



17TH WORLD CONGRESS OF  
INTENSIVE & CRITICAL CARE  
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*Caring Intensively*

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## Canadian Critical Care Society Equity, Diversity, Decolonization & Inclusion Policy

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The intent of this policy document is to ensure that diversity is explicitly integrated in the governance of the Canadian Critical Care Society (CCCS), as well as, in our participation in other events that the CCCS may cohost or for which the CCCS nominates a representative (e.g., representative at meetings held by other networks/organizations or international meetings/conferences). In addition, this policy aims to ensure that our processes are transparent, visible, and yield measurable outcomes.

### Rationale

Diversity and inclusion in workplaces have been shown to enhance innovation, collaboration, productivity, and safety. In recent years a diversity gap in the field of critical care medicine has been noted and the CCCS is well positioned as our Canadian national professional society to set an example and lead Canadian critical care medicine practitioners to enhance equity, diversity, decolonization, and inclusion (EDDI) through policy and advocacy.

### Goals of EDDI Policy

- To publicly commit and align the position of the CCCS with the principles of EDDI
- To promote, highlight and extend the diversity of our organization, community, and work
- To foster a sense of community based on inclusion
- To ensure representation of the population we serve, diversity of thought, and diversity in lived experience are centered in the CCCS governance structure, CCCS committee membership, and any CCCS-endorsed events (meetings, conferences, symposia, educational courses, etc.)
- To set an example for other critical care societies or organizations

### Policy to Action

The CCCS will advocate and mandate that:

- CCCS committees should be balanced by age, gender, ethnicity, language, religion, sexual orientation, geography, and discipline to reflect our society and our community.
- Speaker diversity and the composition of our organizing committees should reflect the diversity of our delegates and our critical care community.
- Female representation will occur in an equitable manner in its membership and for events that it hosts/cohosts.

## Event Organization Policy

### **Diversity**

- When co-hosting an event with another association (signatory, stakeholder, industry or non-industry partner) the CCCS will work collaboratively with the organization to ensure diversity. The CCCS reserves the right *not* to co-host or endorse events that do not align with this policy.
- Invitations to present at meetings associated with the CCCS (e.g., plenary lectures, keynote speakers, symposia speakers) will be allotted to high quality researchers/presenters that represent the broad diversity of our community. In this regard, we aim to achieve a balance across geography, gender identity, ethnicity, religion, sexual orientation and experience.
- The CCCS recommends that organizations planning scientific meetings collect enhanced sociodemographic data on all panel members, speakers and registrants and make these results available publicly (in aggregate) as an EDDI report for the event in order to maintain transparency.
- The CCCS recommends that any presentations that consider equity-deserving populations (also referred to as ‘marginalized’ or ‘systemically oppressed’ populations) should include a specific comment on whether patient-, public- or community-engagement with said equity- deserving populations was undertaken, a short description of these activities and/or justification for why such engagement was not pursued.

### **Gender**

- We aim to use gender neutral terms (e.g., ‘Chair’ instead of ‘Chairman’)
- The CCCS will aim for at least 30% (ideally 30-40%) female representation (approximating the proportion of women who are members of North American critical care societies) on conference organizing committees and as speakers at events that it hosts/cohosts.
- The CCCS will ensure that sessions included at CCCS-sponsored events include a diversity of gender among participants such as moderators, panelists, speakers (specifically, at least one woman and one man for each session).
- The CCCS recognizes that transgender and gender diverse identities have not been systematically captured in previous critical care workforce demographic evaluations. The CCCS will enhance the collection of gender identity for its membership and support a national data scan that more accurately classifies gender identity and distinguishes it from sex- assigned-at-birth.
- Sexual orientation and gender identity diverse persons make up 2.3-8% of the North American population and transgender/nonbinary persons specifically make up 0.3-0.6% of the adult population with adolescent transgender/nonbinary populations estimated at 1.2-4.1%. The population distributions of transgender and gender identity diverse healthcare workers in critical care medicine are not known. The CCCS maintains that inclusive representation of diverse gender identities should be actively pursued and celebrated but will not mandate a minimum quota for transgender or gender diverse persons in CCCS-sponsored events until these distributions can be established.
- The CCCS will request diverse gender-inclusive options be included on registration forms, ID

badges, presentation templates and any other standard event materials

- The CCCS will recommend the availability of gender-neutral bathrooms at in-person events

