

CANADIAN MEDICAL SCHOOL REPORT CARD

2023 - 2024



McMaster University

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Data 2022-2023, Published 2024



BMSAC 2020 RECOMMENDATIONS TO THE CANADIAN FACULTIES OF MEDICINE REPORT CARD

In June 2020 Black Medical Students' Association of Canada (BMSAC) put forth [Calls to Action](#) providing recommendations to the 17 Canadian Faculties of Medicine on how to create safe and inclusive learning environments for Black students in undergraduate medical education (UGME). These recommendations aim to address issues of racism, including anti-Black racism, discrimination, and mistreatment. Please note that Calls to Action and recommendations are used interchangeably and report to the document linked above.

In 2021, BMSAC conducted an informal survey to review the responses of Canadian medical schools to our 2020 Faculties Calls-to-Action. The survey was completed by at least one Black medical student representative, one Medical Society representative and one Undergraduate Medical Education representative at each school in summer 2021. Report cards were developed for each of the medical schools, providing colourimetric feedback to each section of the Calls to Action. The report cards, [linked here](#), were shared with Faculties in 2022.

In alignment with our mission, in 2022, BMSAC set out to continuously monitor the progress of the 17 Canadian Faculties of Medicine. In partnership with the Association of Faculties of Medicine of Canada (AFMC) Equity, Diversity, Inclusion - Anti-Racism Committee and the Network for the Advancement of Black Medical Learners (N-ABL), we developed a detailed survey and conducted a comprehensive analysis to gather insights on how Canada's 17 Faculties of Medicine continue to address the BMSAC's Calls to Action. We aim to provide a detailed overview of the current national landscape of anti-racism initiatives and support for Black students and learners in medical education.

We received results from all 17 medical schools. The colorimetric grading system was adapted based on our 2021 report cards, allowing us to show progression for each of the schools. A detailed explanation of the grading systems is highlighted below.

In the survey, schools were asked to select where they stand in responding to the recommendations, with a grade of 100%, 75, 50%, 25% assigned to 1-4 respectively:

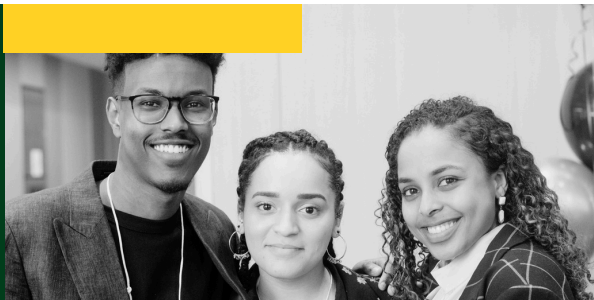
1. Completed or was already in place
2. Planned to begin within next 6 months
3. Planned to begin in 6 or more months
4. No current plans to do this

However, scores were adjusted based on information provided, or otherwise, a lack of information. Scores and next steps were further adjusted to reflect feedback and new information provided by local Black Medical Students' Association leads and members of the AFMC Black Health Innovation and Advancement Committee representing their respective institutions.

For each section of Short Term Calls to Action, Admissions, Curriculum and Accountability, a simple average was then calculated. A detailed explanation of each letter grade, percentage range and colour score may be found in Appendix I. All comments and feedback referenced by the superscript numbers can be found in Appendix II.

Most schools have made some progress with responding to the BMSAC's Calls to Action and we applaud this. However, there is more work to be done supporting Black medical students across the country, addressing anti-Black racism and addressing disparities in care and outcome for the Black population. The BMSAC would also like to emphasize that addressing these recommendations is a continuous process, with faculties constantly self-evaluating and holding themselves accountable to their learner.

The creation of the report cards involved a meticulous and rigorous process aimed at ensuring accuracy and credibility. The methodology used involved facilitating connections between learners and expert race scholars within our faculties to ensure a high standard of work and a scientific approach. The 2022 Survey of Canadian Faculties of Medicine Addressing Anti-Racism underwent review under the Human Participants Ethics Protocol at the University of Toronto, and successfully received approval by the University of Toronto's Research Ethics Board (RIS protocol number 43937). This environmental scan survey was designed to comprehensively assess the progress in responding to BMSAC's short- and long-term recommendations, evaluate support available for Black students and learners, identify existing gaps, and gather actionable data. The delegated review application was submitted in December 2022 and received approval on January 25, 2023.



