

CANADIAN MEDICAL SCHOOL REPORT CARD

2023-2024



Queen's University

Dr. Jane Philpott

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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

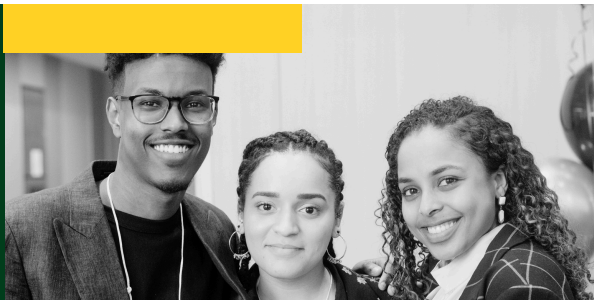
However, scores were adjusted based on information provided, or otherwise, a lack of information. Scores and next steps were further adjusted to reflect feedback and new information provided by local Black Medical Students' Association leads and members of the AFMC Black Health Innovation and Advancement 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 	80%	Not evaluated	Green
Admissions <ol style="list-style-type: none"> 1. Improve admissions data collection practices 2. Transparency of admission criteria 3. Develop application waiver fees for low SES applicants 4. Regular review of admissions committees for lack of diversity and inherent bias 5. Develop pathway programs to counter underrepresentation 	75%	Yellow	Yellow
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 	85%	Yellow	Green
Accountability <ol style="list-style-type: none"> 1. Support the AFMC Network over the next 2 years in streamlining and centralizing their demographic data collection practices, 2. Review 2017 United Nations Humans Right 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 	50%	Red	Red

FEEDBACK AND RECOMMENDATIONS

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

SHORT-TERM CALLS TO ACTION (BY 2021)

Recommendation 1: Make a public statement denouncing anti-Black racism, police brutality, and the various manifestations of racial discrimination in Canada, including in medicine.

Recommendation 2: Make justice and equity a priority health concern in accordance with CACMS social accountability element 1.1.1.2

RECOMMENDATION 1

100%

Findings: Queen's promptly responded to this Call with a public blog post by the Faculty of Health Sciences Dean in 2020 entitled "Taking Action Against Anti-Black Racism." There was also a 4-part Twitter post by the Faculty condemning racism and violence against Black people and making clear their solidarity with the Black Community. With a public anti-discrimination statement, Queen's recognizes its long-standing history of implementing discriminatory and oppressive policies such as the ban on Black medical learners in 1918. They have issued public apologies and formally annulled this policy. Queen's now embraces a just equitable and inclusive environment where they acknowledge and address their history of oppression as they seek to learn, unlearn, and make amendments.

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

RECOMMENDATION 2

85%

Findings: Queen's reports no current plans to engage in ongoing consultation with members of equity-seeking groups to develop specific equity outcome measures that align with their needs. They have, however, formally reviewed all aspects of their medical education, developed policies and strategies to address racism, both systemic and overt, and appointed an Associate Dean for Equity and Social Accountability in 2022. They have created a six pillar EDIIA Action Plan. During orientation, there is a 3.5-hour session titled Positive Spaces and Anti-Oppression. This content is reinforced during other orientation sessions.

Next Steps: We urge Queen's to engage with members of equity-seeking groups, including the Queen's BMSA (QBMSA), to develop outcome measures that align with their needs. Conversations to address racism within medical education should also address anti-Black racism specifically. As we redress racism, we need to be clear and name the racism that is being addressed. Once again, the revision of all aspects of medical education should be an iterative and ongoing process.



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 3



Findings: Queen's has extended justice and equity initiatives explicitly to Black students by making public statements to the student body, and making commitments with Black-led medical organizations including the QBMSA. They have no current plans to ensure Black perspectives are included on all existing committees. They report that all committees in Queen's Health Sciences are formed with an EDIIA lens which includes but does not specify the requirement for Black perspectives.

Next Steps: While great strides have been made in addressing disparities with an Equity, Diversity, Inclusion, Indigeneity, and Accessibility lens, specific inequities and types of racism have to be specifically named. We call on Queen's to specifically and explicitly include Black perspectives as part of their EDIIA plan and include these perspectives on all existing committees. This should be done without overburdening the Black faculty, staff, and medical student body. We would also like to emphasize that the 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 Queen's, the local BMSA chapter, and the national BMSAC.



