

# CANADIAN MEDICAL SCHOOL REPORT CARD

2023 - 2024



**NOSM University**

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## BMSAC 2020 RECOMMENDATIONS TO THE CANADIAN FACULTIES OF MEDICINE REPORT CARD

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

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

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

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

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

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

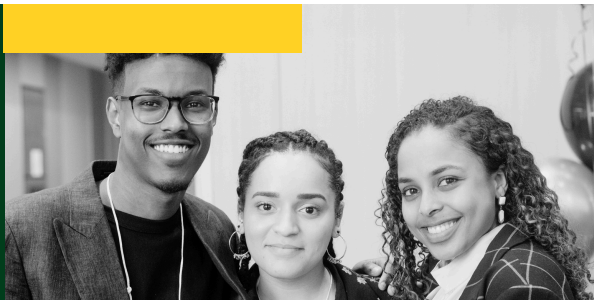
However, scores were adjusted based on information provided, or otherwise, a lack of information. Scores and next steps were further adjusted to reflect feedback and new information provided by local Black Medical Students' Association leads and members of the AFMC Black Health Innovation and Advancement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

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

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

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

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



# BMSAC 2020 RECOMMENDATIONS TO THE CANADIAN FACULTIES OF MEDICINE REPORT CARD

Call to Action	% Grade	Color Grade	
		2021	2023
<b>Short-Term Calls to Action (by 2021)</b> <ol style="list-style-type: none"> <li>1. Make a public statement denouncing anti-Black racism</li> <li>2. Prioritize justice and equity</li> <li>3. Extend equity initiatives to Black medical learners</li> <li>4. Evaluate representation of Black Learners in your program</li> <li>5. Commit to critical anti-racist education</li> <li>6. Evaluate current admissions policies</li> <li>7. Review student mistreatment policies &amp; procedures</li> </ol>	67%	Not evaluated	Yellow
<b>Admissions</b> <ol style="list-style-type: none"> <li>1. Improve admissions data collection practices</li> <li>2. Transparency of admission criteria</li> <li>3. Develop application waiver fees for low SES applicants</li> <li>4. Regular review of admissions committees for lack of diversity and inherent bias</li> <li>5. Develop pathway programs to counter underrepresentation</li> </ol>	75%	Yellow	Yellow
<b>Curriculum</b> <ol style="list-style-type: none"> <li>1. Curriculum review alongside Black students, faculty and critical race scholars to improve address of Black health in curriculum</li> </ol>	45%	Yellow	Red
<b>Accountability</b> <ol style="list-style-type: none"> <li>1. Support the AFMC Network over the next 2 years in streamlining and centralizing their demographic data collection practices,</li> <li>2. Review 2017 United Nations Human Rights Council expert report on People of African Descent in Canada</li> <li>3. Increase representation of Black instructors</li> <li>4. Extend recommendation implementation to other demographics found underrepresented in faculty</li> </ol>	66%	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 3:** Extend justice and equity initiatives explicitly to Black students as an acknowledgement of our under-representation in medicine.

### RECOMMENDATION 1



**Findings:** NOSM released statements in 2020 reiterating its stance against racism and commitment to a culture of kindness, respect, diversity inclusion, and social accountability. In this statement, the new inaugural Associate Dean of Equity and Inclusion was also announced. In this statement, while racism and discrimination are mentioned, the type of racism at play in 2020 was not mentioned. There was no mention of anti-Black racism.

**Next Steps:** As we work to denounce and address racism and its manifestations, we must be clear and explicit about the types of racism that exist. Anti-Black racism is one that always needs to be called out and addressed. A public statement denouncing anti-Black racism should serve as a living reminder of NOSM's commitment to recognize and address anti-Black racism and police brutality and its manifestations in medicine and beyond.

### RECOMMENDATION 2



**Findings:** NOSM has engaged with equity-deserving groups to develop specific equity outcomes that align with their needs. They report completing a formal review of all aspects of admissions, curriculum, and clerkship for equity outcome measures. They report developing policies and strategies to address systemic and overt racism in medical education and have appointed a Vice Dean of Equity, Diversity, and Inclusion (VD EDI). There are 7 hours of content provided on equity resources.

