

CANADIAN MEDICAL SCHOOL REPORT CARD

2023 - 2024



**Memorial University
of Newfoundland**

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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

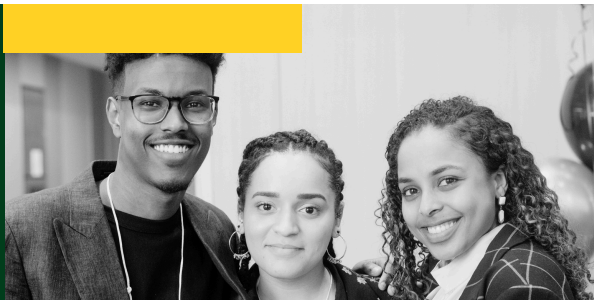
However, scores were adjusted based on information provided, or otherwise, a lack of information. Scores and next steps were further adjusted to reflect feedback and new information provided by local Black Medical Students' Association leads and members of the AFMC Black Health Innovation and Advancement 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 	53%	Not evaluated	Red
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 	25%	Yellow	Red
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 	60%	Yellow	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 	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

25%

Feedback: The Memorial University of Newfoundland (MUN) did not make a public statement denouncing anti-Black racism by 2021 in response to this Call to Action. There are no current plans to address this Call.

Next Steps: Making a public statement denouncing anti-Black racism and the manifestations of racial discrimination in all its forms in Canada and in medicine is the first step in addressing this structural inequity. It is only the beginning. It is a gesture that clearly states that MUN, as an institution, is committed to creating an inclusive environment for all students, including students from the Black community. We call on MUN to make this public statement as a show of solidarity. It is not too late.

RECOMMENDATION 2

45%

Feedback: MUN reports that there are policies and strategies in place to address racism in medical education. In the next 6 months or more, there are plans to engage in consultation with members of equity-seeking groups to develop specific equity outcomes. Within the same time frame, there are plans to comprehensively and formally review all aspects of medical education. No supporting documents or website links were provided for our review. There are no current plans to appoint a Dean of Equity, Diversity, and Inclusion. Additionally, there is not a dedicated equity session during orientation weeks to introduce students to the Dean of EDI, equity resources, and faculty EDI principles.

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 racism that is being addressed. The revision of all aspects of medical education should be an iterative and ongoing process. We call for the Appointment of a Dean of Equity, Diversity and Inclusion. If a similar role already exists, such as Dean of Social Accountability, support for Black medical students and addressing anti-Black racism should be an explicit stipulation of this role. The individual in this role should be well supported to carry out their duties as well. Finally, a dedicated session should be added to orientation week to introduce all students, including Black medical students, to EDI principles and ensure they are aware of the support available



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: MUN is yet to extend justice and equity initiatives explicitly to Black students by making public statements to the student body and/or on their website. Through the Black Health Education Collaborative (BHEC), they plan to commit to work with Black-led medical organizations in the next 6 months. Finally, MUN plans to include Black perspectives on all existing committees, in the next 6 months

Next Steps: First, MUN is to ensure there is an explicit extension of justice and equity initiatives to Black students at their institution. This is an acknowledgment of our under-representation in medicine and a commitment to changing this. 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 MUN and the student groups. While we applaud your commitment to BHEC, we ask for a commitment to the BMSAC and the local BMSAC chapter at MUN. 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



Feedback: MUN has no current plans to address this Call to Action. Race-based data is not collected on the number of Black matriculants in the MD and PGME programs

Next Steps: We call on MUN to address this Call and appropriately collect race-based data, including Black medical students, faculty, and staff in the process. Before embarking on this, there should be clear guidelines on the governance and stewardship of this data and how it is used by departments within and beyond admissions. We call on MUN to create programs, similar to the PLANS and BLAP programs at Dalhousie University, 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 5

Feedback: MUN plans to begin within the next 6 months 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. An EDI-AR module is currently being created. This module will include the colonial past and anti-Black racist elements of the history of medicine. There is currently no formal teaching on the causes, harms, and challenges of ABR. There is a lecture on allyship that touches on anti-racism, however anti-Black racism is not a specific objective.

Next Steps: We commend MUN's leadership in creating the EDI-AR module. We call for the specific and explicit address of anti-Black racism within this module. This module should also teach about the causes, harms, and challenges of ABR. 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. The BHEC modules, which will comprehensively address these topics, should also be implemented in the curriculum.

RECOMMENDATION 6

Feedback: MUN has planned to begin in 6 months to address this call. No further information was provided on the progress and plans to address this Call.

Next Steps: As MUN urgently evaluates its current admission policies, these findings should be sent to the Standing Committee on Social Accountability by emailing the SCSA Chair, Julien Poitras <doyen@fmed.ulaval.ca>, copying the AFMC Lead of Social Accountability, Melissa Shahin <mshahin@afmc.ca>. These findings are crucial to understanding barriers contributing to the underrepresentation of Black students in medicine. The potential for pathway programs and partnerships with programs such as the Community of Support at the University of Toronto and the PLANS program at Dalhousie should also be considered. Some of your students are involved with these programs and a formal partnership with these programs will increase the impact on diversifying the student body at MUN.



