

Tips for antiracist medical education

Developed by the Canadian Paediatric Society Antiracism Medical Education Working Group April 2026
Adapted from [Antiracism in medical education resource](#) (scan QR code to view)



1. What is racism in medical education: Racism refers to systemic inequities, discrimination, and biases that advantage some groups while disadvantaging others. Within medical education, it can exist at micro (individual e.g., microaggressions), meso (teams/groups e.g., biased feedback), and macro levels (institutional e.g., policy gaps, biased hiring practices, homogeneity in leadership). Racism intersects with gender, disability, and other structurally excluded identities, compounding the harm experienced. Scan QR code for more info.

2. Why it matters: Addressing racism is not optional—it is central to patient, care partner and community safety, learner and faculty wellbeing and thriving, educational excellence, and joy at work.

3. What antiracist medical education requires: Being antiracist means actively identifying and dismantling inequities in teaching, curriculum, and academic and healthcare cultures. Some practical strategies include:

A. Design with intention

- Integrate racism and structural determinants of health into learning objectives.
- Use inclusive and sustainable teaching strategies (consider universal design: captioning, pacing, font size/contrast, alt text or whether you need to print materials)
- Consider representation: Does your planning committee reflect the audience and who gets invited to share their knowledge and expertise? Who helped co-create the curriculum, teaching materials etc.

B. Reflect on positionality

- Acknowledge how personal identity and privilege (social position) shape teaching and include a statement regarding own commitment to social justice when appropriate.
- Include meaningful territory acknowledgements including recent or planned action(s).

C. Review content systematically

Language

- Use respectful, person-centered terminology.
- Capitalize racial and ethnic identities e.g., Black, Indigenous

Images and scenarios

- Ensure consent and meaningful representation.
- Avoid reinforcing stereotypes. Depict patients respectfully and based on their preferences.
- Include structural and social determinants in case discussions.

Representation

- Portray diversity across several axes e.g., race, ability, body type, gender, and social context. Consider how the biases may intersect with each other to compound negative impacts.
- Avoid associating specific diseases or conditions with racial stereotypes.

D. Institutional action:

 Eliminating racism at the macro level requires:

- Awareness and education at all levels of the learning and career continuum
- Equity in recruitment/selection, mentorship, assessment, and leadership
- Policy reform that addresses systemic barriers
- Co-creation of strategies, continuous review, and accountability

E. Commitment to continuous improvement

Language evolves. Evidence advances. Educational leaders and teachers must regularly review materials, invite feedback, and adapt practices to ensure equity and cultural safety remain central. Consider whose voices should have input and decision-making privileges and invite them to contribute meaningfully through co-creation. The commitment lives at the individual, team/group, and institutional/system levels.