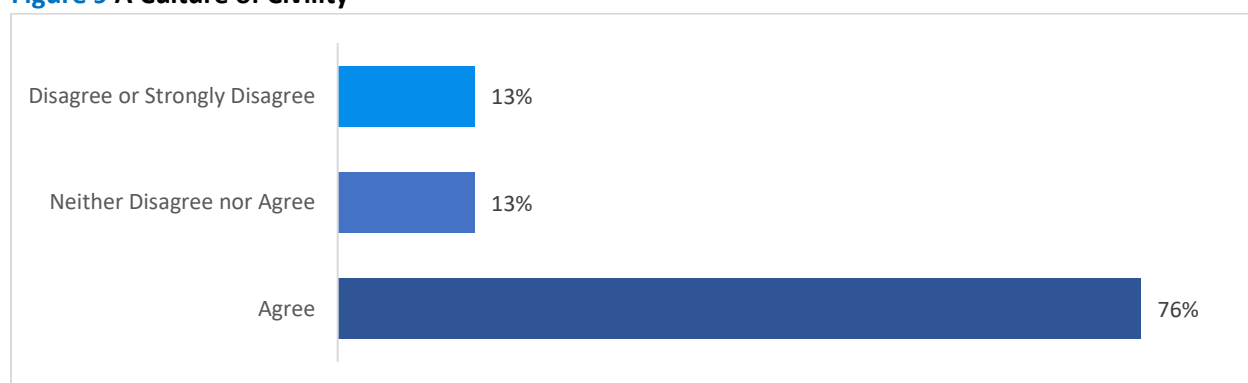
Figure 8 A Culture of Safety (including social, emotional, physical)



If a respondent reported having served on the RA or Board in the last 5 years, the proportion of “agree” moved to 68%. Those who worked for the Provincial Health Services Authority indicated a lower level of agreement that there was a culture of safety at Doctors of BC at 35%. Those respondents who identified as First Nations also had a lower level of agreement at 36%.

A member described the culture as “reasonably respectful” now and said there has been a definite shift when compared with 10 years ago.

Figure 9 A Culture of Civility



Those who identified as South Asian had a lower level of agreement (27%) that there was a culture of civility at Doctors of BC. Those who identified as Métis indicated a 33% level of agreement. Those 45–54 years old had a 64% level of agreement and respondents working in remote areas had a 40% level of agreement. Those who had been in practice between 6 and 14 years had a 66% level of agreement, and those in practice between 15 and 25 years had a 65% level of agreement.

Observations

There is a marked contrast between the level of agreement with the statement that there is a culture of safety and respect at Doctors of BC and the level of agreement with the statement that physician leaders reflect a culture of civility. That only 46% of respondent agreed there is a culture of safety and respect is a cause for concern.

RA Roundtable Discussions, Survey, Focus Group, and Interview Comments

There was a perception that there is not a culture of safety and respect for physicians with disabilities, and physicians with disabilities commented that they do not always feel comfortable disclosing. This is particularly true for those with mental health issues, who experience significant barriers to disclosing.

“People are terrified they will have their livelihood taken away or they will invite inappropriate scrutiny which would put them in a vulnerable position.” (Interview participant)

Several female members also described a cultural of disrespect. A female physician commented that at her first committee meeting she had a “terrible experience.” There was no orientation given or introductions made, and when she asked a question she was shouted at and treated as if she was stupid by another committee member. She felt discounted and considered quitting the committee. It was not a welcoming environment, especially as the Chair did not intervene. While things have got better over time, she noted that some of the same people are still there, and they may have realized that they need to make an effort to be more careful. She observed that “it still feels like an old boys’ network are an entrenched group within the organization and for the most part they are not invested in changing that.”

Another situation involved a female physician of colour who served on the Board. This doctor was widely perceived to have been “pilloried and ostracized” by the organization for challenging the establishment. She believes she was retaliated against for taking a stand against proposed changes. The organization’s response to her opposing views led her to seek redress in the courts. She reported that the whole process has caused serious damage to her reputation and professional career.

Colleagues informed her that her experience discouraged them from getting involved in the leadership of the association. Informed observers on the experience of this physician have commented that she was a “sacrificial lamb” for challenging the “old boys’ hierarchy” in advocating for the rights of the physician members.

One person praised the recent signing by Doctors of BC of a “Declaration of Commitment to Cultural Safety and Humility in Health Services” with the First Nations Health Authority but added that this commitment needs to be expanded to “other expressions of inclusion.”

One person commented that the environment is geared towards white males feeling safe and that for others it “would still look like the old boys’ club and wouldn’t feel like home.”

Comments were made that not only men are disrespectful. One person commented that he has observed a female member “coming across as a bully” when making generalizations and judgments of other members in a discussion. He also noted that some women in leadership roles actively prevented younger female physicians from becoming engaged in the Association.

“Some rose up using male ways, and there could be resentment that [younger female physicians] have not paid their dues.” (Interview participants)

Suggestions from RA Roundtable Discussions, Survey, Focus Group, and Interviews

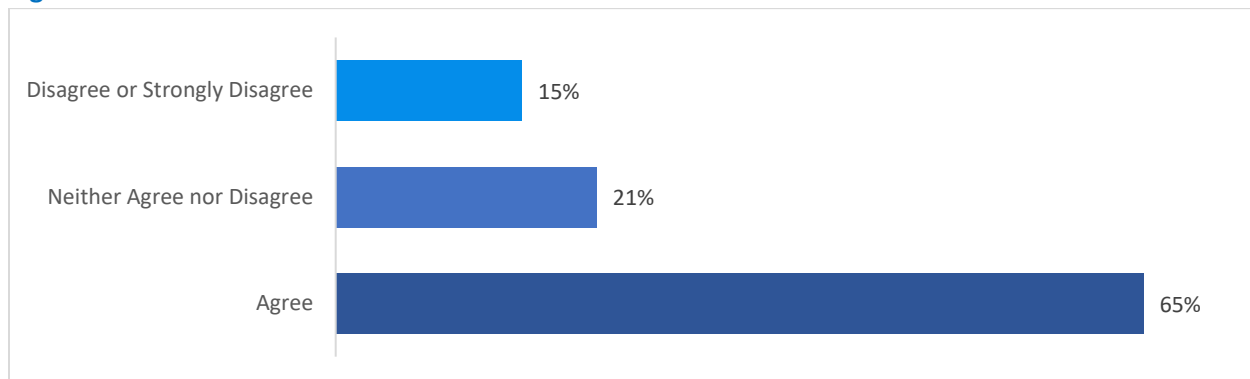
To create a culture of safety and respect, some pointed to the need for more open dialogue about these issues. Some observed that this would challenge the notion that because individuals “don’t see it or it hasn’t happened to them, it doesn’t mean it isn’t happening.”

Some called on the Association to expand health and wellness supports for physicians and to put in place a liaison to support physicians with physical and mental health issues. Others emphasized the need to address the undervaluing and “othering” of physicians with disabilities. Some respondents indicated that it is important that physicians are not penalized for taking care of their physical and mental health challenges.

To build a culture of respect for Indigenous members and set an inclusive tone, some recommended that the organization adopt a practice before every meeting of recognizing or acknowledging the Indigenous territory on which the meeting is taking place. The wording could be standardized and could also be included in every newsletter. While this will happen at the next RA meeting, some commented that this should be seen as only a first step. One person pointed out that the medical profession needs to understand and acknowledge the history and impact of settlement on Indigenous communities and that those engaged in Doctors of BC should be expected to take the Indigenous Cultural Safety Training Program.