**Next Steps:** In the development of equity outcome measures, NOSM Black medical students, faculty, and staff should 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. In addition to Equity, Diversity, and Inclusion, there should be specific addressing of anti-Black racism in NOSM's medical education. The orientation modules should specifically mention and address anti-Black racism rather than equity broadly.

### RECOMMENDATION 3



**Findings:** NOSM reports to have extended justice and equity initiatives to Black students with statements to the public and their student body and a commitment to Black-led medical organizations. However, students report that explicit extension is yet to occur. In the next 6 months, they plan to ensure Black perspectives are included on all existing committees. NOSM recently created a Black Health Group and a Black Admissions Committee.

**Next Steps:** We would like to emphasize the extension of justice and equity initiatives and supporting Black medical students. It should also not be one-time but continuous, with open communication lines between NOSM and the student groups. Support should be provided to students attending the BMSAC annual conference. Finally, the inclusion of Black perspectives on all existing committees should be addressed without overburdening the Black faculty, staff, and medical student body.





# FEEDBACK AND RECOMMENDATIONS

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

## SHORT-TERM CALLS TO ACTION (BY 2021)

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

### RECOMMENDATION 4

**Findings:** NOSM plans to begin with the next 6 months to evaluate whether there is a representative proportion of enrolled Black medical students. They recently created a Black Admissions sub-committee and plan to collect self-identification data from applicants for the 2024 intake cycle. The new Black Admissions pathway will be evaluated by the VD EDI dean and Black Health group in 5-year cycles measuring the number of Black matriculants, awards dedicated to students, and implementation of internal and external recommendations. There will be a sharing of best practices by the existing Indigenous and Francophone admissions sub-committees as the Black admissions pathways develop their distinct terms of reference.

**Next Steps:** Before NOSM starts to collect race-based data, there should be clear guidelines on the governance and stewardship of this data and how it is used by departments within and beyond admissions. As the Black Admissions pathway is being discussed, NOSM should collaborate with schools with an existing program, such as the University of Toronto and the University of Ottawa to share best practices. We call on NOSM to create programs or partner with existing programs such as Community of Support at the University of Toronto to support Black pre-medical students and increase Black representation, from all sub-groups.



# FEEDBACK AND RECOMMENDATIONS

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

## SHORT-TERM CALLS TO ACTION (BY 2021)

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

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

**Recommendation 7:** Review student mistreatment policies

### RECOMMENDATION 5

**Findings:** NOSM 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. It is unclear how they plan to address this. There is currently no formal teaching on the causes, harms, and challenges of anti-Black racism. The current curriculum does not teach the colonial past and anti-Black racist elements of the history of medicine. The colonial past is taught in the context of Indigenous populations.

**Next Steps:** We call for the specific and explicit address of anti-Black racism within the NOSM curriculum. Learners should be taught about the causes, harms, and challenges of anti-Black racism. 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 be implemented in the curriculum.

### RECOMMENDATION 6

**Findings:** NOSM has planned to begin in 6 months to address this call and has committed to sharing its findings. No further information was provided on the progress and plans to address this Call.

**Next Steps:** As NOSM 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.

### RECOMMENDATION 7

**Findings:** As part of its equity strategy, NOSM plans to review its student mistreatment policies ensuring that they are easily accessible and clearly outlined to students.

**Next Steps:** We ask NOSM to ensure to include the perspectives of Black medical learners in the upcoming review 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 1

**Findings:** NOSM plans to improve admissions collection practices within the next 6 months. No further information on how this will be conducted was provided.

**Next Steps:** To ensure a more equitable admissions process for Black applicants, it is crucial to enhance data collection practices. There should be clear guidance on the governance and stewardship of this data to ensure it is collected in an equity-oriented manner.



### RECOMMENDATION 2

**Findings:** On the NOSM University website, there is transparency on the admission criteria. The statistics of admitted applicants of the five most recent classes are also available. However, the weightings of each admission criterion are not available on the admissions website.

**Next Steps:** We commend NOSM's transparency concerning the demographics of their class along with the average GPA of accepted applicants. 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.



### RECOMMENDATION 3

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

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



# 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:** NOSM reports to have completed this Call. No further information was provided. They plan to ensure an anti-discrimination policy and implicit association testing are instated and enforced in admissions.

