COLLEGE OF PHYSICIANS & SURGEONS OF NOVA SCOTIA

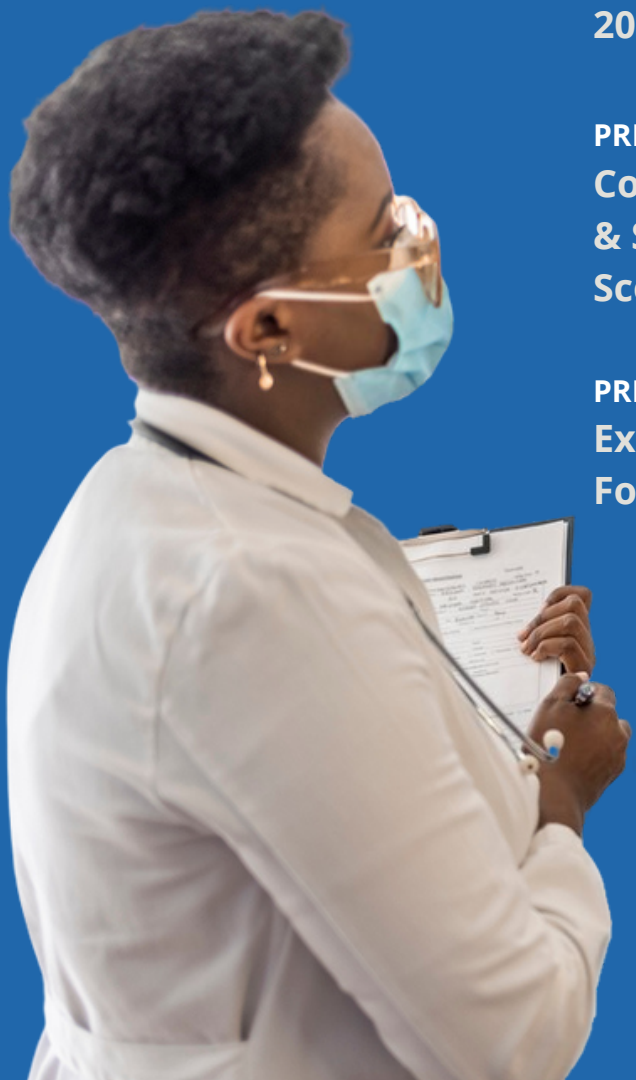
FROM THE INSIDE

External Review into Systemic Anti-Black Racism Within the College of Physicians and Surgeons Nova Scotia

2022

PREPARED FOR
College of Physicians & Surgeons of Nova Scotia

PREPARED BY
External Task Force



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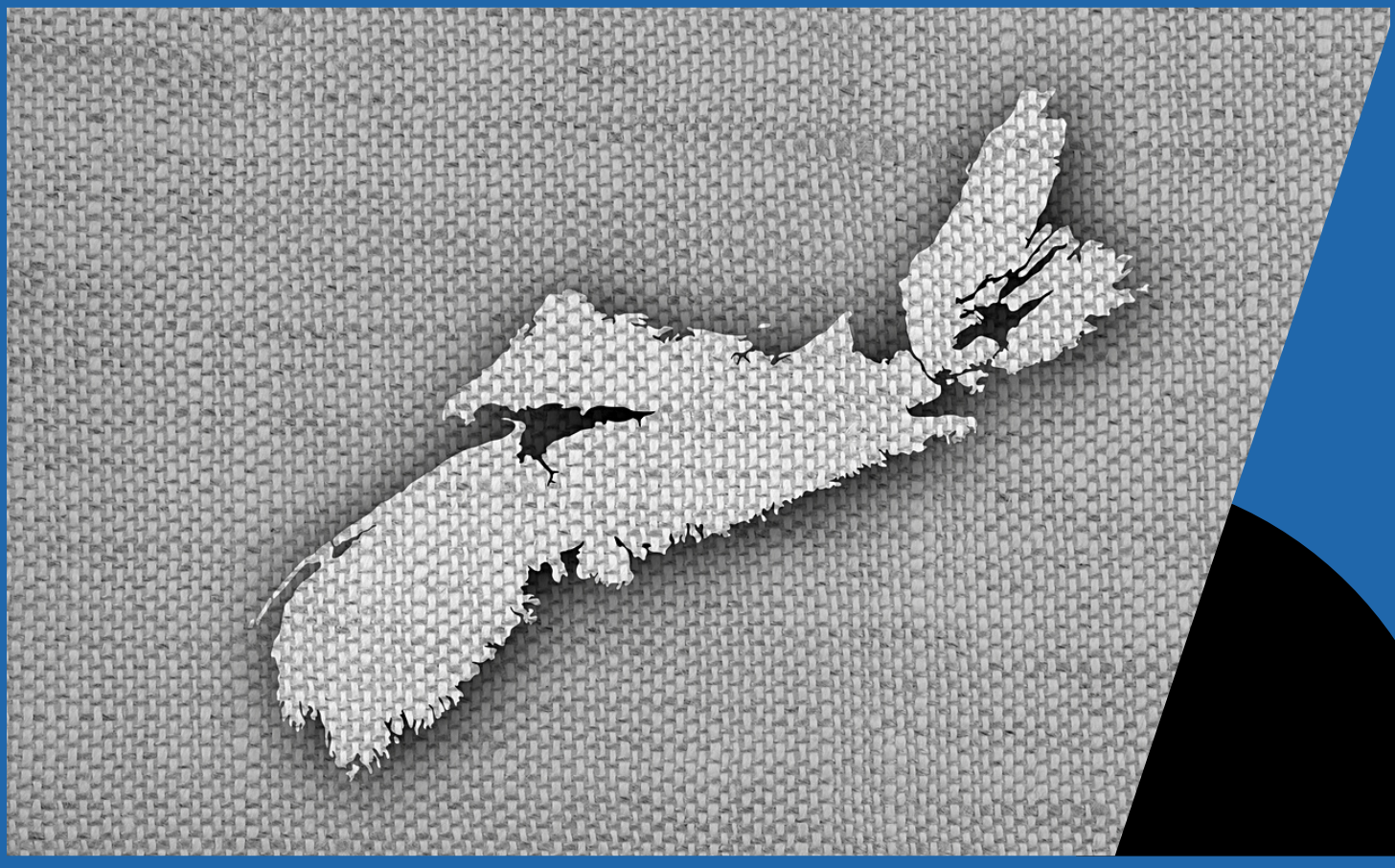
ACKNOWLEDGMENT

The Systemic Anti-Black Racism Task Force acknowledges that the College of Physicians and Surgeons Nova Scotia is located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People. This land is governed by the treaties of Peace and Friendship. These treaties did not implicate or affirm the surrender or transfer of land to the British but recognized Mi'kmaq and Wolastoqey title and set the rules for what was to be a long-standing relationship between nations. We express our gratitude to those who were the traditional stewards of the land.

We also recognize the 400-year history of communities of African descent and the 50 African Nova Scotian communities throughout the region today. Communities whose ancestors were kidnapped from their homes and held in bondage. Despite the brutality and exploitation under which they were forced to live, they continue to stand up for their humanity by demanding equality, equity, and justice. We thank the elders of Nova Scotia's Black communities.



INTRODUCTION

Identifying the roots of systemic anti-Black racism in Nova Scotia does not or, at least, should not require extensive historical exploration. Clairmont and Magill succinctly and clearly identified its roots in their seminal work Africville: The Life and Death of a Canadian Black Community[1]: "The groundwork for the subordination of the Blacks as a people in Nova Scotia was laid by the early existence of a slave society." The UN Working Group of Experts on People of African Descent on its mission to Canada[2] also confirmed this historical fact and acknowledged the impact and legacy of the Trans Atlantic Slave Trade:

> Canada's history of enslavement, racial segregation and marginalization of African Canadians has left a legacy of anti-Black racism and had a deleterious impact on people of African descent, which must be addressed in partnership with the affected communities. Across Canada, many people of African descent continue to live in poverty and poor health, have low educational attainment and are overrepresented at all levels of the criminal justice system.

As referenced in the UN Report, the vestiges of colonialism and slavery remain with us, and the impact is widespread, including in healthcare. However, despite the evident relationship between the triangular trade in human life and present-day disparities, the systemic and persistent inequities have, generally, remained unaddressed. The reason, at least in part, is that anti-Black stereotypes have become so deeply entrenched within society that their origins and truth remain ignored or unexamined. For many, the misperceptions are reality.

So why is it that we are now seeing what appears to be a greater sense of awareness in systemic racism accompanied by an expressed desire to make changes? What we are experiencing is a result of a confluence of events. A global health pandemic in the form of COVID 19 displayed, in sharp relief, the long-existing societal pandemic of racism. The latter captured the public's attention with the death of George Floyd on the street in Minnesota. George Floyd was not the first Black person either in the United States or Canada to die in this manner. But on this occasion, it took place when the world, due to the Corona virus, was on pause, and the horrific final nine minutes of Mr. Floyd's life sparked an outcry and protests that spanned the globe.

[1] Africville: The Life and Death of a Canadian Black Community, Clairmont & Magil (1999)

[2] UN Working Group of Experts on People of African Descent Report on its mission to Canada in October 2016

It also became evident to many that responding to the health pandemic also required responding to racism. Dr. Camara Phyllis, in an article in Scientific American titled *Why Racism, Not Race, Is a Risk Factor for Dying of COVID-19*[3] said the following:

> Race doesn't put you at higher risk. Racism puts you at higher risk. It does so through two mechanisms: People of color are more infected because we are more exposed and less protected. Then, once infected, we are more likely to die because we carry a greater burden of chronic diseases from living in disinvested communities with poor food options [and] poisoned air and because we have less access to health care.

Although Dr. Phyllis was referring to the American experience, her words are also relevant to Canada. Following the murder of George Floyd, various government and health organizations in Canada declared systemic racism as a public health crisis. In Ontario, the Toronto Board of Health declared anti-Black racism a public health crisis[4] and several public health units in Ontario followed suit, acknowledging that race-based health inequities disproportionately affect Black and racialized communities. The Canadian Nurses Association declared anti-Black racism to be a public health emergency in Canada.[5]

The College of Physicians and Surgeons of Nova Scotia (The College or CPSNS) has also added its voice to calling out systemic anti-Black racism by acknowledging the existence of systemic anti-Black racism within the College. But the fact is that the vocal allyship, as necessary and appreciated as it might be, will have minimal impact, if any, without a genuine commitment and actions to dismantle systemic anti-Black racism in the medical profession. In recognition of this fact, the College convened this independent external Task Force to assist its efforts in dismantling systemic anti-Black racism from the College's policies and procedures as, more specifically, outlined in the Terms of Reference for the Task Force.