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: Queen's reports having no current plans to evaluate whether there is a representative proportion of enrolled Black medical students in their faculty. Queen's does not collect race-based data on the number of Black matriculants in the MD program. However, they do report being in the early stages of development of the Black Student Admissions Pathway to ensure equitable participation of Black learners in their programs. Queen's also has the Accelerated Route to Medical School (QuARMS) which since 2021 has admitted 5 Black medical learners per year. The progress of current QuARMS students is tracked and with mentorship structures, they stay in touch with recent Black graduates. Recently, a permanent commemorative plinth was installed on campus to remember the Black students banned from Queen's starting in 1918. Queen's has committed to acknowledging these historical grievances and redressing the harms caused to Black representation in medicine.

Next Steps: We applaud Queen's recognition of their harmful past and its consequences and their commitment to redressing their wrongs. We call on Queen's 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 to be used by departments within and beyond admissions. In the development of the Black Student Application Program, connections should be made with schools with existing programs such as the University of Ottawa and the University of Toronto. This will enable the sharing of best practices and ensure this program with implemented in a culturally safe approach.

25%



FEEDBACK AND RECOMMENDATIONS

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

SHORT-TERM CALLS TO ACTION (BY 2021)

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

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

RECOMMENDATION 5

Findings: Queen's acknowledges the role that medicine has played and continues to play in the creation and perpetuation of harmful race ideology and commits to critical anti-racist education of future physicians and faculty. They report to currently provide formal teaching on the causes, harms, and challenges of structural anti-Black racism. They also teach about the colonial past and anti-Black racist elements of the history of medicine. There is Anti-Oppression EDIIA content throughout the curriculum that does not specifically focus on anti-Black racism but frequently discusses it. More specifically, there is a 'Who Gets To Be A Doctor' module and small group learning session designed after the Black student ban was repealed with a large focus on anti-Black racism. This module also covers the Flexner report. Finally, there is a new session on the role racism plays in the care of patients with Sickle Cell Anemia.

Next Steps: Queen's is on the right path. As these harms and historical manifestations of anti-Black racism are taught to students, solutions should also be developed and taught with a forward-minded frame as a way to ensure future physicians do not contribute to the perpetuation or repeat of these grievous mistakes. The modules being developed by the Black Health Education Collaborative (BHEC) will comprehensively address these topics, and should also be implemented in the curriculum.

RECOMMENDATION 6

Findings: While Queen's acknowledges the barriers associated with the commercialization of medical school admissions, MCAT, etc, they are yet to implement a response. These topics are part of the discussions of the Black Student Application Pathway.

Next Steps: As Queen's 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 should also be considered.



FEEDBACK AND RECOMMENDATIONS

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

SHORT-TERM CALLS TO ACTION (BY 2021)

Recommendation 7: Review student mistreatment policies

RECOMMENDATION 7

Findings: Queen’s reports having clear mistreatment policies and procedures in place that students are well aware of. The Office of Learner Wellness is always involved, with the investigational process starting with them. The Queen’s Health Sciences does not currently have Black advisors but has access to Black mentors and central resources through the Student Campus Wellness and the Human Rights and Equity Office.

Next Steps: We ask Queen’s 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 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 1

Findings: Queen's is currently in the process of an admissions reassessment.

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

75%

RECOMMENDATION 2

Findings: At Queen's, there is no policy or process for transparency of criteria used to admit applicants but the discussion is underway.

Next Steps: We call for Queen's to complete this policy and provide applicants with a clear and comprehensive overview of the admission criteria and their relative importance to contribute to a more equitable and accessible admissions process for all aspiring students. Full transparency includes sharing the weightings of how each criterion is used in the admission process and admissions from at least the four most recent classes.

75%

RECOMMENDATION 3

Findings: Currently, Queen's is aware of financial barriers faced by applicants, and they are working to continue to build resources through their Advancement Office.

Next Steps: Develop a program to waive application fees for low SES applicants.

25%

RECOMMENDATION 4

Findings: Queen's University regularly reviews admissions committees' personnel composition for lack of diversity and any inherent bias that arises as a result.

Next Steps: Excellent work. Continue completing these regular reviews.

100%

RECOMMENDATION 5

Findings: This recommendation is currently underway but not yet complete at Queen's.

