

CANADIAN MEDICAL SCHOOL REPORT CARD

2023 - 2024



McGill University
Faculty of Medicine

Dr. Lesley Fellows

Data 2022-2023, Published 2024



BMSAC 2020 RECOMMENDATIONS TO THE CANADIAN FACULTIES OF MEDICINE REPORT CARD

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

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

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

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

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

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

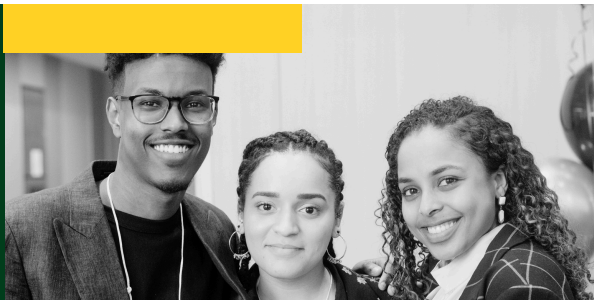
However, scores were adjusted based on information provided, or otherwise, a lack of information. Scores and next steps were further adjusted to reflect feedback and new information provided by local Black Medical Students' Association leads and members of the AFMC Black Health Innovation and Advancement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

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

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

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

BMSAC 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 	91%	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 	80%	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 	75%	Green	Yellow
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 	75%	Yellow	Yellow

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%

Findings: McGill developed and published an 'Action Plan to Address Anti-Black Racism' in September 2020. The ABR action plan was distinguished from the University's EDI Strategic Plan while still ensuring they are in alignment. The plan was developed in conjunction with McGill Black community members. The plan details 20 action items, including implementing a Black student's pathway and developing content about racism and anti-racism within the curricula for Postgraduate Medical Education. We commend the tangible and practical steps taken by McGill to specifically and explicitly address anti-Black racism.

Next Steps: While McGill has successfully addressed this short-term recommendation, we would like to emphasize that this statement should serve as a living reminder of McGill's commitment to recognize and address anti-Black racism and police brutality and its manifestations in medicine and beyond.

RECOMMENDATION 2

90%

Findings: McGill has completed work on formally reviewing all aspects of medical education, from admissions to clerkship, for equity outcome measures. They have developed policies and strategies to address both systemic and overt racism in medical education. No further documentation of these policies was provided. A Dean of Equity, Diversity, and Inclusion has also been appointed. In the next 6 months, there are plans to ongoingly consult with members of equity-seeking groups to develop specific equity outcome measures to align with their needs. Additionally, the Director of Social Accountability and Community Engagement (SACE) speaks to students during orientation with the launching of the UGME Diversity Survey at this time. The survey results are analyzed by the SACE office and circulated to Faculty leadership and students.

Next Steps: In the development of equity outcome measures, Black individuals from the McGill Faculty of Medicine and Health Sciences should specifically be consulted to ensure representation from this group. Once again, the revision of all aspects of medical education should be an iterative and ongoing process. Clarity should be provided on how the Diversity Survey is used in addressing gaps and making changes. Does this survey also specifically address Black representation at McGill?



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



Findings: McGill 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 McGill BMSA. We commend this commitment.

Next Steps: 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 McGill and the student groups. Finally, 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



Findings: For its first-year medical class, McGill evaluates the representation of Black and Indigenous students. Race-based data is collected on the number of Black matriculants in the UGME program via a diversity survey conducted during orientation and the data is safely stored. It is stewarded by the SACE office and reported to the Faculty of Medicine and Health Sciences (FMHS) leadership and students. The Black Candidate Pathway (BCP) and a complementary pathway program, Community of Support, have also been organized for prospective Black candidates. The BCP is monitored annually by the Admissions Committee and chaired by the Admission Assistant Dean. The program is set to be evaluated in 2024 after 3 admitted cohorts by the Best Practices subcommittee of the Admissions Committee. Clear success measures for the Black Candidate pathways are in place and include the number of applicants, number of admission offers, number of enrolled students, and number of graduates.