[3] *Why Racism, Not Race, Is a Risk Factor for Dying of COVID-19 Dr. Camara Phyllis* Claudia Wallis, Scientific American (June 2020)

[4] Toronto Board of Health declares anti-Black racism a public health crisis CBC News (June 8, 2020)

[5] The Canadian Nurses Association declared Anti-Black racism to be a public health emergency in Canada

THE ROLE AND STRUCTURE OF THE COLLEGE OF PHYSICIANS AND SURGEONS NOVA SCOTIA

The College of Physicians and Surgeons of Nova Scotia is the creation of statute, the Nova Scotia Medical Act, and its Regulations. The legislation stipulates that the objects of the College are to serve the public interest through the regulation of the medical profession. The legislation limits its authority to the conduct of physician's meaning that broader, systemic issues within health care are beyond its jurisdiction.

The College has four core functions:

1. Licensing and Registration of Physicians

All physicians who practice medicine in Nova Scotia must be registered and licensed with the College. The Registration Department reviews the application for licensure

2. Physician Performance

The Physician Performance Department oversees the sponsorship, supervision, and assessment for physicians who do not have full licensure.

3. Investigating Complaints

In many respects, this is the public-facing component of the College. As noted by all members of the College interviewed, it is the highest-profile work of the College and the area in which there was the most significant concern that it could very well be susceptible to systemic anti-Black racism.

The *Medical Act and Regulations* require a three-step process for the investigation of complaints. In the preliminary stage, the Registrar has the authority to dismiss complaints summarily. Complaints that progress beyond the preliminary stage are referred to the Investigation Committees. Both these stages might involve interviewing complainants and other witnesses, either by College staff or committees. The dispositions available to an investigation are: dismiss, dismiss with advice, caution, or reprimand. Reprimands are considered sanctions and are made public. Serious matters that warrant a formal adjudication are referred from an Investigation Committee to a Hearing Committee for full public open hearings. These hearings are very similar to a trial in that they adhere to the adjudicative model.

4. Standards

The College develops professional standards and guidelines. The guidelines focus upon ethical or administrative matters as opposed to clinical concerns.

The Council

The Council is the governing board of the College and derives its authority from the Medical Act. It is responsible for setting strategic direction, developing policies, and providing oversight of the College's performance.

The composition of the Council includes physician members elected by physicians and public members appointed by the College through a nominations process. Nova Scotia's medical school holds a Council seat, and medical learners are represented as observers. Council meets four times per year. As directed by legislation, the College has committees made up of Council members, medical professionals, and public representatives who provide oversight and guidance on relevant issues.

THE TASK FORCE

To the detriment of all, systemic discrimination and racism persist in medicine and in the regulation of medicine.

The College commissioned this Task Force to examine the College through the lens of anti-Black racism. The focus of the Task Force is on the internal operations and policies of the College, not the broader problem of systemic discrimination and racism in the medical profession.

The Task Force and the College recognize that other groups fall victim to systemic discrimination and racism, including indigenous people, the 2SLGBTQI community, and other People of Color. The Task Force and the College hope that implementing the recommendations will help these groups both recognize their experience with racism and discrimination is unique to them, requiring unique solutions.

The Task Force and the College recognize that the experience of Black People to anti-Black racism is varied. Although there are commonalities, there is no singular Black experience amongst the diversity and heterogeneity of Black People. The Task Force is composed of African-Nova Scotian and Black People.

Composition of the Task Force

The Task Force consists of the following individuals, all of whom self-identify as African Nova Scotian or Black. Although each participant is an individual, they brought the perspective of the organizations listed by their name:

VIVIAN DIXON
Association of Black Social Workers

DR. CHADWICK WILLIAMS
Dartmouth General Hospital

SHARON DAVIS-MURDOCH, C.M.
Health Association of African Canadians

SHAQUILLE SMITH
Talent and Recruitment Professional

DOUGLAS G. RUCK, Q.C.
Lawyer (Chair of the Task Force)

TERMS OF REFERENCE

a) Mission:

To make recommendations that will improve the operations of the CPSNS with respect to anti-Black racism and cultural competence.

b) Approach:

To meet its mission, the Task Force will take the steps required to understand the operations of the College, which might include:

- Review the College's enabling legislation and regulations.
- Review the College's website content.
- Review all policies, protocols and procedures, including those in relation to human resources.
- Review all training taken by HR, staff, and Council members in relation to equity, diversity, and inclusion as well as current and past Respectful Workplace Policies.
- Examine the numerical representation and distribution of members of racialized minorities working in the College's offices. (Note: numerical representation and distribution are indicators of symptoms, not causes and mechanisms of systemic racism but may serve as an important indicator of the nature of the workplace environment under review).
- Review the organizational culture, including patterns of organizational behaviour involving communication, informal social relations, decision-making behaviour, norms, and response to concerns about discrimination and/or harassment. (Note: Understanding the organizational culture is imperative in order to identify unconscious values, assumptions, and norms).
- Review the Board's role in the governance, management, and coordination of all phases of the operation, administration, finances, organization, supervision, and maintenance of all activities of the College.
- Review the investigation and hearing process including all documents and materials issued by the College in relation to investigations and hearings.
- Interview current staff and Council members as well as selected former staff.
- Provide a final report detailing its findings and recommendations.

c) Access:

The Task Force will have unfettered access to College staff and to College processes.

Methodology – Our Approach to the Review

The Task Force members, as noted, are African Nova Scotians with experience and training in the fields of health care, social work, medicine, digital strategy, marketing, and law. Additionally, they applied their lived experiences to the review as each of their journeys, as members of the African Nova Scotian community, required confronting and combatting inequality, discrimination, and racism in their personal and professional lives.

The Task Force is exceedingly grateful for the administrative support and guidance provided by Suzanne Husbands, an employee of the College, who unselfishly gave of her time, insight, and knowledge.

The Task Force received the full cooperation and participation of the College and received access to all data and information requested. The Task Force acknowledges the role of the Registrar & CEO of the College, Gus Grant, who identified the issue and initiated an external process to examine systemic anti-Black racism within the College. The review was carried out in accordance with the Terms of Reference and included:

- The use of qualitative methods through the use of interviews with selected individuals and surveying staff and Council
- Creating a dedicated email address for individuals to share their thoughts, experiences, and concerns about systemic anti-Black racism within the College
- Conducting a review of the College's written policies and procedures
- Receiving unsolicited written submissions, views, and perspectives of members of the medical community and the public. This will be explained in greater detail later in the report

The Task Force also conducted an extensive review of terms and phrases associated with race and racism. Even the most frequently used words may cause confusion and lead to misunderstandings and disagreement. The Task Force hopes that providing the definitions at the outset of this report will inform and enhance understanding and dialogue.

Confidentiality

The Task Force respects the privacy of all those employed by or associated with the College. It has done its utmost to protect the identities of anyone it has spoken to or received information or opinions from concerning the review. Any conversations, interviews, or thoughts and opinions submitted in writing were received in confidence, and any comments were anonymized to remove any indicators of identity.

Limitations

Two of the fundamental practices generally associated with any workplace review or investigation are conducting in-person meetings and spending time in and around the workplace. Both are very helpful in providing a sense of workplace dynamics. However, with the advent of the COVID-19 pandemic and government imposed protocols and restrictions, neither was possible. Consequently, all interactions and interviews were conducted by virtual means or telephone.

The members of the Task Force thank the staff and Council members of the College for their patience and flexibility in adjusting to the virtual review.

TERMS and DEFINITIONS

Introduction

The protests of 2020, in the aftermath of the police killing of George Floyd, inspired and prompted similar demonstrations around the globe. The call for racial justice and equality also caught the attention of many who had never previously thought about racism or, if they had, it was only in passing. One of the signs carried by protestors which particularly resonated with many, bore the message, “It’s a privilege to educate yourself about racism instead of experiencing it.” Although straightforward and yet subtle, the message highlights the challenge in understanding the nature of that privilege and appreciating what it means to live in a society built upon structural and systemic racism.

The expressions of support and desire to learn are commendable and encouraging, but these nascent and albeit well-meaning efforts may falter due to the disconnect in lived experiences. There’s a need, from the outset, to establish a common language. It is necessary not only because language changes, but some of the paradigms that were acceptable in the past are no longer sufficient for supporting the institutional transformations that are necessary for supporting anti-racism initiatives.

Resistance to change in many organizations stems directly from racism which has remained unacknowledged and consequently unexamined. To promote honest and meaningful discourse and dialogue about race and anti-Black racism, it is essential to achieve some degree of shared understanding, particularly when using the most common terms. In this way, the quality of dialogue and discourse on race and racism can be enhanced. For that reason, the Task Force has compiled the following terms and definitions.

Many of the terms and definitions that follow have evolved over time. Words previously deemed acceptable are no longer used or, at the very least, less frequently. Part of this is because etymology continues to evolve due to societal acceptance or rejection of certain words. Equally significant is that the voices of those who were previously not heard in many instances are becoming direct participants in the conversation.

African Nova Scotian or African Canadian:

A person who identifies as of African descent. African Canadian heritage in Nova Scotia is represented by three distinct groups: indigenous (have no country of ethnic origin other than Canada); Caribbean immigrants, and immigrants from the African continent.