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

Feedback: MUN has completed a review of its student mistreatment policies ensuring that they are easily accessible and clearly outlined to students. No further information, such as website links or a copy of this policy, was shared with us.

Next Steps: We ask MUN to ensure to include the perspectives of Black medical learners in future reviews of these policies. 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 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 1

Feedback: Memorial University of Newfoundland does not collect admissions data in an equity-oriented, intersectional, and disaggregated manner.

Next Steps: To improve this score and ensure a more equitable admissions process for Black applicants, it is crucial to begin data collection practices.

25%

RECOMMENDATION 2

Feedback: Currently Memorial University of Newfoundland is not transparent about the criteria used to admit applicants.

Next Steps: It is essential for Memorial University of Newfoundland to implement transparency in their admissions process. 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.

25%

RECOMMENDATION 3

Feedback: Memorial University of Newfoundland does not waive fees for low SES applicants.

Next Steps: Memorial University of Newfoundland should develop a program to waive application fees for low SES applicants to increase equity and accessibility in the admissions process. The absence of this initiative hinder talented individuals from pursuing their aspirations in the medical field.

25%

RECOMMENDATION 4

Feedback: Memorial University of Newfoundland should develop a program to waive application fees for low SES applicants to increase equity and accessibility in the admissions process. The absence of this initiative hinder talented individuals from pursuing their aspirations in the medical field.

Next Steps: Memorial University of Newfoundland needs to implement a systematic diversity review process, conduct training programs to mitigate unconscious biases, developing inclusive policies, engaging 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.

25%



FEEDBACK AND RECOMMENDATIONS

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

LONG-TERM RECOMMENDATION: ADMISSION

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 5

Feedback: Your school has no dedicated diversity pipeline programs aimed at addressing underrepresentation in alignment with CACMS Element 3.3 and FMEC Recommendation II. There is a recognized deficiency in collaboration with external organizations representing demographics found to be underrepresented, as outlined in Young et al.'s six-point framework for pipeline and program development.

Next Steps: In response to these findings, the university should proactively establish partnerships with external organizations to develop and implement targeted diversity pipeline programs, such as Black Equity pathways. This includes utilizing Young et al.'s comprehensive framework to guide the development process, ensuring a holistic approach that addresses underrepresentation and fosters inclusivity. Allocating resources, engaging stakeholders, and establishing monitoring mechanisms will be integral to the successful execution of these initiatives. Regular evaluation and adjustments based on feedback will further enhance the impact and sustainability of the programs, promoting a more diverse and representative academic environment.



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

Feedback: The Memorial University of Newfoundland (MUN) curriculum has successfully addressed the removal of race as a proxy for social and genetic determinants of health.

Next Steps: To further enhance this effort, it is recommended that MUN provide specific examples of how Black Health and Anti-Black racism content is integrated in the undergraduate and postgraduate curriculum. This can be achieved through ongoing dialogue, listening to their perspectives, and incorporating their feedback into the curriculum development process.

RECOMMENDATION 6B

Feedback: It was identified that there are no current plans at MUN to increase the diversity of the standardized and volunteer patient programs in relation to addressing Black health. This indicates an area where improvement is needed to better represent and address the healthcare needs of diverse patient populations.

Next Steps: To address this gap, it is recommended that MUN actively seeks opportunities to increase diversity within the standardized and volunteer patient programs. This can be achieved by partnering with community organizations, healthcare facilities, and advocacy groups that focus on serving diverse populations. By incorporating a range of patient experiences and perspectives, the curriculum can better prepare students to provide culturally competent care.

RECOMMENDATION 6C

Feedback: MUN has already taken steps to address the presentation of clinical cases on racialized issues without perpetuating stereotypes and contributing to harmful heuristics. This proactive approach is commendable and contributes to fostering an inclusive learning environment.

Next Steps: To sustain and enhance this effort, it is recommended that MUN continues to review and update the curriculum to ensure that clinical cases are relevant to the social climate and are presented in a manner that promotes understanding and cultural sensitivity. This can involve incorporating diverse patient narratives including intersectionality, engaging in critical discussions around race and health, and discussing specifically about anti-Black racism.



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: MUN has already taken measures to train students on recognizing pathologies and dermatology-based clinical signs in patients of different skin tones. Furthermore, the Assistant Dean of Social Accountability, Dr. Bolu Ogunyemi, provides a dermatology lecture. Dr. Ogunyemi specializes in dermato-epidemiology, providing relevant content such as explaining that racism, rather than race, is a cause of worse outcomes in melanoma for Black individuals.