A Culture in Which Harassment is Not Tolerated

Figure 10 Level of Confidence that Leaders Do Not Tolerate Harassment



Those who identified as South Asian had a slightly lower level of agreement at 60%. Those who had been in practice 6–14 years had a lower level of agreement at 52%. Respondents who worked for the First Nations Health Authority had a significantly lower level of agreement at 33%, and those working in remote communities indicated a 40% level of agreement. Those who identified as women had a level of agreement of 59%. Those who identified as First Nations, Métis, and Black all had a lower level of agreement of 50%.

Observations

Fewer members of underrepresented groups were in agreement with this statement. It is cause for concern that only 65% of respondents overall agreed that leaders do not tolerate harassment.

5.4.2 Members' Experience of Harassment, Microaggressions, Disadvantage, and/or Discrimination

Survey Responses

Of respondents who indicated that they had applied for a position and/or served on a Doctors of BC body:

- 11% personally experienced harassment. A higher percentage of family physicians (13%), those in practice 6–14 years (19%) and 15–25 years (18%), those who served on the RA (17%) and Board (25%), those aged 35–44 (18%), and women (14%) indicated they had personally experienced harassment. Of respondents who identified as male, 6% had experienced harassment.
- 23% experienced microaggressions. Family physicians (29%), those in practice 15–25 years (30%), those on the RA (31%) and Board (48%), those aged 45–54 (30%), those 55–64 (30%), and women (32%) indicated experiencing higher levels of microaggressions.
- 13% experienced disadvantage and/or discrimination. A higher proportion of family physicians (17%), those in practice 15–25 years (24%), those with RA (18%) or Board (29%) experience, those aged 55–64 (27%), and women (17%) reported experiencing disadvantage and/or discrimination. Gender (47%), age (35%), race (21%), and colour (19%) were identified as the

top 4 factors respondents believed contributed to their experience of disadvantage and/or discrimination.

- 8% had seen others experience disadvantage and/or discrimination, and 32% indicated they were not sure. The figure was significantly higher for those with RA (41%) and Board (29%) experience. The top factors contributing to this were identified as gender (47%), race (42%), English as a second language (40%), age (38%), place of medical education (36%), place of origin (33%), and colour (31%).

Observations

There are clearly some members who have experienced harassment, microaggressions and disadvantage and/or discrimination while in the service of Doctors of BC, and family physicians, younger physicians, and female physicians reported more negative experiences than others. Although the numbers may not seem high, it should be clear that any incidence is of great concern.

RA Roundtable Discussions, Survey, Focus Group, and Interview Comments

Some stated that the people in power have predominantly been older white men. Although things are changing or seem to be changing, others noted that many of the same group remain.

“The Doctors of BC has been and remains a privileged old boys’ club. I have been a part of a committee and have witnessed or heard of comments disdainful of the poor, those with disabilities, women, First Nations, certain specialties, allied colleagues, and others. Behaviour in discussions is aggressive, intellectually arrogant, and self-centred.” (Survey participant)

Comments suggest that women, members of visible minority groups, younger physicians, IMGs, and Aboriginal–First Nations and Aboriginal–Métis physicians have all been negatively impacted by the behaviour of other members.

Women

A higher percentage of women than men reported that they had experienced harassment, microaggressions, and disadvantages and/or discrimination. Response rates for other genders were too low to comment upon.

Comments from some women, and from some men observing the treatment of women, indicate women have been excluded in both overt and subtle ways.

While some members noted there has been an increase in the participation of women, it is still not seen as a safe environment for many of them. One person commented that “it is shocking that they continue to experience harassment from some male colleagues.”

A female physician had experienced subtle and explicit dismissiveness from male physicians. One referred to her as a “poor young thing.”

Another female physician described an example of sexism at social event.

“There are a couple of us [female doctors] amongst the men. You can never say you don’t want a drink, because they assume you’re pregnant.” (Focus group participant)

One physician described an incident where members of the RA tried to bully a female physician “to stop speaking her mind.” He added that while this might not be widespread “it does happen sometimes.”

One woman indicated that she was verbally attacked by another physician for sharing her perspective that the RA did not feel like a safe space for participation by women. Another noted that she had experienced more subtle sexism, such as not being invited to informal social get-togethers before or after meetings.

“There is a lot of 'soft' sexism—e.g., walking into a dinner and finding all the men in the organization sitting together by prior arrangement and the women have not been invited. So much opportunity depends on networking, and women are generally not included so the chance to advance and further ideas does not occur, so your value does not get established if you are not included, so the cycle repeats.” (Female survey respondent)

Some members described having witnessed male physicians making comments about a female’s appearance. For example, when a female physician bent down to plug in her computer, one male physician commented, “nice view.” Others described “sexualized” comments made about a female physician, including that she was a “hot doctor.” Another experienced patronizing and sexist comments such as “oh, you’re so cute.” While some indicated they could deal with these comments, they expressed concern that younger physicians may not necessarily have the courage to speak out.

One member pointed out that in her experience it wasn’t only men who make sexist comments. Comments about her appearance have been directed at her by women.

A male physician at the RA talked about having witnessed an incident in which an older man stood up at the mike and suggested that the problem was that there were too many women in medicine. The physician did challenge the speaker for not stepping in.

Female physicians commented that they would not feel comfortable or safe taking up concerns with the speaker because the speaker had failed to address similar issues in the past.

Some members spoke about witnessing male physicians making flirtatious comments to staff members. One person added that it is difficult for younger female staff to respond in these situations.

One person raised a concern that while it is a good idea to have a code of conduct, it can silence or hide bias, and having it “doesn’t mean that people aren’t thinking or behaving in a biased way.” This is supported by others who reported having heard leaders make derogatory comments about diversity, as well as sexualized comments about women.

A younger physician noted that there is so much “fragility” when people are called out on sexism or racism and that this rarely “goes super well.” Those who are challenged often perceive their character is being attacked, and they cannot accept or act on the feedback. Another added that these are not bad people: “It is just the way they were brought up in a culture that is male and white dominated.”

Others commented that it is the people who think they are not biased that are the biggest challenge.

“At least you know where you stand when they are blatantly racist or sexist.” (Interview participant)

Although some said the individuals who make inappropriate comments do not reflect the organization as a whole, others felt it was still the responsibility of the organization to change the culture.

One person pointed out that she “thought people would automatically know how to behave in a professional setting,” but this was not the case.

A member described an experience of a committee where a female physician often challenged the men at the table. He reported that some of the men made “personal statements” about her to other members. He noted that “a strongly opinionated female was treated differently than an opinionated man” on the committee.

Some had experienced overt threats in the workplace, which can impact inclusiveness at Doctors of BC if the aggressor is also involved with the Association. One female physician described sexist experiences in her workplace.

“I've seen a couple of male physicians take confrontation physical stances when women are speaking (if I have to explain: standing up, standing too close, crossing arms, thrusting their hips, staring down, posturing dominance, rather than a listening, sympathetic, engaged stance).”
(Survey respondent)

A female physician in a remote community said her experiences with older male colleagues in her work environment have been a disincentive to participation in Doctors of BC's committees (as some of these colleagues are or have been part of the committees). She described paternalistic attitudes that have manifested in having someone who has not done her job “teaching” her how to do it, and having demeaning comments made about her whilst she is in the room, as well as having older colleagues saying “cute little things they think are funny but aren't.”

