
Creating Equitable Medical Education

By Mala Joneja, MEd, MD

For many years now, there has been a call for more equitable and inclusive medical education as well as appeals to address racism and discrimination in both medical education and patient care. Medical educators have urged medical schools to produce physicians who not only represent the communities they serve, but who are also trained to address racism and health inequity. Despite these calls and appeals, we witness persisting inequities in health care and persisting harm to learners due to racism and discrimination in the learning environment. To create equitable medical education, a profound and authentic change is needed, and the efforts to create this change must come from all of us.

Profound change can start with institutions and groups examining themselves closely. It is now clear that medical education and the health care system are not neutral. There is a long history of racism and discrimination embedded in these important institutions. To generate change, under these conditions, it is essential that organizations take an anti-racist stance toward medical education and clinical care. Leaders in medical education need to listen closely to students, faculty and the communities they serve to understand what truly has been the lived experience of those who are Indigenous, Black, or people of colour. Whatever is found in this self-examination needs to be acknowledged and dealt with so the institution or group can move forward or improve.

With the task of self-examination, there must follow intentional efforts to create a learning and practice environment that is anti-racist. As rheumatologists, we can work within our sphere of influence to work against racism and discrimination. We should not underestimate our own abilities to influence change as we are physicians, educators, researchers and leaders within our clinical and academic communities across the country. All rheumatologists can

participate in the efforts to create change by first acknowledging the reality of racism and discrimination and then taking action. Physicians can address bias and discrimination when they witness them, engage in equitable hiring initiatives, and help colleagues from underrepresented groups achieve success. Educators can create targeted mentorship initiatives for students and trainees. Researchers can ensure their scientific endeavours are inclusive in nature and designed to promote health equity. Finally, leaders can model authentic actions for change by speaking out against racism and discriminatory practices and holding individuals accountable for exclusionary behavior.

The Canadian Rheumatology Association has an Equity Diversity and Inclusion Task Force chaired by Dr. Nicole Johnson, and this group has created a workshop on how to incorporate equity, diversity and inclusion into medical education. The workshop was presented during the 2023 Annual Scientific Meeting and will be housed on the CRA website as an educational resource for CRA members. This task force can offer guidance and direction for the CRA; however, making an organization truly inclusive and equitable is up to all members and requires action from everyone.

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