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COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

ADVICE TO THE PROFESSION

Guidelines for Anti-Racism and Anti-Discrimination

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the CPSA Standards of Practice. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

Contents

Preamble

CPSA stands firmly against racism and discrimination in all forms. Racism and discrimination violate CPSA's *Code of Ethics and Professionalism*, constitute unprofessional conduct and are prohibited by legislation (see "Legislation and Standards of Practice" for more information). This advice document outlines expectations for regulated members on how to manage and address racism and discrimination and is part of CPSA's ongoing efforts to foster anti-oppression in healthcare settings.

ADVICE TO THE PROFESSION

Guidelines for Anti-Racism and Anti-Discrimination

The *Health Professions Act* (HPA) sets out the mandate for CPSA: regulating physicians and physician assistants in order to protect the public and serve in the public interest. It is CPSA's vision that all regulated members practising in Alberta provide the highest quality care to their patients.

Research shows that racism and discrimination are common in healthcare settings, both between healthcare providers and patients as well as within healthcare teams. Healthcare settings have a multitude of power dynamics, and the healthcare system reinforces and replicates the values and beliefs of the surrounding dominant culture. Racism and discrimination take many forms, including overt, veiled, conscious and/or unconscious. In all forms, racism and discrimination leads to adverse patient outcomes and decreased well-being of healthcare providers, impacting physical, mental, emotional, and spiritual health. The consequences are wide-ranging and can include inadequate provision of care, reduced access to care, poorer health outcomes, toxic work environments, healthcare provider burnout and distrust in the healthcare system.

CPSA will act on each concern of racism or discrimination brought forward, using the appropriate tools in the context of each situation. Actions may include education and training, professional development, investigation, discipline, updates to standards of practice, or policy development.

Regulated members who are subject to or witness racist or discriminatory acts or behaviours are strongly encouraged to report these to CPSA or the appropriate body, such as the relevant regulatory college, department of human resources (if in a workplace), the Alberta Human Rights Commission or law enforcement, where applicable.

Key concepts

Regulated members should familiarize themselves with several concepts to address and reflect on racism and discrimination. This section offers definitions for some of these concepts to support understanding and practising safely and in the best interests of patients and colleagues.

Anti-oppression: an approach that recognizes the power imbalance within society, stemming from historical inequities and perpetuated over time, to the benefit of some

groups and not others. Anti-oppression seeks to deploy strategies and actions that actively challenge existing intersectional inequities and injustices[1,2].

Anti-racism: a systematic method of analysis and proactive course of action rooted in the recognition of the existence of racism, including systemic racism. Anti-racism actively seeks to identify, remove, prevent and mitigate racially inequitable outcomes and power imbalances between groups, and change the structures that sustain inequities[3].

Call-in: an invitation to a one-on-one or small group discussion to bring attention to harmful words or behaviours, including bias, prejudice and discrimination (including micro-aggressions)[4].

Call-out: bringing public attention to an individual, group or organization's harmful words or behaviour.[4]

Discrimination: the unjust or prejudicial treatment of a person or group of people that deprives them of, or limits their access to, opportunities and advantages that are available to other members of society[5].

Health equity: all persons have fair opportunities to fully attain their health potential[6].

Intersectionality: a framework for understanding how aspects of a person's identity (e.g., sex, gender, age, ethnicity, class, religion, sexual orientation, ability) combine to create particular forms of discrimination and privilege[5].

Micro-aggressions: everyday verbal, non-verbal and environmental slights, snubs or insults–whether intentional or unintentional–that communicate hostile, derogatory or negative messages to target persons based solely upon their membership in an identity group[7]. They enact and reinforce systems of oppression (such as racism, transphobia, classism, sexism, etc.) at a personal level.