BMSAC 2020 RECOMMENDATIONS TO THE CANADIAN FACULTIES OF MEDICINE REPORT CARD

Call to Action	% Grade	Color Grade	
		2021	2023
Short-Term Calls to Action (by 2021) <ol style="list-style-type: none"> 1. Make a public statement denouncing anti-Black racism 2. Prioritize justice and equity 3. Extend equity initiatives to Black medical learners 4. Evaluate representation of Black Learners in your program 5. Commit to critical anti-racist education 6. Evaluate current admissions policies 7. Review student mistreatment policies & procedures 	88%	Not evaluated	Green
Admissions <ol style="list-style-type: none"> 1. Improve admissions data collection practices 2. Transparency of admission criteria 3. Develop application waiver fees for low SES applicants 4. Regular review of admissions committees for lack of diversity and inherent bias 5. Develop pathway programs to counter underrepresentation 	93%	Yellow	Green
Curriculum <ol style="list-style-type: none"> 1. Curriculum review alongside Black students, faculty and critical race scholars to improve address of Black health in curriculum 	95%	Red	Green
Accountability <ol style="list-style-type: none"> 1. Support the AFMC Network over the next 2 years in streamlining and centralizing their demographic data collection practices, 2. Review 2017 United Nations Human Rights Council expert report on People of African Descent in Canada 3. Increase representation of Black instructors 4. Extend recommendation implementation to other demographics found underrepresented in faculty 	25%	Red	Red

FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

SHORT-TERM CALLS TO ACTION (BY 2021)

Recommendation 1: Make a public statement denouncing anti-Black racism, police brutality, and the various manifestations of racial discrimination in Canada, including in medicine.

Recommendation 2: Make justice and equity a priority health concern in accordance with CACMS social accountability element 1.1.1.2

RECOMMENDATION 1



Findings: McMaster University Faculty of Health Sciences (FHS) reports making a public statement denouncing anti-Black racism, police brutality, and various manifestations of racial discrimination in Canada, including in medicine. However, no specific documents detailing this public statement were shared with us.

Next Steps: While we appreciate McMaster, completing this Call, this public statement should be made publicly available and easily accessible on your website. We would like to emphasize that this statement is not meant to simply check boxes or be revisited once a year during Black History Month. It should serve as a living reminder of McMaster's commitment to recognize and address anti-Black racism and police brutality and its manifestations in medicine and beyond.

RECOMMENDATION 2



Findings: McMaster has completed this call to action with ongoing consultations with members of equity-seeking groups to develop specific equity outcome measures. Specifically, with MD Admissions, the Black Equity Admission Stream (BEST) community consultation group, consisting of students, faculty, staff, and community members, was created. The BEST group developed the Black applicants streams and oversaw the process of offers of admission and beyond. They have formally reviewed all aspects of medical education and have developed policies and strategies to address racism, both systemic and overt, in medical education. They also started a position for an Assistant Dean for Equity, Diversity, and Inclusion in February 2023. The Faculty member in this role is working with the Kojo Institute, an expert in anti-Black racism, to build the strategic plan for equity and antiracism work at the Faculty of Health Sciences. In the development of the strategic plan, stakeholders including Black students will be invited to the table. A relationship is also being developed with the Black Health Education Collaborative to extend the work of BHEC to McMaster. Finally, the MD curriculum has two large group sessions in its first unit, one where the Chair of Diversity is introduced and a dedicated session around Diversity.

Next Steps: We commend McMaster's work in addressing this Call. Conversations to address racism within medical education should also address anti-Black racism specifically. As we address racism, we need to be clear and name the racism that is being addressed. Anti-Black racism should be clearly and explicitly stated and addressed in the large group sessions and the strategic planning of the equity and antiracism work at the Faculty. Once again, the revision of all aspects of medical education should be an iterative and ongoing process.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

SHORT-TERM CALLS TO ACTION (BY 2021)

Recommendation 3: Extend justice and equity initiatives explicitly to Black students as an acknowledgement of our under-representation in medicine.