Next Steps: Continue the work to implement a dedicated diversity pipeline programs aimed at addressing underrepresentation in alignment with CACMS Element 3.3 and FMEC Recommendation II.

75%



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: Queen's has successfully begun planning to ensure their curriculum committee works to address the need to remove race as a proxy for social and genetic determinants of health. A specified advisory Committee for Black Learners, Faculty, and Staff is being developed; however, it is stalled due to the competing demands of members of the community.

Next Steps: Queen's should continue to collaborate with Black learners following the example of the successful integration of learning materials to improve racial representation facilitated by Dr. Iku Nwosu and her peers. We recommend dedicating adequate time and resources in the creation of a specified advisory committee for Black Learners, faculty and staff such as Dr. Andrew Thomas and the Queen's Black Medical Student Association. The advisory committee can ensure ongoing evaluation and refinement of the curriculum to reflect the most current understanding and best practices in addressing Black health.



RECOMMENDATION 6B

Findings: Queen's has begun focusing on bringing diversity to the standardized and volunteer patient programs. There have been challenges with recruiting from the Kingston area.

Next Steps: To increase the diversity of the standardized and volunteer patient programs, Queen's can collaborate with community organizations, provide cultural competency training, and expand recruitment efforts. This is important because it prepares medical graduates to practice in diverse populations.



RECOMMENDATION 6C

Findings: Queen's has taken initial steps in addressing racialized issues in clinical cases, and there is an opportunity for improvement to avoid perpetuating stereotypes and harmful heuristics. There are developments and ongoing improvements to the curriculum content.

Next Steps: It is mentioned that initiatives are growing and improving, and anti-Black racism is incorporated through online and in-person modules, guests, case studies, visual and text-based media. However, it is recommended that specific examples of initiatives are provided, for example, the clinical scenarios presented in case-based learning sessions. Additionally, they should ensure that faculty and students receive appropriate training and guidance to effectively address racialized health issues in clinical cases, promoting understanding and avoiding the perpetuation of stereotypes.



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

100%

Findings: Queen's University has shown a commendable understanding of the significance of educating students about dermatological conditions and addressing the concerns of Black learners. Iku Nwosu, Shakira Brathwaite, Aquila Akingbade, and Eric Zhang, who are Black medical students, have taken the lead in initiatives to enhance racial representation in learning materials. They recruited approximately 120 Queen's students to review around 900 learning materials and identify learning events that required improvement in terms of racial representation.

Next Steps: Queen's should continue prioritizing training in recognizing pathologies and dermatology-based clinical signs in patients of different skin tones. Additionally, it is recommended to continue listening to students' concerns and involving them in decision-making processes. It is also suggested to establish a continuous monitoring process to keep up with the evolving social climates.

RECOMMENDATION 6E

100%

Findings: Queen's has made good progress to ensure their curriculum specifically addresses the need for all additions to be made with the consideration that all medical graduates need to be prepared to practice in any population in Canada, not just populations representative of the local context of their schools.

Next Steps: Queen's University should prioritize preparing medical graduates for diverse populations in Canada. They should regularly update the curriculum to reflect the needs of a multicultural society. It is recommended to consider Recommendation 6b, which suggests implementing diverse training methods to enhance students' preparedness to work with any population in Canada.



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

Findings: Currently, Queen's is in year one of an EDIIA Action Plan that includes many potential changes to data collection and EDIIA-related practices. However, it remains to be seen how quickly and in what ways these will materialize.

Next Steps: By actively participating in these efforts, you are contributing to more informed and effective EDI measures on both a national and local level, ultimately fostering greater equity and inclusivity. Continue to support the AFMC Network over the next 2 years.

50%

RECOMMENDATION 8

Findings: The United Nations Human Rights Council expert report on People of African Descent in Canada and Article 33 are not currently guiding Queen's program or policy direction.

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

25%

RECOMMENDATION 9

Findings: The forthcoming EDIIA Action Plan has numerous sections related to staff and faculty recruitment and retention.

Next Steps: To improve this score, you must implement these recommendations once they have been developed. The recommendations put forth should include more targeted recruitment strategies, mentoring programs, and inclusive promotion policies.

75%

RECOMMENDATION 10

Findings: As part of their strategic plan, and the goal of matching the population profile, Queen's is working towards being able to implement this recommendation, but it is not yet operationalized.