Next Steps: To further enhance this training, it is recommended that MUN continues to prioritize dermatology education that specifically addresses the unique challenges and variations in pathology presentations across different skin tones. This can involve utilizing Dr. Ogunyemi expertise in dermatology to curate and review relevant content presented in the MUN curriculum.

RECOMMENDATION 6E

Feedback: MUN has already taken steps to ensure that all medical graduates are prepared to practice in any population in Canada, beyond just the local context of their schools. This demonstrates a commitment to preparing future healthcare professionals for the diverse healthcare landscape in the country.

Next Steps: To strengthen this commitment, it is recommended that MUN continues to evaluate and update the curriculum to ensure it encompasses a broad understanding of health disparities, social determinants of health, and cultural competence. This can involve integrating relevant case studies, promoting intercultural communication skills, and providing opportunities for students to engage with diverse patient populations.



FEEDBACK AND RECOMMENDATIONS

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

LONG-TERM RECOMMENDATION: ACCOUNTABILITY

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

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

Recommendation 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: None

Next Steps: To enhance this score, it is vital for Memorial University of Newfoundland 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, you can contribute to more informed and effective EDI measures on both a national and local level, ultimately fostering greater equity and inclusivity.

25%

RECOMMENDATION 8

Feedback: None

Next Steps: It is crucial for Memorial University of Newfoundland 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

Feedback: None

Next Steps: To improve this score, Memorial University of Newfoundland 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, Memorial University of Newfoundland can contribute to a more diverse and inclusive faculty that reflects the broader community and offers support and role models for Black medical learners.

25%

RECOMMENDATION 10

Feedback: None

Next Steps: To enhance this score, Memorial University of Newfoundland 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.

25%



FEEDBACK AND RECOMMENDATIONS

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

NEW RECOMMENDATIONS

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

WELLNESS & MENTORSHIP

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

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

FACULTY DEVELOPMENT

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

WELLNESS & MENTORSHIP

Feedback: Counseling and mentorship resources are recorded as available broadly for all medical students.

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

FACULTY DEVELOPMENT

Feedback: MUN did not provide an answer regarding structured faculty development for all teaching faculty on hidden curriculum, racism, and addressing privileges when developing and delivering educational activities. However, it was mentioned that the Dean of Social Accountability, Dr. Bolu Ogunyemi, provides expertise on racism in dermatology.

Next Steps: To further enhance faculty development, it is recommended that MUN seek learning modules, workshops, seminars or other forms of training such as the Black Health Education collaboratives' Black Health Primer that seeks to advance knowledge of and promote dialogue about anti-Black racism and its impact on health.



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



BMSAC Report Card Response

FACULTY OF MEDICINE

MEMORIAL UNIVERSITY

March 11, 2024

INTRODUCTION:

The Black Medical Students Association of Canada (BMSAC) has presented a Report Card evaluating Memorial University's efforts to reduce inequalities faced by Black students and other equity-deserving group members in accessing medical education. We acknowledge the critical importance of equitable access to medical education for all aspiring physicians and express our gratitude for the BMSAC's diligence in compiling this report.

We have thoroughly reviewed the recommendations provided and offer a detailed response to each item, as outlined in the table below and additional information in the Appendix. It has come to our attention that the initial information conveyed to the BMSAC regarding Memorial University's Faculty of Medicine may have been incomplete. This response aims to correct any discrepancies and provide comprehensive details regarding our initiatives.

To foster ongoing dialogue and ensure clarity on these matters, we invite regular communication with our Office of Social Accountability. For further discussion or inquiries, please contact us at saassistantdean@mun.ca or socialaccountability@mun.ca.

Point by Point response to Report Card Recommendations

Issue(s)	Report Card Recommendation(s)	Draft response elements/actions
Short-term calls to Action (by 2021) Make a public statement denouncing anti-Black racism.	Recommendation 1: Make a public statement denouncing anti-Black racism, police brutality, and the various manifestations of racial discrimination in Canada, including in medicine.	<ul style="list-style-type: none">• Statement and links to training, resources and readings available on the website https://www.mun.ca/medicine/administrative-departments/learner-well-being-and-success/well-being/diversity-and-inclusion/• Memorial's statement and resources on anti-racism. https://www.mun.ca/hr/myhr/employment-equity/anti-Black-racism-resources/