RECOMMENDATION 3

Findings: McMaster has extended justice and equity initiatives explicitly to Black students by making public statements to the student body, and reports making commitments with Black-led medical organizations. There are no current plans to ensure Black perspectives are included on all existing committees. They report that while Black representatives are not explicitly included on all existing committees, some committees have explicit representation, including the BEST admissions committee.

Next Steps: We would like to emphasize that the extension of justice and equity initiatives and supporting Black medical students should not be a one-time extension. It should be continuous with open lines of communication between McMaster and the local and national student groups, including the BMSAC. Finally, the inclusion of Black perspectives on all existing committees is yet to be completed. While we recognize the explicitly diverse representation on McMaster committees, there is also the need for representation and inclusion of Black perspectives. This should be addressed without overburdening the Black faculty, staff, and medical student body.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

SHORT-TERM CALLS TO ACTION (BY 2021)

Recommendation 4: Evaluate whether there is a representative proportion of enrolled Black and Indigenous students, with an understanding that representativeness is a dynamic goal based on population growth and is only a starting point towards equity.

RECOMMENDATION 4

100%

Findings: McMaster reports collecting race-based data in the UGME and PGME programs. In the UGME program, this was conducted with the Student Census and Experience Survey by the Inclusion and Equity Office and the Office of Institutional Research Analysis in 2021. Response to this survey was low given the survey was sent to emails not frequently used by medical students. It is unclear how this data is secured however it is reported back to the program and shared with the Faculty leadership. The Black Equity Admission Stream was created to target increasing representation of Black trainees. It is evaluated annually by the Chair of Diversity with metrics including population compared to the number of applicants and registrants. On the PGME side through the CaRMS Self-Identification Questionnaire, race-based data is collected and has been used by three PGME programs to meet equity and inclusion goals. The data is collected and stored by the PGME office with de-identified findings reported to program directors. Additionally, the DARE Group Collaborative, a national team of racialized researchers, has embarked on an acceptability study, piloting race-based and soci-demographic data collection intake surveys for PGME trainees. If this study is successful, the survey will become a standard process for all PGME trainees. They aim to build consensus on best practices for the collection of this data.

Next Steps: We recognize McMaster's commitment to addressing the underrepresentation of Black medical students in their program through the BESt program and race-based data collection. On the UGME side, we call for annual race-based data collection for continuous assessment of representation in the MD class. The survey should be disseminated via an avenue that will maximize the number of respondents, i.e. through the most frequently used student email. Clarity is also required on if and how it is used by departments beyond admissions. We recommend transparency through the sharing of aggregate data from this data collection. For evaluating the success of the Black Equity Admission Stream, we recommend transparency on the evaluation findings, including sharing it with the BMSAC. On the PGME side, the BMSAC has been involved in consultations on the use of the CaRMS Self-Identification Questionnaire. We are unaware of how it is used in selecting applicants and want to ensure there is clarity, uniformity, and equitable use of this survey. While data collection via this survey continues, we have called for a pause on the use of this survey until clear guidelines, developed in conjunction with stakeholders, are developed. In our bid to increase diversity, we want to ensure applicants are not simply being admitted because they are Black but the merits and excellence they bring to institutions are considered.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

SHORT-TERM CALLS TO ACTION (BY 2021)

Recommendation 5: Acknowledge the role that medicine has played and continues to play in the creation and perpetuation of harmful race ideology, and commit to critical anti-racist education of future physicians and faculty with the goal of culturally competent health care (CACMS Element 7.6)

Recommendation 6: Commit to an urgent evaluation of the ways current admissions policies and eligibility requirements contribute to under-representation of Black, Indigenous and students from lower socioeconomic backgrounds. Ensure these findings are forwarded to AFMC's Future of Admissions in Canada Think Tank (FACTT).)

RECOMMENDATION 5

Findings: McMaster reports that it acknowledges the role that medicine has played and continues to play in the creation and perpetuation of harmful race ideology and commits to a critical anti-racist education of future physicians. They also report that there is formal teaching on the causes, harms, and challenges of anti-Black racism. The colonial past and anti-Black racist elements of the history of medicine are also being taught. Since 2021, there has been a Large Group session on anti-Black racism in medicine. A case-based learning case was created to explore the challenges of structural racism and social determinants of health impacting the mental health of an adolescent and their family members. The Psychiatry, Structural Racism, and Psychosis online module was approved by the UGME Curriculum Committee. Finally, a new session on racism during medical training and research will be part of the beginning.