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[1] University Health Network: "Administrative: anti-racism & anti-black racism policy" (2021).
[2] Canadian Centre for Diversity and Inclusion Glossary of Terms: A reference tool (2022)
[3] Government of Ontario's "Data standards for the identification and monitoring of systemic racism: glossary"(April 2022).
[4] Harvard Diversity Inclusion & Belonging: "Calling In and Calling Out Guide."
[5] Government of Canada's Guide on Equity, Diversity and Inclusion Terminology (April 2023).
[6] Alberta Health Services: Towards an Understanding of Health Equity: Glossary (2011).
[7] Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. American Psychologist, 62(4), 271–286.

Prejudice: negative opinions, feelings or beliefs held by someone about another individual or group, often based on negative stereotypes about race, age, sex etc.[8]

Privilege: unearned power, benefits, advantages, access or opportunities that exist for members of the dominant group(s) in society[9]**.**

Racism: prejudice, hostility, discrimination or even violence–whether conscious or not–against persons of a specific race or ethnic group[10].

Stereotype: qualities ascribed to individuals or groups that are based on misconceptions, false generalizations or oversimplifications that potentially result in stigmatization[11].

Unconscious bias (also called implicit bias): attitudes or stereotypes, either positive or negative, that affect our understanding, actions and decisions in an unconscious manner, which may conflict with our declared beliefs and how we see ourselves[12].

Values: the beliefs we have about what is important to us and society as a whole[13].

Anti-racism and anti-discrimination practices

Regulated members are responsible for acting in the best interest of their patients and the public to ensure high-quality care is provided. CPSA expects regulated members to learn about and consider the impacts of social determinants of health, historical and current social contexts, institutional structures and practices, internalized biases and prejudices, environmental factors and other systems that impact patients, healthcare team members and other regulated members. This will help facilitate a safe experience for patients and their families, caregivers and care providers.

Here are examples of steps regulated members can take:

- access training and education on topics such as cultural humility, cultural safety, unconscious bias, trauma-informed practice, racism and micro-aggressions;

[8] College of Physicians and Surgeons of Ontario: Equity, Diversity and Inclusion Glossary
9 Osei-Tutu, K., Duchesne, N., Barnabe, C., Richardson, L., Razack, S., Thoma, B., Maniate J. 2023. Anti-racism in CanMEDS 2025. Canadian Medical Education Journal. 14(1) 33-40.
10 Government of Canada: Guide on Equity, Diversity and Inclusion Terminology
[11] Government of Ontario: Data Standards for the Identification and Monitoring of Systemic Racism
[12] College of Physicians and Surgeons of Ontario: Equity, Diversity and Inclusion Glossary
[13] From Simply Sociology's "Values meaning in sociology" (Apr. 20, 2023).

- learn about oppression and consider the power dynamics in interactions with patients and colleagues, as well as structural and systemic barriers that are in place;

- assess their personal practices, attitudes and behaviours for unconscious bias, stereotypes or assumptions, and reflect on their impact on interactions with patients, their family or caregivers, members of the healthcare team or facility staff;

- consider how their own privilege, power or belief systems impact their behaviour toward people who are structurally or systematically disadvantaged;

- understand and accept that they have bias and are likely to make mistakes while working toward anti-racism, anti-discrimination and anti-oppression. This can be uncomfortable but should not be a deterrent. Efforts in this space are important, and regulated members who may make errors should view mistakes as validation of the importance of the work and use those as opportunities for growth, rather than proof they are "bad" people or the work is not worth doing; and

- support system changes to mitigate racist or discriminatory practices, attitudes and behaviours in healthcare settings (e.g., implementing policies and procedures at a hospital/facility level).

Please note that many of the above activities could qualify as a Physician Practice Improvement Program (PPIP) personal development activity, which requires data (feedback, formal assessment or self-assessment), facilitation and documenting an action plan. Anti-racism and anti-discrimination quality improvement activities may also be applicable for other PPIP activities (e.g., practice-driven or Standards of Practice QI). Please see our website for more details.