Issue(s)	Report Card Recommendation(s)	Draft response elements/actions
Calls for appointment of Dean of EDI, and sharing of policies on EDI-AR	Recommendation 2: Make justice and equity a priority health concern in accordance with CACMS social accountability element 1.1.1 2	<ul style="list-style-type: none"> • In the 2022 accreditation, we received satisfactory on Element 1.1.1. • Curriculum on EDI-AR and providing anti-oppressive health care is integrated into all four years of the MD program (see below for examples). • In core clerkship, we include an EPA focused on the social determinants of health and culturally safety https://www.mun.ca/medicine/studenthandbook/phase-4/assessment-during-core-using-epas/entrustable-professional-activities-epa-page/ • We have an Assistant Dean of Social Accountability and an Office of Social Accountability https://www.mun.ca/medicine/about-us/destination-excellence/project-teams/social-accountability/ and an Assistant Dean of Faculty Wellness, Equity and Professionalism. • Memorial University has a Vice-Provost, Equity, Diversity, Inclusion and Anti-Racism https://www.mun.ca/edi-ar/ • The Faculty of Medicine has an EDI-AR Strategic Planning Working groups which includes representation from Student groups, Faculty and staff. • Memorial's 2021-2026 Strategic Plan "Transforming our Horizons" specifically references the need to continuously act against all forms of discrimination and specifically anti-Black Racism TransformingOurHorizons_2021-2026.pdf (mun.ca) • Memorial endorsed and signed the Scarborough Charter on Anti-Black Racism and Black Inclusion in 2021 Scarborough Charter Equity, Diversity, Inclusion and Anti-Racism Memorial University of Newfoundland (mun.ca) • An EDI-AR strategic plan is underway and consultations have concluded. A final summary report on the findings from the consultation process were submitted to the Provost in February 2024 • EDI-AR Strategic Plan Equity, Diversity, Inclusion and Anti-Racism Memorial University of Newfoundland (mun.ca)

Issue(s)	Report Card Recommendation(s)	Draft response elements/actions
Inclusion of Black students in all committees	Recommendation 3: Extend justice and equity initiatives explicitly to Black students as an acknowledgement of our under-representation in medicine.	<ul style="list-style-type: none"> The 2021 census showed that the NL Black population was made up of 3,590 people; this makes up 0.7% of the total population of NL. Our medical school classes have higher representation of Black learners than the NL population. All undergraduate medical education committees have learner representation. The Assistant Dean, Social Accountability is a member of our Undergraduate Medical Studies Committee (UGMS – curriculum leadership and policy).
Gather data on enrolled learners	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.	<ul style="list-style-type: none"> All admitted learners are asked to complete a demographic survey. Participation is voluntary but we have a high response rate. Racialized including Black learners are not under-represented at MUN, according to provincial population demographics (See Appendix). We are aware that Indigenous applicants are underrepresented and our Indigenous Health program along with Admissions Office are actively working to increase indigenous applicants, and thus their acceptance rates.
Recommends module creation on EDI-AR	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 antiracist education of future physicians and faculty with the goal of culturally competent health care (CACMS Element 7.6)	<ul style="list-style-type: none"> Curriculum includes EDI-AR, providing anti-oppressive health care medical education and stops the perpetuation of race-based misinformation to prepare learners to provide culturally safe care (See Appendix). The Faculty of Medicine has an online course on anti-Black racism in Medicine: https://www.med.mun.ca/oped/programs/4651 The Faculty of Medicine has an EDI-AR speaker series which has included talks on anti-Black racism, Indigenous health equity and ableism in medical education. In the 2022 accreditation, we received a satisfactory on Element 7.6.

Issue(s)	Report Card Recommendation(s)	Draft response elements/actions
Evaluate Admission policies and report to AFMC	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).	<p>The Faculty is committed to regular evaluation of admission and eligibility requirements to Black, Indigenous and students from lower SES. A quick review of our data shows:</p> <ul style="list-style-type: none"> • Black applicants are not under-represented based on Provincial population data. • We are addressing the lack of data regarding low SES applicants; such applicants do exist within each matriculating class, via their self-identification, and we are developing data collection methods to know the exact percentage of applicants with low SES status each year. • We are aware that Indigenous applicants are underrepresented, we do the following to address this issue: engage directly with Indigenous communities, support Indigenous applicants with MCAT funding, and public engagement activities. • The Admissions Office has a Diversity Statement which outlines a commitment to the equitable selection of a diverse student body in the Faculty of Medicine: https://www.mun.ca/medicine/media/production/medicine/documents/policies-and-procedures/Diversity%20Statement.pdf
Include Black learner's perspective into the policies	Recommendation 7: Review student mistreatment policies	<ul style="list-style-type: none"> • The current mistreatment policies are due for review in December 2024. A diverse committee will be formed in the fall of 2024 to begin this review. • The Senior Executive Leadership team recently endorsed the creation and implementation of an EDI-AR and Well-Being review checklist (https://capture.dropbox.com/rNjXBTzYyDIIN4E5). This lens is now being applied to all new and revised policies, procedures and guidelines to ensure these considerations form the foundation of the faculty's policy framework.
Long-Term Recommendation: Admission	Recommendation 1: Improve admissions data collection practices by ensuring it is collected in an equity-oriented, intersectional, and disaggregated manner.	<ul style="list-style-type: none"> • We have robust data collection practices for our applicants including data on EDI-AR (See Appendix), and are committed to continued learning and improvement.

