

Turning Mandates into Momentum: The Road to Real Inclusion in Canadian Orthopaedics

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“Where do we go from here’..... Evita

In 2018, 11.2% of orthopaedic surgeons in Canada were female, with provincial representation ranging from 0.0% to 18.1%. At that time, 26% of orthopaedic residents in Canadian training programs were women. Notably, no woman had served on the Executive or Board of the Canadian Orthopaedic Association (COA). Since then, the proportion of female orthopaedic surgeons and residents in Canada has increased to 13.6% (2020) and 38.5% (2022), respectively.

The shift toward a more inclusive orthopaedic community began in earnest in January 2018. Amid a snowstorm that delayed flights from the west, I arrived late to my first meeting of the COA Executive, having recently been appointed as the inaugural community surgeon Member-at-Large. In the final minutes of that meeting, the discussion turned to an issue that had long been discussed – how to implement a deliberate strategy to improve gender diversity within the COA and the broader Canadian orthopaedic community. With a woman now seated at the table, the conditions were in place to initiate meaningful action. The commitment of leaders such as Drs. Kevin Orrell and Peter MacDonald—as well as COA staff members Doug Thomson, Cynthia Vezina, and Trinity Wittman, helped propel this vision forward.

What are the key elements of a program that promotes gender equity in Canadian orthopaedics? Where does such an initiative begin – and where is it headed?

1. Building and Maintaining a Diverse Workforce

The [Gender Strategic Plan](#), introduced in 2019, was the foundation of our work to date. This initiative aimed to *develop, cultivate, implement and support an inclusive culture that maximizes the talent, skill and diversity within Canadian orthopaedics*. The Gender Strategic Plan outlined several core strategies, including:

Educational symposia at the COA Annual Meeting were launched to increase awareness around leadership, mentorship, allyship, bias, and work-life integration—designed for all members, not only specific groups. Understanding these concepts on a national scale was necessary so that everyone spoke the same language. Over time, these efforts expanded to include collaboration with Pride Ortho and the International Orthopaedic Diversity Alliance (IODA), highlighting the importance of intersectionality.

To encourage a more diverse applicant pool for orthopaedic training, outreach sessions such as “Real Talk” (Montreal) and “Early Exposure to the Cutting Edge” (Calgary, Halifax, Vancouver) were developed. These initiatives allowed university and medical students from underrepresented backgrounds an opportunity to engage directly with COA leaders, ask questions, explore surgical skills in hands-on workshops, and gain insight into orthopaedics as a welcoming and viable career path. The overarching goals of these initiatives were to inspire interest among underrepresented populations and to challenge longstanding misconceptions and stereotypes associated with the specialty.

2. Cultivating an Inclusive Culture

Cultural transformation requires more than symbolic gestures—it demands sustained structural change. In my 2022 Presidential Address, “*Unity through Diversity – Why We Need a Culture Renovation and to Focus Our ‘Why’*”, I emphasized that efforts to create vibrant and inclusive culture must be intentional, and the COA has demonstrated a clear commitment to this challenge.

A powerful example was the introduction of a new COA logo in 2023—a symbol of modernity, inclusiveness, and forward momentum. Tangible policy changes followed with the development of recent position statements on [Racial Violence](#) and [Intimate Partner Violence](#). The newly unveiled [Parenting and Pregnancy Leave Guidelines](#), approved in 2024 and finalized in 2025 reflect the profession’s recognition of the importance of family, wellness, equity, and fairness—values that are central to a sustainable and inclusive workforce. **To date, no comparable policy framework exists within other surgical specialties globally, reinforcing Canada’s leadership in advancing equity in surgical practice.**

Since 2019, the COA Annual Meeting programming now consistently includes DEI-focused sessions. These have provided vital education and networking opportunities for women and individuals from underrepresented groups. Moderator guidelines at the COA’s Annual Meeting were implemented to ensure representation across a broad spectrum of diversity—including gender, geography, career stage, race, and other underrepresented groups. Under the direction of the COA leadership, all committees were explicitly charged with upholding these principles in the planning and execution of their respective contributions to the Annual Meeting and other Association initiatives.