Regulated members should also incorporate anti-racism and anti-discrimination into their practice. Examples include:

- taking a holistic approach to patients: when providing care, consider how the social determinants of health impact patients and the limitations that may arise from relying on assumptions about biological factors (e.g., ethnicity, weight);

- reviewing personal values and the values of their workplace: consider how these impact interactions with patients and the provision of care;

- whenever possible, incorporating cultural or traditional practices into the patient's healthcare plan: ask respectful questions to learn more about what would be supportive;

- identifying and addressing racist or discriminatory practices, attitudes or behaviours in healthcare settings, including but not limited to:

    - learning about and avoiding stereotypes;

    - watching out for and acting in scenarios with micro-aggressions;

    - providing information or education to colleagues if racist or discriminatory behaviours or language are observed;

    - calling-in or calling-out racism and discrimination with healthcare teams;

- being open to how their behaviour, attitude or practice is experienced by patients or their family/caregiver, healthcare team members and facility staff;

- listening to, reflecting on, and incorporating feedback received to help mitigate any racist or discriminatory behaviour or actions that were directed–even subconsciously–toward others;

- using an anti-racism, anti-discrimination lens to assess policies and processes for structural racism or discrimination, and working to remove these barriers to equitable health;

- asking how to support patients, other regulated members, healthcare team members or facility staff who are subject to racist or discriminatory practices, attitudes and behaviours.

Without education and reflection on personal actions or behaviours, regulated members may unintentionally have a negative effect on the health outcomes of patients and the working environment of colleagues.

RACISM OR DISCRIMINATION FROM PATIENTS

All regulated members are entitled to safe workplaces and interactions. Regulated members are not expected to put up with racist or discriminatory practices, behaviours or

attitudes from patients or their families/caregivers. Regulated members may be responsible for their staff and other patients when a patient engages in racist/discriminatory behaviour.

In the absence of abuse or a safety concern, regulated members may consider having a conversation with the patient about appropriate, acceptable behaviour and language in the clinic, as well as possible consequences for failure to respect clinic policies (e.g., they may be discharged if the behaviour continues). Document both the racist/discriminatory encounter and the subsequent conversation in the patient's record. If the patient poses a safety risk or is abusive, a regulated member may consider immediately ending the treating relationship. The patient may be discharged in accordance with the *Terminating the Physician-Patient Relationship* standard of practice.

Refer to workplace policies, where applicable.

Working with healthcare teams

For the purposes of this advice document, healthcare teams include other CPSA-regulated members, healthcare professionals (regulated or unregulated) and medical learners.

Regulated members are expected to act in a respectful manner toward every member of the team. This includes, but is not limited to:

- reflecting on any personal biases and attitudes that impact their behaviour toward team members or other staff;
- paying attention to speech patterns (e.g., the language and tone they use with team members, talking over team members, etc.);
- respecting differences in background, training and approaches to situations;
- participating in training and education to address unconscious bias, racism, discrimination and anti-oppression;
- being open to feedback and direction on actions they can take to be a good team member; and
- addressing discriminatory practices they may inadvertently be using.

As noted in the previous section, regulated members are entitled to a safe workplace and are not expected to put up with racist or discriminatory practices, behaviours or attitudes, including from colleagues, team members, supervisors or other staff members.

Some people are unaware that their language or actions are discriminatory and may appreciate the opportunity to learn and understand. Check in with how you're feeling during the exchange—is it safe to help someone learn? If yes, speak up, knowing that people learn best in a respectful conversation. If no, remove yourself from the situation.

If a regulated member does not feel safe providing this feedback, speak to a leader within the workplace or reach out to the appropriate regulatory body.

If a regulated member is subject to or witnesses discrimination, racism or related practices or behaviours from another regulated healthcare professional, they are encouraged to address it in their workplace, in accordance with workplace policies.

These acts, practices and behaviours can also be reported in accordance with the *Duty to Report a Colleague* standard of practice.