Issue(s)	Report Card Recommendation(s)	Draft response elements/actions
	<p>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.</p>	<ul style="list-style-type: none"> • Memorial uses a holistic admissions process. We do not have cut-offs nor specific weighting for GPA, MCAT or CASPER scores. • Recommendations for minimum GPA and MCAT scores are on our webpage for out-of-province applicants and have been for many years https://www.mun.ca/medicine/administrative-departments/admissions/undergraduate-md-program/competition-pools/other-canada/
	<p>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.</p>	<ul style="list-style-type: none"> • The Admissions Office has had an application waiver option for decades. Applicants requesting application fee waivers are invited to contact the office in writing to request such, as indicated on our website https://www.mun.ca/medicine/administrative-departments/admissions/undergraduate-md-program/.
	<p>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).</p>	<ul style="list-style-type: none"> • The Admissions Committee is composed of 17 individuals from a variety of professional and educational backgrounds. It is important that the members of this committee represent the demographic variety that exists within the University population and province. As such, one committee position is for an Indigenous representative and another is for a rural representative; in reality, we have two representatives with Indigenous heritage and two who are currently living and working in rural Newfoundland, while another worked as a rural physician for their entire career. Two of our members are of Middle Eastern descent and we have one member who is Black.

Issue(s)	Report Card Recommendation(s)	Draft response elements/actions
	<p>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.</p> <p>(CACMS Element 3.3 and FMEC Recommendation II) Consider Young et al's six-point framework for pipeline and program development 10.</p>	<ul style="list-style-type: none"> • The Admissions Office has had an application waiver option for decades. Applicants seeking application fee waivers are invited to contact the office in writing to request such, as indicated on our website https://www.mun.ca/medicine/administrative-departments/admissions/undergraduate-md-program/. • The <i>Healers of Tomorrow Gathering</i> is a summer camp offered every two years. It welcomes high school students who are members of Indigenous groups, and who are interested in exploring a career as a health professional. • The <i>Pre-Med Summer Institute</i> is an intensive, non-credit program offered to Indigenous undergraduate students who are considering applying to medical school at Memorial University. The program accepts one candidate from each of the co-sponsoring Indigenous communities. • An MCAT Prep Grant is available via the Indigenous Health program to assist prospective applicants applying to medical school.

Issue(s)	Report Card Recommendation(s)	Draft response elements/actions
Long-Term Recommendation: Curriculum	<p>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.</p> <p>Recommendation 6b: Increase diversity of standardized and volunteer patient programs to enhance understanding of Black health.</p> <p>Recommendation 6c: Present clinical cases on racialized issues without perpetuating stereotypes and harmful heuristics.</p> <p>Recommendation 6d: Train students to recognize pathologies and dermatology-based clinical signs in patients of different skin tones.</p> <p>Recommendation 6e: Make curriculum additions with the consideration of preparing medical graduates to practice in any population in Canada.</p>	<ul style="list-style-type: none"> • The Curriculum Oversight Subcommittee interfaces with faculty members from racialized groups to develop curriculum. Undergraduate Content Leads (UCLs) are content experts that liaise with the Curriculum Oversight Subcommittee to plan the undergraduate medical education curriculum. Local experts have been invited to the UCLs group meetings on multiple occasions to discuss ways to incorporate EDI-AR and to ensure we are providing anti-oppressive health care into all curriculum sessions. Several curriculum sessions have been updated following these presentations. • There are three dedicated dermatology teaching sessions that incorporate content related to race. • Clinical Skills Communications sessions include interviews with a translator/interpreter; and Refugee health (ANC). In phase 1, the Newcomer Health session comprises a lecture from the Association of New Canadians that covers areas such as the origins of newcomers to NL, the difficulties they face when leaving their home country and processes required to migrate, their needs on arrival, and the common challenges and health issues they face once here. Another session covers working with interpreters to talk to patients, including how to access interpreters. • In phase 3, a session addresses communication with Indigenous patients. It includes discussions with Indigenous guests (who each receive a stipend). The Indigenous participants offer insights into their communities and cultures, and Learners engage in discussions about how they can create positive and effective doctor patient relationships. • We include teaching on Indigenous Health in our curriculum, led by an Indigenous physician. A committee was formed by the Office of Social Accountability to review our entire Indigenous curriculum.

Issue(s)	Report Card Recommendation(s)	Draft response elements/actions
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.	<ul style="list-style-type: none"> All admitted learners are asked to complete a demographic survey. Participation is voluntary but we have a high response rate.
	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.	<ul style="list-style-type: none"> The Faculty of Medicine's 2018-23 Strategic plan (currently being reviewed) prioritizes EDI-AR. Faculty of Medicine has leadership level EDI-AR Committee.