Next Steps: McGill appropriately collects race-based data with the SACE office stewarding the data. However, clarity is required on if and how it is used by departments beyond admissions. Moving forward, representation should be addressed in all classes to characterize how diversity changes from year to year and potentially monitor for differential attrition rates. For evaluating the success of the Black Candidate pathway, we recommend transparency on the evaluation findings, including sharing it with the BMSAC. We also encourage McGill to continue supporting the Black Candidate Pathway and Community of Support programs to support Black pre-medical students and increase Black representation.



FOOTNOTE:

FEEDBACK AND RECOMMENDATIONS

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

SHORT-TERM CALLS TO ACTION (BY 2021)

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

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

RECOMMENDATION 5

Findings: McGill reports that it acknowledges the role that medicine has played and continues to play in the creation and perpetuation of harmful race ideology and commits to a critical anti-racist education of future physicians. They also report that there is formal teaching on the causes, harms, and challenges of ABR. The colonial past and anti-Black racist elements of the history of medicine are also being taught. However, there were no provision of documents or website links to support this.

Next Steps: We recommend consulting with Faculty, students, staff, and experts in critical race theory to ensure these topics are being appropriately taught. The modules being developed by the Black Health Education Collaborative (BHEC) will comprehensively address these topics, and should also be implemented in the curriculum. Furthermore, 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.



RECOMMENDATION 6

Findings: McGill has responded to this Call. For example, the MCAT has been eliminated as a criterion, addressing the financial barrier it poses and the preferential selection for applicants from higher socio-economic backgrounds. There is transparency on the competencies assessed and the interview format with the publication of admissions guidelines online and shared at outreach and recruitment events. Admission modifications are assessed for financial accessibility. A fund is also available to candidates experiencing financial hardship related to interviews with applications reviewed by McGill's Student Aid Office. McGill also collects data on candidates who choose to identify and apply through the specific admissions pathway. They also participate in the Quebec pilot of the AFMC sociodemographic survey of applicants to monitor the performance of admissions pathways and to identify emerging areas of improvement

Next Steps: We commend McGill's work in evaluating its current admission policies. However, these findings are yet to be forwarded to the AFMC. Please send these findings to the Standing Committee on Social Accountability by emailing the SCSA Chair, Julien Poitras <doyen@fmed.ulaval.ca>, and copying the AFMC Lead of Social Accountability, Melissa Shahin <mshahin@afmc.ca>. These findings are crucial to understanding barriers contributing to the underrepresentation of Black students in medicine.



FEEDBACK AND RECOMMENDATIONS

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

SHORT-TERM CALLS TO ACTION (BY 2021)

Recommendation 7: Review student mistreatment policies

RECOMMENDATION 7

Findings: McGill completed the review of its student mistreatment policies in January 2021 with the launch of the Office for Respective Environments (ORE) in April 2021. The ORE is a confidential online triage system for students, residents, and fellows to report incidents of mistreatment in the clinical learning environment. To raise awareness about the ORE presentations are made to all classes on an ongoing basis. An annual report from ORE is also included in the medical student newsletters. We commend McGill’s intentionality in reviewing their student mistreatment policies and ensuring that they truly serve their students.

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



FEEDBACK AND RECOMMENDATIONS

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

LONG-TERM RECOMMENDATION: ADMISSION

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

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

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

RECOMMENDATION 1

Findings: McGill reports to have improved admissions data collection to identify barriers to medical admissions and identify bottlenecks in the admissions stream. For example, in the Black Candidate Pathway, based on data from the orientation survey, Black candidates did not identify the interview as a barrier.

Next Steps: We commend McGill's response to this call. The improvement of admission data collection practices should be an iterative process to continually ensure it is collected in an equity-oriented, intersectional, and disaggregated manner.

100%

RECOMMENDATION 2

Findings: Currently McGill University is very transparent about the criteria used to admit applicants. The admission statistics of the most recent class are also shared. However, the weightings of each admission criterion are not shared.

Next Steps: Good work. However, transparency includes sharing the weightings of how each criterion is used in the admission process. By being transparent about admission criteria you empower students to make fully informed decisions regarding where to allocate their application funds. By providing a clear and comprehensive overview of the admission criteria and their relative importance, you contribute to a more equitable and accessible admissions process for all aspiring students. We recommend that the statistics of 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.

