

CANADIAN MEDICAL SCHOOL REPORT CARD

2023 - 2024



Dalhousie University

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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

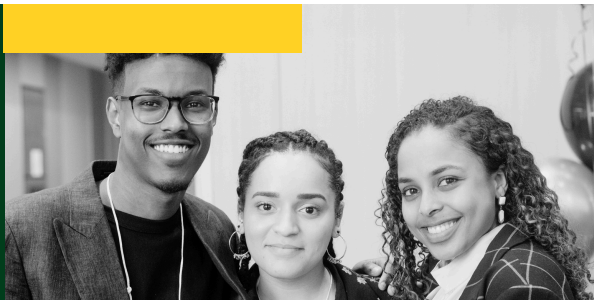
However, scores were adjusted based on information provided, or otherwise, a lack of information. Scores and next steps were further adjusted to reflect feedback and new information provided by local Black Medical Students' Association leads and members of the AFMC Black Health Innovation and Advancement 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 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 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 	87%	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 	91%	Green	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 	80%	Yellow	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%	Yellow	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

100%

Feedback: Although the timing of this statement is unclear, Dalhousie made a clear and specific statement denouncing anti-Black racism in conjunction with Dr. OmiSoore Dryden, the James R. Johnston (JRJ) Chair in Black Canadian Studies. A list of resources for further reading and learning about racism in medical education was also shared.

Next Steps: While Dalhousie has successfully addressed this short-term recommendation, we would like to emphasize that this statement is not meant to simply check boxes or to be revisited once a year during Black History Month. It should serve as a living reminder of Dalhousie's commitment to recognize and address anti-Black racism and police brutality and its manifestations in medicine and beyond.

RECOMMENDATION 2

95%

Feedback: Dalhousie has engaged with equity-deserving groups including the Black medical students in accordance with the CACMS social accountability element 1.1.1.2. Aspects of admissions, curriculum and clerkship are also being reviewed for equity outcome measures. Dr. Gaynor Watson-Creed serves as the Associate Dean of Serving and Engaging Society, which includes the equity and diversity programs.

There are also current conversations with the Office of Professional Affairs to develop anti-racism policies within the Faculty of Medicine. A dedicated equity session during orientation to introduce students to the Dean of EDI, faculty EDI principles and equity resources, however specifics of this session were not provided.

Next Steps: 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 racisms that are being addressed. Once again, the revision of all aspects of medical education should be an iterative and ongoing process. Finally, the development of policies and strategies to address racism and anti-Black racism specifically (systemic and overt) in medical education is yet to be completed.



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 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 3

Feedback: Dalhousie has extended justice and equity initiatives explicitly to Black students by making public statements to the student body, and made notable commitments with Black-led medical organizations including the BMSAC and the Dal BMSA. All students also receive Anti-Oppressive Practice and anti-Black racism sessions from Dr. Gaynor Watson-Creed and Dr. OmiSoore Dryden. The Black Medical Student Association (BMSA) has a seat on the Undergraduate Medical Education Curriculum Committee. The BMSA also acts as a resource for the Student Diversity and Inclusion Committee (SDIC) when tutorials are re-evaluated to highlight the experiences of Black people in Nova Scotia.

Next Steps: Dalhousie is on the right path towards supporting and engaging with the Black medical students at Dalhousie and with the BMSAC as a whole. We would like to emphasize that this 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 Dalhousie and the student groups. We applaud the inclusion of the BMSA on the education committee. The inclusion of Black perspectives on all existing committees is yet to be completed. This should be addressed without overburdening the Black faculty, staff, and medical student body.



RECOMMENDATION 4

Feedback: Dalhousie plans to begin, within 6 months, an evaluation of whether there is a representative proportion of Black learners. Dalhousie currently collects race-based data through self-identification through the Registrar and Admissions offices. While individual departments can request this data, the requisition process and the use of this data by these departments are unclear. The Promoting Leadership in Health for African Nova Scotians (PLANS) and Black Learners Admissions Pathway (BLAP) programs are outstanding initiatives to specifically support aspiring, incoming, and existing learners. There has been an increased number of Black students at Dalhousie since the release of these recommendations, which is commendable. The success of the pathway program will be evaluated by the Admissions Dean, the Serving and Engaging Society Dean, and the Academic Director of Black Health through an increase in the number of Black matriculants, as well as increased collaboration with PLANS. The ultimate goal is an increased number of Black physicians practicing in Nova Scotia, New Brunswick, and Prince Edward Island.

Next Steps: Dalhousie appropriately collects race-based data, however clarity is required around the governance and stewardship of this data and how it is used by departments beyond admissions. We also encourage Dalhousie to continue the support of the PLANS and BLAP programs to support Black pre-medical students and increase Black representation, from all sub-groups.