### ***Decolonization***

- We aim to integrate principles of decolonization through language (e.g., 'Lead' instead of 'Chief') and respect (appropriate use of land acknowledgements)
- The CCCS will request land acknowledgements be made for any events held in Canada and encourage appropriate land acknowledgements for international events
- Statistics Canada estimates the Canadian Indigenous population at 5% of the Canadian national population. During 2022 renewals for the CCCS 2.4% (n=5) of members completed the Indigenous Identity questions and self-identified as Indigenous. The CCCS is taking steps to address missing data for this variable (43% missing). The CCCS will not mandate a minimum quota of Indigenous representation in CCCS sponsored events at this time so as not to overburden our underrepresented Indigenous members.
- The CCCS will seek consultation and partnership with relevant Indigenous (First Nations, Métis and Inuit) organizations to explore how to best support Indigenous critical care medicine practitioners to become leaders in the field.
- The CCCS will require that its executive board and committee chairs all complete Indigenous cultural sensitivity training as recommended by the EDDI committee.

### ***Race***

- Statistics Canada estimates the Canadian visible minority population at 25% of the Canadian national population. The CCCS will aim for at least 25% BIPOC representation on conference organizing committees and as speakers at events that it hosts/cohosts. Of CCCS members who answered demographic questions on their race in their 2022 renewals 21% (n=44) self-identified as a visible minority or a person of color. The CCCS is taking steps to address missing data for this variable (44% missing).
- The CCCS will ensure that sessions included at CCCS-sponsored events include a diversity of race/ethnicity among participants such as moderators, panelists, speakers (specifically, at least one BIPOC speaker at each session).

### ***Age/Experience***

- The CCCS will ensure that junior faculty and trainees are represented on our core committees and on conference planning committees for meetings that the CCCS hosts/cohosts.

### ***Ability***

- The CCCS will request that all event planners conduct an ability assessment and report what steps they have taken to support equitable access to event
- The CCCS will request that event organizers offer registrants an opportunity to request specific ability considerations

### **Quality Assurance**

- The CCCS will record speaker and delegate metrics at all events in which it participates or sponsors/co-sponsors.
- The CCCS will request that track chairs and speakers explicitly address the issue of healthcare inequity as it relates to their topic

### **Awareness and Reporting**

To ensure broad scale awareness of this policy, we will:

1. Post this policy on the CCCS website.
2. E-mail the speaker invitation policy to all speakers at CCCS sponsored or co-sponsored events.
3. Reference this policy in conference/meeting materials (e.g., programs, handbooks) with which the CCCS is involved including links to the CCCS website.
4. Mention/highlight this policy (in brief) in the opening announcements of meetings/conferences that the CCCS participates in (referencing the full documents available on the CCCS website)
5. Print the text of policy on a poster and display it by the registration desk for in-person meetings
6. Report metrics to reflect our accountability on the CCCS website (see below)

### **Reporting Metrics**

We will track and report statistics every second year to ensure that we are achieving our goals. These statistics will be reviewed post-event and collated into summary reports. Specific recommendations will be made based on review of these reports to improve diversity for future events. Disclosure will be voluntary. When reporting data suppression techniques will be used to ensure anonymity.

Metrics will reflect various aspects of diversity including:

- Gender identity (with diverse options)
- Black, Indigenous and person-of-color
- Sexual orientation
- Junior investigator involvement [within 5 years of first faculty (lecturer or higher) appointment.
- Trainee involvement (undergraduate/postgraduate/international)
- Allied health care involvement
- Patient/Family involvement
- Primary language
- Academic vs. Community practice

## Appendix: Sample Reporting Metrics (using gender as an example)

For our governance committee (CCCS Executive) we will collate and report statistics to ensure that we are achieving our goals.

### For the composition of our Executive Committee

Executive Committee Membership (N)	Total	Female	Male	Gender Diverse	Prefer not to say

### For meetings/conferences we will similarly report

(i) The number of individuals who are invited to participate

Conference/Meeting	Total Invited	Female	Male	Gender Diverse	Prefer not to say
Organizing Committee					
Plenary Speaker					
Key Note Speakers					
Invited Symposia					
Session Chairs/Facilitators					
Speakers					
Abstract Facilitators					

(ii) The number of individuals who accept an invitation to participate

Conference/Meeting	Total Invited	Female	Male	Gender Diverse	Prefer not to say
Organizing Committee					
Plenary Speaker					
Key Note Speakers					
Invited Symposia					
Session Chairs/Facilitators					
Speakers					
Abstract Facilitators					