

BMSAC 2020 RECOMMENDATIONS

PAN-CANADIAN FACULTIES OF MEDICINE REPORT CARD

2023-2024



AN OVERVIEW OF ALL 17 FACULTIES OF MEDICINE

Data 2022-2023, Published 2024



PAN-CANADIAN REPORT CARD 2024

BMSAC 2020 RECOMMENDATIONS TO THE CANADIAN FACULTIES OF MEDICINE

In June 2020, the 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, specifically anti-Black racism, discrimination, and mistreatment. Please note that Calls to Action and recommendations are used interchangeably and refer to the document linked above.

In 2021, the 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. *****Only some of the Calls to Action were assessed in 2021*****

In 2022, the BMSAC sought to conduct a formal and in-depth assessment of the response to the Calls to Action. In partnership with the Association of Faculties of Medicine of Canada (AFMC) Equity, Diversity, Inclusion and 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, and specifically anti-Black racism, initiatives, and support for Black students and learners in medical education.

The survey was completed by all 17 Faculties of Medicine. We recognize that work to address anti-Black racism is a continuous process. At this stage, the BMSAC recognized and awarded scores to Faculties with plans to implement changes in the coming months. However, accountability is key, and future reviews of institutional progress will only recognize plans that have been or are being implemented.



PAN-CANADIAN REPORT CARD 2024

BMSAC 2020 RECOMMENDATIONS TO THE CANADIAN FACULTIES OF MEDICINE

In the survey, the Faculties selected where they stand in responding to the recommendations with a grade of 100%, 75%, 50%, and 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

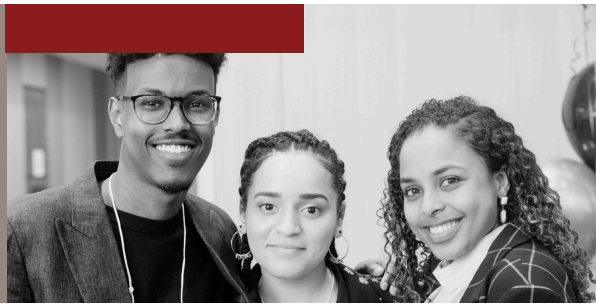
However, scores were adjusted based on information provided, or otherwise, a lack of information. Faculties providing information to indicate the Calls to Action were not completed in the context of Black health and anti-Black racism saw their scores reduced. Faculties providing information indicating specific implementation of plans to address the Calls to Action saw their scores increase. 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.

The colourimetric grading system was adapted based on our 2021 report cards, allowing us to show progression for each of the Faculties.

Individual institutional report cards have been written for all Faculties. The goal of this national report card is to summarize and give a broad overview of how all Faculties have performed in all four sections of the Calls to Action. Notable findings from exemplary Faculties are shared along with the next steps for all Faculties to consider. This document highlights and celebrates work being done while calling for continued change.

BMSAC would like to acknowledge our strong partnership with Indigenous Physicians Association of Canada (IPAC) and the Truth and Reconciliation Committee (TRC) Report Card Project Team. The completion of these report cards would have not been possible without their guidance and support.

BMSAC Chair 2022-2023 & BMSAC Chair 2023-2024



BMSAC 2020 RECOMMENDATIONS TO THE CANADIAN FACULTIES OF MEDICINE REPORT CARD

Table 1. Breakdown of Performance of Faculties of Medicine on the 2020 BMSAC Calls to Actions

Call to Action	# of Faculties Scoring in Each Category				
	Green (80 - 100%)		Yellow (55 - 79%)		Red (<55%)
	90 - 100%	80 - 89%	70 - 79%	55 - 69%	
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 	1	7	2	3	4
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 	4	5	3	4	1
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 	3	4	0	4	6
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 	0	3	1	7	6

NOTABLE FINDINGS AND NEXT STEPS FOR ALL 17 CANADIAN FACULTIES OF MEDICINE

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

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 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 7: Review student mistreatment policies

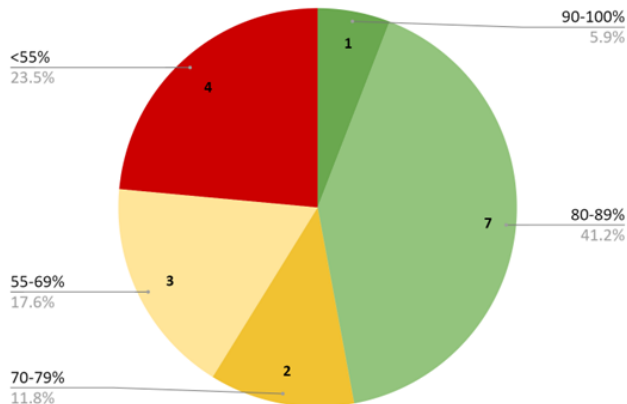


Figure 1. Breakdown of Performance of Faculties of Medicine on the 7 Short-Term Recommendations



NOTABLE FINDINGS AND NEXT STEPS FOR ALL 17 CANADIAN FACULTIES OF MEDICINE

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.

Table 2. Performance of Faculties of Medicine on Short-Term Recommendation 1

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
8	0	3	0	6

RECOMMENDATION 1

FINDINGS

- Faculties of Medicine receiving full marks published a clear and explicit public statement denouncing anti-Black racism in 2020, acknowledging the murder of George Floyd and recognizing the need for change. Some Faculties also shared resources for their community to learn more about anti-Black racism, contextualizing it within medicine.
- Some Faculties released statements denouncing racism but did not mention anti-Black racism explicitly, ignoring the significant context and need to address specific forms of racism.
- Other Faculties did not release statements and have no plans to do so.

EXEMPLARS

- a. **University of Calgary, Cumming School of Medicine:** [Here](#)
- b. **Dalhousie University, Faculty of Medicine:** [Here](#)
- c. **University of Toronto, Temerty Faculty of Medicine:** [Here](#)

NEXT STEPS

- As we work to denounce and address racism and its manifestations, we must be clear and explicit about the types of racism that exist. **Anti-Black racism is one that always needs to be called out and addressed.**
- A public statement denouncing anti-Black racism should serve as a living reminder of a Faculty’s commitment to recognizing and addressing anti-Black racism and police brutality and its manifestations in medicine and beyond.
- For schools yet to release a statement, it is not too late! We call for you to do so! However, this is only the first step, there is much, much work needing to be done beyond a simple statement.



