



CANADIAN ORTHOPAEDIC ASSOCIATION

GENDER DIVERSITY STRATEGIC PLAN

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EXECUTIVE SUMMARY

Orthopaedic surgery has the lowest percentage of female surgeons among surgical disciplines in Canada. In 1968, the percentage of practicing female orthopaedic surgeons was a mere 0.9%. By 2018 this percentage grew to 11.2%. Considering that at least half of medical school graduates are female, this remains far below the expected number of women entering orthopaedics. Many barriers have been identified that account for the difficulty in attracting women into orthopaedics as well as in advancing women into leadership roles. Implicit bias negatively affects all aspects of women's orthopaedic surgery careers and has been implicated in the challenge of attracting women to orthopaedic surgery, optimizing career development for women, gender pay inequities, and the lack of leadership opportunities.

To address this challenge, the COA requires a comprehensive and cohesive plan to eliminate the systemic gender-based inequities that exist within the profession. Understanding that there is strength in diversity, the COA seeks to promote a culture of equity, not equality, where all individuals are afforded impartial access to the same opportunities. The COA Gender-Diversity Strategic Plan provides key strategies and practical actions to promote and advance gender equity within Canadian orthopaedics in order to maximize the talent, skill and diversity within specialty.

The COA recommends an action plan with the goal to provide the following:

1. *Equal access to resources and opportunities* - removing gender-specific barriers to the entrance and advancement of women in orthopaedics. (Table 1)
2. *Minimization of unconscious gender bias* - encouraging education to change and refine the culture in orthopaedics to be inclusive and equitable. (Table 2)
3. *Enhancement of work-life balance* - supporting equity in the ability to manage work and life for both men and women in orthopaedics. (Table 3)
4. *Leadership engagement* - promoting a gender-diverse leadership that is engaged and diversity-aware. (Table 4)

Achievements to date include the development and publication of an official COA diversity position statement, generating a leadership resource page on the website, establishing a diversity in leadership scholarship, launching a Mentor for a Day program and diversity education sessions at the Annual Meeting, introducing an information session for university and medical students in the local area of the Annual Meeting to encourage interest in orthopaedics, and finally, publishing a recent article on the 15-year trends for women on the podium and in leadership positions within the COA. This considerable task will be made easier by taking a systematic approach and applying a timeline that is feasible and builds on successes. Key to implementing this strategic plan is the support of the Executive, Board and most importantly, the members of the COA.

WHO IS THE COA?

The Canadian Orthopaedic Association (COA) is a not-for-profit professional association representing the interests of orthopaedic surgeons in Canada. The COA is committed to maintaining the highest standard of orthopaedic care for Canadian patients, by providing surgeon members with continuing medical education, subspecialty support, knowledge sharing, advocacy platforms, fellowship programs, leadership opportunities and collaboration with other health-care associations.



WHAT IS DIVERSITY?

Diversity can be defined as many different types of people being included in something.
(<https://dictionary.cambridge.org/dictionary/english/diversity>)

Aspects of diversity can include age, gender, ethnicity, religion, disability, sexual orientation, socioeconomic status, education, marital status, language, and physical appearance. Diversity matters. It encourages innovation and promotes the consideration of alternative points of view. Diverse groups perform better and have increased productivity. (1) Diversity is imperative for the delivery of quality patient care and provides health-care professionals with a better understanding of the patients that they treat.

COA DIVERSITY PROGRAM

The diversity program is a strategic initiative of the COA. The purpose of the initiative is to develop, cultivate, implement and support an inclusive culture that maximizes the talent, skill and diversity within Canadian orthopaedics. The COA recognizes that individuals have the right to respect and acceptance without bias. Gender inequities in medicine and orthopaedics have been the subject of increasing awareness and for this reason, the first diversity initiative of the COA will focus on improving gender diversity and inclusion within the organisation. In the future a more expansive diversity plan should be developed using similar strategies for all minorities, both visible and nonvisible.