Next Steps: To enhance this score, you must begin addressing 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.

75%



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: There is a wellness staff within the UGME and at the University centrally. While the wellness program is not specific to Black Learners, it does have an EDIIA lens. Queen's also has a mentorship committee for Black faculty and learners that is yet to be fully formalized.

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

Findings: There is structured faculty development for all teaching faculty on hidden curriculum, racism, and addressing privileges when developing and delivering educational activities. However, there is currently no dedicated Black Health theme role/lead at Queen's University.

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



APPENDIX I - EXPLANATION OF GRADING SCALE

% Grade	Visual Grade	Description
90-100%	Green (Several measures in place)	Phenomenal commitment. Your faculty has very closely considered and responded to the BMSAC 2020 Calls to Action in a timely manner. We celebrate your commitment to, amongst others, addressing anti-Black racism, increasing diversity in your medical school and most importantly supporting the wellness and professional success of Black medical learners. You are an example to other faculties and have set a standard for a more equitable learning environment and excellent care to Black populations. We honor your progress and ask that you continue this phenomenal work.
85-89%		Excellent progress. Your progress with the BMSAC Calls to Action is commendable. We acknowledge your allyship and are grateful for your commitment to changing policies in a timely manner to make your school a welcoming environment for Black medical learners and for training future physicians that are prepared to serve the polyolith that is the Black population. We celebrate your progress and encourage you to continue in this and more.
80-84%		Excellent progress. Your progress with the BMSAC Calls to Action is commendable. We acknowledge your allyship and are grateful for your commitment to changing policies in a timely manner to make your school a welcoming environment for Black medical learners and for training future physicians that are prepared to serve the polyolith that is the Black population. We celebrate your progress and encourage you to continue in this and more.
76-79%	Yellow (Some measures in place)	Outstanding performance. Your faculty has clearly reviewed the BMSAC Calls to Action and has made an effort, in a timely manner, to, amongst others, increase the number of Black medical learners, support Black medical learners, and ensure the curriculum adequately prepares graduates to treat a diverse population. We celebrate and commend your efforts in starting to address the gaps in outcomes for Black communities and urge you to continue this outstanding work.
72-75%		Notable achievement. Your Faculty has clearly reviewed the BMSAC's Calls to Actions and have made notable progress in achieving them. There is still room for improvement. We ask that you consider the Calls to actions not fully addressed and take note of our recommendations to closing the gap in support for Black medical learners and gaps in healthcare for Black communities.
68-71%		Considerable progress. We acknowledge the progress your Faculty has made in addressing the BMSAC Calls to Action. However, some gaps still exist and we encourage you to review the BMSAC Calls to Action as well as the report card and work to address them in a timely manner. Equity in your program is not only of importance to supporting Black medical learners but in addressing the healthcare disparities Black communities experience.
64-67%		Moderate performance. Your Faculty has started to address the BMSAC Calls to Action and your desire to be an ally is clear. However, there are still some Calls that need to be addressed in a timely manner by your program. Please review the recommendations made to begin to address these gaps.
60-63%		Limited progress. While there is some progress this would be on the cusp of failure based on some medical school grading systems. We ask you to closely review the BMSAC Calls to Action and this report card, taking note of where changes are needed. Please act in a timely manner, time is of the essence.
55-59%	Red (Needs improvement)	Minimal commitment. Very little progress has been made to addressing the BMSAC Calls to actions. We call on you to review the BMSAC Calls to Action and this report card and take note of where changes are needed. Creating a program where equity is prioritized is of the utmost importance.
50-54%		Inadequate progress. Your program has not appropriately implemented the BMSAC's calls to action. It is quite close to a failing grade and we call on you to closely review the BMSAC Calls to Action and this report card and take note of where changes are needed. We strongly encourage you to act now!
0-49%		Unacceptable work. This is a failing grade and your program has made unacceptable progress in addressing the BMSC Calls to actions. It is of the utmost importance to closely review the BMSAC Calls to Action and this report card and take note of where changes are needed. Your allyship is needed in supporting Black medical learners and addressing health inequities Black communities face.