FINDINGS AND NEXT STEPS

SHORT-TERM CALLS TO ACTION (BY 2021)

Recommendation 2: Make justice and equity a priority health concern in accordance with CACMS social accountability element 1.1.1 2

Table 3. Performance of Faculties of Medicine on Short-Term Recommendation 2

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
6	3	4	1	3

RECOMMENDATION 2

FINDINGS

- Faculties in the green category have worked to develop a Justice and Equity Committee involving students, faculty, and staff.
- They engage in ongoing consultation with members of equity-deserving groups, including the Black community, and have developed policies and strategies to address racism in medical education.
- They have also formally reviewed all aspects of medical education and have appointed a Dean of Equity, Diversity, and Inclusion or an equivalent role.
- These Faculties also have an equity session during orientation week to introduce students to the Dean of EDI, faculty EDI principles, and equity resources.
- Faculties scoring in the yellow category have addressed a number of the aspects above but not in the context of anti-Black racism.

EXEMPLARS

a. University of Alberta, Faculty of Medicine

- MD Program Black Health Lead chairs the Black Working Group with meaningful relationships created with the Black communities in Northern Alberta
- Assistant Dean of EDI since 2017

b. University of Toronto, Temerty Faculty of Medicine

- Learner-focused MD Black Experience Committee established in 2020
- "Addressing Anti-Black Racism in Medical Education" accountability report in February 2022: [Here](#)

c. McGill University, Faculty of Medicine and Health Sciences

- Action Plan to Address Anti-Black Racism 2020-2025: [Here](#)

NEXT STEPS

- An overarching Equity, Diversity, and Inclusion approach without a plan to address the different forms of racism, including anti-Black racism, specifically, is an incomplete approach.
- Consultations with equity-deserving groups should be ongoing, and not a cross-sectional process.
- The revision of all aspects of medical education should be an iterative and ongoing process and should include admissions, curriculum and clerkship.
- Policies and strategies to address racism and anti-Black racism specifically (systemic and overt) in medical education should be developed.
- Appoint a Dean of Equity, Diversity, and Inclusion, if your Faculty does not have an equivalent position.
- We also call for a Black Health Theme Lead to ensure issues pertaining to the Black community are addressed.



FINDINGS AND NEXT STEPS

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.

Table 4. Performance of Faculties of Medicine on Short-Term Recommendation 3

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
5	0	5	3	4

RECOMMENDATION 3

FINDINGS

- Faculties with the highest scores have made public statements extending justice and equity initiatives to their Black medical students and have committed to working with Black-led medical organizations.
- These Faculties have also financially supported their students in attending the BMSAC Annual General Meeting (AGM).
- These Faculties are also working to ensure the inclusion of the perspectives of Black communities into all existing committees. This is being achieved by ensuring a diverse committee membership and also being aware of and considering the perspectives of equity-deserving groups in committees.

EXEMPLARS

a. University of Alberta, Faculty of Medicine

- i. Collaborates with the local Black Medical Students' Association (BMSA), the Black Physicians Association of Alberta, and under the leadership of Black Health Lead, works with the Black Health Working Group.
- ii. BMSA is included on all MD program committees
- iii. Public commitment to extending equity and justice towards Black students is released on a yearly basis by the Dean during Black History Month.
- iv. All strategic and decision-making committees have Black representation
- v. Supports attendance of students at the BMSAC AGM

b. University of Calgary, Cumming School of Medicine (CSM)

- i. Announcement of Black Applicant Admissions Process acknowledges historic under-representation of Black medical students in Canada: [Here](#)
- ii. Supports and collaborates with the Calgary Black Medical Students' Association
- iii. Provided sponsorship for BMSAC 2023 AGM
- iv. CSM Equity-Centered Committee Structures policy is being developed
- v. Senior Associate Dean, Health Equity and Systems Transformation participates in committees including Dean's Executive Council



FINDINGS AND NEXT STEPS

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.

Table 4. Performance of Faculties of Medicine on Short-Term Recommendation 3

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
5	0	5	3	4

RECOMMENDATION 3

NEXT STEPS

- Ensure there is an explicit extension of justice and equity initiatives to Black students at your Faculty of Medicine. This extension should not be a one-time extension. It should be continuous with open lines of communication between your Faculty and the student groups.
- Financially support Black medical students in attending the BMSAC Annual General Meetings.
- Collaborate with Black-led organizations including the local BMSA chapter, provincial Black physician associations, Black Physicians of Canada (BPC), the Black Health Education Collaborative (BHEC), and the BMSAC.
- Ensure inclusion of Black perspectives on all existing committees, especially strategic and decision-making committees, without overburdening the Black faculty, staff, and medical student body.



FINDINGS AND NEXT STEPS

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

Table 5. Performance of Faculties of Medicine on Short-Term Recommendation 4

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
7	0	5	0	5

RECOMMENDATION 4

FINDINGS

- To achieve this goal, Faculties collect race-based data through self-identification of applicants and matriculants through the Admissions office and registrar's office.
- Some Faculties share this data in aggregate form publicly yearly, while others reserve it solely for internal use.
- Guidelines on the governance and stewardship of this data and how it is used by departments within and beyond admissions were at times unclear.
- In response to the low representation of Black medical students, Faculties have developed Black equity admissions streams and pathway programs to support aspiring medical students. Examples of these programs will be detailed in Short-Term Recommendation six.

EXEMPLARS

- a. **University of Toronto, Temerty Faculty of Medicine**
 - i. Data is collected through the Black Student Application program, annual Voice of MD Entrant, and bi-annual Voice of MD Student surveys
 - ii. Data on Black matriculants is shared in aggregate form for inclusion in accountability reports such as the Addressing Anti-Black Racism at Temerty Medicine report: [Here](#)
- b. **Western University, Schulich School of Medicine**
 - i. Data Collection through voluntary survey. The survey has been overhauled by the Dean of EDI to ensure the same questions are being asked of everyone for comparable data across the institution.