Next Steps: McMaster FHS is on the right path. As the harms and historical manifestations of anti-Black racism are taught to students, solutions should also be developed and taught with a forward-minded frame as a way to ensure future physicians do not contribute to the perpetuation or repeat of these grievous mistakes. The modules being developed by the Black Health Education Collaborative (BHEC) will comprehensively address these topics, and should also be implemented in the curriculum.

RECOMMENDATION 6

Findings: McMaster has evaluated its admissions policies and has created a Black Equity Admission Stream. To address the commercialization of medical school applications, MCAT, and interview preparation, they collaborate with the Community of Support Pathway program and have their branch in Hamilton. McMaster is also in discussion with the AFMC and Council of Ontario Faculty of Medicine (COFM) about the future of the MCAT as part of the admissions process. They also support the Council of Ontario Faculty of Medicine Price of a Dream waiving the medical school application fee. McMaster is transparent with our admissions criteria and formulae.

Next Steps: We are glad to see that McMaster has made an urgent evaluation of its current admission policies. However, these findings are yet to be forwarded to the AFMC. Please send these findings to the Standing Committee on Social Accountability by emailing the SCSA Chair, Julien Poitras <doyen@fmed.ulaval.ca>, copying the AFMC Lead of Social Accountability, Melissa Shahin <mshahin@afmc.ca>. These findings are crucial to understanding barriers contributing to the underrepresentation of Black students in medicine.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

SHORT-TERM CALLS TO ACTION (BY 2021)

Recommendation 7: Review student mistreatment policies

RECOMMENDATION 7

Findings: The MD program policy on mistreatment was reviewed and revised in 2021 and there are multiple ways for students to access this policy. A new Office of Learning Environment and Mistreatment was created to enhance accessibility and help students navigate the system.

Next Steps: With future reviews of this policy, The Temerty FOM should ensure to include the perspectives of Black medical learners. Additionally, ensure there are clear pathways for instances of anti-Black racism, whether micro or macro-aggressions, to be reported and addressed. Ensure there is dedicated faculty for students to connect with and allow for intentional transparency in this process.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

LONG-TERM RECOMMENDATION: ADMISSION

Recommendation 1: Improve admissions data collection practices by ensuring it is collected in an equity-oriented, intersectional, and disaggregated manner.

Recommendation 2: If not currently done, increase transparency of criteria used to admit applicants, specifically average acceptance statistics of each admission criteria (e.g., GPA, MCAT and CASPER scores, etc.) and their weightings, in order to empower students from low SES backgrounds to make fully informed decisions about where to spend already limited application funds.

Recommendation 3: Through the AFMC Admissions Network, develop a program to waive application fees for low SES applicants, similar to the AFMC MCAT fee waiver and AAMC fee waiver programs.

RECOMMENDATION 1

Findings: McMaster reports to have improved its data collection practices to identify barriers to medical admission for underrepresented groups in medicine and identify bottlenecks in the admissions stream and areas for improvement. No details were provided on how it has been accomplished.

Next Steps: While McMaster University may have addressed this Call, for transparency, it is important to provide further details on how this has been accomplished. This enables us to appropriately assess progress and provides an opportunity for sharing practices with Faculties across the country.

75%

RECOMMENDATION 2

Findings: McMaster is close to completing this call. On the McMaster website, there is transparency on the admission criteria with selection formulae for interview invitations and admission offers available. The statistics of admitted applicants of the four most recent classes are also available. However, the distribution of CASPER scores of students accepted is not available.

Next Steps: We commend McMaster's transparency concerning the demographics of their class along with the distribution of the MCAT scores and GPA of accepted applicants. The weightings of each admission criterion in the interview and admission offer process are also publicly available. Students are now aware of their quartile score on the CASPER test. Transparency of the CASPER quartiles of accepted applicants should be made available. By providing a clear and comprehensive overview of the admission criteria and their relative importance, McMaster can contribute to a more equitable and accessible admissions process for all aspiring students.

