

# Diversity and Inclusion Barrier Assessment Recommendations

*We all have our mark to make.*

In 2019, Doctors of BC conducted broad member engagement to seek member views on how we can encourage greater diversity and inclusion within our committees, the Representative Assembly, and the Board of Directors.

The consultation focused on identifying and gaining a solid understanding of the current barriers to achieving diversity. We sought to answer the question: Why are many physicians from these underrepresented groups not fully represented? We were not looking for ‘quick-fix’ solutions, but rather to thoroughly explore the challenges and possible solutions.

The result of this work is the [Doctors of BC Diversity and Inclusion Barrier Assessment](#) which lays out **57 recommendations for how we can improve diversity and inclusion in our organization.** These recommendations have been reorganized from the original Barrier Assessment to better reflect how our organization operates and shown below.



## Application Process for Committee Openings

### Pre-Application Process

1. 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.
2. Proactively identify and encourage members from underrepresented groups to submit applications for positions.
3. 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.

## Application Process

1. Include the diversity and inclusion vision and value statement on all postings.
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 the application form and explore other design options that allow more versatility in formatting.
4. 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 consideration, and be explicit about the specific knowledge and skills required for a position.
5. 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.
6. Consider asking applicants to describe their commitment to and experience with diversity and inclusion and how this will bring value to their contribution.
7. 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.
8. Speak with unsuccessful applicants to explain the rationale behind the selection decision and discuss ways for the applicant to become engaged and build skills.



## Nominations Process

1. Educate the membership about the Nominating Committee and decision-making process.
2. Conduct a review of the Nominating Committee processes, including a review of past applications and decision files to identify ways to facilitate diversity and inclusion.
3. Provide training in unconscious bias for Nominating Committee members.
4. Allocate points for diversity factors and make diversity competency part of the selections criteria for all positions.

## Mentorship and Leadership

1. Develop a list of leadership training opportunities, and promote these opportunities to the membership.
2. 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.
3. 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.



## Committee, Representative Assembly, and Board Changes

### Communications Processes

1. Clearly indicate on the website which districts and types of practice each RA member represents.
2. Inform RA members how the information from the roundtable discussions is used.
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.
5. Make RA members responsible for reporting back to their constituent groups about discussions and decisions taken at the RA and for information them about diversity and inclusion initiatives. Provide RA members with the supports they need to do this.
6. Communicate the ongoing actions/discussions of committees, the RA, and the Board, and make the minutes available to members.

### Roles and Responsibilities

1. 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.
2. 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.
3. Make succession planning part of the mandate of every committee.
4. Make Chairs responsible for inviting all members to ad-hoc social gatherings (after meetings) to ensure the inclusion of all members of the committee.
5. Provide diversity training to all members who participate in committees, the RA, or the Board.
6. Assign responsibility to all organizational leads to be active and visible supports or diversity and inclusion.

### Harassment Policy

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 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.
3. 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.
4. 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.

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## Doctors of BC Operational Processes

### Member Outreach and Communications

1. Distribute the Diversity and Inclusion Barrier Assessment report to all members.
2. Audit all communications vehicles to ensure that images and language reflect the diversity of the membership.
3. Expand outreach strategies (beyond the use of email) to inform members of governance opportunities.
4. Visibly support events such as the Pride Parade and the Chinese New Year Parade.
5. Organize visible campaigns to indicate support for diversity such as a ribbon campaign.
6. Expand advocacy on issues of importance to members, such as the opioid crisis and immigrant and refugee health.
7. Actively engage those who are opposed to diversity and inclusion initiatives and explore their concerns and find ways to encourage their participation.

### Meeting Operations

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. Explore the provision of childcare at meetings and/or compensation for childcare costs.
3. Open every meeting with an acknowledgement of Indigenous territory.
4. Maximize the use of reliable remote technologies in order to limit the need to members to travel to participate in meetings.

### Data Collection

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



## Diversity and Inclusion Advisory Group

### Advising

1. Create a formal Diversity and Inclusion Committee that, in consultation with the Board, will lead the development.
2. Publicize the existence and the work of the Diversity and Inclusion Committee.
3. Develop a diversity and inclusion vision and value statement.
4. Develop a diversity and inclusion strategy and implementation plan, and measure progress.
5. Make diversity and inclusion explicit values of the organization.

### Communication

1. 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.
2. Communicate the diversity and inclusion vision, value statement, and strategy to all members.
3. Continuously update and inform members about what the organization is doing and why with respect to diversity and inclusion.