NEXT STEPS

- o For Faculties yet to do this, appropriately collect race-based data, including Black medical students, faculty, and staff in the process. Before embarking on this, ensure there are clear guidelines on the governance and stewardship of this data and how it is used by departments within and beyond admissions.
- o For transparency and accountability, share this data publicly in aggregate form on an annual basis.
- o To address the underrepresentation of Black medical students at institutions, create a Black equity admission stream and a pathway/outreach program for aspiring students.



FINDINGS AND NEXT STEPS

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)

Table 6. Performance of Faculties of Medicine on Short-Term Recommendation 5

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
4	0	6	0	7

RECOMMENDATION 5

FINDINGS

- Faculties scoring highly have acknowledged the role that medicine has played and continues to play in perpetuating harmful race ideology and anti-Black racism.
- Formal teaching is provided on the causes, harms, and challenges of structural anti-Black racism.
- The colonial past and anti-Black racist elements of the history of medicine are also taught.

EXEMPLARS

a. Dalhousie University, Faculty of Medicine

- i. The History of Medicine Curriculum is taught by Dr. OmiSoore Dryden.
- ii. As part of the Physician Competency course, students are piloting the Primer created by the Black Health Education Collaborative.

b. University of Toronto, Temerty Faculty of Medicine

- i. In Year 1, students attend the ‘Health Equity, Race and Medicine’ lecture which focuses on Black health, including how anti-Black racism manifests in medicine
- ii. In Year 2, there is a Black Population Health Lecture. There is also a Re-imagining Healthcare panel that explores racism and discrimination in healthcare, cultural safety, and promising practices at the individual patient and population levels.

c. University of Alberta, Faculty of Medicine

- i. There is ongoing development of Anti-racism curricula in the context of Black health.
- ii. In the last 2 years, there have been trainings and knowledge translation around the history of medicine as it pertains to Black Canadians, critical race theory, the social determinants of health, and intersectionality
- iii. Physician Discussion Group on Anti-Black Racism: a 2-hour session developed by the Black Health Lead in conjunction with other educators and the local BMSA. The module features core readings on the social determinants of health as it pertains to Black Canadians, a core primer on intersectionality, and an original documentary film detailing the perspectives of Black students/physicians in medicine. During the session, students are challenged to reflect on the nature of discrimination towards individuals of Black descent and confront how anti-Black racism is perpetuated through the medical school as an institution.



FINDINGS AND NEXT STEPS

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)

Table 6. Performance of Faculties of Medicine on Short-Term Recommendation 5

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
4	0	6	0	7

RECOMMENDATION 5

NEXT STEPS

- We call for Faculties to address this call.
- Faculties should specifically and explicitly address anti-Black racism within educational materials created.
- There should also be formal teaching on the causes, harms, and challenges of anti-Black racism.
- 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 egregious mistakes.
- The Black Health Primer created by the Black Health Education Collaborative (BHEC) comprehensively addresses these topics and should be implemented in the curriculum when available.



FINDINGS AND NEXT STEPS

SHORT-TERM CALLS TO ACTION (BY 2021)

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).

Table 7. Performance of Faculties of Medicine on Short-Term Recommendation 6

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
0	0	12	0	5

RECOMMENDATION 6

FINDINGS

- Faculties scoring highly have evaluated their admissions process.
- They have addressed the commercialization of medical school applications, MCAT, interview preparation, and the resulting financial barriers to admission.
- There is also transparency of criteria used to admit successful applications and collect useful sociodemographic data.
- In response, Black equity admission streams, pathway programs, and fee waiver initiatives to address the inequities identified were created.
- However, Faculties have yet to share the findings with the AFMC's Social Accountability team.

EXEMPLARS

a. Dalhousie University, Faculty of Medicine

- Promoting Leadership in Health for African Nova Scotians Program (PLANS): [Here](#)
- Black Learners Admissions Pathway: [Here](#)

b. McGill University, Faculty of Medicine and Health Sciences

- Black Candidate Pathway: [Here](#)
- Community of Support Program - The Social Accountability and Community Engagement Office (SACE): [Here](#)

c. University of Toronto, Temerty Faculty of Medicine

- Black Student Application Program: [Here](#)
- Community of Support: [Here](#)

d. University of Calgary, Cumming School of Medicine

- Black Applicant Admissions Process: [Here](#)
- Support to Entry Program (STEP): [Here](#)



FINDINGS AND NEXT STEPS

SHORT-TERM CALLS TO ACTION (BY 2021)

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).

Table 7. Performance of Faculties of Medicine on Short-Term Recommendation 6

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
0	0	12	0	5

RECOMMENDATION 6

NEXT STEPS

- We call for all Facilities to complete this call.
- Findings from the evaluation are to be shared with the AFMC Standing Committee on Social Accountability (SCSA) by emailing the SCSA Chair, Julien Poitras <doyen@fmed.ulaval.ca> and copying the AFMC Lead, Social Accountability, Melissa Shahin <mshahin@afmc.ca>.
- Faculties yet to create a Black student application stream should start this process, collaborating with Faculties that have been successful in implementing such a program.
- Additionally, a Community of Support pathway program should be created to support Black and other pre-medical students from underrepresented groups in medicine in their application journey.



FINDINGS AND NEXT STEPS

SHORT-TERM CALLS TO ACTION (BY 2021)

Recommendation 7: Review student mistreatment policies.

Table 8. Performance of Faculties of Medicine on Short-Term Recommendation 7

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
12	0	3	0	2

RECOMMENDATION 7

FINDINGS

- Numerous Faculties report student mistreatment policies and procedures in place ensuring they are easily accessible and clearly outlined to students. These policies are also periodically reviewed.

EXEMPLARS

a. McMaster University, Michael G. DeGroote School of Medicine

- The Office of the Learning Environment and Mistreatment was created to enhance accessibility and help students navigate the system.
- The MD program policy on mistreatment was reviewed and revised in 2021. Students have multiple avenues to access the policy including the program's internal website.

b. Université Laval, Faculté de médecine

- Policy to prevent and counter harassment, intimidation, incivility, violence, and discrimination was revised in March 2022.