Some women have reported having experienced marginalization in terms of having their ideas denigrated and ignored (often for years) and also having their ideas re-packaged and presented by men in the group as if they were their own.

Others commented that they have seen women interrupted more often, and men's comments privileged over those of women. One member pointed out that when a man is seen as “assertive,” a woman who is “more sure of herself” and speaking in the same manner will be called “a bitch.” Another added that in order to avoid this, she knows how to “play the game and not draw too much attention” to herself.

A member commented that she is often excluded from discussions amongst the men on the committee that take place informally during the break or outside the formal meeting. She is reluctant to insert herself into the discussions because she does not want to risk a negative response from the other members, especially as she has experienced bullying from one of them.

Another member reported a similar experience. When she was on a committee, the men would often talk about golf or hockey, and they did not include her when they went out socially after meetings. This matters, because significant issues are often discussed at social gatherings rather than at the formal meetings. The member felt it was not a conscious attempt to exclude her but a “subtle cultural thing” that is hard to change. She added that “it is not easy to invite yourself for a drink with the guys.” A male physician commented that he has also observed how women are treated differently. He said that he is

invited to go for dinner after a meeting and that the message is you are “kind of in” if you get invited. He added that Chairs should be encouraged to organize the social events after the meetings and explicitly invite everyone and “not just let it happen.”

Some noted there is a double standard—that men and women are assessed and treated differently in the same situations.

“Not this application but an application previously to the same committee was declined because of clear double standard. There was concern that my husband's job in allied health care would cause too much conflict of interest. I am not aware of male applicants being denied membership on hospital-topic committees because they are married to RNs.” (Survey respondent)

“I have witnessed repeated elections where men are disproportionately voted into positions relative to women. This is frustrating to me and certainly makes me feel less inclined to participate more in the organization.” (Survey respondent)

“I have run for a leadership position and was not elected in part due to what I perceive is a bias towards a male dominated leadership culture.” (Survey respondent)

“The challenge is how to get people to change who are least able to see the need for change.” (Interview participant)

Physicians of Colour

Some respondents indicated that colleagues made assumptions about their ethnicity or affiliation and expected them to speak on behalf of all others with those affiliations.

One respondent reported that the Chair of a committee asked “Does this often happen in your population—does this often happen in your people?” This and other similar comments were the norm, in terms of a method of questions. The physician’s response was “If you are asking about the subset of population [in a particular city] ... then the answer is “yes” or I am not sure what “your people” means? Can you please inform me?” I stayed on the committee for a few years and then left.” (Survey respondent, born outside Canada, with experience engaging with Doctors of BC)

Others noted they were asked about where they came from and where they had studied, and in at least one case, it was suggested that they were less qualified.

“I myself am a female and a visible minority and I am often made to feel uncomfortable by others asking about my background, where I studied, etc. It is inappropriate, annoying and not appreciated. I never ask a 'white' person where he or she comes from, regardless of how curious I am and how innocent my intentions are!” (Survey respondent)

“What I can attest to is being treated as less well qualified as a foreign graduate, which only makes one feel inadequate.” (Survey respondent)

Another IMG described the negative interactions he had experience with the College of Physicians and Surgeons of BC, and the mixed response from Doctors of BC when he raised his concerns. He did receive support after a request for help but was ignored on another occasion. Others have reported that the Association does not do enough to support IMGs.

Concerns were raised that although racism is less overt than it was a few years ago, it is still there: “people have simply become adept at not saying things out loud.”

“As an Asian minority, I’ve experienced nothing obvious. This where it gets complicated: 30 or 40 years of being an immigrant, in an area where I’m not majority background, there’s a perceived bias against me. I don’t know whether it’s real or not.” (Focus group participant)

One member reported that when she does challenge racist remarks the common response is “oh, you’re too sensitive.” Some physicians fear that if they seek out help dealing with inappropriate behaviour, they may be seen as the problem.

One member overheard inappropriate comments related to a physician of colour.

“Based on corridor gossip previous board members were making dismissive remarks such as ‘He only wants to join the board because he is Chinese and wants to prove that he is as good as us white folk’. I was shocked that such sentiments were being expressed by previous board members.”
(Survey respondent, older physician with experience engaging with Doctors of BC)

A physician of colour said it was sometimes difficult to tell whether he was encountering a microaggression, or if his past experience of racism influenced his interpretation of the event.

Age

Several members commented in the focus groups, interviews, and RA discussion groups on the challenges younger physicians face in securing a leadership position. There appears to be an informal consensus that younger members don’t have enough experience to be seriously considered for Doctors of BC leadership roles.

Some respondents thought younger colleagues and/or those who had been in practice only a short time were not given opportunities or felt discounted during discussions.

“An older physician remarked on how young I looked. I do look young, because I am, but it had very little bearing on the discussion at hand. I’m sure it was unintentional but it undermines my credibility.” (Focus group participant)

Another talked about incidents in which younger physicians were discounted when bringing up ideas. Older physicians often respond to these ideas with comments such as “we talked about that 5 years ago and won’t consider the idea again.” There is not even a discussion about how the ideas could be implemented—the ideas are just dismissed.

One person observed that the last Board election at the RA seemed to disadvantage the younger women who ran. “I think folks vote for people like themselves, and the RA is older and more men than women.”

Some commented that there were lots of assumptions about young doctors being lazy and entitled and that young physicians work “part time.”

There was also concern expressed by some that physicians who are over 65 are discriminated against despite their being very well qualified and having extensive experience.

“Older physicians have much to offer—why the emphasis on the youth?” (Survey respondent)

“We want to have people at both ends of their careers.” (Survey respondent)

Some believed they were disadvantaged by both age and gender. One individual reported that she was told that they didn’t want middle-aged women on a committee.

Physicians with Disabilities

Participants observed that Doctors of BC contracts out private health care insurance that does not cover pre-existing conditions and as a result some members have no private insurance coverage. This has resulted in “a lack of a safety net” for these members. One person commented that having a policy that doesn’t provide coverage for all is discriminatory. Physicians with disabilities are angry about this and less willing to be engaged or in some case even to continue to be members of the Association. Some members with disabilities reported feeling that the organization has failed them. There are many physicians who are “stressed out or depressed,” and those who have had “more invisible interventions such as stents” and who would not be covered if they disclosed. One member questioned where the ministry supplements for insurance go when some physicians end up not being covered.

Indigenous Physicians

Participation by Indigenous physicians in the assessment was low despite efforts to engage them. As noted earlier, one Indigenous physician indicated that Doctors of BC’s governance bodies were not considered to be safe enough places for Indigenous physicians to join. This is illustrated by comments heard by a female physician.

“I have heard comments that First Nations should just get over it that it isn't our fault and thus we don't have to do anything about it.” (Survey respondent)

Another witnessed a member who kept labelling Indigenous peoples as “Natives,” and this was very upsetting for the Indigenous physicians who were present. One person said she often hears racist comments about First Nations and sees this as a reflection of the fact that “we live and work in a discriminatory system.”

A physician in a remote area expressed concerns about racist comments made by colleagues, some of whom were also members of Doctors of BC.

“Where I practice, it’s a mostly Indigenous population. Not many providers. In meetings, I’ve heard comments that are racist. [The attitude is] ‘if no one’s there watching us, we can make the jokes.’ When you call it, you get ‘you’re so cute—trying to be so politically correct,’ but I don’t want to be not at that table. People are hearing it, but if there’s nowhere to take the comments... If no one calls it, it must be okay. There are others on board with my view, but we’re not the majority yet. Until we have the majority of people not okay with it, then it continues.” (Focus group participant)

Professional Groups

Some respondents were aware of tensions between specialties, between specialists and generalists, between rural and urban practitioners, and between other professional divisions.