COA DIVERSITY MISSION STATEMENT

The COA welcomes and encourages diversity throughout its membership, research, education, service and community engagement, both individually and collectively. The COA recognizes the strength in diversity, and promotes a culture of equity and inclusion, where all members are given impartial access to the same opportunities.

COA DIVERSITY MANDATE

The COA strives for an orthopaedic community in Canada that is safe, equitable and discrimination free, where there is equity of opportunity in leadership, support income, and relationships for all members.

To this end, the COA and its members will:

1. Promote an inclusive community within the membership of the COA and Canadian orthopaedic community in which diversity is valued, and all members feel included and respected. Diversity includes but is not limited to sex, gender identity, sexual orientation, ethnicity, age, geography, religion, and socio-economic status.
2. Encourage a commitment from all orthopaedic surgeons to develop, foster, promote, and maintain a work environment that values and respects diversity. All interactions with colleagues, staff, patients, and families are free from intolerance, discrimination or harassment, and reflect the values of fairness, dignity, and respect.
3. Promote diversity by specifically improving opportunities for participation and leadership for all, but especially for designated groups who have traditionally experienced societal and workplace discrimination; women, visible minorities, and people with visible and nonvisible disabilities.
4. Foster and facilitate programs and policies to develop and support underrepresented groups within the orthopaedic community. Encourage equitable recruitment and retention practices to ensure diversity among orthopaedic surgeons in Canada. Uphold principles of social justice through the full participation of diverse people in all aspects of the COA.



KEY STRATEGIES FOR ENSURING DIVERSITY IN THE COA AND IN CANADIAN ORTHOPAEDICS

1. Build and maintain a diverse workforce through recruitment, increasing opportunities, and strategic initiatives to increase diversity
2. Cultivate and support an inclusive culture and environment in orthopaedics
3. Increase diversity in leadership positions within the organisation
4. Expand infrastructure and support for diversity initiatives
5. Develop partnerships and reputation by aligning with similar organisations
6. Respond to the needs of members
7. Communicate and disseminate information specific to diversity
8. Support quality research into diversity development and challenges
9. Encourage the collection of research data that includes diverse groups
10. Establish accountability within COA and subspecialty groups to implement diversity strategies
11. Measure the progress of the strategic initiatives that have been implemented, at regular intervals



SPECIFIC GOALS FOR IMPROVING GENDER DIVERSITY IN CANADIAN ORTHOPAEDICS

Education

1. Increase the awareness of gender diversity and equity within Canadian orthopaedics
2. Assist with identifying and reducing implicit bias within the orthopaedic community

Implementation

3. Develop a strategy within the COA to increase the number of women entering and remaining in the orthopaedic specialty
4. Foster a strategy within the COA to increase women in leadership roles within orthopaedics and within the COA
5. Create an environment that ensures gender diversity is actively pursued and gender discrimination is not tolerated

Communication

6. Support a community of surgeons that understand the importance of gender diversity within the field of orthopaedics as well as the evidence-based benefits that diversity provides for the subspecialty
7. Connect and engage with surgeons, hospitals, health authorities and government to advance gender equity
8. Expand partnerships and alignments with other medical organisations and societies with similar missions.
9. Establish accountability within the organization and related groups with regards to the importance of gender diversity

Support

10. Work toward equity of opportunity in all aspects of an orthopaedic surgeon's career
11. Enhance infrastructure to maintain and expand the diversity program within the COA and keep it sustainable
12. Facilitate research into diversity in orthopaedics
13. Encourage work towards improving the data gap that exists for women

