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How to improve gender equity in medicine

Gender equity and racial diversity in medicine can promote creative solutions to complex health problems and improve the delivery of high-quality care, argue authors in an analysis in *CMAJ* (*Canadian Medical Association Journal*)

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“[T]here is no excuse for not working to change the climate and environment of the medical profession so that it is welcoming of diversity,” writes lead author Dr. Andrea Tricco, Knowledge Translation Program, Unity Health, and the University of Toronto, with coauthors. “The medical profession should be professional, be collegial, show mutual respect, and facilitate the full potential and contribution of all genders, races, ethnicities, religions and nationalities for the benefit of patient care.”

The authors describe the root causes of gender inequity in society as well as medicine, and how to improve equity based on current evidence. Gender inequity in medicine is a long-standing problem and the time to act is now, they urge.

“The history of gender inequity in Canadian medical leadership is long, despite women outnumbering men in medical schools now for over a quarter of a century,” says coauthor Dr. Ainsley Moore, a family physician and associate professor, Department of Family Medicine, McMaster University, Hamilton, Ontario. “Only 8 of the past 152 presidents of the Canadian Medical Association were women, and it took 117 years for a woman to be appointed dean of a medical faculty, and only 8 have been appointed since. The time is ripe for addressing this systemic problem.”

For racialized women, the issue of equity is even more pronounced. “The effects of systemic and structural racism have resulted in racialized women experiencing a

double-jeopardy of race and gender bias, thereby exaggerating their underrepresentation in leadership positions in academic medicine,” says coauthor Dr. Nazia Peer, research program manager of the Knowledge Translation Program, Unity Health.

Addressing gender equity requires a multi-pronged approach targeting the medical system as well as individual behaviours. Solutions include

- Ensuring core principles of equity, diversity, inclusion, mutual respect, collegiality and professionalism are embedded in all policies and all stages of medicine
- Communicating gender statistics
- Getting buy-in from professional organizations at the national, provincial and local levels
- Championing structural and behavioural change from the top
- Role modelling
- Diverse search committees for hiring
- Flexible schedules, non-gendered parental leave and family-friendly policies
- Career support and peer mentoring

“Equity will only be realized when everyone — regardless of gender and other differences — experiences equity in pay, promotions and other opportunities. There is no better time than now to implement policies to advocate for and support equity in medicine,” they conclude.

[Listen to a podcast](#) with Drs. Andrea Tricco and Ainsley Moore.

“*Advancing gender equity in medicine*” is published February 16, 2021.

MEDIA NOTE: Please use the following public links after the embargo lift:

Analysis: www.cmaj.ca/lookup/doi/10.1503/cmaj.200951

Podcast permanent link: <https://www.cmaj.ca/lookup/doi/10.1503/cmaj.200951/tab-related-content>

Media contact for interviews: Communications, communications@unityhealth.to

General media contact: Kim Barnhardt, CMAJ, kim.barnhardt@cmaj.ca

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