One person, who is part of a division of family practice continuing medical education initiative, reported having been excluded from emails sent by a specialist, who responded only to another specialist physician and the division executive.

Others pointed to small demeaning comments directed from specialists to generalists. On the other hand, another person reported having heard derogatory comments about certain specialties that demonstrated an “incredible lack of humility (e.g., about others' expertise or about their own understanding of an issue).”

“As a physician working in a high earning specialty, my views were minimized and I was made to feel disconnected from the membership or that I could not empathize (or meaningfully represent) my colleagues.”

One person pointed out that only 3 specialists have been elected as President of Doctors of BC in the last 16 years.

Some physicians who are in part-time or locum practice reported being regarded as “less knowledgeable and representative.”

Some observed that problems arise when someone judges another physician's views as being against the entire profession. One person said that when residents and medical students were seen to be “going against the grain” they got a lot of negative online comments and were made to feel that “they were traitors.”

“I have seen physicians who have openly expressed certain views that may be 'against' the majority-held opinion of physicians be shunned from committees, excluded from discussion, or subtly told to take their leadership elsewhere.” (Interview participant)

International Medical Graduates

Concerns were expressed that IMGs experience discriminatory barriers to entering practice in BC, particularly from the College of Physicians and Surgeons of BC. Some allege that the Association doesn't advocate or provide enough supports for these members. One person commented that although it is not the blatant racism of the past, bias, particularly against IMGs of colour, persists.

Some observed that IMGs face discrimination in practice both from other physicians and from patients.

Individuals who were educated abroad talked about feeling like “second class citizens,” and one indicated that it took him 7 years to feel accepted as an equal. IMG members feel that as they have been trained outside Canada, they bring a different perspective that could add value to any role at Doctors of BC, and yet they report feeling discounted. Some observed this was related to the belief in the superiority of Canadian medical schools. However, comments also pointed to the existence of a disputed hierarchy of medical schools in Canada, with graduates of each school believing it the best. One person commented that physicians need to “stop fighting ourselves and work together to overcome the outside barriers and challenges that are facing the profession.”

Suggestions from RA Roundtable Discussions, Survey, Focus Group, and Interviews to Address Harassment, Microaggressions, and Disadvantage or Discrimination

Some stated that there needs to be a focus on healing the racism and sexism within “each of us” for the system to change. Comments also emphasized the importance of training leaders to be more aware of the impact their behaviour has or could have on others.

A large number of members who had experienced “bad behaviour” from other members didn’t know how to report it, and some received no support at all. Some did speak to the person directly but many did not. Some of these members reported being reluctant to report another member because of concerns that the College of Physicians and Surgeons would get involved and the member’s professional standing could be affected. Some had taken an issue up with the Chair of a committee, but because the Chair had not intervened, others did not feel safe raising the issue with him or her.

A majority of the assessment participants reported that they were not aware of any guidance provided by Doctors of BC with respect to what they or others should do if they experienced harassment or felt unsafe. By contrast, one observed that UBC and other organizations have very clear policy and process related to reporting harassment.

Some indicated that they were not aware of the Association having any values statements related to this issue. A physician of colour called on Doctors of BC to make it clear that it will not tolerate people who espouse hate. Others called for a fair and transparent process for dealing with harassment, and said it should include expelling from the organization people who espouse hate.

Some commented that the Association needs to put in place a process or a policy that explicitly defines harassment and provides a detailed guide for dealing with members whose behaviour negatively impacts others, especially those who repeatedly exhibit bad behaviour. Others suggested that members could raise concerns with the CEO directly or with the President. One member recommended that women, including women of colour, be involved in drafting this policy.

Some called for a code of conduct that clearly lays out expectations about behaviour and itemizes “things that are not appropriate.” Others pointed out that it would be helpful for Doctors of BC to provide members with guidelines for intervening when someone makes derogatory comments, because “it is not easy to do.”

Having an independent third party or ombudsperson to address harassment concerns was seen as the safest option by some respondents. Other members felt that if incidents happen in committees, individuals should go to the Chair or the President directly. Another suggested that physician liaisons could be appointed for each health authority so members would have somewhere to go when they experience harassment. Other respondents felt the Association needs to create a process but said the organization should do so without using the term “harassment.” The word is seen as volatile, and concerns were expressed that it could sidetrack the implementation of a process.

Another person commented that it would be better for the organization not to institute a formal harassment policy but instead to take “baby steps” in providing members with options for dealing with negative behaviours and to “work up” to a more formal process.

One member pointed out that a policy approach making it clear that certain behaviours are problematic would go some way to addressing the defensiveness that will likely arise when these issues are addressed. Members who are engaged in governance at Doctors of BC could receive training in dealing with behaviours and comments.

It was suggested that the Association offer education and training about diversity and inclusion as this would send a clear message about their commitment to this issue.

It was also suggested that Doctors of BC develop an orientation booklet for all members that would include a complaints process.

Some pointed out that a lot of behaviours by members could be perceived as microaggressions, and noted the need for caution in addressing these behaviours to prevent backlash.

6.0 RECOMMENDATIONS

The recommendations have been developed by the consultant and are based on the analysis of the key themes arising from the research and the suggestions made by participants in the survey, the RA roundtable discussions and the focus groups and interviews.

The recommendations are aimed at removing or reducing barriers to encourage members from underrepresented groups to get more involved with the governance of Doctors of BC.

Key Factors to Keep in Mind When Moving Forward

Diversity represents more than demographic differences; diverse representation recognizes that individuals bring differing opinions, perspectives and viewpoints and these factors are not necessarily a reflection of a specific identity group.

In moving forward with diversity and inclusion initiatives, it is important to adopt an intersectional lens recognizing that all members have multiple diversity identities.

It is also important to recognize that diversity and inclusion implementation is a long-term and evolving process and includes all members not just members from underrepresented groups. Inclusion only takes place when ALL members can participate and feel they have a sense of belonging.

Affirm a strong organizational commitment to diversity

1. Make diversity and inclusion explicit values of the organization.
2. Develop a diversity and inclusion vision and value statement.
3. Develop a diversity and inclusion strategy and implementation plan, and measure progress.
4. Communicate the diversity and inclusion vision, value statement, and strategy to all members.

Provide organizational support and leadership for diversity

1. Create a formal Diversity and Inclusion Committee that, in consultation with the Board, will lead the development. Specifically, the committee will
 - Develop the vision
 - Design the implementation plan for Board approval
 - Present reports to the Board regarding implementation progress

- Champion diversity and inclusion in the organization

Collect demographic data

1. Collect demographic data of members and of those engaged with Doctors of BC bodies in order to track changes in representation.

Develop policy and training to address harassment and bullying

1. Develop a harassment and bullying policy that includes clear information about the process for members to file harassment complaints and about how the complaints will be investigated.
2. Provide training on the harassment and bullying policy to the Chairs of governance bodies and Speaker of the RA, and include this training in the existing training for Chairs.
3. Make Chairs and the Speaker of the RA responsible for challenging and responding to harassing or inappropriate comments or behaviours and for making it clear that this behaviour is not accepted in the organization.
4. Provide online or in-person training on the harassment and bullying policy to current and new members of the governing bodies, and include information about the policy in the onboarding package.