75%

RECOMMENDATION 3

Findings: McGill University does not waive fees for low SES applicants. This initiative was discussed and reviewed in-depth by CIQAM, the Quebec joint medical schools committee and was not recommended for implementation due to the particular Quebec applicant environment.

Next Steps: McGill should reconsider developing a program to waive application fees for low SES applicants to increase equity and accessibility in the admissions process. The absence of this initiative hinders talented individuals from pursuing their aspirations in the medical field due to financial barriers.

25%



FEEDBACK AND RECOMMENDATIONS

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

LONG-TERM RECOMMENDATION: ADMISSION

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

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

RECOMMENDATION 4

Findings: At present McGill University reviews admissions committees' personnel composition regularly. Since 2021, the MDCM admissions office administers a sociodemographic survey of admissions rates. The aggregated non-identifiable survey data is used to identify areas where more targeted recruitment efforts may be needed, in order to ensure a breadth of diverse perspectives and experiences among those assessing the competencies of future medical students.

Next Steps: Great work. Ensure this process involves conducting training programs to mitigate unconscious biases, developing inclusive policies, engaging all relevant stakeholders for diverse perspectives, establishing ongoing monitoring mechanisms, fostering a culture of continuous improvement, promote transparency in diversity initiatives, and periodically evaluate and adjust policies for effectiveness.

RECOMMENDATION 5

Findings: At present, the Social Accountability and Community Engagement office supports a number of pathway initiatives such as Academic Immersion Healthcare (AIH); Explore! Careers in Health; Health Outreach Projects; and the McGill Mentorships in Healthcare (MMH).

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



FEEDBACK AND RECOMMENDATIONS

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

LONG-TERM RECOMMENDATION: CURRICULUM

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

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

RECOMMENDATION 6A

100%

Findings: McGill University has completed or already had in place measures to ensure their curriculum committee works with Black students, faculty, and critical race scholars to improve the ways Black health is addressed in the curriculum.

Next Steps: It is commendable that McGill University has taken steps to address Black health in their curriculum. McGill University's standing committee, SAPPHA (social accountability, Population Health, and Health Advocacy) helps to integrate learning activities related to social accountability and social determinants of health topics. In 2020 McGill medical students reviewed the pre-clerkship content for Black health, and bias related to racism and made suggestions on areas to improve in the learning activities. We commend the dedication to the incorporation of Black health, and recommend continually reviewing the curriculum. Additionally, it is recommended that Black students (i.e., McGill Black Medical Student Association), faculty (Dr. Anita Brown-Johnson, Chief of Family Medicine), and critical race scholars are recruited to be members of the standing committee to ensure that the representation and perspectives of Black communities are accurately and inclusively integrated into all relevant aspects of the curriculum.

RECOMMENDATION 6B

25%

Findings: McGill University currently has no plans to increase the diversity of the standardized and volunteer patient programs to address Black health.

Next Steps: It is crucial for McGill University to recognize the importance of diverse representation in their standardized and volunteer patient programs. To include more diverse standardized patients in their program, McGill University can collaborate with community organizations, expand recruitment efforts, provide training and support, and regularly evaluate and update scenarios to reflect the diverse healthcare needs and experiences of Black communities and other underrepresented populations.



FEEDBACK AND RECOMMENDATIONS

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

LONG-TERM RECOMMENDATION: CURRICULUM

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

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

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

RECOMMENDATION 6C

100%

Findings: The McGill University curriculum has successfully incorporated measures to present clinical cases on racialized issues without perpetuating stereotypes and contributing to harmful heuristics.

Next Steps: In UGME, McGill University has made significant strides in addressing anti-black oppression through multiple (6) learning activities. These activities are integrated throughout the curriculum, starting from the first year and continuing up until year four. Additionally, the Office of Social Accountability and Community Engagement (SACE) holds various panels and seminars such as Community Health Forum: Black Community-led Discussion on Needs in Health Research and Training. It would be valuable for McGill University to provide specific examples of case studies that are presented in these learning activities and it would be beneficial to have information on the reviewing process for selecting these case studies for small groups or lecture content.

RECOMMENDATION 6D

50%

Findings: McGill University has plans to begin implementing measures to train students on recognizing pathologies and dermatology-based clinical signs in patients of different skin tones within the next 6 or more months.