90%

RECOMMENDATION 3

Findings: McMaster University is one of the institutional participants in the Ontario Medical School Application Fee Waiver Program, which subsidizes application costs for applicants with financial needs. This program was developed by the Price of a Dream, AFMC, Council of Ontario Faculties of Medicine, and the Ontario Universities Application Center. In place since the 2021-2022 application cycle, applications can save approximately \$600 in application fees, equivalent to the costs of applying to 3 programs.

Next Steps: By supporting this program, McMaster University demonstrates a strong commitment to equity and accessibility in the admissions process. This initiative paves the way for more inclusive and diverse student cohorts, ensuring that financial constraints do not hinder talented individuals from pursuing their aspirations in the medical field. We commend this commitment and encourage continued support of this program

100%



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

LONG-TERM RECOMMENDATION: ADMISSION

Recommendation 4: Regularly review admissions committees' personnel composition for lack of diversity and any inherent bias that arises as a result. (CACMS Element 3.4).

Recommendation 5: Develop appropriate diversity pipeline programs (I.e. Black Equity pathways) to counter underrepresentation in partnership with organizations that represent demographics found to be underrepresented. (CACMS Element 3.3 and FMEC Recommendation II) Consider Young et al's six-point framework for pipeline and program development 10.

RECOMMENDATION 4

Findings: McMaster reports to have completed this Call. The Admissions committee reviews and recruits to ensure diverse representation. At the PGME level, committee members complete the CaRMS Selection Committee Training Module which reviews the anti-discrimination policies and implicit bias.

Next Steps: We call for a continued review of the committee's personnel composition. Specifically, ensure representation from the Black community. By routinely assessing the diversity and potential biases within admissions committees, McMaster is actively working towards a more representative and fair selection process for all students. This approach contributes to a more inclusive and diverse medical education environment, fostering opportunities for all qualified candidates.

RECOMMENDATION 5

Findings: McMaster has supported and has established pathway programs to address underrepresentation. The Black Equity Stream was recently instituted. McMaster participates in the Community of Support program at the University of Toronto, hosting a mock MMI process for those registered through COS annually. The Black Student Success Center supports undergraduate students applying to medical school by connecting them with Faculty of Health Sciences faculty who can mentor and supervise them. The Black Aspiring Physicians at McMaster (BAP-MAC), a student union club, is supported by McMaster Faculty and they work with relevant leaders within the UGME program. Black applicant's admission streams have also been established in the Bachelor of Health Sciences program, an undergraduate(premedical) program. There is a summer research boot camp in the Department of Biochemistry and Biomedical Sciences for students from equity-deserving groups.

Next Steps: We encourage McMaster to keep supporting these pathway programs to continue to address the underrepresentation of Black learners in medicine.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

LONG-TERM RECOMMENDATION: CURRICULUM

Recommendation 6a: Ensure curriculum committee works with Black students, faculty, and critical race scholars to address Black health in the curriculum, particularly the removal of race as a proxy for determinants of health.

Recommendation 6b: Increase diversity of standardized and volunteer patient programs to enhance understanding of Black health.

RECOMMENDATION 6A

100%

Findings: McMaster University has integrated Black health into each of the four different medical foundations within the problem-based learning curriculum. They have implemented focused sessions on anti-oppressive practice, anti-Black racism, Black exclusion in medicine, and vulnerable patients. Specific examples include two dermatology sessions that focus on clinical signs in patients of different skin tones. Additionally, there is a new session in the IMED introductory curriculum on race within medical research, which covers the history of how medical pseudoscientific research contributed to racism.

Next Steps: McMaster University can continue to monitor the success and application of the learning objectives related to Black health in their curriculum. They can consult with Black health leads, including Black students, faculty, and critical race scholars, to gather feedback and insights on the effectiveness of the curriculum in addressing Black health. This ongoing consultation and collaboration will help ensure that the curriculum remains responsive to the evolving needs and perspectives of the Black community.

RECOMMENDATION 6B

75%

Findings: McMaster University reports to have made completed diversification of standardized and volunteer patient programs to enhance understanding of Black health. However, no further details were provided.