Reduce barriers to participation

1. Review compensation guidelines for travel and loss of clinical time to assess if these guidelines limit participation in governance bodies by physicians from rural and remote communities.
2. Maximize the use of reliable remote technologies in order to limit the need for members to travel to participate in meetings.
3. Explore the provision of childcare at meetings and/or compensation for childcare costs.
4. Develop strategies to encourage the engagement of physicians in their local community-based organizations, such as Divisions of Family Practice, in order to build experience and skills.

Increase awareness of opportunities to become involved in a Doctors of BC governance body

1. Expand outreach strategies (beyond the use of email) to inform members of governance opportunities. Strategies could include
 - a. Promoting positions on the website
 - b. Personal communication from existing leaders
 - c. Information and/or networking meetings in-person and online around the province.
2. Ensure postings include explicit information about what each role entails: the tasks, duties, time commitment, and skills the committee is looking for.
3. Review, expand, and increase the visibility of the information posted on the website about the role and mandate of committees, the RA, and the Board.
4. Publicize in member communications and/or on the website profiles of members who are currently participating, with a focus on members of underrepresented groups on committees, the RA, or the Board. Provide information on their motivation for getting involved and what the benefits have been.

Actively recruit diverse applicants

1. Include the diversity and inclusion vision and value statement on all postings.
2. Be explicit about recruiting diverse applicants, using statements such as “we are particularly interested in receiving applications from members of underrepresented groups and strongly encourage them to apply” or “we support diversity in our governance bodies and welcome applications from all groups. This includes women, visible minorities, Indigenous Peoples, persons with disabilities, persons of diverse sexual orientation, gender identity or expression (LGBTQ2S+), and others who may contribute to diversity in the organization.”
3. Proactively identify and encourage members from underrepresented groups to submit applications for positions.
4. Collaborate with other organizations to recruit candidates from underrepresented groups. Consider collaborations with organizations such as the Chinese Canadian Medical Society of BC, the Society of Specialists, divisional or hospital staff meetings, Resident Doctors of BC, the medical schools, IMG programs, the First Nations Health Authority, and the Indigenous Physician Association of Canada.

Revise the application form for Committee, RA and Board postings

1. Review the application form and explore other design options that allow more versatility in formatting.
2. Include self-identification questions on the application form and explain why applicants are being asked to self-identify and how the information will be used.
3. Encourage applicants to provide a narrative detailing their strengths and how they meet the posting requirements, including the different perspective they will bring to the position.
4. Consider asking applicants to describe their commitment to and experience with diversity and inclusion and how this will bring value to their contribution.

Review the selection process

1. Conduct a review of the Nominating Committee processes, including a review of past application and decision files to identify ways to facilitate diversity and inclusion.
2. Allocate points for diversity factors and make diversity competency a part of the selections criteria for all positions.
3. To combat the perceived bias that only “older” physicians have the necessary experience and skills for a position, establish a broader definition of experience, ensure that experience does not overpower other considerations, and be explicit about the specific knowledge and skills that are required for a position.
4. Provide training in unconscious bias for Nominating Committee members.
5. Speak with unsuccessful applicants to explain the rationale behind the selection decision and to discuss ways for the applicant to become engaged, and build skills.

Welcome and support new members when they join a governing body

1. Create a list of mentors who are or have been engaged in the Association’s governing bodies, and link these mentors to both successful and unsuccessful applicants.
2. Develop a list of leadership training opportunities, and promote these opportunities to the membership.

3. Establish an onboarding process for new members of Doctors of BC groups. Include a glossary of terms and acronyms used and an infographic of health system partners to help new committee members understand and navigate the landscape: Doctors of BC vs. Ministry of Health vs. health authorities vs. divisions of family practice, and MSAs, committees, etc. This could be done in person, via an orientation video, or with an online self-directed learning program.

Implement changes to governance operations and communications

1. Communicate the ongoing actions/discussions of committees, the RA, and the Board, and make the minutes available to members.
2. Educate the membership about the Nominating Committee and decision-making process.
3. Make succession planning part of the mandate of every committee.
4. Review the committee, RA, and Board mandates, structures, and practices to determine how they can achieve representation of the diversity of Doctors of BC members.
5. Make Chairs responsible for inviting all members to ad-hoc social gatherings (after meetings) to ensure the inclusion of all members of the committee.
6. Clearly indicate on the website which districts and types of practice each RA member represents.
7. Inform RA members how the information from the roundtable discussions is used.
8. Make RA members responsible for reporting back to their constituent groups about discussions and decisions taken at the RA and for informing them about diversity and inclusion initiatives. Provide RA members with the support they need to do this.
9. Expand advocacy on issues of importance to members, such as the opioid crisis and immigrant and refugee health.
10. Provide diversity training to all members who participate in committees, the RA, or the Board.
11. Assign responsibility to all organizational leaders to be active and visible supporters of diversity and inclusion.
12. Actively engage those who are opposed to diversity and inclusion initiatives and explore their concerns and find ways to encourage their participation.

Assess disability needs

1. In consultation with members with disabilities, conduct an assessment of the washrooms and meeting rooms at Doctors of BC to ensure that they are accessible.
2. Ensure that other meeting venues that Doctors of BC uses for meetings are accessible.
3. Consult with members with disabilities to ensure that adaptations are appropriate.

Make the organization's commitment to diversity visible

1. Audit all communications vehicles to ensure that images and language reflect the diversity of the membership.
2. Continuously update and inform members about what the organization is doing and why with respect to diversity and inclusion.
3. Distribute the Diversity and Inclusion Barrier Assessment report to all members.
4. Post the diversity and inclusion vision, strategy, and implementation plan on the website, and deliver presentations at the Board, RA, and committees about the vision and strategy and implementation plan.

5. Publicize the existence and the work of the Diversity and Inclusion Committee.
6. Open every meeting with an acknowledgement of Indigenous territory.
7. Organize visible campaigns to indicate support for diversity such as a ribbon campaign.
8. Visibly support events such as the Pride Parade and the Chinese New Year Parade.

7.0 APPENDICES

Appendix 7.1 Diversity and Inclusion Advisory Working Group

I would like to thank the Diversity and Inclusion Advisory Working Group members for their support and for their contributions to the design and understanding of the data gathered throughout the research process.

Dr Evan Adams

Ben Chen, medical student

Dr Sukaina Kara

Dr Charuka Maheswaran

Dr Graham Reid

Dr Samantha Segal

Dr Barinder Singh (Chair)

Dr Simona Spassova

Appendix 7.2 Survey Tool

The following is a copy of the Doctors of BC Diversity and Inclusion Survey tool that was distributed to members.



Doctors of BC Diversity and Inclusion Survey 2019

Thank you for participating in this survey. Ultimately our goal is to ensure our governance structures - the Board, Representative Assembly (RA) and Committees - are inclusive and reflect the diversity of our membership. Through this survey, we are seeking to understand what barriers may prevent some under-represented groups from participating in these governing bodies and what supports have enabled participation. Your perspective will help us identify challenges and opportunities, and will help shape the questions we will ask in our discussion groups over the next few months.

The survey should take no more than 10 minutes to complete. We assure you your answers will remain **anonymous and confidential**, TWI Surveys will only share aggregate results with Doctors of BC.

As a thank you for taking part, upon completion of the survey you may choose to enter a draw to win a free one-year membership to Doctors of BC. To enter the draw, you will need to provide your name and email address, but please be assured this information will not be shared with Doctors of BC - only the winner's name will be provided to Doctors of BC.

