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COMMENTARY

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Increasing equity, diversity, and inclusion in Canadian urology: What are we going to do?

Equity, diversity, and inclusion (EDI) have been recognized as significant contributors to system improvement across a multitude of different spectrums.[1] However, exactly how one goes about achieving these is among the significant challenges to this ideal. Despite all the public acknowledgement of the importance of EDI, the tangible proof of this in our everyday lives tends to be limited, as there are significant advantages to some to maintain the status quo. This is especially true in the field of medicine, which has long-standing, ingrained ideas about who and what makes a good physician.

So what are we going to DO? Many claim that medicine is really a "merit-based system," such that those who are best able to do the job will eventually get the job. This is an oversimplification of the challenges at hand in this space. It has been well-shown that over-reliance on numerical measures has been shown to disproportionately devalue the assessment of historically under-represented groups.[2] In addition, those privileged to have contacts and connections in the field have access to opportunities that can bolster an application independent of skill or talent, and these tend to be fewer in many of the visible minority groups under-represented in our field. The energy of applicants from marginalized groups is routinely disproportionately applied to address these system challenges, rather than focusing on CV-boosting unpaid volunteer work and cultivating professional relationships, often seen as the gateway to our specialty.

So, what are WE going to do? How do we get Canadian urology to better reflect the Canadian diaspora? After all the policies are written on how important this is in our organizations,[3] is this the end point of the EDI strategy? Do these represent just another box to check, rather than implementing real change?

The irony is that many of the strategies available are not truly new; the emphasis on removing implicit bias, making these strategies accessible to a wider range of applicants, and not putting that burden on the few that have managed to navigate the system successfully to date are becoming more evident as part of a pathway to that change. In addition, multiple different approaches likely need to be applied simultaneously for maximum impact.

EDI actions should track the effects of the changes hoped for and give real-time feedback on how close to target the processes are. Continuous vigilance, with respect to modifying systems so that the system is changed sustainably and inherently incorporates EDI, will be key in ensuring gains are not eroded over time.

There will always be challenges in shifting systems with the kind of inertia that fields like medicine have had for generations. Much like any complex urological case, having a reasonable approach, implementing the plan, and assessing the outcome of said plan while being flexible is something that we are used to doing. We can't "just do this"; we must use those same skills in a different environment to achieve the kind of EDI that will help our specialty grow, evolve, and flourish. So, WHAT are we going to do?

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