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Aiming to bridge the CUA diversity gap

This month's article by Abou Samra et al points out the inequities between the Canadian Urological Association (CUA) and the Quebec Urological Association (QUA) with regard to one aspect of the equity, diversity, inclusivity, access (EDIA) rubric — that of gender representation.¹

Although the two organizations currently have a similar percentage of female members, the QUA is leading at integrating women into leadership roles, panels at annual meetings, and award disbursements. It is well known that Quebec has been in the vanguard of graduating female urologists compared to other Canadian jurisdictions, with 27% of practicing urologists in Quebec identifying as female vs. 10% in the rest of Canada. Thus, there may be a lead time bias that accounts for the observed disparity, and one would surmise the CUA will eventually compare to the QUA regarding its involvement of women in the aforementioned categories. The CUA does not currently factor academic achievement into its process of nominating and selecting leaders, but rather considers one's contribution to the organization over time, speaking to equal opportunity for all. During its history, the QUA has had one female president, whilst the CUA has yet to elect a woman to that role. Given the increased presence of women at the CUA board and committee level, I am optimistic a woman will be elected to the CUA presidency in the near future.

Given the lack of female presidents in the CUA's long history, I was asked to review CUA past presidents using the lens of diversity. The CUA membership database now accommodates a member's self-declaration of gender and race, but this process is new, and the information is currently incomplete. Current options for gender identity include: male, female, non-binary, transgender, and prefer not to disclose. Options for indicating race are as follows: Indigenous Canadian, Arab, Asian, Bi-racial, Black, Hispanic, Persian, South-Asian, White, and prefer not to disclose. To date, there are no data on LGBTQIA2S+ status or ability status, so no comment can be made with regards to these distinctions.

Certainly, these are areas that the CUA can expand upon. It is imperative for members to complete their self-declaration status when renewing their memberships for our organization to truly acknowledge our "starting point" as it pertains to diversity.

Reviewing the CUA past presidents on the history page of the CUA website, it is apparent that we have fallen short of diversity. In 78 years of CUA history, we have only branched into diversity for presidential selection since 1989, with the election of Dr. Said Awad (deceased) to this position. Inclusive of his presidency, we have since had the following diverse racial representation: Arab: 3, Asian: 1, Hispanic: 1, and South Asian: 1. Thus, less than 10% of CUA presidents have been non-White males; however, this is historical in its perspective, as after the mass migration of Europeans post-WWII, migrants from other parts of the world came to Canada. Over the last 50 years, this has changed the kaleidoscope of racial identity in our country to reflect a more diverse populace. Although data regarding race as gleaned from the CUA database is incomplete, it illustrates that our current Candidate membership is more racially diverse than active or senior membership, which is a healthy reflection of society at large. This bodes well for the evolution of the CUA into a more diverse organization.

My hope and expectation are that organizations such as the QUA and CUA will become leaders in the EDIA space. Both organizations must ensure their members can find representation of their gender, race, sexual identity, and ability status reflected in leadership positions, otherwise they will falter.

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REFERENCE

1. Abou Samra S, Cox A, Bhojani N. Gender disparity within the Canadian Urological Association: A comparison with the Quebec Urological Association. *Can Urol Assoc J* 2024;18:E1-6. <http://dx.doi.org/10.5489/cuaj.8436>

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