NEXT STEPS

- Ensure to include the perspectives of Black medical learners in future reviews of mistreatment policies.
- Ensure there are clear pathways for instances of anti-Black racism, whether micro or macro-aggressions, to be reported and addressed.
- Ensure there are dedicated faculty members for students to connect with and allow for intentional transparency in this process.



FINDINGS AND NEXT STEPS

LONG-TERM RECOMMENDATIONS:

ADMISSIONS

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 socioeconomic status (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 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 the six-point framework of Young et al. for pipeline and program development.

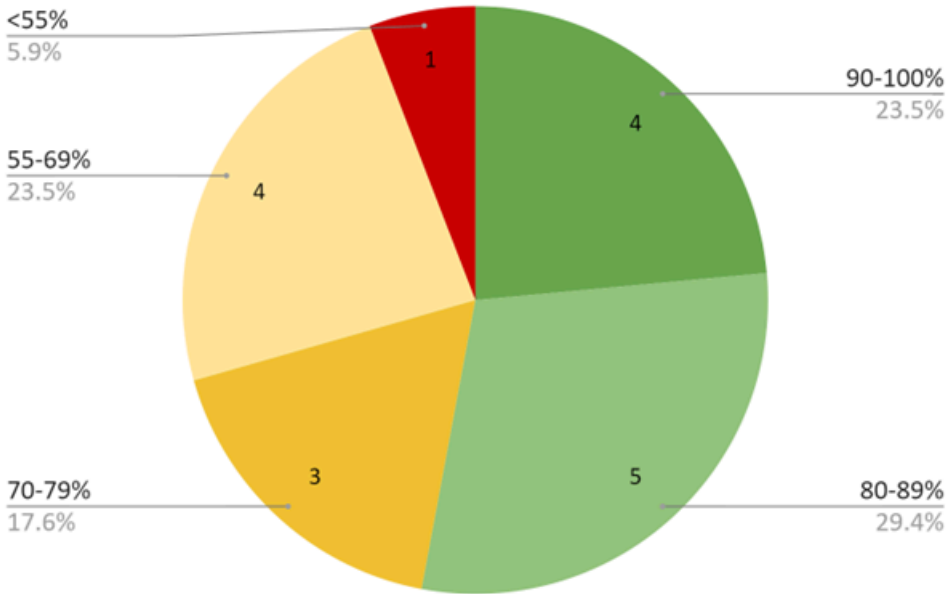


Figure 2. Breakdown of Performance of Faculties of Medicine on the 5 Recommendations on Admissions



FINDINGS AND NEXT STEPS

LONG-TERM RECOMMENDATION: ADMISSIONS

Recommendation 1:

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

Table 9. Performance of Faculties of Medicine on Admissions Recommendation 1

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
6	2	6	1	2

RECOMMENDATION 1

FINDINGS

- A number of Faculties collect race-based and sociodemographic data from applicants.
- Faculties with Black applicant admissions streams also collect data through this stream.

EXEMPLARS

a. Quebec Faculties of Medicine

i. The Faculties of Medicine at Université Laval, Université de Montréal, and Université de Sherbrooke are collaborating on the following projects:

1. Project CASPer: an analysis of applicants' demographic data and CASPer test results. Anonymous demographic data is collected on all applicants.
2. Project MEM: started in 2018 to characterize candidates likely to receive an offer of admission
3. All 4 Quebec Faculties, including McGill University, established the Groupe de Recherche sur l'Admission en Médecine au Québec (GRAM-Q), whose vision is to promote research into medical admissions in Quebec through inter-university collaboration and best practices

b. University of Toronto, Temerty Faculty of Medicine

- i. Data is collected through the Ontario Medical School Application Service (OMSAS) Applicant Diversity Survey, Black Student Application Program, and Indigenous Student Application Program
- ii. Annual Voice of MD Entrant Survey and bi-annual Voice of the MD Student Survey

c. University of British Columbia, Faculty of Medicine

- i. University of British Columbia MD Admissions works with the Evaluation Studies to collect applicant demographic information and assess how applicants from many demographic backgrounds participate in and proceed through the Admissions process



FINDINGS AND NEXT STEPS

LONG-TERM RECOMMENDATION: ADMISSIONS

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

Table 9. Performance of Faculties of Medicine on Admissions Recommendation 1

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
6	2	6	1	2

RECOMMENDATION 1

NEXT STEPS

- Ensure collection of data from all application teams, not just the Black admission pathways, in an equity-oriented, intersectional, and disaggregated manner.
- Ensure clear guidelines on the governance and stewardship of this data and how it is utilized by various departments.
- Ensure transparency in the findings of the data with yearly publications of the data.
- Findings should inform the creation and evaluation of Black admission streams and Community of Support programs.



FINDINGS AND NEXT STEPS

LONG-TERM RECOMMENDATION: ADMISSIONS

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 socioeconomic status (SES) backgrounds to make fully informed decisions about where to spend already limited application funds.

Table 10. Performance of Faculties of Medicine on Admissions Recommendation 2

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
6	0	8	0	3

RECOMMENDATION 2

FINDINGS

- While all Faculties are transparent with their admission criteria, only a few are transparent with respect to the weightings of all criteria in the interview and admission process and the average acceptance statistics.
- Most Faculties do not share the average CASPer quartile of accepted candidates.

EXEMPLARS

a. Dalhousie University, Faculty of Medicine

- Interview Selection: [Here](#)
- Admission Offer: [Here](#)
- Average Statistics: [Here](#)

b. McMaster University, Michael G. DeGroote School of Medicine

- Selection Formulae & Class Statistics: [Here](#)

c. University of Calgary, Cumming School of Medicine

- Unsuccessful applicants are provided with personalized data on what quartile each component of their application fell into for their reflection and possible areas of improvement if re-applying.
- Selection Criteria: [Here](#)
- Class Statistics: [Here](#)

NEXT STEPS

- Ensure weightings of criteria in both the interview selection and admission offer process.
- Ensure average statistics of all criteria are publicly available, including statistics from at least the most recent 3-4 classes.
- Candidates are now aware of their CASPer quartile, while the score remains unavailable. Ensure to include the average quartile ranking on CASPer of accepted participants.