**Next Steps:** We call for NOSM to continue this initiative and ensure there is diversity in the admissions committee's personnel composition including representation from the Black Community. More information is needed on how this has been accomplished.



### RECOMMENDATION 5

**Findings:** NOSM University plans to complete this Call within the next 6 months.

**Next Steps:** As NOSM addresses this call, it is essential to consider comprehensive frameworks like Young et al's six-point framework for pipeline and program development. By aligning with such frameworks and incorporating best practices, NOSM can create more effective and targeted diversity initiatives. This approach demonstrates a strong commitment to improving diversity and representation in the medical field, in accordance with CACMS Element 3.3 and FMEC Recommendation II.





# 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

**Findings:** The incorporation of Black health in the curriculum at Northern Ontario School of Medicine (NOSM) University Faculty of Medicine is currently inadequate.

**Next Steps:** It is essential for NOSM University Faculty of Medicine to revise the curriculum and ensure that it comprehensively and accurately addresses Black health. This includes removing race as a proxy for social and genetic determinants of health, as it is not one of the determinants outlined in MCC Health Advocate Objective 1. For instance, working closely with Black stakeholders can lead to the development of case studies that specifically focus on Black health disparities and the social determinants of health that contribute to these disparities.

50%

### RECOMMENDATION 6B

**Findings:** The standardized and volunteer patient programs at NOSM University Faculty of Medicine lack diversity, hindering the effective inclusion of Black health in the curriculum. However, there are plans to address this within the next 6 months.

**Next Steps:** To better address Black health, the curriculum committee at NOSM University should develop strategies for enhancing the diversity of the patient programs. This entails actively recruiting a diverse pool of standardized patients that accurately represent the health needs and experiences of the Black community. By doing so, the curriculum can provide comprehensive coverage of Black health issues, ensuring that students gain a nuanced understanding of the unique challenges faced by Black patients.

25%

### RECOMMENDATION 6C

**Findings:** Clinical cases on racialized issues at NOSM University are to be updated to remove cases that perpetuate stereotypes and contribute to harmful heuristics.

**Next Steps:** Collaborating with Black students, faculty, and critical race scholars at NOSM University is crucial to review and revise the presentation of clinical cases. It is essential to ensure that these cases are accurate, sensitive, and free from stereotypes. For example, the curriculum can incorporate clinical cases that explore the impact of systemic racism on Black patients' access to healthcare. By adopting a critical lens, students can learn about the importance of providing culturally competent care that challenges biases and promotes health equity.

50%



# 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

**Findings:** NOSM University acknowledges the need to update the curriculum with regards to recognizing pathologies and dermatology-based clinical signs in patients of different skin tones; specific examples of these updates are not provided.

**Next Steps:** Developing educational initiatives at NOSM University that specifically address the dermatological needs of patients with diverse skin tones, such as hyperpigmentation, is essential. This can be achieved through hands-on workshops, interactive modules, and case-based learning activities. By equipping students with the knowledge and skills to identify and address dermatological issues in patients of diverse backgrounds, the curriculum can promote equitable healthcare practices.



### RECOMMENDATION 6E

**Findings:** The curriculum at NOSM University is planned within the next 6 months to prepare medical graduates to practice in any population in Canada, reflecting the diverse healthcare needs of the country.

**Next Steps:** When making curriculum enhancements, it is imperative for NOSM University to consider the goal of equipping medical graduates with the necessary skills and knowledge to provide effective healthcare to diverse populations throughout Canada. For example, incorporating modules on cultural humility, implicit bias, and cross-cultural communication can help students develop the necessary competencies to provide equitable care to patients from all backgrounds.



# 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:** NOSM plans to begin streamlining and centralizing their demographic data within the next 6 months. No specific examples were provided.

**Next Steps:** NOSM should actively collaborate with the AFMC Network to streamline and centralize their demographic data collection practices. This includes ensuring that the collected data is disaggregated, intersectional, equity-oriented and useful for ongoing evaluation of national and local EDI initiatives and policies.



### RECOMMENDATION 8

**Findings:** NOSM currently has integrated the strategic inclusion plan with their equity strategy. It is reported as a 5 year plan and NSOM is ending year 1. No specific examples are provided.