CHALLENGE

Equal Access to Resources and Opportunities

ACTIONS	PRACTICAL STRATEGIES FOR THE COA
Guideline: Facilitate entrance of women into orthopaedic surgery	
<i>Targeting outreach to encourage interest prior to medical school (high school and university)</i>	<ul style="list-style-type: none"> • Expand medical student sessions at COA to include university students • Encourage work experience/exposure for high school students
<i>Develop and utilise job shadowing programs and mini-rotations to increase medical student exposure</i>	<ul style="list-style-type: none"> • Hospital work exposure or experience initiatives
<i>Identify and reduce gender bias in orthopaedic surgery program selection criteria</i>	<ul style="list-style-type: none"> • Encourage external evaluation of selection processes to identify and eliminate gender biases • Blind residency applications and assessments • Mandate diverse team-based selection panels
Guideline: Equalize opportunities for post-graduate and early career training	
<i>Extended training and awards such as travelling fellowships should be organized to avoid disadvantaging women during childbearing years</i>	<ul style="list-style-type: none"> • Modify application requirements for fellowships such as changing age limits • Separate travel weeks to allow for less time away • Provide fellowship opportunities of a shorter duration
Guideline: Increase access to mentoring for women in early career	
<i>Provide and expand formal and informal mentoring programs</i>	<ul style="list-style-type: none"> • Short- and long-term programs • Mentor-for-a-Day Program at Annual Meeting • Education strategies to maximize mentor-mentee relationships • Strategies to maximize mentor-mentee fit • Education to promote effective mentoring
Guideline: Increase the number of women in academic and leadership positions	
<i>Improve recruitment and selection of women into clinical and academic positions</i>	<ul style="list-style-type: none"> • Transparency as to the current status of a programs' diversity • Ensure transparency in applications • Encourage equal opportunities for research start-up funds and grant applications • Encourage diverse selection criteria and panels
<i>Increase visibility of women at the COA Annual General Meeting</i>	<ul style="list-style-type: none"> • Ensure diversity in podium representation at conferences - mandate subspecialty sections, eliminate all-male panels, overview of invited guest speakers to ensure diversity, require explanation for non-diverse panels
Guideline: Remove barriers for women around childbearing	
<i>Facilitate parental leave and re-entry to work after parental leave</i>	<ul style="list-style-type: none"> • Investigate issues around parental leave • Advocate on a provincial level for job sharing • Encourage flexible schedules • Childcare options - consider around Annual General Meeting
Guideline: Ensure equal pay	
<i>Advocate for reimbursement models to ensure equity of pay and benefits</i>	<ul style="list-style-type: none"> • Evaluate by gender current payment models and how pay is allocated • Consider alternate payment strategies such as pay based on patient outcomes

ACTIONS	PRACTICAL STRATEGIES FOR THE COA
Guideline: Require education regarding unconscious bias	
<i>Raise awareness of generalisations in decision-making processes</i>	<ul style="list-style-type: none"> • Unconscious bias workshops / education at the Annual General Meeting, encourage regional education workshops • Mandate diverse selection panels and criteria
Guideline: Create inclusive work environments	
<i>Consciously reduce unconscious bias</i>	<ul style="list-style-type: none"> • Eliminate gender bias language and terms such as godfather, guys, he/him • Eliminate associations with gender-stereotypes • Challenge decision-making processes at all levels • Re-evaluate choices in social activities to be more inclusive
Guideline: Evaluate programs, policies and processes	
<i>Choose appropriate measurement metrics and evaluate progress</i>	<ul style="list-style-type: none"> • Define a clear measurable goal (podium presentation numbers, elimination of manels, increase numbers of women in leadership positions, increase numbers of women in orthopaedic surgery) • Set goals and measure progress • Collect data, measure changes, research outcomes • Complete strategic evaluation of progress
Guideline: Monitor diversity implementation strategies	
<i>Establish a management plan and ongoing strategy to enhance diversity</i>	<ul style="list-style-type: none"> • Gender statements - re-evaluate every 3 years • Establish a diversity committee to enhance advocacy
Guideline: Refine culture at all levels	
<i>Establish key partnerships with all stakeholders</i>	<ul style="list-style-type: none"> • Share initiatives within the COA with provincial organisations. • Encourage like behaviour especially with regards to quotas and leadership positions.
<i>Advocate for programs that encourage equity of family and household responsibilities</i>	<ul style="list-style-type: none"> • Daycare options in hospitals, medical and teaching facilities • Flexible maternity and paternity leave plans • Raise awareness of gender inequality within the profession • Change workplace culture that does not accommodate family responsibilities