FINDINGS AND NEXT STEPS

LONG-TERM RECOMMENDATION: ADMISSIONS

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.

Table 11. Performance of Faculties of Medicine on Admissions Recommendation 3

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
10	0	0	0	7

RECOMMENDATION 3

FINDINGS

- Faculties scoring highly have a fee waiver program either through the Price of a Dream Initiative or for students applying to their Black admissions stream.

EXEMPLARS

a. Price of a Dream: Ontario Faculties of Medicine, University of Alberta, University of Saskatchewan

- i. Price of a Dream initiative: [Here](#)
- ii. OMSAS – Ontario Medical School Application Fee Waiver Program: [Here](#)
- iii. University of Alberta Medical School Application Fee Waiver: [Here](#)
- iv. University of Saskatchewan Price of a Dream Fee Waiver Program: [Here](#)

b. Dalhousie University, Faculty of Medicine

- i. The application fee is waived for students applying through the Black Learners Admissions Pathway.

NEXT STEPS

- Implement a fee waiver program for students from low socio-economic backgrounds to remove the financial barriers associated with applying to medical school. This can be achieved by collaboration with the Price of a Dream initiative as depicted above.
- Expand the Price of a Dream initiative in Ontario so applicants are not limited to applying to 3 Faculties in the province. This will further alleviate financial bottlenecks and ensure students can apply to as many schools as they are eligible for.



FINDINGS AND NEXT STEPS

LONG-TERM RECOMMENDATION: ADMISSIONS

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).

Table 12. Performance of Faculties of Medicine on Admissions Recommendation 4

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
12	0	1	0	4

RECOMMENDATION 4 FINDINGS

- Faculties report a yearly review of the admissions committees personnel composition with many programs having an anti-discrimination policy in place.

EXEMPLARS

- a. **University of Alberta, Faculty of Medicine**
 - i. Reviews the diversity and representation of the admission committee every year.
 - ii. Since 2021, there have been specific measures to ensure Black Scholars are included in the admissions selection committee to support the Black Applicant Admissions Process.
 - iii. The Black Health Lead is involved in the yearly review of the admissions process.
- b. **University of Toronto, Temerty Faculty of Medicine**
 - i. Rater recruitment efforts are enhanced to help ensure that members of Black and Indigenous communities and allied health professionals partake in the MD Program admissions process. These efforts included working with the Black Physicians' Association of Ontario (BPAO) to attract Black raters. The Community of Support also helps in outreach.
 - ii. Annual diversity survey initiated in 2017 to better understand MD admissions rater demographics and inform efforts to increase the representation of raters from equity-deserving groups.

NEXT STEPS

- Ensure regular view of the admission committees' personnel for diversity, with the inclusion of individuals from the Black community in the process.
- Implement an anti-discrimination policy.
- Collaborate with the provincial Black physicians association to recruit Black reviewers and interviewers.



FINDINGS AND NEXT STEPS

LONG-TERM RECOMMENDATION:

ADMISSIONS

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.

Table 13. Performance of Faculties of Medicine on Admissions Recommendation 5

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
6	0	3	0	8

RECOMMENDATION 5

FINDINGS

- Faculties scoring in the green section have both a Black applicant stream and a Community of Support program for aspiring pre-medical students.

EXEMPLARS

a. Dalhousie University, Faculty of Medicine

- Promoting Leadership in Health for African Nova Scotians Program (PLANS): [Here](#)
- Black Learners Admission Pathway: [Here](#)

b. McGill University, Faculty of Medicine and Health Sciences

- Black Candidate Pathway: [Here](#)
- Community of Support Program - The Social Accountability and Community Engagement Office (SACE): [Here](#)

c. University of Toronto, Temerty Faculty of Medicine

- Black Student Application Program: [Here](#)
- Community of Support: [Here](#)

d. University of Calgary, Cumming School of Medicine

- Black Applicant Admissions Process: [Here](#)
- Support to Entry Program (STEP): [Here](#)

NEXT STEPS

- For Faculties yet to develop Black applicant admission stream and/or a Community Support program, this is the next step.
- Consider collaborating with Faculties with established programs as you develop your own programs.
- Consider Young et al's six-point framework for pipeline and program development.



FINDINGS AND NEXT STEPS

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

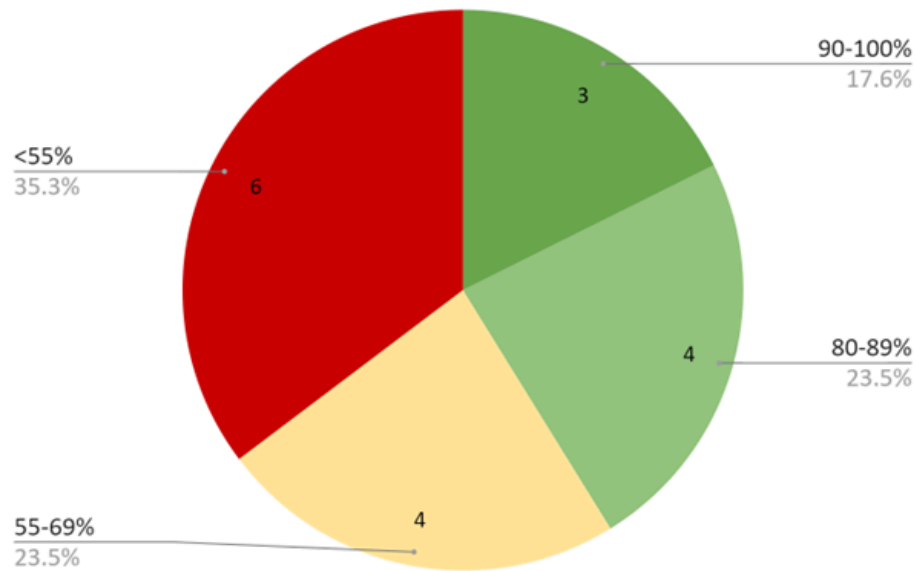


Figure 3. Breakdown of Performance of Faculties of Medicine on the 6 Recommendations on Curriculum



FINDINGS AND NEXT STEPS

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.