Next Steps: Steps taken by McMaster to address this recommendation should be provided along with details on how diverse these programs are, especially compared to the Canadian population.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

LONG-TERM RECOMMENDATION: CURRICULUM

Recommendation 6c: Present clinical cases on racialized issues without perpetuating stereotypes and harmful heuristics.

Recommendation 6d: Train students to recognize pathologies and dermatology-based clinical signs in patients of different skin tones

RECOMMENDATION 6C

100%

Findings: McMaster University has taken steps to address Recommendation 6c. They have incorporated Black health into their MD program through focused active large group sessions on anti-oppressive practice, anti-Black racism, Black exclusion in medicine, and vulnerable patients. At the PGME level, they offer a module on Race in Medical Research to the Family Medicine program, with the potential for expansion to other programs. They also provide a module on Psychiatry, Structural Racism, and Psychosis for psychiatry residents. Plans are underway to evaluate and expand these modules to cover anti-Black racism in medicine. Workshops on mitigating anti-Black racism have been offered to psychiatry residents and senior residents in leadership positions.

Next Steps: While Recommendation 6c has been addressed, McMaster University can continue to enhance the integration of Black health into their MD program. They can provide additional opportunities for students to engage in small group discussions and case-based learning focused on addressing racial disparities in healthcare. Creating a safe and inclusive environment for open dialogue and critical reflection on the impact of anti-Black racism in medicine would be beneficial. To further enhance Recommendation 6c, McMaster University could consider expanding the module on Race in Medical Research to other programs within the university. They can also prioritize the evaluation of the Psychiatry, Structural Racism, and Psychosis module and work towards its expansion to cover anti-Black racism in medicine. Additionally, they may consider offering workshops on mitigating anti-Black racism to a broader audience, including faculty members and medical students.

RECOMMENDATION 6D

100%

Findings: McMaster University has ensured that their curriculum committee works with Black students, faculty, and critical race scholars to improve the ways Black health is addressed in the curriculum. They have implemented two dermatology sessions that train students to recognize pathologies and dermatology-based clinical signs in patients of different skin tones. The focus is on avoiding perpetuating stereotypes and harmful heuristics.

Next Steps: While Recommendation 6d has been addressed, McMaster University can further strengthen their efforts by regularly reviewing and updating the dermatology sessions to ensure they remain inclusive and comprehensive.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

LONG-TERM RECOMMENDATION: CURRICULUM

Recommendation 6e: Make curriculum additions with the consideration of preparing medical graduates to practice in any population in Canada.

RECOMMENDATION 6E

100%

Findings: McMaster University has addressed Recommendation 6e by ensuring that all additions to the curriculum consider the need for medical graduates to be prepared to practice in any population in Canada, not just those representative of their local context. They emphasize the importance of understanding and addressing the health needs of diverse populations.

Next Steps: While Recommendation 6e has been addressed, McMaster University can continue to promote cultural competency and sensitivity by offering elective courses or workshops that allow students to explore specific aspects of Black health in greater depth. They can also encourage research and scholarship focused on addressing health disparities and promoting health equity for Black communities. By continuously evaluating and updating their curriculum, McMaster can ensure ongoing improvement in addressing the health needs of diverse populations.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

LONG-TERM RECOMMENDATION: ACCOUNTABILITY

Recommendation 7: Support the AFMC Network over the next 2 years in streamlining and centralizing their demographic data collection practices, ensuring that this data is disaggregated, intersectional, equity-oriented, and useful for iterative evaluation of national and local EDI initiatives and policies.

Recommendation 8: Develop and implement a strategic inclusion plan, upon reviewing the 2017 United Nations Human Rights Council expert report on People of African Descent in Canada, specific to your Faculty of Medicine that takes into account concern raised, specifically in Article 33.

RECOMMENDATION 7

Findings: None.

Next Steps: To effectively support the AFMC Network in streamlining and centralizing demographic data collection practices, McMaster University should prioritize the development of a comprehensive plan that addresses the disaggregation of data, intersectionality, and equity-oriented approaches. They should collaborate with the AFMC Network to establish clear guidelines and protocols for collecting and analyzing demographic data. The plan should also outline how the collected data will be utilized for iterative evaluation of national and local EDI initiatives and policies. McMaster University should allocate resources and establish accountability measures to ensure the successful implementation and ongoing monitoring of the data collection practices.