Please respond to each of the Likert-scaled questions based on your level of agreement or disagreement with the following statements. All agreement questions are neutral to positively worded, presuming if you Agree it is a good thing and if you Disagree it would be a negative result.

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly agree	Don't know
1. I am aware of opportunities for me to participate in Doctors of BC committees, the RA and the Board.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am kept informed about committee postings and/or have access to information about seeking a position on a Doctors of BC committee, the RA or the Board.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The descriptions of the positions and instructions on how to apply are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I hear about opportunities from: <i>(Select all that apply)</i> <input type="checkbox"/> Email <input type="checkbox"/> Doctors of BC website <input type="checkbox"/> Social Media <input type="checkbox"/> Word of mouth <input type="checkbox"/> I have not heard of opportunities <input type="checkbox"/> Other If 'Other' please specify: _____						
5. Of the following at Doctors of BC, would you be interested in applying/running to serve in the future? <i>(Select all that apply)</i> <input type="checkbox"/> Committees <input type="checkbox"/> RA <input type="checkbox"/> Board <input type="checkbox"/> None						
6. What factors might prevent you from being interested in applying to and/or serving on Doctors of BC committees, the RA or the Board? <i>(Select all that apply)</i> <input type="checkbox"/> Do not have the right qualifications, knowledge or experience <input type="checkbox"/> Geographical location-proximity to meetings <input type="checkbox"/> Professional responsibilities <input type="checkbox"/> Time constraints <input type="checkbox"/> Timing of meetings <input type="checkbox"/> Family responsibilities <input type="checkbox"/> Not sure how to identify existing opportunities <input type="checkbox"/> Feel my voice will not be heard <input type="checkbox"/> Other If 'Other' please specify: _____						

- | | Strongly
disagree | Disagree | Neither
Agree nor
Disagree | Agree | Strongly
agree | Don't know |
|--|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|
| 7. There is a culture of safety and respect (including socially, emotionally and physically) at Doctors of BC. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 8. Members who are a part of groups currently underrepresented (these include but are not limited to women, physicians from diverse ethnic groups, and younger physicians) are more likely than others to encounter barriers to participation on committees, the RA or Board. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

9. How can Doctors of BC better accommodate these physicians within its governance structures?

Applying to committees (including standing committees, sub-committees, working groups and ad hoc committees), Representative Assembly and Board

10. I have applied to be a member of Doctors of BC committees, the RA or the Board in the last five years?
(Must complete)
- ☐ Yes
- ☐ No

11. My application was accepted?

- ☐ Yes
☐ No

12. What motivated you to apply?

13. I have experienced harassment in connection with my application or participation on a Doctors of BC committee, the RA or the Board.

Yes
☐

No
☐

Not sure
☐

14. I have experienced micro aggressions (verbal or behavioural indignities, whether intentional or unintentional, that communicate derogatory or negative prejudicial slights and insults toward any group which can result in subtle discouragement and or exclusion) in connection with my application or participation on a Doctors of BC committee, the RA or the Board.

Yes
☐

No
☐

Not sure
☐

15. Please provide a short description of what you have experienced (optional):

16. I have experienced disadvantages/discrimination when applying for or participating on a committee, the RA or Board.

Yes
☐

No
☐

Not sure
☐

17. What factors do you believe contributed to your experience of disadvantage/discrimination?
(Select all that apply)

- ☐ Race
- ☐ Colour
- ☐ Place of origin
- ☐ Place of medical education
- ☐ English as a second language (ESL)
- ☐ Political belief
- ☐ Religion
- ☐ Marital status (includes being married, single, widowed, divorced, separated or living common-law)
- ☐ Family status (refers to parent-child relationships but may also extend to other family connections)
- ☐ Disability
- ☐ Gender
- ☐ Sexual orientation
- ☐ Age
- ☐ Other factors not listed above
- ☐ Not applicable

If 'Other' please specify:

18. Please provide a short description of what you have experienced (optional):

19. I have seen others experience disadvantages/discrimination when applying for or participating on a Doctors of BC committee, the RA or Board.

Yes
☐

No
☐

Not sure
☐

20. What factors do you believe contributed to their experience of disadvantage/discrimination?
(Select all that apply)

- ☐ Race
- ☐ Colour
- ☐ Place of origin
- ☐ Place of medical education
- ☐ English as a second language (ESL)
- ☐ Political belief
- ☐ Religion
- ☐ Marital status (includes being married, single, widowed, divorced, separated or living common-law)
- ☐ Family status (refers to parent-child relationships but may also extend to other family connections)
- ☐ Disability
- ☐ Gender
- ☐ Sexual orientation
- ☐ Age
- ☐ Other factors not listed above
- ☐ Not applicable

If 'Other' please specify:

21. Please provide a short description of what you have seen others experience (optional):

Membership in Doctors of BC committees, the RA or the Board

22. At Doctors of BC:
(Must complete)

- ☐ I am or have been a member of committees, RA or Board
- ☐ I have not been a member of committees, RA or Board

23. When were you last a member of a committee, the RA or the Board?

- ☐ Currently a member
- ☐ -1-2 years ago
- ☐ 3-5 years ago
- ☐ 6-9 years ago
- ☐ 10+ years ago

Reflect on your most recent experience participating on Doctors of BC committee, the RA or Board.

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly agree	Don't know
24. I was able to effectively contribute my knowledge and expertise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I believe my participation was supported and appreciated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I feel that my opinion mattered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I feel that diversity was valued.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I believe that the physician leaders reflected a culture of civility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I was confident that the physician leaders of our governance structures did not tolerate harassment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I had an important part to play in shaping or influencing decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. There was acceptance of people with different ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Actions

32. What strategies could be used to encourage more members of underrepresented groups to apply for and actively participate in the work of Doctors of BC committees, the RA and/or the Board?

33. What supports are needed to enable more members of underrepresented groups to apply for and actively participate in the governance structures of Doctors of BC?

Demographic Information

The survey uses an intersectional approach, which recognizes that identities and social positions are shaped by multiple factors. Age, disability, ethnicity, gender, gender identity, religion and belief and sexual orientation are among the factors that contribute to each person's unique experiences and perspectives. The effect of these overlapping identities will be central to the analysis of responses.

34. Membership:

- ☐ Physician member
- ☐ Medical student
- ☐ Resident
- ☐ Retired

35. Type of practice:

- ☐ Family physician
- ☐ Specialist
- ☐ Trainee (student/resident)

36. Years in practice/residency:

- ☐ 5 years or less
- ☐ 6-14 years
- ☐ 15-25 years
- ☐ More than 25 years

37. Your primary health authority:

- ☐ First Nations Health Authority
- ☐ Fraser Health Authority
- ☐ Interior Health Authority
- ☐ Island Health Authority
- ☐ Northern Health Authority
- ☐ Provincial Health Services Authority
- ☐ Vancouver Coastal Health Authority

38. Your practice is primarily:

- ☐ Urban
- ☐ Rural
- ☐ Remote

39. In the last five years, I have served on:
(Select all that apply)

- ☐ Committee
- ☐ RA
- ☐ Board
- ☐ None

40. Age:

- ☐ 34 or younger
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65 or over
- ☐ Prefer not to say

41. What gender do you identify with?

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ Gender fluid
- ☐ Prefer not to say
- ☐ Prefer to self-describe

42. Do you identify as transgender?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

43. What sexual orientation do you identify with?

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay
- ☐ Lesbian
- ☐ Pansexual
- ☐ Queer
- ☐ Questioning
- ☐ Straight/heterosexual
- ☐ Two Spirited
- ☐ Prefer to self-describe
- ☐ Prefer not to say

44. Are you a person with a disability?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

45. Would you identify as:

(Select all that apply - we have tried to be inclusive and we apologize if we have missed any identifiers.)