Table 14. Performance of Faculties of Medicine on Curriculum Recommendation 6a

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
5	0	3	0	9

RECOMMENDATION 6A

FINDINGS

- A few Faculties have addressed this call, recognizing that race is not a proxy for genetics.
- Race is a social construct and it is not a biological or genetic determinant of health.
- However, racism is a social determinant of health.
- Faculties have acknowledged this and are working to remove this from the curriculum.

EXEMPLARS

a. Dalhousie University, Faculty of Medicine

- i. Dr. OmiSoore Dryden, Dr. Gaynor Watson-Creed, and Dr. Barb Hamilton-Hinch have been leading curricular changes from a Black health perspective.
- ii. There is a session on the history and colonialism of anti-Blackness in medicine.
- iii. Changes are also being made to the case-based modules by the Case Diversification Committee to ensure the representation of Black patients.
- iv. The Black Health Education Collaborative (BHEC) Primer is being piloted in the Professional Competencies course.

b. University of Alberta, Faculty of Medicine

- i. Faculty development on biological essentialism is provided to clerkship and pre-clerkship directors.
- ii. EDI Reporting mechanism in place for students to report instances of stereotypes in cases/lectures and any perceived racism in lecture materials and course offerings. These reports inform curricular renewal and editing of existing materials.

NEXT STEPS

- Ensure review of your curriculum to remove instances of race as a proxy for genetic or biological determinants of health.
- Recognize racism as a social determinant of health.



FINDINGS AND NEXT STEPS

LONG-TERM RECOMMENDATION: CURRICULUM

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

Table 15. Performance of Faculties of Medicine on Curriculum Recommendation 6b

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
1	0	4	0	12

RECOMMENDATION 6B

FINDINGS

- Some Faculties have plan to consider this in the coming months while other have no plans to consider this or did not provide information on how they plan to complete this call.

EXEMPLARS:

- a. **University of Calgary, Cumming School of Medicine**
 - i. The Standardized Patient Program is working to increase diversity in actors; this has been an ongoing process in the last few years as new actors are recruited and trained.
- b. **University of Alberta, Faculty of Medicine**
 - i. Clinical skills leads in Physical Exams and Communications worked directly with the Standardized Patient Program to increase the diversity of standardized patients for didactic sessions and exams. Emphasis is placed on a diversity of skin tone, age, and gender presentations.

NEXT STEPS

- Faculties should be intentional about diversifying their Standardized Patient program so students are exposed to a diverse learning population to ensure comprehensive coverage of Black health.
- Recruitment efforts can be enhanced by outreach through the provincial Black physician association and other connections established with the local Black community.



FINDINGS AND NEXT STEPS

LONG-TERM RECOMMENDATION: CURRICULUM

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

Table 16. Performance of Faculties of Medicine on Curriculum Recommendation 6c

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
5	0	5	0	7

RECOMMENDATION 6C

FINDINGS

- While a number of schools have implemented clinical cases without reinforcing harmful stereotypes, some other institutions take an overarching anti-oppressive approach without addressing unique issues faced by individual equity-deserving groups, including the Black community.

EXEMPLARS

a. University of Toronto, Temerty Faculty of Medicine

- i. Clinical cases include:
 - 1. GI Case in Year 1 on collection of race-based data, co-written by a patient, a critical race theory scholar, a gastroenterologist, and BMSA students.
 - 2. A respiratory section on how Pulmonary Function Tests (PFTS) are restricted to acknowledge the historical and present-day racist implications of interpreting PFTS by race.

b. McMaster University, Michael G. DeGroote School of Medicine

- i. Sessions focused on anti-oppressive practice, anti-Black racism, Black exclusion in medicine, and vulnerable patients.
- ii. New session in the introductory curriculum on race within medical research which specifically covers the history of how medical pseudoscientific research helped to construct and perpetuate racism.

c. University of Alberta, Faculty of Medicine

- i. A comprehensive module on anti-Black oppression, the history of medicine as it pertains to Black peoples in Canada, and Black health is currently being developed by Dr. Eniola Salami and Dr. Andy Knight. It will be incorporated into the pre-clerkship curriculum.

NEXT STEPS

- Ensure cases address anti-Black racism specifically in addition to racism in general and other forms of racism.
- Ensure to include critical race theory scholars in the curriculum development.



FINDINGS AND NEXT STEPS

LONG-TERM RECOMMENDATION: CURRICULUM

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

Table 17. Performance of Faculties of Medicine on Curriculum Recommendation 6d

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
8	0	2	0	7

RECOMMENDATION 6D

FINDINGS

- Numerous Faculties have implemented a diversity of skin tones in the curriculum.
- Faculties scoring in the red category either have no plans to complete this call, were unable to provide examples of how they have accomplished it, or are in the early stages of planning curricular changes.

EXEMPLARS

a. Queen's University, School of Medicine

- Students spearheaded a curricular review and engaged in the development of new materials to improve the diversity of skin tones on which pathologies are presented.
- Students also advocated for institutional subscription to VisualDX, a medical image database that houses an excellent repository of diverse images. More details on the students' work may be found: [Here](#)

b. Memorial University of Newfoundland, Faculty of Medicine

- Assistant Dean of Social Accountability, a dermatologist, provides dermatology lectures ensuring skin conditions and pathologies are portrayed in all skin types.
- Racism rather than race is explicitly taught as a cause of worse outcomes in melanoma for Black individuals.

c. University of Toronto, Temerty Faculty of Medicine

- The Year 3 Dermatology module was updated to include diversity of skin tones as well as consideration of how racism as a social determinant of health impacts dermatological presentations.

d. University of Alberta, Faculty of Medicine

- Dermatology curriculum developed in the MSK Block specifically focuses on exposing students to presentations on a diversity of skin tones.

NEXT STEPS

- Review all curriculum and teaching materials to ensure diverse skin colours are represented and students can recognize pathologies on a wide range of skin tones.
- We call for an institutional subscription to a repository with a large offering of medical images with diverse skin tones, such as VisualDx.



