

# CANADIAN MEDICAL SCHOOL REPORT CARD

2023 - 2024



**University of Alberta**

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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

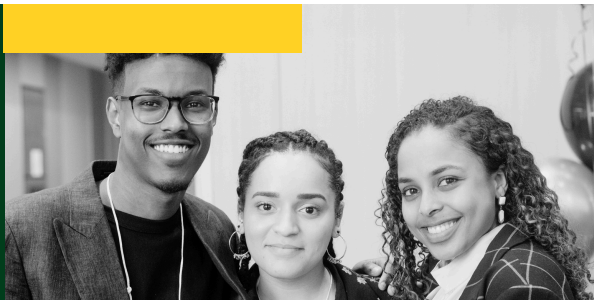
However, scores were adjusted based on information provided, or otherwise, a lack of information. Scores and next steps were further adjusted to reflect feedback and new information provided by local Black Medical Students' Association leads and members of the AFMC Black Health Innovation and Advancement 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>	89%	Not evaluated	Green
<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>	88%	Green	Green
<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>	90%	Yellow	Green
<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>	62.5%	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 1

**Findings:** A statement in response to this Call was made in the summer of 2020 by the Dean of the University of Alberta Faculty of Medicine and Dentistry (UofA FoMD) in her weekly communications to clinical academic faculty, administrators, residents, and students. The UofA FoMD also reports that there have been subsequent statements by the Dean and the Associate Dean of the MD program. No links to these statements or any publicly available statements were provided.

**Next Steps:** While the UofA FoMD has 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 the FoMD's commitment to recognize and address anti-Black racism and police brutality and its manifestations in medicine and beyond. Additionally, this statement should be publicly available on their website and should explicitly mention anti-Black racism.





# FEEDBACK AND RECOMMENDATIONS

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

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

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

### RECOMMENDATION 2

**Findings:** The FoMD has made justice and equity a priority health concern with ongoing consultation with members of equity-seeking groups to develop specific equity outcome measures. Over the last 18 months, the MD Program, led by the Black Health Lead, has fostered meaningful relationships with the Black Community in Northern Alberta. Through the Black Working Group which includes 3 community liaisons representing the perspectives of the greater Black Community in Edmonton. The Community was consulted in the development of the MD program strategic plan, playing an integral role in defining the goals of decolonizing the MD program curriculum and integrating anti-racism into curricular offerings. The FoMD has also committed to formally reviewing all aspects of medical education with a staged and evidence-based approach. In February 2023, a curriculum retreat dedicated to Equity, Diversity, and Inclusion where a plan to transform the curriculum with engagement from the community and key stakeholders. Experts in program evaluation were engaged to ensure appropriate appropriate assessment of new curricula. A pathway to ensure transparency and accountability with the community is also being developed. Resources for faculty development to equip them to teach the new offerings are also being developed. The FoMD has also committed to developing policies and strategies to address racism with the completion of the Anti-Racism Commitment to Change document which informed the development of the Faculty's Anti-Racism policy and Racism Reporting Process. The FoMD has had an Assistant Dean of EDI since 2017 with Social Accountability leads at the Faculty and UGME levels. As students start medical school they are introduced to the Black Health Lead and the Social Accountability Lead for the MD program. Students can consistently engage with EDI leadership through consultation, educational committees, and events.

**Next Steps:** We commend the UofA FoMD's approach in addressing this Call. There was a specific inclusion of Black perspectives in the strategic plan. As all aspects of medical education are being reviewed and policies and strategies to address racism are being developed, we call for specific and explicit inclusion of anti-Black racism and how it is to be addressed by the FoMD. It is not enough to combine ABR with EDI initiatives.

95%



# FEEDBACK AND RECOMMENDATIONS

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## 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

100%

**Findings:** The FoMD has extended justice and equity initiatives explicitly to Black students through public statements, with this commitment renewed yearly in February. Opportunities are communicated to students through the FoMD, MD program, and the Black Medical Student Association (BMSA). The FoMD has also committed to working with Black-led medical organizations. They work with the BMSA, the Black Physicians Association of Alberta, the Africa Center, the UofA Black Faculty Collective, and under the leadership of the Black Health Lead, they work with the Black Health Working Group. The FoMD also supports its medical students in attending the BMSAC yearly conference. Finally, they have ensured Black perspectives are included on all strategic and decision-making committees. There is also BMSA representation on all MD program committees.