- ☐ Aboriginal - First Nations
- ☐ Aboriginal - Inuit
- ☐ Aboriginal - Métis
- ☐ African
- ☐ Black
- ☐ British (English, Scottish, Welsh)
- ☐ Brown
- ☐ Canadian
- ☐ East Asian (such as Chinese, Japanese, Korean)
- ☐ Eastern European
- ☐ Hispanic (South and Central American)
- ☐ Irish
- ☐ Middle Eastern (such as Syrian, Iraqi, Israeli)
- ☐ South Asian (such as India, Pakistan, Sri Lankan)
- ☐ South East Asian (such as Cambodian, Vietnamese, Philippines, Indonesian, Malaysian, Thai, Laotian)
- ☐ West Asian (such as Afghan, Iranian)
- ☐ West Indian
- ☐ Western European
- ☐ White
- ☐ Prefer to self-describe
- ☐ Prefer not to say

46. Do you have a religious affiliation/spiritual practice?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

If 'Yes' please specify:

47. Did you receive your medical education outside of Canada?

- ☐ Yes
- ☐ No

48. Where were you born?

(Must complete)

- ☐ In Canada
- ☐ Outside Canada
- ☐ Prefer not to say

49. If you were born outside Canada, please specify where:

50. If you were born outside Canada, how long have you lived in Canada?

- ☐ Less than 1 year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11 years or more

Appendix 7.3 Focus Groups and Interview Tool

The following focus group and interview introduction and questions were used in the diversity and inclusion barrier assessment.

Focus Group – Introduction and Questions

05-10 Welcome and Introductions

- Open the session: We would like to begin by acknowledging that the land on which we are facilitating this focus group is the unceded territory of the Coast Salish Peoples, including the territories of the (Musqueam), (Squamish), and (Tsleil-Waututh) Nations
- Facilitator introduction
- Each participant introduces themselves- name, type of practice and where they work, applied/stood for positions on committees, RA, or Board and if they have participated in them?

00-05 Technical Introduction

10-20 Background

Thank you for volunteering to participate.

- Why are we here? Doctors of BC is seeking to understand what barriers may prevent some underrepresented groups from participating in these governing bodies and what supports have enabled participation.
- The goal of the focus groups is to gather more in-depth information regarding some of the themes that emerged in the survey that went to all members.
- A report with recommendations will be prepared based on the data gathered from the survey, focus groups and interviews.

Process

- 1 hour in length. We can continue beyond that if the group wants to do that.
- We are not seeking consensus – we are looking to gather everyone’s perspectives

Confidentiality

- Commitment from each person to not repeat any comments or information shared in this room with anyone outside of this group. Need that commitment to have an open, useful conversation
- When giving examples – ask that you not use people’s names
- Do we have your permission to record comments?
- Commit that we as consultants will report comments in a way that would NOT identify any individual. We may use quotes to highlight the themes. Please let us know if you share anything you feel will identify you or do not want your words quoted.
- You also have the opportunity to provide written comments at the end of the session in case you have comments that you would like to offer individually.

Do you have any questions about the process?

Focus Group and Interview Questions

The questions will focus on three main areas: Recruitment, participation in committees, the RA or the Board and experience of harassment/micro aggressions/ discrimination. We will aim to leave time at the end if there is anything else you want to bring up.

20-30 Recruitment

The first group of questions relate to how Doctors of BC recruits members to join committees, the RA and/or the Board. This includes how you learn about opportunities, how you get appointed/stand for or are voted to committees, the RA or Board.

Questions

1. To what extent do you think Doctors of BC values diversity and inclusion? Would you consider the organization “a safe place” to participate? How big of a factor is this in your decision to apply or not apply /run and participate in a committee, the RA, or the Board?
2. How do you feel your identity affects (positively or negatively) how you are considered for positions in committees, the RA or the Board?
3. Do you perceive any gender, racial, cultural bias (conscious or unconscious), or bias based on disability in the current selection process? If so, please describe what you have perceived.
4. What aspects of the recruitment process encourage a wide diversity of members to apply? Please be as specific as you can be.
5. How could the recruitment process be changed to result in a better representation of the diversity of the membership?

30-40 Participation in Committees, RA, Board

The next group of questions pertains to the experience members have when they participate in a Doctors of BC committee, the RA or the Board.

1. In your experience, to what extent do the committees, RA and the Board accommodate and respect religious, cultural, parental, gender, physical differences? Please give any examples if you have them.
2. To what extent did you feel your opinion was considered and that your voice mattered?
3. What does Doctors of BC do to encourage inclusion on committees, RA and the Board?
4. What ways do you think Doctors of BC could better support physicians/ medical students and residents of colour to participate in the organization?

40-55 Experience of Harassment/micro aggressions/disadvantage or discrimination

The final group of questions is about the extent to which you or other members have experienced harassment, micro aggressions, disadvantages or discrimination. Micro aggressions are verbal or behavioral indignities, whether intentional or unintentional, that communicates derogatory or negative prejudicial slights and insults toward any group which can result in subtle discouragement and or exclusion.

1. What has been your experience either directly or witnessing others experience harassment, micro aggressions and/or being disadvantaged or discriminated against?
2. What guidance does Doctors of BC provide as to what you are supposed to do if you experience any of these behaviours?
3. What does Doctors of BC do to discourage such behaviour?
4. What else could it do to discourage this behaviour?
5. To what extent do you think the existence of harassment or micro aggressions or discrimination prevents members from applying for positions or is a factor in members leaving positions?

55-60 Closing

1. Can you think of anything else that we have not covered that you would like to comment on?
2. On reflection is there anything you have shared you do not want us to include in the report or comment you do not want us to quote?

Appendix 7.4 Participant Suggestions

During each phase of the diversity and inclusion assessment members were asked to provide suggestions as to how to address the issues and barriers they had identified. The following includes many of these suggestions grouped by theme.

Affirm a strong organizational commitment to diversity:

- Develop a diversity vision and strategy for Doctors of BC, including a communications plan to inform members and raise awareness of the benefits of diversity
- Implement, measure and track the impact of strategic interventions
- Repeat the survey to assess changes in perceptions about diversity and inclusion in the organization.
- Give a senior physician a position at Doctors of BC who will have specific responsibility and accountability for this (i.e., Chief diversity and inclusion officer) and maintain the Diversity and Inclusion Advisory Group to monitor progress
- Do an annual voluntary census of members and of those engaged with Doctors of BC bodies in order to track changes in representation
- Set up a physician liaison position to provide support to members specifically regarding mental and physical health.
- Take concrete actions to implement recommendations in the Truth and Reconciliation Report.
- Develop a pro-active process to recruit underrepresented groups to serve in Doctors of BC leadership roles.
- Apply diversity lens to all committees and procedures, rather than having a permanent diversity committee that is seen as an “add on”/silo.