FINDINGS AND NEXT STEPS

LONG-TERM RECOMMENDATION: CURRICULUM

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

Table 18. Performance of Faculties of Medicine on Curriculum Recommendation 6e

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
2	0	7	0	8

RECOMMENDATION 6E

FINDINGS

- A number of Faculties have already established connection with their BMSA, faculty and critical race scholars to improve the ways Black health is addressed in the curriculum.

EXEMPLARS

- a. **Dalhousie University, Faculty of Medicine**
 - i. Collaborated with BMSA, faculty, scholars in critical race theory, and Black Health Education Collaborative.
- b. **University of Toronto, Temerty Faculty of Medicine**
 - i. Collaborated with BMSA and critical race schools in the creation of case-based learning modules.
 - ii. Collaborates with the Black Health Education Collaborative.

NEXT STEPS

- Establish a connection with the local BMSA, Black faculty, and critical race scholars as additions are made to the curriculum with respect to Black health.
- Collaborate with Black Health Education Collaborative which has created extensive modules on critical topics.
- Ensure all additions are made with the consideration that all medical graduates need to be prepared to practice in any population in Canada and not just populations representative of the local context of their schools.



FINDINGS AND NEXT STEPS

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 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.

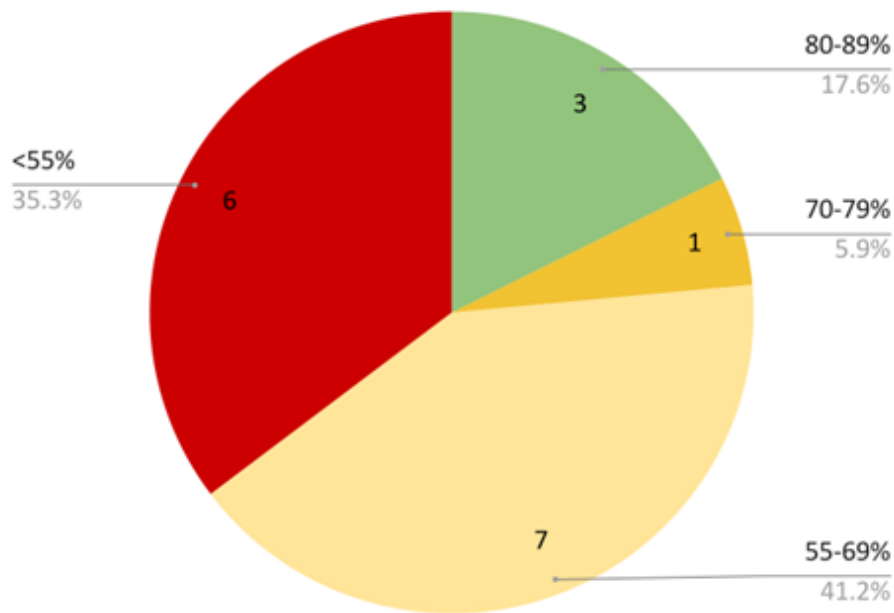


Figure 4. Breakdown of Performance of Faculties of Medicine on the 4 Recommendations on Accountability



FINDINGS AND NEXT STEPS

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.

Table 19. Performance of Faculties of Medicine on Accountability Recommendation 7

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
5	0	4	0	8

RECOMMENDATION 7

FINDINGS

- Schools scoring in the green category collect demographic data and support the AFMC Network in streamlining and centralizing the demographic data.

EXEMPLARS

- a. University of Toronto, Temerty Faculty of Medicine**
 - Works closely with the AFMC to support the data collection of the AFMC Student Questionnaires (ASQ), a three-part survey series assessing learners' journeys through the MD Program.
 - The Voices Surveys support data collection.
- b. University of Calgary, Cumming School of Medicine**
 - MD Program Application data is collected to track self-identified racial identity, gender, socioeconomic status of applicants and matriculated students.
 - CSM Demographic Census: a voluntary biennial demographic survey that can provide data on student groups.
 - Annual student survey regarding gender, Indigeneity, and self-identified racial identity.

NEXT STEPS

- Ensure your program collects demographic data and supports the AFMC Network in streamlining and centralizing this data.
- Ensure data is disaggregated, intersectional, equity-oriented, and useful for iterative evaluation of national and local EDI initiatives and policies.



FINDINGS AND NEXT STEPS

LONG-TERM RECOMMENDATION: ACCOUNTABILITY

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.

1. This plan must include all short and long-term recommendations as outlined in this document.
2. This plan must be evaluated for effectiveness at the end of its term.

Table 20. Performance of Faculties of Medicine on Accountability Recommendation 8

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
0	0	3	3	11

RECOMMENDATION 8

FINDINGS

- Some Faculties have developed and are implementing a strategic inclusion plan upon reviewing the 2017 United Nations Human Rights Council expert report on People of African Descent in Canada.
- However, all institutions have yet to address the second part of this call, which is to evaluate the plan for effectiveness at the end of its terms.

NEXT STEPS

- We call for all Faculties to address this Call, developing and implementing a strategic inclusion plan upon reviewing the 2017 United Nations Human Rights Council expert report on People of African Descent in Canada.
- We also call for an evaluation of the effectiveness of this plan at the end of its term.



FINDINGS AND NEXT STEPS

LONG-TERM RECOMMENDATION: ACCOUNTABILITY

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

Table 21. Performance of Faculties of Medicine on Accountability Recommendation 9

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
0	0	10	0	7

RECOMMENDATION 9

FINDINGS

- Response to this call is a work in progress for all Faculties as representation of Black instructors is yet to match the population we serve.
- However, several Faculties have policies to increase representation.