- *African Nova Scotian is any Nova Scotian who chooses to declare African ancestry, regardless of how long they have lived here and how much African ancestry they can declare (African Nova Scotian Affairs).*
- *There are 20,790 African Nova Scotians according to 2011 National Household Survey (NHS) conducted by Statistics Canada (which is the most recent statistical information available).*
- *African Nova Scotians make up the largest racially visible group in Nova Scotia. They represent 44% of the racially visible population which constitutes 2.3% of the total Nova Scotian population.*
- *80.7% of African Nova Scotians were born in the province, while 6.7% were born elsewhere in Canada. 77.2% of the African Nova Scotian population are Canadians of three or more generation.*
- *10% of African Nova Scotians today are new Canadians, coming primarily from Africa, the Caribbean, and the United States. Most arrive as adults between the ages of 25-44.*

(African Nova Scotian Affairs https://ansa.novascotia.ca/community)[6]

Anti-Black Racism:

Policies and practices rooted in Canadian Institutions such as education, health care, and justice that mirror and reinforce beliefs, attitudes, prejudice, stereotyping, and/or discrimination toward People of Black African descent. Racism can cause frequent stress on the body and trigger stress coping behaviours (e.g., smoking) that often lead to disease (hypertension, obesity, depression, etc.) (from Dr. Akua Benjamin, Ryerson Social Work Professor).[7]

[6] *African Nova Scotian Affairs* https://ansa.novascotia.ca/community

[7] *ANTI-BLACK RACISM* (blackhealthalliance.ca) *Dr. Akua Benjamin, Ryerson Social Work Professor*

Ally:
A member of a different group who works to end a form of discrimination for a particular individual or designated group.[8]

Bias:
A subjective opinion, preference, prejudice, or inclination, often formed without reasonable justification, which influences the ability of an individuals or group to evaluate a particular situation objectively or accurately.[9]

Culture:
Shared attitudes, behavior and interactions that characterize the functioning of a group or organization.

Culture can also be considered as socially-transmitted behavior patterns, arts, beliefs, institutions and all other products of human work and thought considered as the expression of a particular community or population. For instance: Japanese culture, corporate culture, culture of health professions, etc.[10]

Cultural Competence:
A set of congruent behaviours, attitudes, and policies that come together in a system, agency, or amongst professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations (Betancourt,[11] Cross,[12] et al,1989).

- Having the attitudes, awareness, knowledge, skills & policies to better meet the needs of all the people we serve.

[8] Canadian Race Relations Foundation Glossary - https://www.crrf-fcrr.ca/en/resources/glossary-a-terms-en-gb-1?letter=a&cc=p

[9] Canadian Race Relations Foundation Glossary - https://www.crrf-fcrr.ca/en/resources/glossary-a-terms-en-gb-1?letter=b&cc=p

[10] Race Relations, Equity & Inclusion Division, Nova Scotia Human Rights Commission - HUMAN RIGHTS in the WORKPLACE- A Glossary of Terms, Spring 2012 Volume 1, Issue 6

[11] Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches, The Commonwealth Fund, October 2002 Joseph R. Betancourt, M.D., M.P.H., Alexander R. Green, M.D., and J. Emilio Carrillo, M.D.,

[12] Towards a culturally competent system of care (Vol. 1) Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

Cultural Health Interpreter:

An interpreter working across language and/or culture to improve health communication.

> *The key difference between an interpreter and a cultural mediator is that an interpreter passively conveys the messages from one language to another, whereas a cultural mediator can work to "shape" the exchanges between two parties* (Cultural Mediators, Translators, and Interpreters)[13].

Cultural Interpreter role:

- *Help ensure that everyone understands both words and meaning 'in the moment', as they are being used.*
- *Provide a clear and precise interpretation of the care provider's questions and the family's answers, while being open to additional questions about what patient (or practitioner) responses might mean.*
- *Assist the communication process without leading it. An interpreter should not be 'in charge' of an interview, which may be more likely to happen if the interpreter was a health professional in their former country.*
- *Understand the family's situation and specific issues and be able to supply some cultural background for the clinician (e.g., why a particular family is responding a certain way during an interaction).*
- *Steer the clinician away from actions or words that might be culturally inappropriate and help to prevent or clarify misunderstandings on either side.*
- *Explain the role of the clinician to the family and encourage them to ask questions.*
- *Respect the confidentiality and integrity of everyone involved. An experienced interpreter will often start an office visit with introductions, explain their own role, and provide assurance that everything to be discussed will be kept private and confidential.*
- *An interpreter can also help establish links within the family's local cultural community, if such a network is available and the family consents to this level of involvement (Using Interpreters in Healthcare Settings).*[14]

Designated Groups:

According to the NS Employment Equity Policy,[15] the four designated groups include – Aboriginal People, Persons with Disabilities, African Nova Scotians & Other Racially Visible Persons, and Women in Under-Represented Occupations.

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[13] Cultural Mediators, Translators, and Interpreters Published by the Colorado Department of Education, Special Education Services Unit

[14] *Using Interpreters in Healthcare Settings*

[15] *NS Employment Equity Policy*

Discrimination:

Denial of equal treatment, civil liberties, and opportunity—the unequal treatment of people or groups resulting in subordination and deprivation of political, social, and economic rights with respect to education, accommodation, health care, employment, and access to goods, services, and facilities. Discrimination may occur on the basis of race, nationality, ethnicity, gender, sexual orientation, age, religious or political affiliation, marital or family status, disability, or language/accent. Discrimination is often invisible to those who are not its targets.

Discrimination can be:

- **Overt:** granting or denying certain rights to certain groups or individuals.
- **Unequal treatment:** differential treatment of one group in comparison with another because of certain characteristics.
- **Systemic**: policies and practices in established institutions that result in the exclusion or promotion of designated groups. No individual intent is necessary.

Diversity:

The broad variety of ways in which people can be similar and different. These can include, but are not limited to, race, age, place of origin, religion, ancestry, colour, citizenship, sex, sexual orientation, gender identity, ethnic origin, disability, marital, parental or family status, educational background, literacy, geographical location, income, cultural tradition, language, and work experience.

Equality:

The state of being equal; the absence of discrimination (on the basis of gender, race, ethnicity, culture, language, ability, sexual orientation, and so on) in opportunities, allocation of resources, benefits, and/or access to services.

Equity:

The quality of being fair or impartial. Equity acknowledges the different life experiences, needs, resources, and access to and control of power and authority of diverse groups. Equity recognizes the need for different approaches to achieve equal outcomes. Equal treatment does not necessarily lead to equal results. See also health equity and health inequity.

Ethnicity:

Identity with or membership in a particular racial, national, or cultural group and observance of that group's customs, beliefs, and language.

- *Ethnicity, refers to cultural factors, including nationality, regional culture, ancestry, and language (see **Race** for more information.)*

Gay:
A person who experiences attraction to people of the same gender as themselves. Gay may be used by individuals of a diversity of genders or may refer specifically to men who are attracted to other men (Egale - 2SLGBTQI Terms and Concepts).[16]

Gender:
The socially constructed roles, behaviours, and attributes considered appropriate for men and women and girls and boys in a given society at a particular point in time.

Gender Identity:
A person's internal and individual experience of gender. It is not necessarily visible to others and it may or may not align with what society expects based on assigned sex. A person's relationship to their own gender is not always fixed and can change over time (Egale - 2SLGBTQI Terms and Concepts).[17]

Health Disparity:
Differences in health status that occur among population groups defined by specific characteristics. For policy purposes, the most useful categorizations are those consistently associated with the largest variations in health status.

Disparities in health status among different population groups are unjust and inequitable because they result from preventable, avoidable, systemic conditions and policies based on imbalances in political power. The most important consequences of health disparities are avoidable death, disease, disability, distress, and discomfort. Disparities are also costly for the health system and Canadian society as a whole.

Health Equity:
The absence of systematic disparities in health, or the major determinants of health between groups. Equity has an ethical dimension and is related to human rights. Equity supports the right to the highest attainable standard of health, as indicated by the health status of the most socially advantaged group.

Health Inequality:
Designates differences, variations and disparities in the health achievements and risk factors of individuals and groups . . . that need not imply moral judgment . . . [and may result from] a personal choice that would not necessarily evoke moral concern (A Glossary for Health Inequalities).[18]

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[16] *Egale LGBTQI2S Terms and Concepts*

[17] *Egale LGBTQI2S Terms and Concepts*

[18] *A Glossary for Health Inequalities* BMJ Journal of Epidemiology and Community Health

Health Inequity:
Differences in health experience and thus outcomes between different population groups. These are due to unfair and/or unjustifiable differences in cause, service, and other opportunities. Health inequity is often associated with how fairly resources are distributed in relation to the needs of different groups. The term inequity has a moral and ethical dimension. It refers to differences which are unnecessary and avoidable but, in addition, are also considered unfair and unjust.

Homophobia:
Encompasses a range of negative attitudes and feelings toward homosexuality or people who are identified or perceived as being lesbian, gay, bisexual or transgender (LGBTQ2S). It has been defined as contempt, prejudice, aversion, hatred or antipathy. Homophobia is observable in critical and hostile behavior such as discrimination and violence.[19]

Inclusion:
The act or state of including someone. Inclusion is the opposite of exclusion—being left out. Inclusion is characterized by a society's widely shared social experience and active participation, by a broad equality of opportunities and life chances for individuals, and by the achievement of a basic level of well-being for all citizens.

Immigrant:
A person who moves from their place of origin to another country. Recent immigrants are people who have arrived in Canada in the past two to five years. People who are born in Canada to immigrant parents are sometimes referred to as second-generation immigrants.

Implicit Bias:
The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness. Rather, implicit biases are not accessible through introspection. (Unconscious Bias, Implicit Bias, Microaggressions: What Can We Do About Them?)[20]

Intercultural & Diversity Proficiency:
Demonstrating an understanding of cultural differences and respect for other cultures. This includes a commitment to recognize diversity both between and within cultural groups.

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[19] Canadian Race Relations Foundation Glossary - https://www.crrf-fcrr.ca/en/resources/glossary-a-terms-en-gb-1?letter=h&cc=p

[20] *Unconscious Bias, Implicit Bias, Microaggressions: What Can We Do About Them?* Americanbar.org

Interpreter:
A person who translates orally from one language to another.

Internalized Dominance:
Where individuals are unconsciously conditioned to believe they are superior or inferior in status, affecting social interaction. Internalized domination or dominance is likely to involve feelings of superiority, normalcy and self-righteousness, together with guilt, fear, projection and denial of demonstrated inequity.[21]

Internalized Oppression:
Patterns of mistreatment of racialized groups and acceptance of the negative messages of the dominant group become established in their cultures and members assume roles as victims.[22]

Internalized Racism:
The poison of racism seeping into the psyches of racialized people until they believe about themselves what Whites believe about them – that they are inferior to Whites. Hostility between some Black People toward other Black People can stem from this thinking (Structural Racism Keith Lawrence & Terry Keleher – UC Berkeley 2004).[23]

Lesbian:
A person who identifies as a woman and experiences attraction to people of the same gender. (Egale 2SLGBTQI Terms and Concepts)[24]

Linguistic Competence:
The capacity of an organization and its personnel to effectively communicate with people of limited English proficiency (LEP), those who are illiterate or have limited literacy skills, and individuals with disabilities. This may include, but is not limited to, the use of bilingual/bicultural staff, cultural brokers, multilingual telecommunication systems, ethnic media in languages other than English (e.g., television, radio, newspapers, periodicals), print materials in easy-to-read, low-literacy, picture, and symbol formats, and materials in alternative formats (e.g., CD, Braille, enlarged print).