**Next Steps:** It is imperative for NOSM to implement a comprehensive strategic inclusion plan that reflects the specific concerns and recommendations outlined in the report, particularly in Article 33. This plan should cover both short-term and long-term initiatives to address systemic barriers, promote diversity and representation, and foster an inclusive learning and working environment for individuals of African descent.



### RECOMMENDATION 9

**Findings:** NOSM plans to begin equitable recruitment and promotion of Black instructors within the next 6 months. No specific examples are provided.

**Next Steps:** NOSM should prioritize the recruitment and promotion of Black instructors to increase their representation within the faculty. This can be achieved through targeted outreach efforts, inclusive hiring practices, and the creation of supportive pathways for career advancement.



# 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:** NOSM reports plans to address this call in 6 months or more.

**Next Steps:** While addressing the underrepresentation of Black individuals is crucial, NOSM should also extend the implementation of these recommendations to any other demographics found to be underrepresented within the faculty. 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 & MENTORSHIP**

**Findings:** Online counseling is available. Learner affairs officers can support connections with in-person counselors. Homewood Health, a mental health institution, can provide Black counselors. There are no wellness programming or plans in place for Black learners specifically. There are no mentorship programs in place for Black learners specifically.

**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. There should also be mentorship programs for Black medical students.

### **FACULTY DEVELOPMENT**

**Findings:** NOSM University currently has structured faculty development programs in place to address hidden curriculum, racism, and addressing privileges when developing and delivering educational activities. However, there is no specific training provided for faculty focusing on anti-Black racism or anti-oppression.

**Next Steps:** It is recommended that NOSM University develop targeted faculty development initiatives that specifically address anti-Black racism and anti-oppression. This can include implementing learning modules, workshops, seminars, and peer-mentorship programs to provide faculty with the necessary knowledge and tools to effectively address these issues in their teaching practices.



## APPENDIX I - EXPLANATION OF GRADING SCALE

% Grade	Visual Grade	Description
90-100%	<b>Green</b> (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%	<b>Yellow</b> (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%	<b>Red</b> (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

### Letter of Response: BMSAC Recommendations 2023-24 Canadian Medical School Report Card

Thank you for the opportunity to provide a response to the BMSAC Canadian Medical School Report Card received February 2, 2024.

The findings and next steps outlined in the report card will be instrumental for gauging our progress and maintaining momentum. Responsible portfolio leads have reviewed each section, and overall, we think that they are an accurate and reasonable reflection of where we find ourselves in the process of improvement.

We will be using the Report Card internally to help us prioritize our efforts. The report provides an external perspective that we intend to leverage to bring about change through various committees, portfolios, and other collaborative processes.

Please see the detailed feedback and comments to the Report Card recommendations below:

### Short-Term Calls to Action (by 2021)

#### Recommendation 1:

We will work to be more explicit in naming anti-Black racism in future communications.

#### Recommendation 2:

We will continue to convene and support the NOSMU Black Health Group throughout the process of specifically addressing anti-Black racism throughout the University. We will specifically mention and address anti-Black racism in the 2024 Equity Orientation Session.

As a point of clarification, the job title of our senior leader is incorrect in the report; the correct title is Associate Dean, Equity, and Inclusion.

#### Recommendation 3:

Updates to the Virtual Health and Wellness Hub will include a tile dedicated explicitly to Black students, ensuring services and organizations are included.

We lack the human resources that other schools have to address the next step of including Black perspectives on all existing committees without overburdening the participants. However, we will continue to convene and engage the NOSMU Black Health Group to provide a forum for respectful inclusion.

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1-800-461-8777

**Recommendation 4:**

2023 was the first collection of these data in the UME application pool. Processes are in place to ensure the appropriate governance, stewardship, and use of these data. We have also engaged with other schools with existing programs to inform the development of our stream. University of Toronto has presented to and shared documents with us and we are working collaboratively to either extend or create a community of support.

**Recommendation 5:**

We had a curriculum renewal abstract approved by the UME Curriculum Committee last fall; this will initiate a process by which all phases and themes of the UME curriculum will be renewed with an anti-racist lens. This abstract specifically includes the BMSAC recommendations, as well as others. This process is expected to conclude in the summer of 2025, with a target roll out of the renewed curriculum for the incoming class in 2025.