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 7: Review student mistreatment policies

RECOMMENDATION 5

100%

Feedback: Dalhousie has already begun to acknowledge the role that medicine has played and continues to play in the creation and perpetuation of harmful race ideology and to commit to a critical anti-racist education of future physicians.³ There is formal teaching on the causes, harms, and challenges of structural anti-Black racism as well as a history of medicine taught by Dr. Dryden.

Dalhousie has implemented within the Professional Competencies course nine hours of Anti-Black Racism education, which includes lectures, tutorials, and panel discussions. Dr. Dryden, along with the Black Health Education Collaborative, has also launched the Black Health Primer on the Pallium platform which provides 6 interactive modules dedicated to understanding Anti-Black Racism, the harms, how we form biases, and tools to use to identify personal biases towards Black individuals and how to address and eliminate them.

Next Steps: Dalhousie is on the right path. As these 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.

RECOMMENDATION 6

75%

Feedback: Dalhousie has evaluated their admissions policies and have created a Black Learners Admission Pathway (BLAP)

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

RECOMMENDATION 7

75%

Feedback: Dalhousie does not currently have a mistreatment policy and procedure. There have also been concerns raised by students about the transparency of the process. The Office of Professional Affairs is actively consulting the Serving and Engaging Society (SES) about this.

Next Steps: As Dalhousie creates clear mistreatment policies and procedures, 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

Feedback: Dalhousie has implemented a Black Learner Admissions Pathway and they aim to collect data of students who do not meet all entrance requirements and to further understand barriers to admissions.

Next Steps: To improve this score and ensure a more equitable admissions process for Black applicants, it is crucial to enhance data collection practices. This involves collecting data in an equity-oriented, intersectional, and disaggregated manner.

62.5%

RECOMMENDATION 2

Feedback: Dalhousie is transparent about the criteria used to admit applicants with statistics for and weighting of the admission criteria available. However, the statistics of the CASPER test are not available. Students who do not receive an interview offer or those placed on the waitlist receive a breakdown of their score for identification of improvements

Next Steps: We commend Dalhousie's transparency concerning the demographics of their class along with the average of the MCAT scores and GPA of accepted applicants. The weighting of each criterion in determining interview and admission offers is also publicly available. However, students are now aware of their quartile score on the CASPER test. Transparency of the CASPER quartiles of accepted applicants should be made available. We recommend that the statistics of at least the four most recent classes, similar to NOSM University, McMaster University, and the University of Toronto, be made available to allow for trends to be followed. Sharing this crucial information can empower students from low socioeconomic backgrounds to make fully informed decisions regarding where to allocate their limited application funds. By providing a clear and comprehensive overview of the admission criteria and their relative importance, the institution can contribute to a more equitable and accessible admissions process for all aspiring students.

90%

RECOMMENDATION 3

Feedback: The Black Learners Admissions Pathway at Dalhousie waives application fees for all applicants.

Next Steps: By implementing such a program, Dalhousie 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. Keep going!

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

Feedback: At Dalhousie, The Black Learners Admissions subcommittee consists of Black physicians, residents, students and community members. We are working to get more representation on the General admissions committee.

Next Steps: This subcommittee demonstrates a strong commitment to ensuring equity and inclusivity in the admissions process. By routinely assessing the diversity and potential biases within admissions committees, Dalhousie 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.

100%

RECOMMENDATION 5

Feedback: Dalhousie has the PLANS program which supports both aspiring and current Black medical students at Dalhousie as well as the Black Learner Application Program.

Next Steps: The Dalhousie has shown a strong commitment to addressing the underrepresentation of Black learners with a multi-pronged approach. Keep this up!

90%



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

RECOMMENDATION 6A

100%

Feedback: The Dalhousie curriculum has successfully addressed the removal of race as a proxy for social and genetic determinants of health, demonstrating a commendable commitment to eliminating outdated notions and ensuring a more inclusive curriculum. Dr. OmiSoore Dryden, Dr. Gaynor Watson-Creed, and Dr. Barb Hamilton-Hinch have been leading the anti-Black racism work as it relates to curriculum changes. The Case Diversification project incorporates Black patients into cases, representing intersectionalities relevant to the local and national context. They have updated the cases and tutor guides with Black skin representation, while also removing dated race-based ideas and replacing them with race-conscious analyses of the role of racism as a social determinant of health.

Next Steps: In order to further promote comprehensive education on anti-Black racism, the curriculum committee should coordinate closely with Black health leads to incorporate anti-Black racism within undergraduate and postgraduate lectures.

