

Transforming accreditation: Creating a safe space for Black trainees to learn and thrive

By Melissa Nisbett

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Dr. Kannin Osei-Tutu, MD, MSc, CCFP
Chair of the Anti-Black Racism
Accreditation Working Group (AWG-ABR)

As part of our corporate commitment to equity, diversity and inclusion (EDI) and anti-racism, the Royal College is supporting the new Accreditation Working Group to address Anti-Black Racism (AWG-ABR), launched by the Canadian Residency Accreditation Consortium (CanRAC) in June 2021.

The new working group is chaired by Dr. Kannin Osei-Tutu, MD, CCFP, a hospitalist physician and a clinical assistant professor at the University of Calgary. Dr. Osei-Tutu is also the founder and president of the Black Physicians' Association of Alberta, board member of the Black Physicians of Canada (BPC) and a strategic advisor to Dr. Susan Moffatt-Bruce, CEO of the Royal College.

In this interview, he talks about the working group's vision and how he's been collaborating with a dedicated team of Black residents whom he helped assemble from every province. Their goal is to identify strategic levers in the accreditation process that can transform the learning environment into one that is free of all forms of racism, including anti-Black racism.

How and why did you get involved with the working group?

In my capacity as a member of the board of directors at the BPC, I came to learn that a handful of residents had initiated discussions with the Royal College regarding anti-Black racism in postgraduate medical education (PGME). I learned that Royal College leadership was receptive and committed to provide the necessary platform for this initiative.

When a few of the residents reached out to me for advice, it became clear that they could benefit from guidance on this journey, and from someone who has gone through the system, understands how the structures work and could provide strategic direction and mentorship. I wanted to ensure that the residents would be able to give substantial input while remaining focused on their training and having the confidence that their vision would be carried forward.

When the Royal College asked me to serve, I was honored and happy to do so. I'm involved in various advocacy and leadership roles at the local, provincial and national level; this opportunity to address racism and affect change is the single greatest opportunity for widespread systemic impact I have encountered in my lifetime.

Why focus on anti-Black racism specifically and not anti-racism in general?

That's an interesting question and one we deliberated on as a working group. The true scale of anti-Black racism within PGME in Canada is unknown because race-based data isn't collected. Sadly, anecdotal and other evidence tells us that experiences of anti-Black racism occurred in the past and continue to the present day. The Queen's University ban that excluded Black medical students from the academy is but one example of the epistemic racism that exists within our profession. (Editorial note: Black students were admitted to the Queen's medical school starting in 1965, but the motion was only revoked in 2018.)

In my own experience, there isn't a Black physician, resident or medical student who has not been impacted by anti-Black racism during their training or career.

As a group, we had a philosophical discussion on what we would be addressing — anti-Black racism or anti-racism in general. Although we recognize the inequities of many marginalized groups (including our Indigenous brothers and sisters with whom we stand in solidarity) we also recognized the importance of being true to our authentic selves. Our lived experience makes us uniquely positioned to contribute to, and advance, the important but untold dialogue regarding anti-Black racism and the issues that are specific to Black residents. We felt it best that we add this important voice to the national conversation.

Medical schools have policies and mechanisms to address intimidation, bullying, sexual harassment and other forms of bad behavior. This is not true of racism in the learning environment. Whether it's peer to peer, faculty to resident, or patient to learner, only two of the 17 faculties of medicine in Canada have a policy specifically addressing anti-racism. The structural, systemic and ubiquitous nature of racism is such that if it is not named, people will continue act as if it doesn't exist.

How is the training environment unsafe for Black residents?

We are not suggesting the learning environment is inherently unsafe for Black residents. We are suggesting that there are challenges and experiences that can occur in the environment that make it less safe and there are concrete and actionable steps that, if taken, would make the environment safer for Black residents.

Because we have yet to collect race-based data in Canada, we must rely on anecdotal evidence regarding Black residents' experiences. But Black residents have reported a different experience in the learning environment than their non-Black colleagues ranging from overt racism to racial microaggressions.

For example,

- Some Black residents have shared incidents of being viewed with suspicion and distrust by their preceptors and this leads to feelings of being watched and excessively monitored. They're not able to make the same mistakes as their non-Black peers or are judged more harshly for the same or similar mistakes. In fact, American data shows that despite having similar grade point average (GPA) and Medical College Admission Test (MCAT) scores, Black residents are three times more likely to be on remediation or probation compared to their White colleagues and are disproportionately overrepresented in the dismissal process.
- They experience racism from patients who mistake them for orderlies or porters, and sometimes refuse treatment from them; and
- Black female Canadian trainees have shared stories of being touched inappropriately. A recent graduate shared her experience of having her hair touched and head rubbed multiple times by different colleagues while she was working at a clinic. In any other circumstance, unwanted

nonconsensual physical contact is considered assault. But when it happens to a Black woman, it's funny. It's cute. "Oh, I didn't mean that at all. Your hair feels so nice."

These incidents mean that some Black residents are just trying to survive rather than thrive.

Microaggressions can impact wellness, performance and sense of belonging. The culminative impact makes for a work environment that can be very toxic to the person going through it, while those without lived experience or cultural sensitivity have the privilege of being oblivious.

What's your working group's vision?

Ultimately, we would like to see a learning environment in which there is zero tolerance for racism, all residents have the same opportunities to thrive and all patients are treated with dignity and respect.

The ability to identify and effectively address racism when it occurs is of critical importance to the working group. I have proposed my vision for safe and effective reporting. It calls for the creation of a national safe reporting mechanism supported by the three colleges — the Royal College, the College of Family Physicians of Canada (CFPC) and the Collège des médecins du Québec (CMQ). A sound safe reporting program would serve as a valuable resource to PGME deans in need of input on racially sensitive matters and serve as a trusted advocate for residents who experience racism and wish to report such experiences. Furthermore, we envision new accreditation standards to support the creation of a racial judicial panel and an anti-racism education and response team in PGME. This is just one part of our larger strategic vision.

We have six pillars of work in which we are engaged:

1. We have completed a thoughtful review of the general standards of accreditation from an anti-Black racism perspective and identified gaps and opportunities to promote anti-racism in the learning environment.
2. We have developed a framework and recommendations for the requirements, a standalone outcomes-based policy by which institutions address anti-Black racism, to be added to the institution standards.
3. We have developed criteria for safe and effective reporting mechanisms and investigation processes within institutions to address anti-Black racism. This includes the exploration of data collection on incidents of racism and the possibilities for anonymous reporting mechanisms.
4. We have reviewed the annual CanERA resident survey and developed questions tailored to the experiences of anti-Black racism, to be incorporated.

We also plan to

5. Develop recommendations for mandatory anti-Black racism awareness and training for accreditation volunteers (i.e. surveyors and committee members).
6. Develop recommendations for increasing Black representation in decision-making rooms (including the Residency Accreditation Committee(s) and among surveyors).

Now that the priorities have been identified, what's next?

I'm looking forward to my first opportunity to present our preliminary recommendations to the Residency Accreditation Committee (RES-AC). The members of RES-AC hold the power to make our vision a reality and it's a vision we trust they will share.

I believe that the initiatives supported by RES-AC will have far reaching implications beyond accreditation and PGME. This is a unique and unprecedented opportunity to transform the learning environment, promote anti-racism and equity for all learners and fuel the necessary change required at the PGME level and beyond.

Accreditation is but one space but an impactful one. The Royal College, the CFPC and the CMQ have an incredible opportunity to help shift culture by promoting anti-racism best practices and better equipping all learners for the practice of 21st century medicine.