RECOMMENDATION 8

Findings: None.

Next Steps: To address the concerns raised in the 2017 United Nations Human Rights Council expert report on People of African Descent in Canada, McMaster University must take immediate action to develop and implement a strategic inclusion plan specific to the Faculty of Medicine. This plan should be comprehensive and address all short and long-term recommendations outlined in the report. It should include actionable steps, goals, and timelines for promoting inclusion, addressing anti-Black racism, and ensuring equitable opportunities for Black students, faculty, and staff. McMaster University should establish a dedicated task force or committee to lead the development and implementation of this plan, ensuring that it includes meaningful input and collaboration with Black students, faculty, and community stakeholders. Regular assessments and evaluations should be conducted to measure the effectiveness of the plan and make necessary adjustments to ensure its success.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

LONG-TERM RECOMMENDATION: ACCOUNTABILITY

Recommendation 9: Increase the representation of Black instructors through equitable recruitment and promotion.

Recommendation 10: Extend the implementation of these recommendations to any demographics found to be underrepresented in the faculty.

RECOMMENDATION 9

Findings: None

Next Steps: To address the underrepresentation of Black instructors, McMaster University must prioritize equitable recruitment and promotion practices. They should establish targeted recruitment initiatives and actively seek out qualified Black candidates for faculty positions. McMaster University should review and revise their promotion policies to ensure that they are inclusive and provide equal opportunities for advancement. Additionally, they should create mentorship and professional development programs specifically designed to support and advance the careers of Black instructors. Regular monitoring and reporting should be implemented to track progress and hold the institution accountable for achieving increased representation.

25%

RECOMMENDATION 10

Findings: None.

Next Steps: Building upon the efforts to address the underrepresentation of Black individuals in the faculty, McMaster University should expand their focus to other underrepresented demographics. They should conduct a comprehensive assessment to identify areas of underrepresentation and develop targeted strategies for recruitment, retention, and advancement for these groups. The institution should establish inclusive policies and practices that create a supportive and equitable environment for all underrepresented individuals. Collaboration with relevant communities and organizations can provide valuable insights and guidance in this process. Regular progress monitoring, reporting, and evaluation should be implemented to ensure the effectiveness and impact of these initiatives.

25%



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

NEW RECOMMENDATIONS

The recommendations below were not part of the 2020 recommendations and therefore were not scored. Please consider these new recommendations.

WELLNESS & MENTORSHIP

Recommendation 1: Develop a comprehensive wellness plan specifically tailored for Black learners, ensuring that they have access to Black counselors or counselors with expertise in supporting individuals facing anti-Black racism and various forms of discrimination. Moreover, fostering collaborations with external resources can significantly enhance Black learners' ability to access wellness support within their respective cities or regions.

Recommendation 2: Develop mentorship programs to support the professional development and exploration of Black medical students. Ensure there are opportunities for race-concordant mentorship matches should the learner choose this. Collaborating with the provincial Black physicians for recruitment of mentors is a route to be explored.

FACULTY DEVELOPMENT

Recommendation: Implement structured faculty development programs that include learning modules, workshops, and seminars focused on addressing hidden curriculum, racism, anti-Black racism and privileges when developing and delivering educational activities.

WELLNESS & MENTORSHIP

Findings: The Black Student Success Center is available to all McMaster students. There is no specific wellness programming for Black students at McMaster. At the PGME level, there is a peer support group for racialized residents as well as a Black mental health counselor. There are no current mentorship programs for Black medical students. However, there are plans for the DARE Group Collaborative to implement a mentorship program for all incoming racialized residents.

Next Steps: Increase the amount of cultural support available for Black medical students through in person counselors, online support systems, and/or peer support groups.

FACULTY DEVELOPMENT

Findings: McMaster University has made faculty development on hidden curriculum, racism, and addressing privileges a major focus. They are currently working on strategic planning and training in collaboration with the Dean of Equity and Inclusion, Associate Deans, and offices of Faculty Development and Faculty Affairs. Specific initiatives include the QUEST course on antiracism, initial training for EDIIR Leads and senior leaders through the Kojo Institute, and a course on anti-Black racism and critical race education. The Faculty Development conference also focuses on inclusive excellence and offers workshops on racism and discrimination.