RECOMMENDATION 6B

75%

Feedback: Dalhousie has made good progress by increasing the diversity of the standardized and volunteer patient programs, which will greatly contribute to a more comprehensive understanding of Black health. Dalhousie is working with the Black Health Academic Lead and the Case Diversification Working Group to review and revise all Med 1 and 2 CBL cases with an anti-oppressive lens, incorporating Black patients into cases regardless of the topic.

Next Steps: To further solidify the integration of race-conscious analyses, it is recommended to introduce anti-Black racism lessons within formal patient interactions.

RECOMMENDATION 6C

100%

Feedback: Dalhousie has taken initial steps in addressing racialized issues in clinical cases, and there is an opportunity for improvement to avoid perpetuating stereotypes and harmful heuristics. They are working on revising the cases and tutor guides to recognize pathologies and Case Based Learning addressing outdated risk factors. For example, revisions include cases discussing sickle cell, prostate cancer, multiple sclerosis, lung function measurements and amyotrophic lateral sclerosis.

Next Steps: We commend the dedication to the presenting clinical cases without harmful heuristics, we encourage Dalhousie to continue implementing these practices across various medical themes/blocks. Utilize the Black Health Academic Lead and Case Diversification Working group to guide the area's focus. Consider expanding the working group to Med 3 and 4 CBL cases.



FEEDBACK AND RECOMMENDATIONS

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

LONG-TERM RECOMMENDATION: CURRICULUM

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.

RECOMMENDATION 6D

Feedback: Dalhousie showed an understanding of the importance of training students on dermatological conditions and updating tutor guides with Black skin representation.

With plans to begin within the next 6 months or more. They have updated the tutor guides with Black skin representation and are working on providing additional resources and images that encompass various conditions in an array of skin tones.

Next Steps: To further enrich teaching opportunities, it is recommended to provide additional resources and images that encompass various conditions in an array of skin tones.



RECOMMENDATION 6E

Feedback: Dalhousie acknowledges the necessity for all medical graduates to be prepared to practice in any population in Canada, transcending their schools' local context and ensuring a broader understanding of healthcare. They are considering the inclusion of diverse populations when making curriculum additions. There are plans to begin within the next 6 months or more.

Next Steps: To continue prioritizing diversity, it is crucial to consider the inclusion of diverse populations when making curriculum additions.



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 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 7

Feedback: Currently, at Dalhousie there is no infrastructure to support this recommendation.

Next Steps: To enhance this score, it is vital for Dalhousie to proactively collaborate with the AFMC Network in refining its data collection practices. The focus should be on ensuring that data is collected in a disaggregated, intersectional, and equity-oriented manner. This data should also be structured to be useful for iterative evaluation of both national and local Equity, Diversity, and Inclusion (EDI) initiatives and policies. By actively participating in these efforts, Dalhousie can contribute to more informed and effective EDI measures on both a national and local level, ultimately fostering greater equity and inclusivity.

RECOMMENDATION 8

Feedback: None.

Next Steps: It is crucial for Dalhousie to create a plan that incorporates both short-term and long-term recommendations outlined in the document in accordance with recommendation 9a and this plan must be evaluated for effectiveness at the end of its term in accordance with recommendation 9b. A comprehensive and thorough plan will address the concerns raised in Article 33 and demonstrate a commitment to rectifying the issues highlighted in the United Nations report, ultimately fostering a more inclusive and equitable environment within the Faculty of Medicine.

RECOMMENDATION 9

Feedback: None.

Next Steps: To improve this score, Dalhousie should intensify its efforts to recruit and promote Black instructors. This might involve implementing more targeted recruitment strategies, mentoring programs, and inclusive promotion policies. By actively addressing the underrepresentation of Black instructors, Dalhousie can contribute to a more diverse and inclusive faculty that reflects the broader community and offers support and role models for Black medical learners.

RECOMMENDATION 10

Feedback: None.

Next Steps: To enhance this score, Dalhousie must begin working to address underrepresentation across various demographic groups to create a more inclusive and diverse faculty, fostering a richer and more equitable learning and working environments for all.



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

Feedback: Counseling resources are recorded as available specifically for medical students through the Dalhousie PLANS program and for the general study body through Black student advising centers with one Black counselor. PLANS also provide Black students with mentors through the Sophia B. Jone mentorship program

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. Continue to ensure mentorship programs are available for Black medical students.

FACULTY DEVELOPMENT

Feedback: For faculty providing education focusing on anti-Black racism and/or anti-oppression through anti-oppression lectures by the Associate Dean of Serving and Engaging Society. Dalhousie is also supporting the work of the Black Health Education Collaborative led by Dr. Onye Nnorom and Dr. OmiSoore Dryden. Also currently working on structured learning modules for all faculty.

Next Steps: Ensure these modules are not just targeted towards Black faculty but towards all faculty and that it is highly recommended towards faculty.



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

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