Issue(s)	Report Card Recommendation(s)	Draft response elements/actions
	<p>Recommendation 9: Increase the representation of Black instructors through equitable recruitment and promotion.</p>	<ul style="list-style-type: none"> • Memorial’s faculty members are more representative of racialized groups than the NL population. • To ensure diversity is considered and valued, the Promotion and Tenure (P&T) criteria for Memorial University Faculty Association (MUNFA) faculty were revised in 2023 to ensure that “diverse career paths, traditions and values, ways of knowing and forms of communicating knowledge” are considered by P&T Committees. The MUN-MUNFA Collective Agreement also states that the review and assessment of scholarship should recognize “alternative ways of knowing”. • The Human Resources Department of Memorial University has an Employment Equity Office with responsibility for equity and diversity at the institution. Memorial encourages applications from all qualified candidates including women, people of any sexual orientation, gender identity, or gender expressions; racialized people Indigenous people; and persons with disabilities. • The Faculty association’s collective agreement includes a detailed process for prioritizing equity considerations in hiring and states a commitment to the achievement of Equity, Diversity, Inclusion and Anti-Racism in article 29.01. MUN-MUNFA CA 2023-2026.pdf • Members of academic search, review or promotion and tenure committees are required to complete implicit bias training.
	<p>Recommendation 10: Extend the implementation of these recommendations to any demographics found to be underrepresented in the faculty.</p>	<ul style="list-style-type: none"> • Memorial’s faculty members are more representative of racialized groups than the NL population distribution.

Issue(s)	Report Card Recommendation(s)	Draft response elements/actions
New Recommendation: Wellness and Mentorship	<p>WELLNESS & MENTORSHIP</p> <p>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.</p>	<ul style="list-style-type: none"> • The Office of Learner and Wellbeing and Success (LWS) at the Faculty of Medicine plans to identify and develop collaborations and networks with Black associations/organizations including, but not limited to: <ul style="list-style-type: none"> • Black Therapists of Newfoundland • Black Student Association • Black Physicians of Canada • Association of American Medical Colleges <p>A well-being website was launched in February 2024 and includes both internal and external resources relating to mental health, physical health, workplace well-being and community connections. Well-Being Faculty of Medicine Memorial University of Newfoundland (mun.ca)</p>
	<p>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.</p>	<ul style="list-style-type: none"> • LWS plans to collaborate with the Student Wellness and Counselling Center and the EDI-AR offices on main campus. • LWS will explore enhancements to the Mentorship program that will include access to Black Physicians and/or mentors.

Issue(s)	Report Card Recommendation(s)	Draft response elements/actions
New Recommendation: Faculty Development	<p>FACULTY DEVELOPMENT</p> <p>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.</p>	<ul style="list-style-type: none"> • The Faculty of Medicine has training modules on EDI-AR through its Office of Educational and Professional Development. It also runs a continuous EDI-AR invited speakers series which is promoted widely to faculty, staff, and learners. • We are committed to this and will develop further modules on hidden curriculum, racism, anti-Black racism, and privileges. • An online, interactive training module on the topic of Implicit Bias has been developed and currently in draft format. This module will be reviewed by the Equity, Diversity and Inclusion Committee and following approval will move to the production phase by May 2024.

APPENDIX

Please find additional information on our policies, programs, and content relevant to EDI-AR below

Admissions Data Collection Practices

Historically, data collection on race, ethnicity, and socio-economic status has been challenging due to a reliance on self-reporting. Admissions has 3 diversity groups within its focus:

1. Rural applicants
2. Indigenous applicants
3. Applicants of low-socioeconomic status

RURAL APPLICANTS

Newfoundland and Labrador occupies a large geographic land mass spread over a small population: The population density of Canada is 4.2 people per square kilometre¹; in Newfoundland and Labrador, it is 1.8. Data from the federal census 2021 indicates that 40% of the province lives in rural areas, which is defined as those communities “not included in CMA and CA areas, as defined by Statistics Canada, and those whose populations are less than 5,000.”² By comparison, only 16% of the Canadian population lives in rural areas³.

Metrics on rural applicants have been tracked for many years; since 2013, the percentage of rural applicants has ranged from 32% - 47%, with the average being 39%; 28% of the class comes from communities with populations of less than 10,000. In 2022, the Index of Remoteness was added as a metric to distinguish rural from urban applicants and the different experiences and access to opportunities between these groups. The Committees of the Admissions Office have been mindful to incorporate rurality within their evaluation of individual applications.