Literacy:
The state of being literate—able to read and write and to understand and use printed information in daily activities. Literacy can also refer to Sign Language and other forms of communication.

[21] Canadian Race Relations Foundation Glossary - https://www.crrf-fcrr.ca/en/resources/glossary-a-terms-en-gb-1?letter=i&cc=p

[22] Canadian Race Relations Foundation Glossary - https://www.crrf-fcrr.ca/en/resources/glossary-a-terms-en-gb-1?letter=i&cc=p

[23] *Structural Racism* Keith Lawrence & Terry Keleher – UC Berkeley 2004

[24] https://egale.ca/awareness/terms-and-concepts-updated/

Marginalization:
The experience of certain groups of being without full and equal access due to being excluded, ignored, or put at the outer edge. Individuals and communities can be socially, politically, and/or economically pushed to the sidelines of society or a dominant group.

Marginalized Populations:
Marginalized populations are those excluded from mainstream social, economic, cultural, or political life. Examples of marginalized populations include, but are by no means limited to, groups excluded due to race, religion, political or cultural group, age, gender, or financial status. To what extent such populations are marginalized, however, is context specific and reliant on the cultural organization of the social site in question.

Microaggression:
Can be manifested in a myriad of subtle ways and is pervasive in nature. Microaggressions are the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership. (Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation)[25].

Oppression:
The use of power by one group of people to control or exploit another.

Population health:
An approach that focuses on improving the health status of a population or sub-population, rather than an individual. This also includes reducing inequalities in health status between population groups.

Power:
Capacity to bring about change. It can include "power over," "power with," and "power to." To have power over an individual or group means setting and enforcing parameters and rules.

Institutional Power:
Parameters and rules defined and enforced by states and institutions such as schools and judicial systems.

[25] *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation,* Derald Wing Sue - Wiley; 1st edition (March 8 2010)

Prejudice:
A state of mind; a set of attitudes held, consciously or unconsciously often in the absence of legitimate or sufficient evidence.

A prejudiced person is considered irrational and very resistant to change because concrete evidence that contradicts the prejudice is usually dismissed as exceptional. Frequently prejudices are not recognized as false or unsound assumptions or stereotypes, and, through repetition, become accepted as common sense notions.

The terms "racism" and "prejudice" are sometimes used interchangeably but they are not the same. A primary difference between the two is that racism relies on a level of institutional power in order impose its dominance.[26]

Privilege:
Unearned power that gives certain groups economic, social, and political advantages; the unequal distribution of resources and status. It also means the ability to access resources, receive, acquire, or assume benefits on the basis of this status.

Queer:
This term has been reclaimed by some 2SLGBTQI communities as a term of pride and affirmation of diversity. It can be used to encompass a broad spectrum of identities related to sex, gender, and attraction, or by an individual to reflect the interrelatedness of these aspects of their identity (Egale - 2SLGBTQI Terms and Concepts).[27]

Questioning:
An umbrella term for the process of reconciling:

1. all the feelings you have within yourself about how you experience your attraction and/or gender;
2. the language you have available to you to describe those feelings; and
3. your sense of how this will impact your interactions with others in your social context (Egale - 2SLGBTQI Terms and Concepts).[28]

[26] Canadian Race Relations Foundation Glossary - https://www.crrf-fcrr.ca/en/resources/glossary-a-terms-en-gb-1?letter=p&cc=p

[27] 2SLGBTQI Terms and Concepts https://egale.ca/awareness/terms-and-concepts-updated/

[28] *Egale LGBTQI2S Terms and Concepts*

Race:

Modern scholarship views racial categories as socially constructed, that is, race is not intrinsic to human beings but rather an identity created, often by socially dominant groups, to establish meaning in a social context. This often involves the subjugation of groups defined as racially inferior, as in the one-drop rule used in the 19th-century United States to exclude those with any amount of African ancestry from the dominant racial grouping, defined as "white". Such racial identities reflect the cultural attitudes of imperial powers dominant during the age of European colonial expansion. This view rejects the notion that race is biologically defined.[29]

Racism:

Racism is a belief that one group is superior to others performed through any individual action, or institutional practice which treats people differently because of their colour or ethnicity. This distinction is often used to justify discrimination. There are three types of racism: Institutional, Systemic, and Individual.[30]

Systemic Racism:

This is an *interlocking and reciprocal r*elationship between the individual, institutional and structural levels which function as *a system of racism*. These various levels of racism operate together in a lockstep model and function together as a whole system. These levels are:

- Individual Racism - Individual Racism is structured by an ideology (set of ideas, values and beliefs) that frames one's negative attitudes towards others; and is reflected in the willful, conscious/unconscious, direct/indirect, or intentional/unintentional words or actions of individuals.
- Institutional Racism - Institutional Racism exists in organizations or institutions where the established rules, policies, and regulations are both informed by, and inform, the norms, values, and principles of institutions. These in turn, systematically produce differential treatment of, or discriminatory practices towards various groups based on race. It is enacted by individuals within organizations, who because of their socialization, training and allegiance to the organization abide by and enforce these rules, policies and regulations. It essentially maintains a system of social control that favours the dominant groups in society (status quo).
- Structural/Societal Racism - Structural or Societal Racism pertains to the ideologies upon which society is structured. These ideologies are inscribed through rules, policies and laws; and represents the ways in which the deep rooted inequities of society produce differentiation, categorization, and stratification of society's members based on race. Participation in economic, political, social, cultural, judicial and educational institutions also structure this stratification (Carl James, 2010).[31]

[29] Canadian Race Relations Foundation Glossary - https://www.crrf-fcrr.ca/en/resources/glossary-a-terms-en-gb-1?letter=r&cc=p

[30] Canadian Race Relations Foundation Glossary - https://www.crrf-fcrr.ca/en/resources/glossary-a-terms-en-gb-1?letter=r&cc=p

[31] Canadian Race Relations Foundation Glossary - https://www.crrf-fcrr.ca/en/resources/glossary-a-terms-en-gb-1?letter=s&cc=

Refugee:
A person who flees their country of origin for fear of persecution or death or for economic reasons. Government-assisted refugees (GARs) are people whose initial resettlement in Canada is entirely supported by the Government of Canada or Quebec through non-governmental agencies for up to one year from the date of arrival. Support may include accommodation, clothing, food, help in finding employment and becoming self-supporting, and other resettlement assistance.

Sex:
The biological and physiological characteristics that define humans as female or male. These characteristics are not mutually exclusive, however, as there are individuals who possess both. (See also ***Gender***)

Sexism:
A form of discrimination based on a person's sex; the oppression of women, discrimination combined with power that subordinates women. It is supported by social, political, and economic systems and institutions.

Social Determinants of Health (SDOH):
The economic and social conditions that influence the health of individuals and communities. These conditions determine whether people stay healthy or become ill and the extent to which people possesses the resources to achieve personal aspirations, satisfy needs, and cope with the environment. Societal resources within the SDOH include conditions of childhood, income, availability of food, housing, employment and working conditions, and health and social services. Also included are issues of gender, class, racism, and other forms of social exclusion (Messages for All Voices: Integrating Cultural Competence and Health Literacy in Health Materials, Forms, and Signage).[32]

Social Location:
The groups people belong to because of their place or position in history and society. All people have a social location that is defined by their gender, race, social class, age, ability, religion, sexual orientation, and geographic location. Each group membership confers a certain set of social roles and rules, power, and privilege (or lack of), which heavily influence our identity and how we see the world.

Socio-Economic Status (SES):
Position within the social structure that depends on occupation, education, income, wealth, and place of residence.

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[32] *Messages for All Voices: Integrating Cultural Competence and Health Literacy in Health Materials, Forms, and Signage 99* Nova Scotia Health

Stereotype:
Having an instant or fixed picture of a group of people. Stereotyping is having an oversimplified image of a group that ignores the individual differences and diversity that exist within any group of people. The word comes from the process of making metal plates for printing and means "set image." Stereotyping means imposing preconceived assumptions and observations about behaviours, beliefs, and actions to people without evaluating individual unique values and experiences.

Stigma:
An attribute that is deeply discrediting and that reduces the bearer from a whole and usual person to a tainted, discounted one. When people appear to be different, they may be viewed in a negative, stereotyped manner. People with identities that society does not value are said to be stigmatized. Stigma is oppressive and alienating and can lead to discrimination.

The Trans Umbrella:
The term trans is frequently used as an umbrella term intended to capture a wide variety of different gender identities that share the common feature of experiencing one's own gender as not quite fitting, either fully or in part, with the sex label or expectations assigned to a person at birth. The trans umbrella includes terms like transgender, transsexual, transfeminine, transmasculine and can also refer to terms like gender diverse, gender variant, gender creative, genderqueer, nonbinary, agender, bigender, among many others. Some people may identify with these or other specific terms, but not with the term trans. Similarly, some people may identify as trans, but not with other terms under the trans umbrella. At their simplest, each of these terms has commonalities with the term trans, and yet they are all unique in their specific reference to the context of, and specific relationships between conceptions of gender identity and assigned sex. Some identities under the trans umbrella may fit into a binary system of gender (woman, man), and others may not.

The existence of a diversity of terms is important when discussing trans identities simply because there is quite a lot of variation in the lived experience and identities of individuals who may identify, or be described as trans (Egale - 2SLGBTQI Terms and Concepts).[33]

Two-Spirited:
An English umbrella term to reflect and restore Indigenous traditions forcefully suppressed by colonization, honouring the fluid and diverse nature of gender and attraction and its connection to community and spirituality. It is used by some Indigenous People rather than, or in addition to identifying as LGBTQI.[34]

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[33] *Egale LGBTQI2S Terms and Concepts*

[34] *Egale LGBTQI2S Terms and Concepts*

TTY:
The proper acronym for the special devices used by deaf, hard of hearing, and hearing people to communicate with each other through the telephone system; derived from TeleTYpewriter.