Education and networking opportunities have extended beyond in-person events to include digital education, webinars, and podcasts. COA members have actively contributed to national and international webinars, ensuring that Canada remains at the forefront of global efforts to advance equity and inclusion within the orthopaedic profession. The [Ortho Insider](#) podcast also highlights the accomplishments of our diverse membership.

3. Increasing Leadership Diversity

In 2018, the appointment of the first woman to the COA's Executive Committee underscored the urgent need for greater representation of women and individuals from underrepresented groups in leadership roles. In 2025, Dr. Sukhdeep Dulai will become the COA's second female President, a milestone reflecting continued commitment to leadership equity. Today, six women hold Board of Director positions (27.3%), and 35 serve on COA committees. Since 2017, three Canadian women have participated in the prestigious ABC Travelling Fellowship, further contributing to international academic engagement and leadership development.

The impact of the DEI initiative extends beyond the leadership of the COA. Dr. Marcia Clark has been appointed President of the Royal College of Physicians and Surgeons of Canada (2025–2027), Dr. Laurie Hiemstra currently serves as Second President-Elect of IODA, and Dr. Véronique Godbout is the Président de l'Association d'Orthopédie du Québec. These appointments reflect a broader, accelerating shift toward inclusive leadership in orthopaedics.

4. Expanding Infrastructure and Support

In an era of increasingly constrained financial resources, the Canadian Orthopaedic Association's (COA) commitment to diversity and leadership development has continued to receive unwavering support from its orthopaedic industry partners.

DePuy Synthes (now Johnson&Johnson MedTech) was among the first to recognize the importance of these initiatives, sponsoring the keynote speaker for the COA's inaugural diversity symposium at the Annual Meeting in Ottawa. Their support has grown year over year, reinforcing the value placed on equity and inclusion within the profession.

The COA Leadership Scholarship, originally funded by a single member dedicated to advancing leadership education among underrepresented Canadian orthopaedic surgeons, has since expanded into a multi-year, sustained initiative. Over four years, 50 surgeons have been supported to attend leadership-focused programs, building capacity within clinical and academic spheres.

In 2022, the *COA Leadership Program* was launched by Dr. Kristen Barton in partnership with executive coach [Gord Aker](#). This year-long initiative helps early-career orthopaedic surgeons develop personal and organizational leadership skills. To date, 30 participants have graduated, many now contributing meaningfully within the COA. Zimmer Biomet supports this program, including hosting the annual graduation luncheon. Biocomposites has consistently sponsored the "Women in Orthopaedics" networking reception, fostering community and mentorship. A wide range of industry partners have demonstrated their strong commitment to our Diversity, Equity, and Inclusion (DEI) efforts. Their support has come not only in the form of generous financial contributions, but also through active engagement, collaboration, and a shared dedication to fostering a more inclusive and equitable environment. This collective

backing has been instrumental in advancing our DEI goals and creating lasting, meaningful impact.

5. Building Partnerships

While many orthopaedic organizations around the world have established dedicated groups for women in orthopaedics, advancing broader diversity within the field remains a more complex and comprehensive task. The [International Orthopaedic Diversity Alliance \(IODA\)](#) was founded in 2020 by Dr. Jenny Green, a hand surgeon from Australia, with the mission “**To champion diversity, equity, and inclusion in orthopaedics worldwide.**” Since its inception, IODA has grown significantly and now includes almost 1400 members world-wide.

In 2022, the COA formalized its commitment to these principles by signing the **IODA Diversity Charter**, publicly affirming its dedication to advancing diversity, equity, inclusion, and meaningful engagement within orthopaedic surgery. In doing so, the COA joined 40 countries and organizations worldwide in pledging to sustain and deepen efforts through initiatives focused on leadership development, inclusive policy-making, mentorship, and cultural change.

