

# Diversity in Canadian Radiology: Success Requires Leadership Commitment

Charlotte J. Yong-Hing, MD, FRCPC<sup>1,2</sup> and Michael N. Patlas, MD, FRCPC, FASER, FCAR, FSAR<sup>3</sup>

The importance of improving diversity, inclusion, and representation is increasingly recognized throughout the health-care system, including radiology. A Google search for “diversity in radiology” shows that academic centers are driving diversity efforts. However, interestingly, the first search engine hit is from a vendor. There is a clear business case for increasing diversity in radiology and a substantial benefit for Canadian radiology practices. Enhancing representation of our increasingly diverse Canadian patient population is good for patients, our colleagues, and the future of the specialty. Even though there are recognized methods to improve diversity and inclusion within radiology training programs and practices, the success of these initiatives is dependent on active and ongoing leadership support and accountability.

The best way to provide high-quality care to patients is through a physician population reflective of the diversity of the population served. Many studies, both in the health-care setting and in business, show that increased diversity drives innovation and improves outcomes. Governments, businesses, and health-care organizations have demonstrated that maintaining diverse perspectives at the decision-making table is essential to meeting the needs of constituents, consumers, and patients. Although it is challenging to find data documenting variation in the cultural background, ability status, race, religion, sexual orientation, or social class in Canadian radiology practices and training programs, there is an undisputed gender disparity in radiology practices in Canada.

Despite the fact that women are now overrepresented in Canadian medical schools, they remain a minority in diagnostic radiology training programs and are underrepresented in radiology practices. The proportion of women radiologists has remained relatively stable over decades, and current trends suggest that this is not increasing and may in fact be decreasing. There is a marked paucity of women in political, academic,<sup>1</sup> and departmental radiology leadership positions across the country. Some provincial radiology organizations have no women leaders at all. In 1981, the American Association for Women in Radiology was founded to address the unique needs of female radiologists, specifically because female radiologists were subordinate to male radiologists both in the workplace and at the national level with respect to political power and financial compensation. Unfortunately, although much has

changed in regard to technology in the field of radiology since the 1980s, the significant gender disparity has not.

A recent review by the Canadian Medical Association and the Federation of Medical Women of Canada, *Addressing Gender Equity and Diversity in Canada's Medical Profession*, indicated that there are significant positive impacts from increasing the role of women in medicine.<sup>2</sup> The impact of women in medicine can influence medical culture and practice, the quality of patient care, and the organizational structure of the health-care system. This ultimately benefits patients, learners, and the health-care system. The review identified significant opportunities for enhancing the health and livelihood of women and other marginalized groups if we're able to overcome ongoing barriers produced by discrimination and bias at the individual and systemic levels. The current Canadian radiology workforce does not reflect the diversity of the Canadian patient population. One of the best ways to improve the future is to create it, and by working to align our practices with the very diversity that contributes to our Canadian identity, we can leverage untapped ability and experience to strengthen our practice and the care we deliver to our patients.

The American College of Radiology (ACR) Commission for Women and Diversity has demonstrated that radiology (and radiology oncology) training programs are less diverse than medical school graduate programs and less diverse than other medical specialties.<sup>3</sup> They also found that teams comprised of diverse viewpoints, perspectives, ideas, and backgrounds tend to outperform homogeneous ones and suggested a wider talent pool and ability to match patient and customer needs lead to improved service and better outcomes. They found that diversity leads to better ideas and innovation and improves the patient experience. Of note, they identified the importance of

<sup>1</sup> Department of Radiology, Faculty of Medicine, University of British Columbia, Vancouver, British Columbia, Canada

<sup>2</sup> Diagnostic Imaging, BC Cancer, Vancouver, British Columbia, Canada

<sup>3</sup> Department of Radiology, McMaster University, Hamilton, Ontario, Canada

## Corresponding Author:

Michael N. Patlas, MD, FRCPC, FASER, FCAR, FSAR, Department of Radiology, McMaster University, 237 Barton St E., Hamilton, Ontario, Canada L8L 2X2.  
Email: eic@car.ca

the commitment of leadership for the success of diversity and inclusion initiatives.

The ACR Commission for Women and Diversity has made a number of recommendations to improve diversity, representation, and inclusion in radiology (and radiation oncology) for women and underrepresented minorities in medicine. The Commission recommends advocacy and awareness through publications, web-based resources, sustained communication, and the creation of metrics and standards to monitor and reward progress. Opportunities to increase the visibility and recognition of the professional contributions of underrepresented minorities and creation of programs to directly engage, support, attract, and recruit underrepresented minorities so that they can develop professionally were also suggested. Recommendations for institutional change include developing leaders that value diversity, diversifying search committees for new hires, and holding leadership accountable for the implementation of diversity and inclusion practices. Suggestions to improve work climate include initiatives such as flexible work schedules, strengthening policies that support career–life balance, and embracing diversity among team members. The Commission encourages developing mentorship programs that specifically address barriers and inequities and holding regular departmental reviews that include assessment of diversity and inclusion.

Departmental leadership support has been repeatedly identified as a key feature in the success of diversity programs. One institution has demonstrated that an intentional, strategic diversity program has had success in diversifying an institution's residency applicant pool and increasing representation of underrepresented minorities in a diagnostic radiology residency program.<sup>4</sup> The authors of this study found active engagement and participation of the department chair in recruitment activities sent a strong message of the department's commitment to diversity. This diversity program suggests establishing a clear vision, gaining leadership support, and developing a written diversity plan. Alignment of this strategic diversity plan with the department's mission can help to meet metrics for

monitoring departmental and institutional progress on diversity and inclusion.

As stated by the ACR Commission for Women and Diversity, commitment to diversity does not mean eliminating differences among individuals or groups or pretending that they do not exist; rather, a true commitment to diversity means respecting and celebrating such differences. Canadians are proud to live in an open, welcoming society and believe that diversity helps to strengthen the country. We have the opportunity to strengthen our organizations and to better meet the needs of our increasingly diverse patient population. We can improve the future of radiology by increasing the diversity of our radiology practices to draw on increased innovation and improved ideas from a diverse workforce. Radiology as a specialty is constantly evolving given continuous advances in powerful technologies that may fundamentally change our roles. We face the challenges of increasing automation, increasing volumes, and decreasing resources. Radiology needs talented people with diverse perspectives to ensure we serve Canadians well. We should all be committed to improving diversity and fostering an inclusive workplace, and leadership must commit to making diversity a priority.

## References

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