Visible Minority (People of Color):
Members of a visible minority are defined by the Canadian Employment Equity Act as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-White in colour." Categories in the 2006 Census visible minority population variable include Chinese, South Asian, Black, Filipino, Latin American, Southeast Asian, Arab, West Asian, Korean, Japanese, Visible minority, n.i.e. ("n.i.e." means "not included elsewhere"), Multiple visible minorities, and Not a visible minority.

WHAT WE WERE TOLD

HIGHLIGHTS FROM THE SURVEY AND INTERVIEWS

As much as possible (for reasons explained below), the online survey provided anonymity to the participants as we sought their views on anti-Black racism within CPSNS. The survey and interviews helped identify critical issues related to systemic anti-Black racism and assisted the Task Force in establishing short and long-term recommendations for the College.

The following provides highlights of the responses to some of the survey questions and information from the interviews. Please see Appendix "A." for the complete survey and responses.

Which ethnic backgrounds do you identify with?

College racial demographic shows:

a. 90% White
b. 5% indigenous
c. 2.6% Black

All but one respondent agreed that there is not a good representation of Blacks at the College

The Task Force recognized and acknowledged from the outset that numerical representation and distribution are indicators of symptoms, not causes and mechanisms of systemic racism but may serve as an important indicator of the nature of the workplace environment under review. Numerically the College is not an ethnically diverse workplace. It does not reflect the level of cultural and ethnic diversity in the broader community. This level of homogeneity may make it exceedingly difficult to recognize and correct unconscious bias concerning the Black population as certain beliefs and understandings may be reinforced either expressly or implicitly.

Additionally, the absence of a significant number of Black employees makes it easier to attribute certain answers to specific employee(s) of color, jeopardizing anonymity.

Existence of Anti-Black Racism within the College

The survey results indicated that 60% of respondents felt that anti-Black racism exists in the College. However, it was also notable that 60% of respondents did not consider anti-Black racism a problem.

While these figures show an awareness of the existence of anti-Black racism, they also paradoxically seem to indicate a possible disconnect between the existence of anti-Black racism and its impact. In part, this undoubtedly reflects the composition of the College and the fact that most members of the College have never experienced systemic racism. Therefore, they are not likely to be aware of how anti-Black racism has enabled and benefited White members of the College.

It is also telling that the figures from the survey are consistent with the national perspective. In a recent national survey, Fifty-six percent (56%) of White Canadians view racism in the workplace as a minor problem or not a problem at all.
(Black Canadian National Survey Interim Report 2021 - Institute for Social Research, York University) [35]

College's response to incidents of anti-Black racism

While 18% witnessed anti-black racism, 67% did nothing about it.
When events were reported, most of the time (2/3), there was either no action taken, or the respondent was not aware of any action.

The responses in this area highlight two immediate areas of concern. First, the absence of structure to address anti-Black racism when it occurs, and secondly, the likely lack of comfort in raising concerns and the lack of confidence that appropriate action will be taken.

Of those interviewed, no one was able to say with certainty what if anything was in place to address complaints or concerns of anti-Black racism.

[35] *Black Canadian National Survey Interim Report 2021 -* Institute for Social Research, York University

Education and knowledge about anti-Black racism

Approximately 58% of the respondents identified not knowing enough about anti-Black racism to identify any challenges. Another 23% expressed finding it frustrating that their colleagues lacked the knowledge to discuss the topic.

75% of respondents reported they had not received anti-Black racism training
The Council members also spoke of the need for greater and specific anti-Black racism training.

Generally, it was their view that they were not in the best position to identify the existence of systemic anti-Black racism due to the absence of training and knowledge as to how to identify its existence. They expressed the view that cultural competence and awareness training would be beneficial to the general work of the College, and in particular, to the committees investigating complaints from the public.

The Council members also raised the absence of data to support their impressions that African Nova Scotians, for instance, were less likely to bring their concerns or complaints about their interactions with doctors to the College. However, the Council members believed that African Nova Scotians were more likely to be experiencing difficulties in the health care system as a community. The comments emphasize the need for disaggregated data to enable effective evidence-based strategies and plans for moving forward in response to systemic anti-Black racism.

College's commitment to addressing anti-Black racism

Those surveyed and interviewees felt the College was serious in its commitment to address systemic anti-Black racism. Some noted that this was in sharp contrast to the past. The College's past did not demonstrate a history of implementing policies and practices to reduce systemic racism or even acknowledge its existence. It was felt that only recently had the College given thought to establishing and maintaining an environment supportive of African Nova Scotians accessing the services of the College or employed by the College.

Absence of Trust

When asked about the perceived absence of complaints from the African Nova Scotia community against doctors, there was a general sense that this may have been due to a lack of trust. It was notable that no one offered the explanation that perhaps Black patients had fewer negative interactions with physicians than White patients. Instead, there was speculation that perhaps Black patients did not trust the College or have faith that any complaints they might have about physicians would be dealt with appropriately or thoroughly.

Laura Bogart, Ph.D., a social psychologist, defines "medical mistrust" as an absence of trust that health care providers and organizations genuinely care for patients' interests, are honest, practice confidentiality, and have the competence to produce the best possible results (Understanding and Ameliorating Medical Mistrust Among Black Americans).[36]

Although Dr. Bogart offered her definition in response to her experience in the United States, the Task Force notes that the depth and pervasiveness of anti-Black racism in Canada is not dissimilar to the United States and can certainly foster the same level of medical mistrust. However, the absence of a proper statistical analysis does not enable the Task Force to say with absolute certainty that a lack of trust, in whole or part, is the source of the disconnect. However, we can confidently say that if such is the case, it is not enough for the College to merely say trust us; rather, trust must be earned, and it will undoubtedly be a gradual process.

[36] *Understanding and Ameliorating Medical Mistrust Among Black Americans* Laura Bogart, PhD

The Unsolicited Responses

Shortly after the announcement that the College was initiating an external review of its internal processes and procedures, the Task Force began to hear from the public and members of the medical profession and their respective advocates (see the letter from the Canadian Medical Protective Association (CMPA) at Appendix B).

The primary question was when will we be allowed to express our views on the topic of systemic anti-Black racism within the College and the medical profession? The loudest and perhaps, most persistent voices came from physicians who primarily represented racialized communities. They felt a disproportionate number of complaints were brought against them, and their treatment by the College was significantly different from that experienced by their White counterparts. Their perception was that any disciplinary measures or penalties they received were invariably harsher than those given to a White doctor for a similar incident.

Some physicians also expressed concern about "Doc on Doc" racism. Being told to go back where you came from and allegedly subjected to concerted efforts, particularly for those working in hospitals, to make them feel as unwelcome as possible. Their view was that there was no viable recourse as complaints were either ignored or their significance downplayed.

Members of the African Nova Scotian community who contacted the Task Force also made it very clear that in their experience, the College, and the medical profession, in general, were racist in their approach to their concerns. A few individuals expressed the view that the College was a predominately White organization used to protect White doctors. Another person of prominent stature in the province related her experience when in the hospital. She said a nurse challenged her right to be referred to by an honorific by visitors or on her cards of well wishes. The nurse was seemingly incredulous that a Black patient could have acquired such status.

The consensus was that although there was evident value in the College examining its processes and procedures, it could only acquire a complete picture of the extent of systemic anti-Black racism within the College if it had the input from the external stakeholders. Otherwise, the introspection would remain one-dimensional and unable to promote transformative change.

CULTURAL COMPETENCE AND THE COLLEGE OF PHYSICIANS AND SURGEONS

There was general agreement amongst the interviewees that cultural competence was an area that would benefit the overall work of the College and, in particular, the work of the various committees. As set out in the Glossary section of this report, Cultural Competence is defined, in part, as:

> A set of congruent behaviours, attitudes, and policies that come together in a system, agency, or amongst professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations (Betancourt, Cross, et al. (1989).

As a medical regulator with the stated mandate of serving "... the public by regulating the province's medical profession in accordance with the Medical Act and its regulations," the College, in the opinion of the Task Force, must be a culturally competent organization in the performance of its duties and its relationship with the African Nova Scotian community. It should be a prerequisite for all staff and Council members of the College. Moreover, cultural competence should be reflected in licensing, professional accreditation standards, and the general training of physicians. The Task Force appreciates that including Cultural Competence within certain areas is not directly within the purview of the College. Still, the Task Force encourages the College to advocate for promoting and bringing about this much-needed change.

What is the role of Cultural Competence in the area of Health care? A resource on Cultural Competence developed in 2006 by the Primary Health Care Section, Nova Scotia Department of Health and Wellness, is relevant and instructive concerning the overall work of the College. (Summary Report Cultural Competence in Primary Health Care: Perspectives, Tools and Resources)[37]

[37] *Summary Report Cultural Competence in Primary Health Care: Perspectives, Tools and Resources: For Capital District Health* - Janet Rhymes and Darren C Brown Logical Minds Consulting May 2005

The study highlighted what it referred to as 8 Elements of Cultural Competence for Primary Health Care Providers. The eight elements have application for the College and its work to dismantle systemic anti-Black Racism:

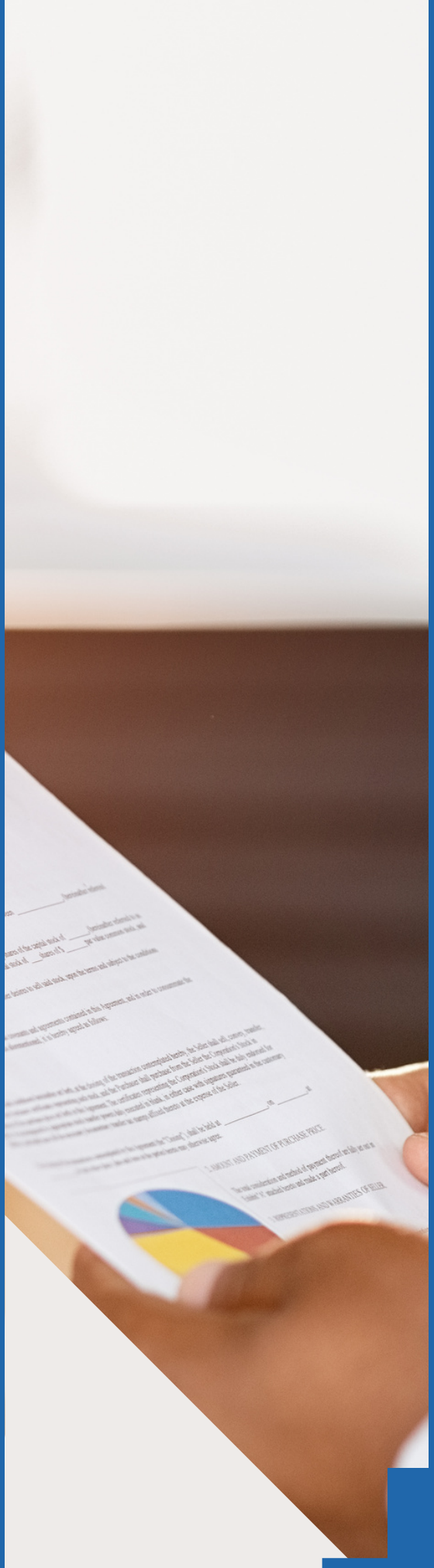
1. Examine your values, behaviors, beliefs and assumptions.
2. Recognize racism and the institutions or behaviors that breed racism.
3. Engage in activities that help you to reframe your thinking, allowing you to hear and understand other world views and perspectives.
4. Familiarize yourself with core cultural elements of the communities you serve.
5. Engage clients and patients to share how their reality is similar to, or different from, what you have learned about their core cultural elements.
6. Learn, and engage your clients to share, how they define, name, and understand disease and treatment.
7. Develop a relationship of trust with clients and co-workers by interacting with openness, understanding, and a willingness to hear different perceptions.
8. Create a welcoming environment that reflects the diverse communities you serve.