EXEMPLARS

a. University of Toronto, Faculty of Medicine

- i. The Temerty Medicine Guidelines for Excellence Through Equity: Appointments of Faculty and Academic Administrators provide a framework that aims to disrupt bias in the search process so that relevant expertise, qualifications, and competencies are paramount to a search committee.
- ii. The Guidelines have been shared with Temerty Medicine units responsible for faculty and education leadership searches, for incorporation into local recruitment practices.
- iii. An external Equity Advisor has been involved in Advisory Committee Meetings of searches underway since the Guidelines were adopted in October 2021.

b. University of Calgary, Cumming School of Medicine (CSM)

- i. Search and Selection Operating Standard for Faculty that is applicable to faculty, learner, and staff roles, that guides mitigating bias, widening candidate pools, and standardizing hiring/selection processes.
- ii. Currently hiring 3 Black scholars as part of the University of Calgary’s Inclusive Excellence Cluster Hire initiative. This is an open-disciplinary search, and this competition will be for scholars working in all pillars of health-related research and those with a focus on education and education scholarship.
- iii. The CSM Academic Staff Criteria Guidelines, containing the criteria for appointment, renewal, transfer, tenure, promotion, and merit assessment, has recently been updated to recognize and dismantle structural and systemic barriers faced by members of equity-deserving groups related to academic appointments and promotion.

NEXT STEPS

- Institutions yet to implement policies to increase the representation of Black instructors through equitable recruitment and promotion should ensure to do so.
- This is a continuous process, and policies and initiatives should be reassessed periodically to assess their effectiveness, i.e. number of Black faculty members until the Faculty is representative of the Canadian population.



FINDINGS AND NEXT STEPS

LONG-TERM RECOMMENDATION: ACCOUNTABILITY

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

Table 22. Performance of Faculties of Medicine on Accountability Recommendation 10

Green		Yellow		Red
90-100%	80-89%	70-79%	55-69%	<55%
2	0	6	0	9

RECOMMENDATION 10

FINDINGS

- Faculties scoring in the green category extend recruitment initiatives to other underrepresented demographics in faculty.

EXEMPLARS

- a. **Université de Sherbrooke, Faculté de médecine**
 - i. During faculty recruitment, ensure all demographic groups are well represented. For the medical program, there are specific targets for minority groups or those who meet our diversity policy: First Nations and Inuit, from remote regions, from minority francophone backgrounds (French-speaking Atlantic).

NEXT STEPS

- Schools should extend recruitment efforts to all underrepresented demographics in faculty.



FINDINGS AND NEXT STEPS

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.

WELLNESS & MENTORSHIP

FINDINGS

- A number of Faculties have wellness and mentorship programming specifically for their Black learners.

EXEMPLARS

a. **Dalhousie University, Faculty of Medicine**

- i. The PLANS program offers support and directs Black students to targeted support.
- ii. The Black Student Advising Center for Dalhousie as a whole is also a resource.
- iii. The Sophia B. Jones Mentorship Program offers mentorship for Black medical students: [Here](#)

b. **McGill University, Faculty of Medicine and Health Sciences**

- i. There is a McGill Student Wellness Hub with a Local Wellness Advisor supporting Black students: [Here](#)
- ii. The Black Candidate Pathway for Medical applicants receive mentorship and upon admission, students are matched with senior medical students who are formally trained to provide mentorship.
- iii. A database of Black physicians and other healthcare professionals was created approximately 2 years ago during the process of development of the School Action Plan to Address Anti-Black Racism.

c. **University of Alberta, Faculty of Medicine**

- i. Two trauma-informed mental health practitioners work in the Office of Advocacy and Wellness at the University of Alberta and are equipped to support Black learners and faculty.
- ii. The Black Physicians Association of Alberta has offered Black physician mentors to all Black students for the last two years. This program connects students with a longitudinal mentor for one year who offers advice and support. While this is not a formal U of A Program, it has the support of the Program leadership.



FINDINGS AND NEXT STEPS

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.

WELLNESS & MENTORSHIP

EXEMPLARS CONTINUED

- **University of Toronto, Temerty Faculty of Medicine**
 - The Office of Learner Affairs includes five, full-time Learner Life Specialists, who are responsible for providing mental health and learning environment intervention and support to learners through a needs assessment, navigation, case management, short-term intervention, and warm handover approach. Currently, two of the Learner Life Specialists identify as Black. Essential qualifications for each of the Learner Life Specialist positions include familiarity with trauma-informed approaches and anti-oppression/anti-racism frameworks as well as experience working with diverse individuals and groups: [Here](#)
 - The Temerty Medicine Diversity Mentorship Program (DMP) connects U of T undergraduate medical students or first-year residents from minority groups to faculty mentors who can support and assist them in their educational and professional growth and development.
 - **Diversity and Inclusion in Cardiology Education (DICE)** is a Temerty Medicine Division of Cardiology mentorship group, led by cardiology residents, with a mission to introduce medical students from historically underrepresented groups (BIPOC) to the field of cardiology.
 - The **UpSurge** program is a mentorship offering within the Department of Surgery, co-led by two General Surgery residents and a faculty lead. It is available to trainees and medical students from underrepresented ethnic and socioeconomic backgrounds and aims to stimulate interest, provide support, and guide participants in pursuing surgical careers.

NEXT STEPS

- We call for Faculties to ensure there are wellness initiatives targeted at Black medical students as well as Black counselors present in wellness offices that can support the needs of students.
- Additionally, there is a need for a mentorship program for Black medical students with the opportunity for race-concordant mentorship matches should the student choose.
- The barriers Black students face that contributed to our underrepresentation in medicine, such as financial barriers and lack of social capital, persist into medical school. Therefore to support the career aspirations and professional development of students continued mentorship is needed.
- Wellness initiatives can also contribute to a safe environment for learners.



FINDINGS AND NEXT STEPS

NEW RECOMMENDATIONS

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

FACULTY DEVELOPMENT

Recommendation 1: 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.

FACULTY DEVELOPMENT

FINDINGS

- Most Faculties provide training on EDI, micro/macroaggressions, and racism.
- All Faculties are yet to include training on anti-Black racism.

NEXT STEPS

- We call for all Faculties to implement faculty training on anti-oppression, unconscious bias, racism, and specifically, anti-Black racism.
- We call for Faculties to seek learning modules, workshops, seminars, or other forms of training such as the Black Health Education Collaborative's Black Health Primer which seeks to advance knowledge of and promote dialogue about anti-Black racism and its impact on health.



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 Action and has made notable progress in achieving them. There is still room for improvement. We ask that you consider the Calls to Action 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 Action. 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 Action. 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.