

Emerging Topics Bulletin for Educators

Supported by the CFPC Section of Teachers

Anti-Racism in Medical Education

Background

As teachers, preceptors, educational leaders, and family physicians, we are all individuals connected to the reality that racism prevails around us at a systemic—for many at an unconscious and for others very conscious—level of reality. There are a number of related questions for us to consider:

- Am I racist?
- Have I unconsciously caused harm in my actions or words?
- What can I do to be anti-racist?
- What is my role in reconciling the reality of systemic* racism?
- How can I be an agent of change?
- How can I do this at an individual level?
- How can I act with other colleagues?
- How can I integrate the responsibilities of an agent of change with my role as a family medicine teacher?

Others who have been a victim of racism, or wonder if they have been, may face the challenge of being called upon to “fix” it or to share their perspectives and

experiences when it feels unsafe and/or unnecessary to do so. As we wrestle with the ugly reality that racism exists and because we are all connected, we are all affected.

Emerging Topic Bulletins have been a venue for the College of Family Physicians of Canada (CFPC)’s educational committees to highlight an issue that is current and important. Through identifying relevant resources, this Bulletin supports and invites further opportunities for each of us to join with others to address racism within our educational and clinical settings.

On July 22, 2020, the Section of Teachers (SOT) hosted the “Courageous Conversations: Shining a light on racism in medical education” webinar. The topic of being, and teaching how to be, anti-racist is on multiple agendas, in conversations, and in quiet self-reflections. There are no easy answers. The webinar has been a catalyst for the development of this Emerging Topic Bulletin, which aims to gather resources to deepen opportunities for action. We invite all members to review, discuss, and share ideas generously, as a community, helping determine what we need to support each other in the journey we face together to make real anti-racism change happen.

* Systemic or institutional racism may be defined as “... consists of patterns of behaviour that are part of the social and administrative structures of the workplace, and that create or perpetuate a position of relative disadvantage for some groups ... on account of their group identity.”

From: Agocs C. Surfacing racism in the workplace: Qualitative and quantitative evidence of systemic discrimination. Ontario Human Rights Commission website. Published December 2004. <http://www.ohrc.on.ca/en/race-policy-dialogue-papers/surfacing-racism-workplace-qualitative-and-quantitative-evidence-systemic-discrimination>. Accessed September 1, 2021.

CFPC Educational Frameworks

- *Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada*² is a bold resource developed by the Indigenous Health Working Group (now the Indigenous Health Committee) and is a must-read to understand how systemic racism affects population and patient health and what can be done to address it.
- *The Family Medicine Professional Profile*³ describes the collective commitment of family physicians to people living in Canada to deliver generalist, community-adaptive care. The commitment includes providing equitable and culturally safe care to First Nations, Inuit, and Métis peoples and all who are impacted from an equity, diversity, and inclusion perspective due to any form of systemic racism.
- *The Family Medicine Residency Training Profile*⁴ documents the CFPC's training aspiration and approach to producing socially accountable family physicians who provide collaborative comprehensive care. It includes descriptions of core professional activities that are founded upon principles of health care equity, cultural humility, and safety.
- *CanMEDS-Family Medicine*⁵ is the competency framework for all family physicians. The behavioural expectations of providing inclusive and culturally safe therapeutic patient relationships and practice environments, with accessibility to culturally appropriate care, is explicitly described. It can be used by program directors to design curricula, and by teachers, practitioners, and learners at all stages to reflect on their own competency alignment.
- *CanMEDS-FM Indigenous Health Supplement*⁶ and related resources are specifically written to help family physicians provide high-quality care to Indigenous peoples living in Canada. This resource outlines critical knowledge and skills needed for effective therapeutic interactions and culturally safe care of Indigenous patients and their families and communities through an adaptation of the CanMEDS-FM competency framework. It can serve as a helpful resource for use with other populations who face racism or experience systemic equity, diversity, and inclusion challenges.
- *Assessment Objectives for Certification in Family Medicine*⁷ include behavioural elements related to cultural competence including observable behaviour descriptors reflected specifically in the skill dimensions of patient centred clinical approach, communication, clinical decision-making and professionalism. Key Features within priority topics related to contraception, immigrants, and well baby care amongst others, highlight approaches to decision-making and modifying approaches that demonstrate awareness of racism, equity, diversity and inclusion when providing competent care delivery.
- *Priority Topics for the Assessment of Competence in Rural and Remote Medicine*⁸ is residency training assessment resource (core family medicine) published by the CFPC in 2018. It includes Priority Topics in Indigenous Health (Topic 15), Cultural Safety and Sensitivity (Topic 18), and describes socio-cultural preference and difference dimensions in Patient Transfer (Topic 2), Psychiatric Emergencies (Topic 6) and Intrapartum Care (Topic 11).
- The CFPC Red Book⁹ includes new Program Goals and Guiding Principles. All programs are required to prepare family physicians to engage and work effectively with diverse people and populations, guided by the competencies outlined in CanMEDS-FM and CanMEDS-FM Indigenous Health and demonstrated in the Assessment Objectives. At a national, cross-College level, the CFPC, Royal College of Physicians and Surgeons of Canada, and Collège des médecins du Québec are working to enhance the visibility of Indigenous health provisions and expectations that cross all organizations' accreditation standards.
- *General Standards of Accreditation for Institutions with Residency Programs*¹⁰ is a conjoint document from the Canadian Residency Accreditation Consortium (CanRAC), in which the "Equity, Diversity and Inclusion" statement precedes the Standards. The three CanRAC Colleges have collectively embarked on a process to recognize and address issues related to equity, diversity, and inclusion through the Postgraduate Medical Education accreditation standards. The primary objective of this work is ensuring that learning and, ultimately, care environments are inclusive, psychologically and culturally safe, and free from systemic bias.

Additional Educational Resources

- Graves L, Horrey K, Hubinette M, Oandasan I, Freeman R. Creating dialogue on culture and bias in the learner-teacher relationship. *Can Fam Phys*. 2021;67(7):544-546. Available from: <https://www.cfp.ca/content/67/7/544>. Accessed August 27, 2021.
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- Society of Rural Physicians of Canada. Indigenous Health website [links for webinars and other resources]. https://srpc.ca/indigenous_health. Accessed August 27, 2021.
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Questions?

If you have questions, suggestions, or additional teaching resources that you would like to share, please contact education@cfpc.ca.

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