Collecting race-specific data will enable the College to develop cultural competence and provide more efficient and effective services to Black populations and physicians. Incorporating cultural competence as one of its foundational principles can also improve engagement with African Nova Scotian Communities.

Document Review

The Task force reviewed the following documents:

- **Medical Act and Regulations**
- **Council Terms of Reference**
- **Council and Committee Code of Conduct**
- **Investigation Committee Terms of Reference**
- **Professional Standards and Guidelines Respecting Accepting New Patients**
- **Professional Standards and Guidelines for Ending the Physician Patient Relationship**
- **Nominating Committee Skills Matrix**
- **Public Support Advisor Position Description**
- **Annual Cycle- Performance Management Framework**
- **Respectful Workplace Policy**
- **Strategic Plan: 2018 – 2019**
- **Strategic Plan: 2021 – 2022**
- **Annual Report: 2020**



Given our current cultural climate, it is not as likely that an organization's policies will overtly support racism (although such still exists). However, more common is the influence that unconscious bias may have upon how they are applied or implemented. Our review of the College's policies and protocols focused primarily on whether its policies and processes adequately supported and fostered the College's stated objective of dismantling systemic anti-Black Racism within the College. Did it possess the appropriate tools to respond to and prevent anti-Black racism, or were additional policies and processes required?

From the Task Force's review, few of the College's policies expressly or implicitly promote equity, diversity, and inclusion. Even more significantly, none of the policies specifically address anti-Black racism and how it impacts African Nova Scotians. This finding is consistent with the conclusion reached by the UN Working Group of Experts on People of African Descent Report[38] on its mission to Canada in October 2016. The UN report concluded that "Canada has not introduced special measures for African Canadians, despite the disparities and systemic anti-Black racism and discrimination they face in the enjoyment of their social, economic and cultural rights." According to the UN Working Group, there is a need to formally acknowledge that people of African descent represent a distinct group whose rights must be promoted and protected. Stated another way, there's a need for policies, protocols, and programs that focus specifically on addressing anti-Black racism instead of solely addressing racism in general.

The College's Strategic Plan, for 2021, for instance, states:
We will work to ensure the College is a culturally competent, respectful, safe, and humble organization for all.

This is a commendable statement, but even if we accept that the statement intends to include anti-Black racism, we are left to question how the College moves beyond well-meaning conceptual aspirations to sustainable action? Most of the College's other policies do very little if anything to answer the question.

The Terms of Reference for the Investigation Committee's membership provides:

Membership

1. An Investigation Committee shall be composed of at least three (3) persons from the Investigations Pool including:

- at least two (2) members of the College
- at least one (1) public member

2. A Chair of the Investigation Pool will act as Chair of the Investigation Committee (if a member of the Committee) or will appoint a Chair from the Investigation Pool.

[38] *UN Working Group of Experts on People of African Descent Report on* its mission to Canada in October 2016

3.The Investigation Committee should attempt to have balanced gender representation, geographical distribution, and scope of practice.

4.The membership and chairperson of the committee(s) are recommended by the College's Nominating Committee.

The wording and language used to describe the composition of the membership recognize the need for diversity but do not speak of racial diversity. Additionally, there is no reference to or mechanism to ensure cultural competency within the investigation committees.

The same concerns exist with the Terms of Reference for the composition of the Council. However, it is notable that the Nominating Committee skills matrix contains a section on Ethnicity and lists: African Nova Scotian, African Canadian, First Generation Canadian, and Indigenous. Although this may be viewed as having an overarching application, the requirement for racial diversity needs to be reflected within every committee's Terms of Reference and membership requirements.

The position description for the Public Support Advisor describes the role as:

To advise the public of the College's mandate and role in the healthcare system within NS, including the College's professional standards and guidelines as well as the complaint process.

To provide ongoing support as complainants navigate/move through the College's complaint/investigations process, particularly supporting complainants alleging sexual boundary violations.

Given the complexity and likely unfamiliarity of the workings of the College within the general public, including African Nova Scotians, this position serves as an important source of information and as a liaison between the public and the College. But the position description is noticeably absent any reference to race, anti-Black racism, or cultural competency. Neither does the description stress the need for training in any of these areas.

RACE-BASED DATA COLLECTION

COVID-19, in its various mutated forms, wrought havoc through most of the world and, in doing so, highlighted certain realities that members of the Black population in Canada and the United States have known for some time. Inequities in the social determinants of health, such as poverty and healthcare access, affecting the Black population and people of colour, in general, are interrelated and influence a wide range of health and quality-of-life outcomes and risks. But the full extent of the impact remains unknown and, essentially, invisible due to the absence of race-based data. Race-based data is the collection of racial information broken down into component categories that give data users a greater understanding of the realities experienced by distinct groups of people. This information enables more targeted and effective intervention strategies. Race-based data can assist in making the invisible visible and advance the discussion from one based upon individual perception of the racial problem to a collective understanding derived from statistically significant information.

For the most part, the members of the Council, who spoke with the Task Force, expressed support for a more racially specific form of data collection to identify better, understand, and correct systemic problems in the College. Some conceded that in some instances, they had made certain assumptions concerning racial disparity. Still, the absence of race-based data made such conclusions speculative and did not promote systemic changes that address inequality and discriminatory policies.

It is also necessary to acknowledge that data on race is critical in Nova Scotia (and Canada in general) to debunk the persistent myth that racism, despite a past that supported slavery, is only to be found in the United States.

Nova Scotia Governments, in response to the efforts and advocacy of the Health Association of African Canadians (HAAC), a long-time proponent of health data with race, ethnicity and language identifiers, recently acknowledged this fact. HAAC has always maintained that, data that is collected by race, ethnicity, and language, will help governments identify and address systemic Anti-Black racism and inequities in health care. The need to ensure that policies and programs with culturally competent approaches are established and funded and that vital service utilization is improved, underscores HAAC advocacy and expectations for population specific health information for the long-term.

The Rankin Government established a community-based working group to support the collection of race-based data in the Nova Scotia health system. This work was endorsed and continues under the Houston Government with an HAAC directed Community Engagement Process from November, 2021 – April, 2022. Additionally, collecting race-based data to better serve African Nova Scotian communities was identified in Count Us In: Nova Scotia's Action Plan in Response to the International Decade for People of African Descent[39], of which HAAC is key member. The Action Plan stated:

Determine the data (i.e., ethnic identifiers) government and the health authority need to better serve African Nova Scotians. Develop a policy for its collection and interpretation and an accountability mechanism to ensure the policies are implemented. Share data, as appropriate, with African Nova Scotian communities and researchers in order to grow collective data driven decision making.

The Canadian Institute for Health Information (CIHI) also supports race-based data collection. In 2020 CIHI released a Proposed Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada[40]. It also includes a proposed race-based question. Below is the portion related to the African Canadian population:

Proposed race-based and Indigenous data standards

CIHI's proposed race-based data standard is adapted from the Ontario Anti-Racism Directorate's race data standards and is consistent with The Upstream Lab's recommendation on collecting data on race. The standard should be accompanied by a distinctions-based Indigenous identity question (at minimum), along with community engagement and/or data governance agreements.

Proposed race-based question	
We know that people of different races do not have significantly different genetics. But our race still has important consequences, including how we are treated by different individuals and institutions. Which race category best describes you? Check all that apply:	
Proposed response categories	**Examples**
Black	African, Afro-Caribbean, African Canadian descent

The College should utilize a question similar to the above to collect race-based data for complaints filed by African Nova Scotians.

[39] *Count Us In: Nova Scotia's Action Plan in Response to the International Decade for People of African Descent*

[40] *Proposed Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada* Canadian Institute for Health Information

RECOMMENDATIONS

The Task Force accepts that the College can not implement all of our recommendations immediately for various reasons. Some, for instance, may require fundamental organizational changes that will require consensus-building and long-term commitment. Consequently, the recommendations may be categorized as falling into two or three categories: short term, medium, or long term. Short-term recommendations can and should be implemented within months, whereas medium and long-term may require one to three years. However, the actual timelines may best be determined by the College once it has implemented what we consider as two key initial recommendations. The first is to establish an Equity, Diversity, and Inclusion Committee (EDI), and the second is to create a specific action plan for dismantling anti-Black racism within the College. By way of the action plan, the College, with the EDI Committee's advice, can establish a timeline for implementing the recommendations.

As with most of the recommendations set out below, the Task Force first states the recommendation followed by the key elements to be incorporated or considered when implementing the recommendation. Some of the recommendations are more detailed than others, while in other instances, the Task Force has provided additional information or direction earlier in this report, as with cultural competence and race-based data.

The Task Force also recognizes that the following recommendations are not an exhaustive list. However, the Task Force hopes that as the College takes on this work, the list will evolve as the College grows as an organization committed to eradicating anti-Black racism within the College.

Recommendation 1

Equity, Diversity, and Inclusion Committee

That the College, to bring about a sustainable cultural shift concerning systemic anti-Black racism, establish an Equity, Diversity, and Inclusion Committee (EDI), made up of members of Council and staff, as a standing committee of the College.