Next Steps: To further enhance faculty development, it is recommended that McMaster University may seek learning modules, workshops, seminars or other forms of training such as the Black Health Education collaboratives' Black Health Primer that seeks to advance knowledge of and promote dialogue about anti-Black racism and its impact on health. They can explore additional partnerships with experts in antiracism education and expand the range of learning modules, workshops, and seminars available.



APPENDIX I - EXPLANATION OF GRADING SCALE

% Grade	Visual Grade	Description
90-100%	Green (Several measures in place)	Phenomenal commitment. Your faculty has very closely considered and responded to the BMSAC 2020 Calls to Action in a timely manner. We celebrate your commitment to, amongst others, addressing anti-Black racism, increasing diversity in your medical school and most importantly supporting the wellness and professional success of Black medical learners. You are an example to other faculties and have set a standard for a more equitable learning environment and excellent care to Black populations. We honor your progress and ask that you continue this phenomenal work.
85-89%		Excellent progress. Your progress with the BMSAC Calls to Action is commendable. We acknowledge your allyship and are grateful for your commitment to changing policies in a timely manner to make your school a welcoming environment for Black medical learners and for training future physicians that are prepared to serve the polyolith that is the Black population. We celebrate your progress and encourage you to continue in this and more.
80-84%		Excellent progress. Your progress with the BMSAC Calls to Action is commendable. We acknowledge your allyship and are grateful for your commitment to changing policies in a timely manner to make your school a welcoming environment for Black medical learners and for training future physicians that are prepared to serve the polyolith that is the Black population. We celebrate your progress and encourage you to continue in this and more.
76-79%	Yellow (Some measures in place)	Outstanding performance. Your faculty has clearly reviewed the BMSAC Calls to Action and has made an effort, in a timely manner, to, amongst others, increase the number of Black medical learners, support Black medical learners, and ensure the curriculum adequately prepares graduates to treat a diverse population. We celebrate and commend your efforts in starting to address the gaps in outcomes for Black communities and urge you to continue this outstanding work.
72-75%		Notable achievement. Your Faculty has clearly reviewed the BMSAC's Calls to Actions and have made notable progress in achieving them. There is still room for improvement. We ask that you consider the Calls to actions not fully addressed and take note of our recommendations to closing the gap in support for Black medical learners and gaps in healthcare for Black communities.
68-71%		Considerable progress. We acknowledge the progress your Faculty has made in addressing the BMSAC Calls to Action. However, some gaps still exist and we encourage you to review the BMSAC Calls to Action as well as the report card and work to address them in a timely manner. Equity in your program is not only of importance to supporting Black medical learners but in addressing the healthcare disparities Black communities experience.
64-67%		Moderate performance. Your Faculty has started to address the BMSAC Calls to Action and your desire to be an ally is clear. However, there are still some Calls that need to be addressed in a timely manner by your program. Please review the recommendations made to begin to address these gaps.
60-63%		Limited progress. While there is some progress this would be on the cusp of failure based on some medical school grading systems. We ask you to closely review the BMSAC Calls to Action and this report card, taking note of where changes are needed. Please act in a timely manner, time is of the essence.
55-59%	Red (Needs improvement)	Minimal commitment. Very little progress has been made to addressing the BMSAC Calls to actions. We call on you to review the BMSAC Calls to Action and this report card and take note of where changes are needed. Creating a program where equity is prioritized is of the utmost importance.
50-54%		Inadequate progress. Your program has not appropriately implemented the BMSAC's calls to action. It is quite close to a failing grade and we call on you to closely review the BMSAC Calls to Action and this report card and take note of where changes are needed. We strongly encourage you to act now!
0-49%		Unacceptable work. This is a failing grade and your program has made unacceptable progress in addressing the BMSC Calls to actions. It is of the utmost importance to closely review the BMSAC Calls to Action and this report card and take note of where changes are needed. Your allyship is needed in supporting Black medical learners and addressing health inequities Black communities face.



APPENDIX II - FEEDBACK AND COMMENTS

McMaster University did not provide a response to their report card.