

Registrar's message: illuminating unconscious bias



I recently participated in a seminar on unconscious bias that put into context much of the work we have been doing at the College to identify biases within our processes and practices. The seminar was presented by [Dr. William McDade](#), Chief Diversity and Inclusion Officer of the Accreditation Council for Graduate Medical Education (ACGME) in Chicago. Dr. McDade's seminar covered many aspects of unconscious bias, such as how patients may seek physical and psychological safety from physicians who are culturally like them. He also spoke about how unconscious bias can impact the care provided to patients and how it can influence the leadership pipeline in the health-care system. One of the biggest takeaways for me was Dr. McDade's notion that the goal is not to eliminate bias but rather to illuminate it.

According to Dr. McDade, we can see and potentially mitigate how bias can affect people's decisions and actions if we illuminate it. In many ways, this is the goal the College has been striving for with several of the major initiatives we have embarked upon the last few of years. An example is the full review of the College complaints process that is currently underway to ensure Indigenous Peoples as well as children and youth feel safe and supported when filing a complaint. This type of review will likely involve many uncomfortable conversations, and inevitably uncover biases within the current complaints process that are not evident on the surface. However difficult or uncomfortable this process may be, this work is necessary if we are to change our complaints process so that it is more equitable and inclusive.

An important initiative that some of you have given us your honest feedback on is the [rebranding project](#). The project is about more than just replacing the colonial crest as our visual identity. It is about reframing how the College's values of accessibility and inclusivity show up in the organization's behaviour, language, tone, attitude, and procedures. Through workshops, surveys and consultations with registrants, health partners and the public, we received feedback on what people thought were real and perceived biases that existed within the College. This feedback was humbling but it also illuminated areas for improvement that have guided the direction of our rebranding so far.

The College is also looking at the work done by the College of Physicians and Surgeons of Ontario (CPSO), which has made much progress to meet its commitment to examine how they can incorporate equity, diversity and inclusion (EDI) into their processes and policies. The CPSO has developed an EDI strategy as well as a broad education and training program for all its committee and council members, and staff. We are planning to develop a similar EDI strategy with opportunities for training.

Just as the College is committed to identifying and mitigating its unconscious institutional biases, it is also committed to helping registrants illuminate biases they may have. To that end, we encourage you to familiarize yourselves with the [learning resources](#) available to assist with understanding and complying with the [Indigenous Cultural Safety, Cultural Humility and Anti-racism practice standard](#) and implementing equity, diversity and inclusion more generally into your practice.

Dr. McDade said in his seminar that the best way to avoid falling into bias traps is to be aware of them. I look forward to discovering (and avoiding) these traps as the College makes progress on the initiatives described above so that it can evolve as an accessible and diverse organization.

EDI learning resources from the College library:

- [Key Health Inequalities in Canada: A National Portrait – Executive Summary](#)
- [Racism as a Determinant of Health: A Systematic Review and Meta-Analysis](#)
- [Implicit-Bias Remedies: Treating Discriminatory Bias as a Public-Health Problem](#)
- [Implicit bias in healthcare professionals: a systematic review](#)

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