Key Elements:

Develop Terms of Reference for the committee reflecting the following:

- serve in an advisory capacity to the Registrar and College on matters EDI;
- oversees the implementation of the recommendations in this report;
- ensure the elimination of systemic anti-Black racism remains a priority across all aspects of the College;
- ensure accountability for results while assessing the effectiveness of any measures implemented and providing advice and resources when needed;
- lead the development and implementation of an anti-Black racism strategy or action plan;
- the committee should also be responsible for providing leadership, strategic direction and policy advice to the College; and
- the Registrar serves on the Committee in an ad hoc capacity.

Committee Membership:
The Committee should have a diverse membership with respect to age, race, ethnicity, gender, ability, political beliefs, and sexual orientation. However, as was noted in response to the survey, the College presently has very few Black employees or members of Council. The College needs to appreciate that its anti-Black racism initiatives can place additional pressure on Black employees. Black employees are often called upon to educate non-Black individuals about racism and, in many cases, lead the anti-racism initiatives in their organizations. However, responding to such requests requires both physical and emotional commitment, which, in turn, may lead to pressure and exhaustion. The College must be respectful of the limitations and not expect these employees to shoulder the responsibility of implementing the changes.

Give racialized staff the option to contribute to the anti-racism work. The College should not make assumptions about their time, emotional capacity, or interest in contributing. Request their input, respect their lived experiences, and run decisions by them and keep racialized employees informed about what is taking place.

Funding and support
The College must also ensure that the Committee is adequately funded and supported with authority to retain the assistance of consultants when needed. The committee members must also have access to training and education in support of their work.

Recommendation 2

Anti-Black Racism Strategy/Action Plan:

The College develops an action plan to address anti-Black racism and implement the changes identified in the recommendations.

Key Elements:

The College's action plan must be aligned with the College's Strategic Plan concerning anti-racism. However, as noted previously, there is very little guidance to be taken from The College's Strategic Plan for 2021, which states:

> **Anti-Racism**
> *We will work to ensure the College is a culturally competent, respectful, safe, and humble organization for all.*

As mentioned, a commendable statement, but it provides no real guidance or direction. The College must also remain cognizant that at this stage in the process, its Action Plan will be based primarily on the work of the Task Force, which, for the most part, is based upon the views and perceptions of those employed with the College. A genuinely effective Action Plan will require community input to better inform the College's work in this regard.

The Action Plan should:

- acknowledge the existence of systemic anti-Black racism;
- promote regular reviews of the systems and practices related to recruiting, hiring, and promoting;
- assess the effectiveness of any initiatives currently in place;
- develop goals and actions that advance the College's EDI efforts in relation to anti-Black racism across all programs and initiatives;
- develop a framework that identifies critical success indicators, accountability, actions, and timelines;
- commit the College to monitor, measure, and evaluate its EDI efforts concerning anti-Black racism, reporting on its progress, and updating the action plan as required;
- institutionalize anti-racism efforts and resources;
- encourage setting aside funding to support the College's anti-Black racism strategy/action plan; and
- become a collaborative effort between the College and the African Nova Scotian Community.

Recommendation 3

Governance

There is a conspicuous absence of African Nova Scotian representation on the Council of the College. It is recommended that the Council's Terms of Reference publicly state that one public member, at all times, must come from the African Nova Scotian community.

Key Elements:

The Nominating committee focuses on building a more diverse pool of candidates, including African Nova Scotian community members.

See recommendation 13 on community relationships.

Recommendation 4

Public Acknowledgment

With the posting of this report, the College publicly acknowledge the existence of anti-Black racism within the College and its commitment to meaningful, sustained change.

Recommendation 5

Education and Training

The College introduce comprehensive training for the entire organization, including staff, Council members, and Committee members in annual anti-racism, anti-oppression and decolonization, and unconscious bias training that includes a component on anti-Black racism. This training should be mandatory HR training for all staff and Council members.

Key Elements:

Short-term or one-off interventions are unlikely to have a long-lasting impact. Therefore, there is the need to embed ongoing anti-racist training and education into the College's training and development programs. Programs that raise the consciousness of those working at the College about their own racial biases and prejudices and help move beyond their comfortableness are necessary if they are to change some of their attitudes and beliefs to better support racialized employees and racialized members of the public.

Training must also recognize intersectionality. Anti-Black racism coupled with other dimensions of identity such as gender, sexuality, disability, age, HIV status, etc., leads to a combined experience of marginalization. This "intersectionality" results in an overlapping system of discrimination; the more dimensions of identity a Black person has, the higher the intersectionality challenge.

Education and training objectives:

- Enhance understanding and skills to work effectively with African Nova Scotian staff and members of the public.
- Increase leadership skill level to support and promote organizational changes that address anti-Black racism effectively.
- Provide staff and Council with relevant resources and tools to assist with their individual and collective efforts in understanding and dismantling anti-Black racism.

Recommendation 6

Race-Based Data Collection

That the College support the recently initiated race-based data collection process in Nova Scotia in partnership with the Government of Nova Scotia and the Health Association of African Canadians and Immigrant Black organizations. That the College support the data governance and management approaches being developed in the process and anti-racist analysis of the data to track and evaluate health inequities.

Key Elements:

A colour-blind approach to data collection, by default, establishes the White experience as the norm. It ignores and suppresses complexities, gaps and inequities experienced by Black communities and inherently promotes poor health outcomes.

Disaggregated data will help underpin efforts to address anti-Black racism by promoting transparency, trust, and accountability.

Recommendation 7

Targeted Hiring and Recruitment

The College takes all steps necessary to ensure that staffing, Council, and committee membership is representative of the diversity of the province in relation to the African Nova Scotia community.

Key Elements:

- Involvement in diversity recruitment efforts and initiatives.
- The College make intentional efforts to recruit and retain staff members from the African Nova Scotian community by way of targeted hiring.
- Identify and mitigate potential biases in recruiting and hiring processes, including the initial job posting, the application process, resume screening, shortlisting, and the job interview. Human Resources consider instituting anonymized review of applicants and improving “equivalent experience” criteria.

Recommendation 8

Review and revise the website

It is recommended that the College review and revise its website to appropriately reflect the diversity of the public it serves including African Nova Scotians.

Key Elements:

The Association of Registered Graphic Designers (RDG), in February 2021, posted on their website, a list of articles exploring Black designers' experiences and the effects of white supremacy in the industry. (Learning List: Anti-Black Racism and Graphic Design)[41]

RDG introduced the list by declaring, "Embedded in the Western graphic design industry is anti-Black racism and Eurocentrism." In the experience of the Task Force members, this statement rings true and accurately describes most mainstream websites.

In the opinion of the Task Force, CPSNS website users would have little likelihood of determining that Nova Scotia is home to the largest indigenous Black population in Canada. While it's appreciated that CPSNS is a regulatory body, this does not excuse it from reflecting the diverse communities that the College serves, including the African Nova Scotian population.

True diversity and inclusiveness require more than a few images strategically placed on the website. What direction has been given to the web designers to reflect diversity and inclusion in the page design? Are the web designers tasked with creating and promoting messaging that resonates with people of all backgrounds, races, ethnicity, gender identity, age, religion, abilities, sexual orientation? In this particular instance, what is their awareness of the African Nova Scotian Community? How can the web designers best reflect the College's commitment to dismantle systemic anti-Black racism?

41 *Learning List: Anti-Black Racism and Graphic Design* The Association of Registered Graphic Designers

Recommendation 9

Processes for addressing internal complaints and concerns regarding anti-Black racism.

The Task Force recommends the College establish and or clarify policies and procedures to specifically address complaints of anti-Black racism within the College.

Key Elements:

That the Respectful Workplace Policy be revised to specifically define and include racism and anti-Black racism. The policy, as currently drafted, is focused primarily on overt and easily discernible actions and behaviours and, notably, was not identified, by those interviewed, as providing a means of addressing anti-Black racism. An effective policy must encourage and empower everyone to speak out against systemic anti-Black racism in the workplace.

Recommendation 10

Policies and Practices

The College needs to review and revise its policies and practices through an anti-Black racism lens in an intentional and visible manner.

Key Elements:

- Define key terms essential to the College's anti-racism agenda.
- Ensure that the Colleges policies contain and reflect the commitment to dismantling anti-Black racism.
- Ensure representation of Black staff and community members during the development and enforcement of policies and practices.
- Maintain transparency in the College's anti-Black racism efforts through communication.
- Commit to regular policy reviews using an equity lens.

Recommendation 11

Cultural Competence and the College of Physicians and Surgeons

The College must commit to cultural competence.

Key Elements:

The College, as set out in greater detail at pages 32-35, must commit to and support cultural competence and to value diversity through culturally congruent administrative practices, including, but not limited to, policies and procedures, programming, staffing, and community involvement.

Recommendation 12

Anti-Black Racism advocacy

It is recommended that the College advocate for the inclusion of cultural competence in the Nova Scotia Medical Act.

Key Elements

The Nova Scotia Medical Act at section 2(d) defines competence as

> "competence" means the ability to integrate and apply the knowledge, skills, attitude and judgement required to practise safely, ethically and professionally in a designated role and practice setting;

In the opinion of the Task Force the absence of any reference to cultural competence within the statutory regime is a significant and harmful oversight. The inclusion of cultural competence in the legislation would assist the College in combatting systemic anti-Black racism within the College as well as within the medical profession.

Recommendation 13

Hearing and Investigation Committee training

It is recommended that all members of the Investigation and Hearing Committees take training to better enable them to hear and adjudicate on matters concerning anti-Black racism.

Key Elements:

The Task Force is reasonably comfortable saying that those responsible for carrying out investigations or conducting hearings into complaints that come before the College are familiar with the rules of natural justice and understand the principles of fairness. However, the Task Force does not have the same degree of comfort respecting the ability to investigate or hear and determine allegations of systemic anti-Black racism. The primary reason for this is that such matters as implicit or unconscious bias, meritocracy, White privilege, etc., were not considered for inclusion when speaking of the underlying principles of administrative proceedings.

As noted above, training and education play an essential role in addressing anti-Black racism, and the same applies, if not even more so, when considering the role of investigations and hearings in the work of the College. The committees need the resources and tools to assist and guide their work in this area. They must identify and overcome the personal or societal biases, myths, and stereotypes that may influence their administrative decision-making. Training and education, therefore, should, to name but a few, provide:

- information on the historical context of race and racism in Canada and its impact on the present-day African Nova Scotian community;
- learn about the fluidity of anti-Black racism within systemic and institutional structures;
- explore the interconnectedness of social identities, privilege, and Whiteness;
- mitigate unconscious bias;
- distinguishing between unconscious bias and perceptions and behaviors based on stereotypes; and
- identify and define organizational bias and systemic barriers that impact Black communities.