INDIGENOUS APPLICANTS

Since 2013, the Admissions Office has dedicated 3 seats to Indigenous applicants beyond those accepted provincially. Indigenous population in Newfoundland and Labrador (NL) grew from 7% in 2011 to 9.1% in 2021, yet Indigenous admissions have not consistently met the expected minimum of 5 students per class. Given that over 43% of Indigenous NL residents are over 45, and only 20% are under 20, the pool for potential medical students

¹ <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/page.cfm?topic=1&lang=E&dguid=2021A000011124>

² CMA (Census Metropolitan Area); CA (Census Agglomerations). *Rural Lens*. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.gov.nl.ca/pep/files/Rural-Lens.pdf

³ <https://www150.statcan.gc.ca/n1/daily-quotidien/220209/g-a003-eng.htm>

is limited. The Faculty of Medicine at Memorial University actively encourages Indigenous youth through initiatives like the Indigenous Health Initiative (IHI) since 2008, the biennial Healers of Tomorrow Gathering, the Pre-Med Summer Institute, and MCAT Prep Grants.

1. The *Healers of Tomorrow Gathering* is a summer camp offered every two years. It welcomes high school students who are members of Indigenous groups, and who are interested in exploring a career as a health professional.
2. The *Pre-Med Summer Institute* is an intensive, non-credit program offered to undergraduate students who are seriously considering applying to medical school at Memorial University. The program accepts one candidate from each of the co-sponsoring Indigenous communities.
3. An MCAT Prep Grant is available via IHI to assist prospective applicants applying to medical school.

Additionally, an Indigenous Admissions Subcommittee is being established to review Indigenous applications, and there's a plan to increase reserved seats for Indigenous students, although the exact number is under consultation with First Peoples Group for Indigenous verification. The university is committed to aligning the demographics of Indigenous medical students with provincial statistics.

	2011	2016	2021	% of Population 2021	% of 1st-Year Class	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	# Of Students, by Population Comparison	Actual Admitted
Indigenous	35,800	45,730	46,550	9.118	6.29	5	2	5	1	4	6	4	2	2	2	3	58	36

APPLICANTS OF LOW SOCIOECONOMIC STATUS

Collecting socioeconomic status in admissions is challenging due to privacy concerns. Applicants often reveal hardships in essays, assured by confidentiality agreements and a secure review process. The holistic admissions approach values an applicant's potential and life context over academic history or test scores. This approach diversifies the class with individuals who've faced significant adversities, such as refugees or those from low-income families. Despite successful individual evaluations, there's a gap in official demographic data. A new survey added in 2023 has seen over a 90% response rate, improving on the previous year's post-application collection. This data will inform future equity initiatives.

The current application criteria tend to favor applicants with resources to focus solely on their education, disadvantaging those needing to work. Recognizing this, and the prohibitive costs of applying, a new pathway program will cover all associated fees (MCAT prep & exam fees, Casper fees,

application fees, and seat deposit) for low socioeconomic status (SES) applicants to the Memorial University Doctor of Medicine program, aiming to increase diversity and reduce financial barriers to application.

Application Waiver Fees for Low SES Applicants

The Admissions Office has had an application waiver option for decades. Applicants requesting application fee waivers must contact the office in writing to request such, as indicated on our website <https://www.mun.ca/medicine/administrative-departments/admissions/undergraduate-md-program/>.

Transparency of Admission Criteria

Admission criteria and the competitiveness of out-of-province applications are transparently posted on our website, helping applicants gauge their chances. As the only Canadian school with a fully holistic review, we avoid listing minimum requirements to ensure low SES applicants or those with hardships are not deterred from applying. We do not publish academic and test score averages to prevent discouraging diverse candidates who may excel as doctors despite not meeting these metrics. Our policy states there's no minimum to apply, and we offer personalized counseling with admissions staff for advice and improvement, a unique service for applicants, especially those not initially successful.

Regular Review of Admissions Committee for Lack of Diversity and Inherent Bias

The Admissions Committee consists of 17 members with diverse professional and educational backgrounds, mirroring the demographic diversity of the university and province. The committee includes two individuals of Indigenous heritage, two from rural Newfoundland, with one having been a rural physician. There are also two members of Middle Eastern descent and one Black member, reflecting diversity above provincial averages, where over 90% are White Caucasians, excluding the Indigenous population. The Admissions Office recognizes that everyone has biases and that it is important that these not impact the appraisal of applicants at any stage in the review process. Bias training has been part of the training module for both our Interview and Admissions Committees, as well as Interview Members⁴, for several years and it is also a key item of focus during the mandatory orientation for all of the aforementioned groups.

⁴ Interview Committee = the committee of individuals that review applications and decides which applicants to interview
Admissions Committee = the committee of individuals that reviews redacted applications and decides which applicants to admit
Interview Member = any member actively taking part in the actual interviewing and scoring of applicants.