CHALLENGE

Minimize Unconscious Bias

CHALLENGE

Enhance Work-life Balance

ACTIONS	PRACTICAL STRATEGIES FOR THE COA
Guideline: Manage work-life integration	
<i>Modify standard practices to allow for family time and to facilitate an easier ability to balance work and life</i>	<ul style="list-style-type: none"> • Advocate with current initiative to encourage healthy self-care practices by all physicians (Canadian Women in Medicine - CWIM) • Advertise and encourage attendance at CWIM conference
<i>Implement a dual career program</i>	<ul style="list-style-type: none"> • Modify hiring practices to improve the ability for dual physician families to work in the same city
<i>Promote fathers' involvement in family life and household duties</i>	<ul style="list-style-type: none"> • For the partner of female physicians • For male physicians • Education as to the unequal division of labour in the household • Promote gender neutral family policies
<i>Provide safe environment and mechanisms to report harassment</i>	<ul style="list-style-type: none"> • Ensure mechanisms are in place and processes are followed
<i>Fortify informal and formal support groups</i>	<ul style="list-style-type: none"> • Networks, social media groups, blogs • Association-based mentorship and diversity programs • Flag and disseminate appropriate groups for female orthopaedic surgeons - Ruth Jackson Orthopaedic Society (RJOS), CWIM



CHALLENGE

Leadership Engagement

ACTIONS	PRACTICAL STRATEGIES FOR THE COA
Guideline: Remove barriers to female leadership	
<i>Provide opportunities for women to prepare for leadership roles</i>	<ul style="list-style-type: none"> • COA leadership scholarships for women/minorities • Encourage and advertise leadership courses • Assign funding toward gender diversity projects and research - in conjunction with Canadian Orthopaedic Research Society (CORS) and Canadian Orthopaedic Foundation (COF)
Guideline: Expand representation of women in the specialty	
<i>Increase female representation at meeting and conferences</i>	<ul style="list-style-type: none"> • Increase female presence on the podium - mandate requirements for subspecialty groups working through the program committees • Eliminate all-male panels and faculty • Implement minimum quotas of female speakers and faculty • Require explanations for non-compliance of diversity mandates • Educate members about quotas and meritocracy
Guideline: Ensure appropriate promotion of qualified women leaders	
<i>Promote women in leadership roles</i>	<ul style="list-style-type: none"> • Actively engage in fostering female leaders within the COA and other governing bodies - specific emails to encourage women to apply for leadership positions • Establish gender diversity processes within professional associations
Guideline: Actively encourage career development of female leaders	
<i>Provide career navigation advice and resources</i>	<ul style="list-style-type: none"> • Promotion assistance • Strategic plan development with short, medium and long-term goals • Work recognition • Research and dissemination of research
Guideline: Promote growth of diverse networks	
<i>Connect women to societies and support groups</i>	<ul style="list-style-type: none"> • Ruth Jackson Orthopaedic Society (RJOS) • Association of Women Surgeons (AWS) • Canadian Women in Medicine (CWIM) • Develop and encourage local and regional groups
Guideline: Improve leadership skills	
<i>Training to improve practical leadership skills for women</i>	<ul style="list-style-type: none"> • Help women identify leadership strengths and style • Training for leadership - engaging in difficult conversations, managing difficult situations and personalities

ACTIONS	PRACTICAL STRATEGIES FOR THE COA
Guideline: Ensure an engaged and diversity aware leadership	
<i>Be intentional in choosing leaders</i>	<ul style="list-style-type: none"> • Ensure gender diversity in leadership positions • Implement quotas for women in leadership roles • Target junior colleagues and offer additional access to resources and/or opportunity
Guideline: Actively promote the increased representation of women in leadership roles in organisations	
Comply or explain - make the promotion of women a mandatory requirement	<ul style="list-style-type: none"> • Require quotas in leadership permissions • Require explanation when promotion of women is not undertaken