We have explored the BHEC Modules and are not in a financial position to afford them currently. However, we will engage with the NOSMU Black Health Group to ensure their expertise and leadership are included in the curriculum renewal.

**Recommendation 6:**

This work is underway and being led by the Black Admissions Sub-committee. When the findings of the evaluation are complete, we will share with the parties identified in the next steps.

**Recommendation 7:**

The pathway to reporting mistreatment is inclusive to all NOSMU learners. Learners were engaged in developing this process, and the Associate Dean, UME, actively discussed the process with all learners. Learners made suggestions of a one-stop person, Director, Learner Support Services, which has been implemented. We will ensure future reviews also include Black learners' perspectives.

**Long-term Recommendations: Admission**

**Recommendation 1:**

Processes are in place to ensure the appropriate governance, stewardship, and use of these data and this information will be shared with the parties.

**Recommendation 2:**

This information is critical to informing perspective applicants and we will work towards making it even more accessible.

**Recommendation 3:**

We are committed to continuing this standard of excellence.



**Recommendation 4:**

In the creation of the new Black Admissions Sub-committee, Black community representation, faculty, physician, and learner representation was an important priority. The chair of this committee is also a member of the broader Admissions Committee as well as the UME Selection Committee. Further work is needed to review the composition of these committees. This work is ongoing.

**Recommendation 5:**

In addition to the new Black Admissions Stream, the Black Admissions Sub-committee and Black Health Group are working collaboratively to explore appropriate pathways in collaboration with our recruitment, admissions, recruitment, and Equity Portfolios.

**Long-term Recommendation: Curriculum**

**Recommendation 6 (a-e):**

An Equity and Social Accountability curriculum renewal abstract was approved by the UME Curriculum Committee last fall; this will initiate a process by which all phases and themes of the UME curriculum will be renewed with an anti-racist lens. This abstract specifically includes the BMSAC recommendations, as well as others. An Expert Panel will be convened as part of this process to oversee its execution.

Critical race scholars, Black stakeholders, faculty, clinicians, and learners will be recruited and supported to participate on this panel. We will ensure the panel and curriculum committee are aware of these findings and next steps for their consideration and inclusion in the renewed curriculum.

Diverse Standardized Patient recruitment is ongoing. The Black Health Group has been engaged to inform a strategy specific to recruiting Black SPs.

**Long-term recommendation: Accountability**

**Recommendation 7:**

NOSM U has initiated a university-wide process for the harmonization, stewardship, and communication of self-identified demographic data. We are happy to collaborate with the identified parties in the next steps to ensure it is useful for evaluating national and local EDI initiatives.

**Recommendation 8:**

NOSM U's Equity Strategy includes both short and long-term initiatives to address systemic and interpersonal barriers. More will be done to include specific efforts to foster an inclusive learning and working environment for individuals of African descent.

**Recommendation 9:**

Succession planning is a part of the existing Equity Strategy. Faculty Affairs, Human Resources, and the Education Deans have all been engaged in this process to date. The university-wide Self ID process in development will also aid in the implementation of these next steps.

**Recommendation 10:**

This work is underway. Although NOSM U has strong mechanisms in place to extend these recommendations to some other underrepresented demographics, we have room to improve in others. Thank you for identifying these next steps. We are happy to share and learn from others in this effort.

**New Recommendations:**

**Wellness and mentorship**

The Offices of Learner Support Services and Equity and Inclusion are collaborating to enhance Black learner's ability to access mentorship, wellness, and cultural support within the distributed learning environment.

**Faculty development**

These next steps will be considered in the planning for future targeted faculty development initiatives through inclusion in ongoing needs-based assessments.

Thank you for providing us with this opportunity to respond to this very important work. We value your perspective, recommendations, and guidance as we navigate the path forward. This Report Card will be shared with appropriate leadership within the NOSM University. We look forward to future correspondences and collaborations.

Sincerely,



Joseph LeBlanc, PhD  
Associate Dean Equity and Inclusion  
NOSM University



Céline Larivière PhD  
Provost and Vice President, Academic | Vice-rectrice aux études  
NOSM University

c. Dr. Sarita Verma, President, Vice Chancellor Dean and CEO