Articles being considered for publication in *CMAJ*’s Research section should adhere to the following guidelines:

1. *CMAJ* encourages the collection, analysis and reporting of data on the race and ethnicity of research participants, in order to provide evidence regarding health effects, disparities and inequities experienced by different racial and ethnic groups.
2. *CMAJ* strongly encourages inclusion, as study partners, co-investigators and authors, of persons from racial and ethnic groups affected by the health context being studied, especially for studies that explore racism and ethnicity as determinants of health.
3. Authors should explain the purpose and relevance of collecting, analyzing and reporting data on race or ethnicity in their study and what race and ethnicity represent in the context of the research question.
4. Authors should report race and ethnicity together with other demographics of the study population.
   (a) Race and ethnicity should be listed together with other variables collected and analyzed in the Methods section.
   (b) Race and ethnicity should be reported together with other demographic variables in a table and summarized at the beginning of the Results section.
5. As race and ethnicity are inherently social constructs, studies that analyze race and ethnicity should endeavour to explore their effects in the context of other sociodemographic variables and structures.
6. In the Methods section, authors should describe how race and ethnicity of study participants was determined and by whom (e.g. “Study participants self-identified their race from 12 categories provided in the 2019 version of the Canadian Community Health Survey”).
   (a) Authors should explain whether race and ethnicity were self-identified by study participants or identified by others, providing justification if self-identification was not used.
   (b) Authors should state whether options that participants could select to indicate their race or ethnicity were open-ended or based on fixed categories, listing the categories available if applicable, and whether participants were allowed to identify as belonging to more than one racial or ethnic group.
   (c) If race and ethnicity categories were determined or constrained by external factors (e.g. government legislation), or were originally collected for a purpose different from the purpose of the study being reported, authors should explain this.
7. As race and ethnicity are inherently social constructs, they should not be presented as an independent surrogate for biological or genetic variation.
   (a) Studies that seek to test genetic hypotheses require collection, analysis and reporting of genetic data.
   (b) Although genetic or biological predispositions to certain diseases may track with specific racial and ethnic groups, researchers should not exclude otherwise eligible participants from
other groups capable of developing the disease, as doing so may worsen under-recognition of the disease in such groups.

(c) Use of race-based algorithms (e.g. “corrected” creatinine clearance for Black persons) is discouraged, as such “race corrections” typically oversimplify, creating the potential for inequity and harm.

(d) Exceptionally, in contexts where genetic characteristics travel very closely with race and ethnicity (e.g. the association between skin pigmentation and Vitamin D levels), the rationale for and validity of treating race and ethnicity as biological surrogates must be clearly explained and justified.

8. Authors should comment on how their social position and identity, including race and ethnicity and their intersection with other factors, might have influenced data collection, analysis, and interpretation and how the researchers addressed power relations throughout the research process.

9. In the Interpretation section, authors should discuss how their findings illustrate the intersection of race and ethnicity with other sociodemographic factors in the health context being studied, the role of structural racism in this context and how this might be addressed.

10. Authors must use appropriate, precise, and respectful language to describe study participants and avoid the use of terminology that might stigmatize participants.
   (a) Terms that imply a hierarchy among races (e.g. “minorities”, “non-white”) should be avoided.
   (b) Listing of racial and ethnic groups in tables should be ordered based on an empirical rationale rather than one that implies a hierarchy (e.g. “white” should not automatically be listed first).
   (c) Naming racial and ethnic categories as specifically as is appropriate to the study context is preferred over use of collective categories (e.g. “Indian” would be suitable in the context of many research questions, but in some contexts “Punjabi” and “Malayali” could be more relevant, while “Asian” is usually too generic to be sufficiently informative).
   (d) It is acceptable to pool racial and ethnic groups for analysis when necessary and appropriate, but authors should explain and justify the manner in which this is done and ensure that the individual racial and ethnic groups within each category are identified.
   (e) Racial and ethnic terms should be used in adjective form rather than in noun form (e.g. “Hispanic persons”, not “Hispanics”)
   (f) Names of racial, ethnic or tribal groups should be capitalized.
   (g) Authors should use preferred contemporary names for racial and ethnic groups (e.g. white, not Caucasian).
   (h) As preferred names for racial and ethnic groups may vary and may change over time, authors should be guided by the preferences of study participants as to their expressed identity.