APPENDIX II - FEEDBACK AND COMMENTS

March 1, 2024

Black Medical Student Association of Canada

Via email: chair@bmsac.ca

Re: Canadian Medical School Report Card - Letter of Response from Queen's University

To the Executive Members of the BMSAC:

Thank you for the correspondence we received last month from the Black Medical Student Association of Canada. We have reviewed the Queen's University feedback from the Canadian Medical School Report Card and provide some reflection and response here. We acknowledge the dedication and significant resources that went into this assessment and the importance of the underlying goals of addressing issues of racism, including anti-Black racism, discrimination, and mistreatment.

Very regrettably, Queen's Health Sciences has a long-standing history of implementing discriminatory and oppressive policies including the ban of Black medical learners in 1918. Over the past decade, we have focused our actions on redressing these wrongs and are currently continuing this journey. The BMSAC report card is a helpful reminder of our progress to date and also the critical work that still needs to be done. We reconfirm Queen's commitment to addressing inequities in medical school access and experience and the elimination of anti-Black racism in our institution. The report card emphasizes short, medium and long-term goals that align well with our EDIIA Action Plan and equity-related components of the Queen's Health Sciences Radical Collaboration Strategic Plan. The BMSAC calls to action exist as focused points for progress and measurable change that we are pleased to be able to reflect upon.

We noted that BMSAC recognized Queen's actions related to the short-term calls to action and to curriculum development as our stronger areas. We have made marked strides in recent years in the development of organizational structures to support anti-oppression work, including the establishment of an office for equity, diversity, inclusion, Indigeneity and accessibility (EDIIA) and the portfolios for the Associate Dean Equity and Social

Accountability and Director for EDIIA in the MD program. We have also had important additions to our curriculum and professional development offerings. Since the collection of data for this report card, we have also established a Specified Advisory Committee for Black learners, faculty and staff and have made marked changes to our MD admissions process which will come into effect for 2025. Consultations to inform the development of our Black Student Admissions Pathway have started and equity data from the Ontario Medical School Admissions Service are being used to inform decisions.

We understand that there is still room for significant growth and we remain committed to striving for progress and sustainable change. BMSAC emphasized the areas of admissions and accountability as our weaker areas. We acknowledge the importance of the following fourteen recommended actions that have been identified in the report card feedback:

1. To engage with equity-deserving groups to establish equity outcome measures that align specifically with their needs.
2. To be clear in redress activities to specifically name *anti-Black racism* when it is being addressed.
3. To recognize that evaluation of medical curricula is an ongoing and iterative process.
4. To appropriately collect race-based data, including data related to the number of Black medical students, faculty, and staff and ensure clear guidelines on the governance and stewardship of the data are in place.
5. To make connections with schools with existing programs (e.g., University of Ottawa, University of Toronto) when developing Black Student Application Pathways or Communities of Support.
6. To consider the use of curricular modules being developed by the Black Health Education Collaborative (BHEC).
7. To complete and communicate findings from any MD admissions policy evaluations with the AFMC Standing Committee on Social Accountability (Julien Poitras doyen@fmed.ulaval.ca and Melissa Shahin mshahin@afmc.ca).
8. To ensure a more equitable admissions process for Black applicants and greater transparency surrounding the admissions process.
9. To develop a program to waive application fees for low SES applicants.
10. To increase diversity of the standardized and volunteer patient programs, through collaboration with community organizations and expansion of recruitment efforts.
11. To prioritize training in recognizing pathologies and dermatology-based clinical signs in patients of different skin tones.

12. To further enhance faculty development related specifically to anti-Black racism through learning modules, workshops, seminars, or other forms of training and the designation of a Black health lead.
13. To increase the amount of cultural support available for Black medical students through in-person counselors, online support systems, and/or peer support groups.
14. To continue to support and engage with the AFMC network and BMSAC.

As we continue our work in EDIIA and in addressing anti-Black racism and inequities related to medical education these recommendations will serve as helpful guides. We look forward to continuing to work collaboratively with our colleagues across the AFMC network and with the BMSAC in these efforts.

Sincerely,



Jane Philpott MD, CCFP, MPH, PC
Dean, Faculty of Health Sciences, Queen's University
CEO, Southeastern Ontario Academic Medical Organization



Colleen Davison, BSc/HBOR, BEd, MPH, PhD
Associate Dean, Equity and Social Accountability,
Faculty of Health Sciences, Queen's University



Eugenia Piliotis, MD FRCPC MEd
Professor, Department of Oncology, Hematology
Associate Dean, MD Program, Queen's University