Next Steps: McGill University should continue to develop and expand resources such as the Black skin dermatology atlas and consult the McGill Black Medical Students' Association for assistance and consult experts and existing resources such the Mind the Gap: A Handbook Of Clinical Signs In Black And Brown Skin. Additionally, it is important for McGill University to have lectures, small group discussions, and panels specifically focused on anti-Black racism. These discussions should address the impacts of anti-Black racism on various clinical presentations.

RECOMMENDATION 6E

100%

Findings: McGill University has successfully ensured that all additions to the curriculum consider the need for medical graduates to practice in any population in Canada, beyond the local context of their schools.

Next Steps: McGill University should continue to emphasize and reinforce the importance of preparing medical graduates to practice in diverse populations across Canada. It is crucial to include regular re-evaluations with Black leaders and Black learners to ensure that their perspectives and insights are incorporated into the curriculum development process.



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 7

Findings: McGill University has begun at the PGME level plans to support the AFMC Network in streamlining and centralizing their demographic data collection practices. The DARE Group Collaborative piloted a race-based and socio-demographic data collection tool in July 2023. This tool was developed by a national collaborative of racialized researchers from Canadian universities. The data collected will be disaggregated and used to address racism in medical training. The goal is to implement this tool in multiple universities if successful.

Next Steps: We recommend McGill University begin collecting demographic data that is disaggregated, intersectional and equity-oriented at the UGME level. McGill University should also actively participate in the iterative evaluation of national and local EDI initiatives and policies, using the disaggregated data to inform decision-making.

50%

RECOMMENDATION 8

Findings: Your school noted this recommendation has not been considered and will be considered in the strategic planning process of the Associate Dean.

Next Steps: It is crucial for McGill to consider this recommendation and to create a plan that incorporates both short-term and long-term recommendations outlined in the document. 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.

25%

RECOMMENDATION 9

Findings: McGill University has taken steps to ensure that appropriate measures are in place to increase the representation of Black instructors. However, no specific examples were provided.

Next Steps: We recommended that McGill University begin targeted recruitment strategies, mentoring programs, and inclusive promotion policies as these can actively address the underrepresentation of Black instructors and can contribute to a more diverse and inclusive faculty that reflects the broader community and offers support and role models for Black medical learners.

75%



FEEDBACK AND RECOMMENDATIONS

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



LONG-TERM RECOMMENDATION: ACCOUNTABILITY

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

RECOMMENDATION 10

Findings: McGill University has taken steps to ensure that appropriate measures are in place to increase the representation of underrepresented groups. However, no specific examples were provided.

Next Steps: It is important to note that each underrepresented group may face different challenges and require unique considerations. Therefore, it is recommended that individuals explore conversations pertaining to various groups in order to understand the underlying difficulties. This may include tailored recruitment and retention strategies, mentorship programs, and curriculum enhancements that reflect the experiences and perspectives of underrepresented groups. Ongoing evaluation and monitoring should be conducted to ensure the effectiveness of these initiatives and to make necessary adjustments as needed.



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 AND MENTORSHIP

Findings: The McGill Black Candidate Pathway for medical applicants provides mentorship for Black applicants. Upon admission, students are matched with senior medical students who are formally trained to provide mentorship. 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. The McGill Student Wellness Hub has a Local Wellness Advisor supporting Black students.

Next Steps: Beyond peer mentorship, we call for mentorship of Black medical students by residents and staff, whether Black or allies. We call for continuous updating of the database of Black physicians as this population has grown in the last 2 years. We commend the work of the Local Wellness Advisor and encourage McGill to continue to support this initiative

FACULTY DEVELOPMENT

Findings: McGill University did not provide an answer to the question regarding structured faculty development for all teaching faculty on hidden curriculum, racism, and addressing privileges when developing and delivering educational activities.

Next Steps: To further enhance faculty development, it is recommended that McGill University seek learning modules, workshops, seminars, or other forms of training such as the Black Health Education collaboratives' Black Health Primer which seeks to advance knowledge of and promote dialogue about anti-Black racism and its impact on health. Additionally, hiring a dedicated Black health lead would be a worthwhile step, as they can provide expertise and guidance in addressing the specific health needs and concerns of Black communities.



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