INITIATIVES COMPLETED TO DATE

2018

- Focus group at COA Annual Meeting in Victoria
- COA Diversity Position Statement approved and disseminated
- Initiated data gathering for paper on gender diversity within the COA (15-year history)
- Reports on gender diversity shared with the provincial and other societies (APOS, CAM)
- Highlight a woman orthopaedic surgeon in the COA Bulletin (Drs. Carol Ann Reed, Catherine Coady)

2019

- Publication - Dissecting Disparity: improvements towards gender parity in leadership and on the podium within the Canadian Orthopaedic Association <https://jisakos.bmj.com/content/early/2019/09/06/jisakos-2019-000290>
- COA Annual Meeting Initiatives - Montreal
 - ✓ Mentor for a Day program
 - ✓ Medical student information session (Real Talk)
 - ✓ Instructional Course Lecture: Gender Diversity - Implicit bias, leadership and mentorship
 - ✓ Networking session after ICL
- Webpage on COA site with listing of leadership courses
- Creation and presentation of two Women in Leadership scholarships to promote leadership skills for women
- Highlight a woman orthopaedic surgeon in the Bulletin (Drs. Jennifer Fletcher, Colleen Weeks, Marcia Clark)
- Requirement for all leadership of the COA to take the Harvard Implicit Bias Test



OPEN ACCESS

Dissecting disparity: improvements towards gender parity in leadership and on the podium within the Canadian Orthopaedic Association

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ABSTRACT

Objectives The purpose of this paper was to analyse the 15-year trend of women in leadership roles within the Canadian Orthopaedic Association (COA). This included not only leadership positions at the committee level in the association but also the more visible podium positions in the annual meeting programme: research podium and poster presentations, session moderators, panellists and faculty.

Methods Data on the numbers of male and female members were gathered from COA membership records for the most recent 5 years (2014–2018), as well as for 10 years previous (2009) and 15 years previous (2004). Male and female representation on COA committees, as well as the number of presenters at the annual meeting was calculated. Descriptive data were generated to compare the changes in gender representation over time.

Results In Canada, in 2018, 11.2% of orthopaedic surgeons were female. Within the COA, 17.6% of the members are female, with active female surgeons comprising 11.6% of the total membership. The largest increase in representation of women within the COA is in the trainee category which is 25.3% female. At the 2018 annual meeting, 25% of the attendees were women, with 22% of all podium appearances by women. Not including research presentations, women participated as faculty in 11% of the appearances at the 2018 annual meeting.

Conclusion In conclusion, gender parity is not yet a reality in Canadian orthopaedics; however, the number of females in leadership roles and on the podium is consistent with the current gender diversity within the COA membership. Further efforts will be required to improve gender diversity as well as to encourage female medical students to consider orthopaedics as a specialty. The availability of female role models that are visible on the podium and in leadership positions may be one strategy to encourage the journey toward gender parity.

What are the new findings?

- In Canada, in 2018, 11.2% of practising orthopaedic surgeons were women.
- Within the Canadian Orthopaedic Association (COA), the number of female orthopaedic surgeon members is increasing, with the largest growth in the trainee category.
- The number of females in leadership roles and on the podium at the COA annual meeting is increasing and is consistent with the present gender diversity of the association's membership.



REFERENCES

McKinsey. Women Matter: Time to Accelerate. Ten years of insights into gender diversity. <https://www.mckinsey.com/featured-insights/gender-equality/women-matter-ten-years-of-insights-on-gender-diversity>; 2017.

Hiemstra LA, Wittman T, Mulpuri K, Vezina C, Kerslake S. Dissecting disparity: improvements towards gender parity in leadership and on the podium within the Canadian Orthopaedic Association. **Journal of ISAKOS: Joint Disorders & Orthopaedic Sports Medicine** 2019; 4:227-232.