	2006 Census	2011	2016	2021	% of Population 2021	% of First- Year Class	Practical Terms	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	# Of Students, by Population Comparison	Actual Admitted
South Asian	1,590	1,855	2,645	4,545	0.890	0.71	1 stud/2 years	3	3	1	2	1	2	5	4	2	2	4	5	29
Chinese:	1,325	1,970	2,325	2,005	0.393	0.31	1 stud/3 years		1	2			1	3	3	1	3	2	3	16
Black:	905	1,455	2,355	3,590	0.703	0.56	1 stud/2 years				1	1			1	1	1	2	5	7
Arab:	540	370	1,375	1,740	0.341	0.27	1 stud/5 years			1	2					2	1	1	3	7
Latin American	480	805	635	755	0.148	0.12	1 stud/10 years				1							2	1	3
Filipino:	305	370	1,390	2,270	0.445	0.36	1 stud/3 years											1	3	1
Japanese:	140	60	60	85	0.017	0.01	N/A		1											1
Southeast Asian	120	320	340	505	0.099	0.08	N/A													0
West asian	115	155	220	550	0.108	0.09	N/A								1		1	1	<1	3
Visible minority, n.i.e.*	75	205	150	205	0.040	0.03	N/A											1		1
Multiple visible minority	65	250	255	395	0.077	0.06	N/A													0
Korean:	60	120	80	220	0.043	0.03	N/A					1	1			1	1		<1	4
Indigenous	23,450	35,800	45,730	46,550	9.118	6.29	6 stud/year as of 2021 (3 reserved seats)	5	2	5	1	4	6	4	2	2	2	3	58	36
Non-white*	N/A							1	2	3	2	2		2		4	1		3	4
Provincial population		514,536	519,716	510,550	2.6	Actual # of Visible Minorities		9	9	12	9	9	10	14	11	13	12	17		
					↓	% of class (out of 80 learners)		11	11	15	11	11	13	18	14	16	15	21		
*not included elsewhere					3 students per class, excluding Indigenous learners															

Figure 1 Data on Visible Minority Admission at the Faculty of Medicine - Memorial University

Curriculum Content relevant to EDI-AR / Anti-Oppressive Health Care

The following sessions and content are delivered in the curriculum to that are relevant to EDI-AR. Details of each session, including course, teaching hours, teaching and learning methods, objectives, links to course goals, program objectives and MCC objectives, can be found in the curriculum map <https://www.med.mun.ca/ugmecurriculum/default.aspx?cmd=changeCohort&cohort=7894>

- Introduction to Medical Dermatology
- Approach to Oral Disease and Pruritis
- Common Pediatric Dermatologic Conditions
- Trauma Informed Care
- Refugee Health
- Indigenous Health
- Trauma and Survivorship
- Determinants of Health
- Global Health
- Indigenous Health I: An Introduction
- Indigenous Health II: Building Pathways to Understanding
- Indigenous Health III: Urban Indigenous Health in Canada
- Indigenous Health IV: Moving Towards Inclusive and Safe Patient Care
- Indigenous Health V: Providing Safe Care for Indigenous Patients: Ethical and Legal Implications for Future Physicians
- Social Justice and Accountability
- Special Populations (including underserved and marginalized populations)
- Early Clinical Experiences
- Health Status; Indicators and Vital Statistics
- Community Placement (2 week placement with an objective to assess and respond to the specific determinants of health relevant to the individual, the community, and/or the population)
- Health Inequities and Building Advocacy and Allyship
- Black Bag (2 week placement)

Below is a list of **Interprofessional Education sessions** with the objective to understand of the dynamics of team functioning and the roles of professionals who collaborate for safe, culturally sensitive, and effective patient care)

- Team Functioning

- Communication
- Collaborative Mental Health Care
- Conflict Management
- Addressing Team Failures
- Research Ethics
- Integrated Learning Sessions
- Incorporates EDI-AR into clinical scenarios
- Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans
- Health and Illness Beliefs, Cognitions and Behaviors
- Professionalism: Generation and Gender
- Professionalism: Canadian Medical Protective Association modules
- Health Ethics and Law in Medicine: Diversity, Culture and Ethics 1
- Health Ethics and Law in Medicine: Diversity, Culture and Ethics 2
- Patient Safety - Cognitive Error and Just Culture
- Professionalism in Practice
- Providing Culturally Safe Health Care for Indigenous Patients in NL
- Palliative Care in Different Populations
- Core Experiences
- Advance Practice Integration

Electives

Population Health is a major component of Phase 1 Community Engagement I and Phase 2 Community Engagement II (both in year 1). The curriculum for population health during Phases 1 and 2 includes sessions that focus on the following topics at the population level: Indigenous health; community profiles; determinants of health; global health (two to three hours); Allyship and Advocacy (two-hours), the physician and the public health system; social justice accountability; special populations; health inequities / challenges; and disease and injury prevention. There is a session in clinical skills that focuses on refugee health. Cultural competency is emphasized in the Humanities, Ethics Law in Medicine (HELM) curriculum. Community Engagement I (Phase 1) includes a literature review on population health and a session on environmental health, rural medicine, and professionalism. In Community Health III (Phase 3, year 2), population health sessions are centered on the following: Indigenous health; global health and non-communicable diseases; health illness beliefs; and special populations (including underserved and marginalized populations).