The College should consider offering the members of the Investigation and Hearing committees training similar to the “social context education” given to Canadian judges to help reduce the possibility that myths and stereotypes influence judicial decision-making.

Training for the Investigation and Hearing committees should be read in conjunction with the general training recommendation and the Cultural Competence section.

Recommendation 14

Meaningful community relationships

It is recommended that the College actively engage in discussions with Black Community organizations and individual members to build relationships to develop policy and program recommendations to address systemic anti-Black racism.

Key Elements:

Historically, Black voices have consistently been undervalued or outright ignored. Policies are made *for* rather than *with* the Black Community.

Policy and programs that include culturally specific approaches and are designed with Black community input are more likely to result in positive outcomes for all involved.

Relationships with the African Nova Scotian Community will assist the College to better understand and appreciate the lived experiences of African Nova Scotians and the impact of systemic anti-Black racism.

Recommendation 15

Annual Report

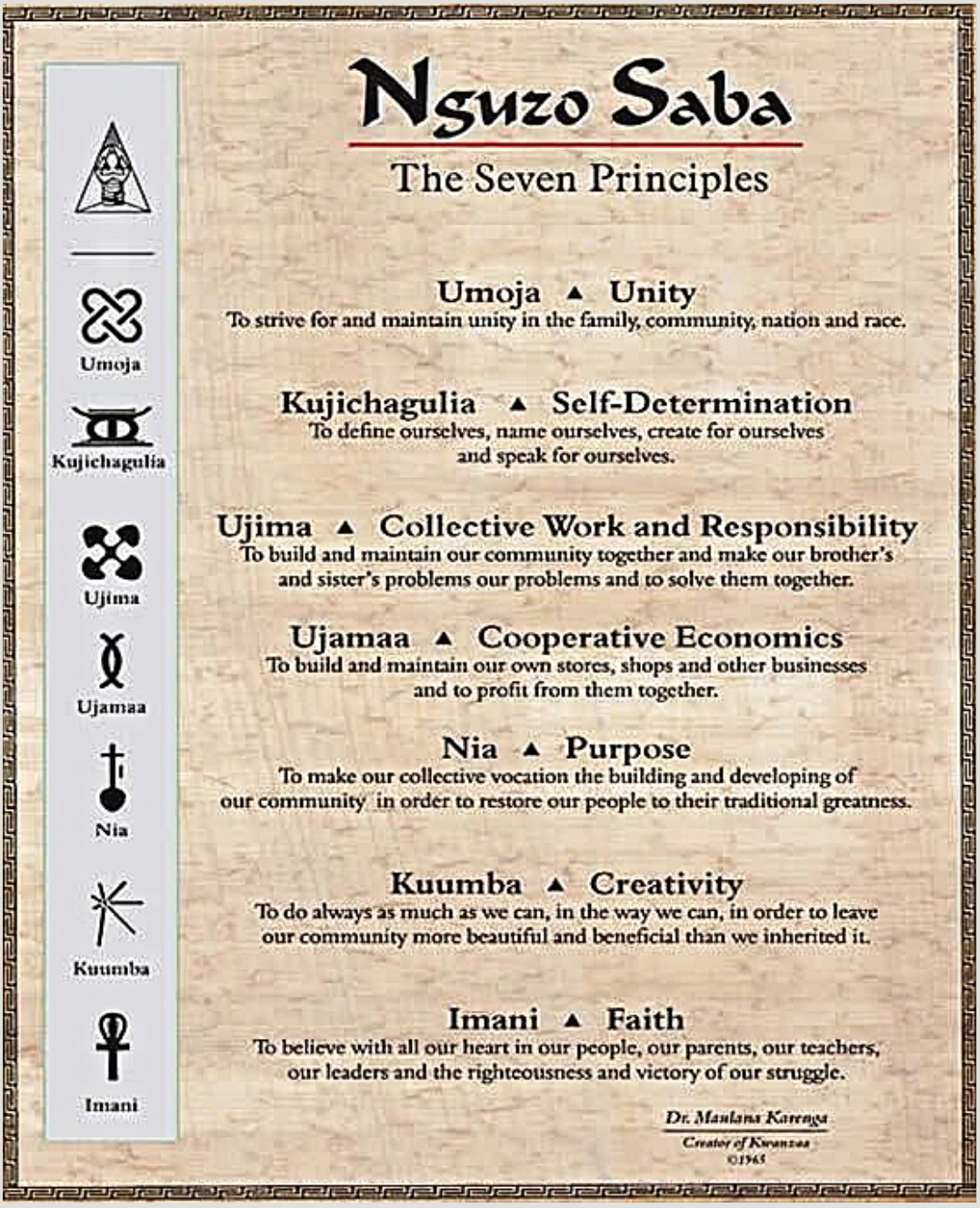
As part of its Annual Report, the College includes a section on its diversity efforts, including progress made in the area of systemic anti-Black racism.

Recommendation 16

Other Voices and a broader review

It is recommended that the College initiate a more comprehensive review of its policies and practices that provides an opportunity for external stakeholders, physicians, and members of the public to provide their views.

APPENDICES


Nguzo Saba
The Seven Principles
Umoja
Kujichagulia
Ujima
Ujamaa
Nia
Kuumba
Imani
Umoja ▲ Unity
To strive for and maintain unity in the family, community, nation and race.
Kujichagulia ▲ Self-Determination
To define ourselves, name ourselves, create for ourselves and speak for ourselves.
Ujima ▲ Collective Work and Responsibility
To build and maintain our community together and make our brother's and sister's problems our problems and to solve them together.
Ujamaa ▲ Cooperative Economics
To build and maintain our own stores, shops and other businesses and to profit from them together.
Nia ▲ Purpose
To make our collective vocation the building and developing of our community in order to restore our people to their traditional greatness.
Kuumba ▲ Creativity
To do always as much as we can, in the way we can, in order to leave our community more beautiful and beneficial than we inherited it.
Imani ▲ Faith
To believe with all our heart in our people, our parents, our teachers, our leaders and the righteousness and victory of our struggle.
Dr. Maulana Karenga
Creator of Kwanzaa
©1965

APPENDIX A

Canadian Medical Protective Association Designation Letter

CMPA.ACPM
Empowering better healthcare
Pour l'avancement des soins de santé

July 23, 2021

Douglas Ruck, Q.C.
Chair, Systemic Anti-Black Racism Task Force (CPSNS)
taskforce@anti-blackracism.com

Dear Mr. Ruck:

Re: Systemic Anti-Black Racism Task Force

I write on behalf of the Canadian Medical Protective Association ("CMPA") in your capacity as Chair of the Systemic Anti-Black Racism Task Force formed by the College of Physicians and Surgeons of Nova Scotia.

We understand the current mandate of the Task Force is narrowly focused on reviewing "the internal operations and policies of the College, not the broader problem of systemic discrimination and racism in the medical profession." While a review of the internal operations and policies of the College is important, we encourage the Task Force to recommend that the College broaden the review to include racism in the College's complaint investigation and discipline processes. Such a review should include consultations with external stakeholders, including the CMPA and physician members of the College.

About CMPA

The CMPA delivers efficient, high-quality physician-to-physician advice and assistance in medico-legal matters, including the provision of appropriate compensation to patients injured by negligent medical care. Our evidence-based products and services enhance the safety of medical care, reducing unnecessary harm and costs. As Canada's largest physician organization and with the support of our over 100,000 physician members, the CMPA collaborates, advocates and effects positive change on important healthcare and medical-legal issues.

The CMPA will generally assist members with College matters relating to the professional practice of medicine. While the nature and scope of the CMPA's assistance varies based on the circumstances of each case, the CMPA's principal role in these matters is to ensure that members are provided a reasonable opportunity to respond to the allegations in a procedurally fair manner. Fairness dictates that equity, diversity and inclusion are integrated into the College's processes and, more specifically, that racism, discrimination and unconscious bias will be devoid from its processes.

The Canadian Medical Protective Association
L'Association canadienne de protection médicale
P.O. Box 8225, Station T | C.P. 8225, Succursale T Ottawa ON K1G 3H7 | 613-725-2000, 1-800-267-6522 | 613-725-1300, 1-877-763-1300
www.cmpa-acpm.ca

APPENDIX A

Canadian Medical Protective Association Designation Letter

Broader Review

It is essential that the College consider systemic racism in its complaint investigation and discipline processes they apply to both complainants and physician respondents. The Terms of Reference for the current review recognize the importance of a more comprehensive review in the reference to a review of "all policies, protocols and procedures" and "the investigation and hearing process including all documents and materials issued by the College in relation to investigations and hearings."

We are aware that a number of physicians and members of the public have already contacted you seeking an opportunity to raise their concerns and offer their perspectives about systemic racism in investigation and discipline processes.

Any review of the College's complaint investigation and discipline processes must extend beyond simply a review of individual practices and processes. It must also acknowledge and address the systemic racism embedded in the regulatory system as a whole. The College's operations and practices are influenced by the institutional biases embedded in the governing legislation, regulations and policies of the regulatory system.

While we appreciate the considerable work required to conduct such a review, its scope must also extend beyond anti-Black racism to include systemic racism experienced by physicians and patients involved in the College's complaints investigation and discipline processes who are Black, Indigenous or People of Colour.

You are likely already aware that regulatory bodies for other health and non-health professions across the country have taken or are currently taking steps to address systemic racism in their processes generally. For example, the College of Physicians and Surgeons of Saskatchewan recently established a special committee whose mandate includes identifying barriers to diversity and inclusion in the College's operations, addressing the issues of racial discrimination through culturally appropriate complaints and investigation processes, and supporting members of the College to improve their knowledge of diversity, bias and inclusion.

The CMPA would be pleased to provide further comments on the importance of a review into systemic racism against physicians facing complaints and discipline at the College. We look forward to the opportunity to participate in such a review in the future.

Yours sincerely,

Lisa Calder, MD, MSc, FRCPC
Chief Executive Officer

LAC/ml

Cc. Dr. Michael Cohen
Dr. Alfred Bent
Mr. Domenic Crolla