Legislation And Standards of Practice

HEALTH PROFESSIONS ACT AND THE CODE OF ETHICS & PROFESSIONALISM

As per the *Health Professions Act* (HPA) regulated members must practice in accordance with the *Code of Ethics & Professionalism*, otherwise, they may be subject to an investigation, which may lead to professional discipline. Specific to racism and discrimination, the *Code of Ethics & Professionalism* requires regulated members to:

- accept the patient without discrimination (such as age, disability, gender identity or expression, genetic characteristics, language, marital and family status, medical condition, national or ethnic origin, political affiliation, race, religion, sex, sexual orientation, or socioeconomic status) (Clause 1);

- treat colleagues with dignity and as people worthy of respect. Colleagues include all learners, healthcare partners and members of the healthcare team (Clause 31);

- commit to collaborative and respectful relationships with Indigenous patients and communities through efforts to understand and implement the recommendations relevant to health care made in the report of the Truth and Reconciliation Commission

of Canada (Clause 43); and

- contribute, individually and in collaboration with others, to improving healthcare services and delivery to address systemic issues that affect the health of the patient and of populations, with particular attention to disadvantaged, vulnerable, or underserved communities (Clause 44).

ALBERTA HUMAN RIGHTS ACT

From the Alberta Human Rights Commission[14]:

> The *Alberta Human Rights Act* recognizes that all people are equal in dignity, rights and responsibilities when it comes to provision of goods, services, accommodation or facilities customarily available to the public. Medical services are specifically mentioned as a service under the *Alberta Human Rights Act*.
>
> Section 4 prohibits discrimination in the provision of goods, services, accommodation or facilities customarily available to the public on the basis of protected grounds [this includes race, colour, ancestry, place of origin, religious beliefs, gender (including pregnancy and sexual harassment), gender identity, gender expression, physical disability, mental disability, age, marital status, family status, source of income, sexual orientation]. In fact, most of our day-to-day public interactions are covered by Section 4 of the *Alberta Human Rights Act*.

DUTY TO REPORT A COLLEAGUE STANDARD OF PRACTICE

From the *Duty to Report a Colleague standard of practice*:

1. A regulated member **must** notify[15] the Registrar, or the delegate, of the applicable college of the following circumstances as soon as the regulated member has reasonable[16] grounds to believe a regulated health professional of any college[17]...

[14] Alberta Human Rights Commission: Human rights in providing goods, services, accommodations or facilities (Mar. 16, 2018).
[15] "Notify" has been used to signify that contacting CPSA does not automatically result in a formal report, complaint, etc. "Report" is used in clauses specific to the *HPA* to mirror its language.
[16] "Reasonable grounds" connotes a belief in a serious possibility based on credible evidence or the point where credibly-based probability replaces suspicion. It is the reasonable belief that an event is not unlikely to occur for reasons that rise above mere suspicion.
[17] Please refer to Section 127.2(1) of the *Health Professions Act* (*HPA*).[iv] Per Recommendation 5 of the Health Law Institute's "Physicians with Health Conditions: Law and Policy Reform to Protect the Public and Physician-Patients."

e. is behaving in a manner outside of providing patient care that could reasonably be considered unprofessional conduct under the *Health Professions Act* (*HPA*)[18].

Resources

CPSA's Physician Practice Improvement Program

CPSA team members are available if you have questions or concerns. Please email support@cpsa.ab.ca.

RELATED STANDARDS OF PRACTICE

- *Code of Ethics and Professionalism*
- *Duty to Report a Colleague*
- *Terminating the Physician-Patient Relationship*

COMPANION RESOURCES

- Micro-Aggression Training for Physicians (available from the list of courses assigned in myCPSA, CPSA's online learning platform)
- Physician Practice Improvement Program (PPIP)
- Equity in Healthcare
- *Code of Conduct*
- Duty to Report a Colleague/Self Advice to the Profession

[18] Please refer to Section 1(1)(pp) of the *HPA*.