Policy:

- Establish and enforce a harassment and bullying policy which includes a clear process on how members can file complaints about harassment, how the complaints will be investigated and what options there are for action.
- Add the harassment policy to the code of conduct to ensure no form of discriminatory behaviour is tolerated.
- Make provision for anonymous reporting if issues are persistent or repeated [“particularly when it comes to racist comments.”]
- Review policies to reflect the value of participation. Consider moving away from voluntarism, which may not be practical (although there is some caution about paying a ‘wage’ — “may attract the wrong type of people”).
- Appoint a third party ombudsman for dealing with complaints.
- Provide guidelines to all who participate in Doctors of BC bodies how to deal with inappropriate comments and behaviour
- Provide training to the Chairs and Speakers as how to intervene.

Increase representation from doctors in rural and remote communities:

- Provide enough financial incentives for physicians to take time away from clinical practice to participate in Doctors of BC activities.
- Maximize the use of reliable remote technologies so that members from across the province can meet and communicate virtually and digitally

- Move the Annual General Meeting around the province and put it on a day when most physicians can attend (not on a Friday, for example)

Increase representation of younger physicians, many of whom have young children:

- Automatically include childcare in in-person conferences
- When selecting candidates, value experience gained with organizations such as Resident Doctors of BC
- Provide full compensation for child care costs
- Provide child care at meetings.
- Take a more active stand on social justice issues of interest to younger physicians such the opioid crisis.

Increase awareness of opportunities to become involved in a Doctors of BC governance body:

- Use annual payment of fees as an opportunity to raise awareness in participating in Doctors of BC's governance bodies and to generate interest
- Diversify vehicles used to inform members of opportunities beyond email, e.g., videos, website section, personal communication from existing leaders, information meetings and/or calls, First five Years of Practice Facebook page, etc.
- Be explicit about what each role entails – the tasks, duties, time commitment, skills required, focus of the work, etc.
- Publicize successful results of committee work via the website, with links from emails; make it easier for members to submit ideas or feedback to committees.
- Move the Board meetings around a bit so people could see the Board in action if they wanted.
- Ensure members are aware of the impact they can have by serving on a committee—how what they do will help their patients and their communities.
- Determine whether information about governance opportunities with Doctors of BC can be included in the package provided to new registrants by the College of Physicians and Surgeons of BC.
- Find a mechanism for sending members information about governance opportunities when they have been in practice in BC for six months.

Actively recruit diverse candidates:

- Hold town halls around the province with specific invitations to underrepresented groups to find out more about opportunities with Doctors of BC.
- Engage residents and new grads in applying by mail in, by direct invitation, by creating a dedicated recruitment social event open to new applicants/candidates/Residents/grads to come in and be educated on opportunities to run and serve in a committee/Board /RA
- Highlight the need for and the commitment to diversity in postings for committee members
- Invite specific qualified people from underrepresented groups to come forward on their own.
- Hold targeted focus groups to explore underrepresented group's barriers, preferred method of participation, educational needs for participation
- Collaborate with other organizations to recruit candidates from underrepresented groups. Examples of such organizations include the Chinese Canadian Medical Society of BC, divisions of family practice, Society of Specialists, Divisional or Hospital staff meetings, Resident Doctors of BC,

the medical schools, First Nations Health Authority and the Indigenous Physician Association of Canada.

- Do a follow-up consultation with indigenous members on how the Association can facilitate and encourage more participation from indigenous physicians
- Set up online networking events to promote engagement
- Communicate the stories of those already involved – why they got involved, their experience, and the benefits of their involvement.
- Actively recruit IMGs and hold orientation sessions about Doctors of BC that emphasize that the Association welcomes their participation
- Don't rely primarily on email to inform members of positions. Plan more targeted recruitment: seek out physicians whose interests or expertise are a good match for specific committees or positions, and call/make personal contact rather than rely on email.
- Undertake an inventory of members: how they are able to contribute, what skills they bring to the table. The association may be unaware that members have expertise (including non-medical) that committees need. "The association could do more—not just assume members will come forward. Members have busy lives. We should have a broad dynamic map of where members are, what they are doing, and what interested in."
- Review the application form, explore other design options that allow more versatility in formatting, and include self-identification questions.

Selection Criteria:

- Conduct a systematic review of the nominating committee processes – review of applications and decisions files.
- Expand selection criteria for appointments and nominations to include leadership collaboration and engagement skills and diversity awareness and sensitivity.
- Give preference to members from underrepresented groups when selecting members for engagement opportunities, assuming other qualifications are equal.
- Ensure that seniority is not a selection criterion.
- Educate the membership about the nomination committee and decision-making process including the matrix.
- Provide training in unconscious bias for nominating committee members.

Welcome and support new members when they join a governing body:

- Establish a Mentorship program for all new members to Doctors of BC's governance bodies.
- For the RA, in particular, it is important that more seasoned members who understand the politics mentor younger/newer members.
- Offer support for those applying to be considered for Doctors of BC positions.
- Provide diversity training to all leaders which would include members' responsibility to speak up when they witness unacceptable behavior or language.
- Establish a leadership development program for current and future leaders
- Establish an onboarding process for new members of Doctors of BC groups. Include a glossary (which would also be on the website) of terms and acronyms used and an infographic of health system partners to help new committee members understand and navigate the landscape: e.g.,

Doctors of BC vs. Ministry of Health vs. Health Authorities vs Divisions of Family Practice, MSAs, committees, etc.

- Some suggested a gradual integration into committee roles through succession planning and mentoring, noting that senior doctors on some medical staff associations had recommended giving younger doctors small jobs to allow them to gain experience and confidence.
- “Older doctors want to cut back and retire as young people are coming in. They could ‘job share’ for a while. It can be quite intimidating to sit on a province-wide committee.”
- Assign coaches for new members to the RA.
- Establish ‘open mic’ for 60 to 90 minutes at each session of the RA to encourage and support open and meaningful debate and allow younger and newer members to speak up without fear of reprisal.
- “We need to think about physicians who might be marginalised within the profession: LGBTQ people, people living with mental disability, or people dealing with other things ... including internationally trained physicians (25% of doctors here are from overseas).”

Increase Transparency:

- Communicate the purpose and ongoing actions/discussions of committees, the RA and the Board and make the minutes available to members.
- Keep the question channel on Slack open all the time for RA members to post questions between and during meetings.
- Be accountable and inform RA members as to how the information from the roundtable discussions is used.

Change Governance Model:

- Institute Term Limits (if they don’t exist already) for executive leadership positions and for director and committee members
- Make succession planning part of all committees’ mandates. All governance bodies should know where they want to be (and what they want to look like) in five years.
- Review the new Board/RA structure with a view to how it can better support representation of the diversity of Doctors of BC members
- Provide committee Chairs with regular feedback on their performance. Establish mechanisms for committee members to provide feedback to/about staff who support committees to ensure the association is aware of how it performs in supporting its members.
- Assign Chairs with the responsibility to challenge/deal with discriminatory or harassing comments or behaviours and make it clear that this behaviour is not accepted in the organization.
- Chairs should be assigned responsibility to organize social events to which all members of the committee are invited
- Governance bodies should be advocates on issues of important to members (“strong representative voice”).

Make Diversity Visible:

- Audit all communications vehicles and collateral to ensure that images and language reflect the diversity of the membership
- Post a commitment to diversity and inclusion on the website and deliver presentations at the Board, RA and committees about what diversity and inclusion means.

- Include a diversity statement in recruitment information for governance positions
- Ensure all members are aware of diversity initiatives and activities and are given opportunities to participate.
- Open every meeting with an acknowledgement of Indigenous territory.
- Organize a ribbon campaign to celebrate diversity at Doctors of BC.
- Visibly support diversity such as the Pride Parade and the Chinese New Year Parade.