6. Supporting DEI-Focused Research

Although not a research organization, the COA has played a critical role in supporting DEI-focused studies. Early work included a [10-year review of gender representation at COA Annual Meetings](#). As multiple institutions across Canada began initiating diversity-related research, the COA experienced a rapid increase in requests for support—primarily administrative rather than financial. In response, guidelines were developed to manage these requests equitably, while also considering the significant demands they placed on Head Office resources.

The COA continues to encourage this research through collaboration and logistical support. Numerous diversity-focused studies now include Canadian authors—helping build the evidence base for inclusive orthopaedic practice.

7. Measuring Progress

Peter Drucker’s famous quote ‘if you can’t measure it, you can’t manage it’ has been the source of much controversy. How do you measure a change in culture? Cultural transformation is arguably the most difficult to achieve—and the most difficult to measure. While increases in the representation of women in orthopaedics and leadership roles serve as tangible indicators of progress, assessing cultural change requires a more nuanced approach. Anecdotal evidence, however, can be powerful.

During my presidential year in Calgary, a particularly meaningful moment captured this shift. While standing in the foyer outside the Great Hall, a colleague approached me and said, “Laurie, look around you.” The foyer was milling with people alive with talking and

laughter. I paused, and took a closer look. The space was filled with men and women, individuals of diverse racial backgrounds, older surgeons and younger, those just starting out and those full of experiences, all engaged in meaningful conversation.

This wasn't the homogenous group of white men in suits that once typified such gatherings. Instead, it was a vibrant and diverse community of orthopaedic surgeons and trainees, united by shared purpose, learning, and camaraderie. Though I cannot recall exactly who made that observation, the moment stands out as the most powerful and symbolic of my presidency—a genuine reflection of the cultural evolution within Canadian orthopaedics. Proof that meaningful change is not only possible, but underway.

Where do we go from here?

Strategic plans are typically revisited every three to five years. As we reflect on our where we are, we must ask: Does our current strategy reflect the need and realities of today? Is it the most effective roadmap to guide us toward an even stronger, more inclusive future? Is it bold enough to carry us forward? When we first embarked on this journey toward greater diversity, equity, and inclusion, we had no formal roadmap or expert guidance. We were forging ahead without precedent, navigating unfamiliar territory with a strong sense of purpose and shared commitment.

The 2019 Gender Strategic Plan set out to address four key challenges faced by women in orthopaedics. That plan served as our foundation—but as we move forward, we must consider whether it still meets the evolving needs of our profession and how it might be adapted to ensure continued progress for all underrepresented groups in Canadian orthopaedics. [Table 1](#) outlines our progress to date on the four challenges identified in 2019.

This is a critical moment for honest reflection—on both our missteps and our successes. I can confidently say that:

1. We have achieved remarkable progress.
2. Our work is far from complete.
3. Some necessary changes lie beyond our immediate control.

Moving forward, the goals of the Gender Strategic Plan have now been fully integrated into the broader [Strategic Plan](#) of the organization, rather than existing as a stand-alone document. This reflects a significant evolution: the recognition that equity is not a separate objective for certain groups, but a core element of the COA's overall mission and identity.

The true measure of success for any equity initiative is that it is no longer required—when disparities have been addressed so effectively that the initiative is no longer needed. While we have not yet reached that point, our goal remains long-term, sustainable culture change.

By embedding gender diversity efforts within the national Strategic Plan, we make a clear and intentional statement: diversity—in all its forms—is central to our values and future. As part of this integration, we have also updated our [Diversity Position Statement](#), affirming our continued commitment. Moving forward, our efforts will broaden and deepen to support meaningful cultural transformation across the profession—for everyone. This is not just about advancing opportunities for women, but about ensuring inclusion and equity for all underrepresented groups in Canadian orthopaedics.