**Next Steps:** The FoMD’s response to this Call is to be applauded. We recognize that the extension of justice and equity initiatives and supporting Black medical students is not a one-time extension. We encourage continued open lines of communication between the FoMD and the student groups, including the BMSAC. We continue to emphasize that 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

100%

**Findings:** The FoMD has also evaluated whether there is a representative proportion of enrolled Black and Indigenous students. The University of Alberta has had a Black Applicant Admissions Pathway (BAAP) since 2021. This pathway is reviewed and evaluated annually by the Black Working Group, Black Health Lead, Dean of Admissions, and the BMSA. Outcome measures of success are currently being discussed in collaboration with key stakeholders. To reduce financial barriers faced by applicants, the MD Program participates in the Price of a Dream initiative to waive the application fee. As part of the ongoing evaluation of the Black Admissions Process, race-based data on the number of Black matriculants in the MD program is collected. It is stored, managed, and reported by the Dean of Admissions team to the oMD Black Working Group.

**Next Steps:** We commend the UofA FoMD's efforts concerning this Call. The FoMD appropriately collects race-based data and there is clarity around the governance and stewardship of this data. However, more information is needed on if and how it is used by departments beyond admissions. We also call for transparency on the findings of the yearly review of the BAAP program. We encourage the FoMD to continue to support the BAAP program and Price of a Dream Initiative. In addition, we call for support for aspiring applicants to further reduce barriers to entry. Examples of such support programs include the [University of Calgary Cumming School of Medicine Support Toward Entry Program \(STEP\)](#), and the [University of Toronto Temerty Faculty of Medicine Community of Support \(COS\)](#).



# FEEDBACK AND RECOMMENDATIONS

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## 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 5

**Findings:** The UofA FoMD plans to, 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. The development of Anti-racism curricula as it pertains to Black Canadians is an ongoing area of development. The FoMD reports formal teaching on the causes, harms, and challenges of structural anti-Black racism with teaching of the colonial past and anti-Black racist elements of the history of medicine. In the last 18 months, there have been multiple core elements of training and knowledge translation around the history of medicine concerning Black Canadians, critical theory, social determinants of health, and intersectionality. The FoMD's education portfolio on Black Health and Anti-Racism includes

- The Physicianship Discussion Group on Anti-Black Racism, a two-hour session featuring readings on the social determinants of health as it pertains to Black Canadians, a primer on intersectionality, and a documentary film detailing the perspectives of Black students/physicians in medicine.
- Anti-Racism Team-Based Learning: This is a 2-hour session that aims to equip all FoMD students on how to handle interpersonal racism in the academic and clinical space. This session also highlights the history of institutional racism against Black students in medicine and the impact of the historical exclusion of Black matriculants on the health of Black Canadians
- Anti-Racism Workshop LINK Block: A 3-hour workshop on anti-racism in clinical spaces during the transition from pre-clerkship and clerkship. It aims to equip students with approaches to clinical instances of racism and microaggressions.

As part of faculty development, the Black Health Lead delivers workshops on incorporating anti-racism competencies into brief clinical teaching and the core tenets of critical race theory. The Black Health Lead will also be collaborating with the Associate Dean for Faculty Development to create EDI modules and workshops for faculty members.

The Black Health Theme Lead will also be collaborating with the Vice Provost Fellow for Black Excellence and leadership to develop modules on the History of Medicine, Critical Theory, and Black Thought about healing, health, and wellness.

**Next Steps:** The FoMD is on the right path. 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 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.



# FEEDBACK AND RECOMMENDATIONS

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

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

**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 6

**Findings:** The UofA FoMD plans to commit to, in 6 months or more, to commit to an urgent evaluation of the ways current admissions policies and eligibility requirements contribute to the under-representation of Black students. They recognize the commercialization of the medical school application program. There is a collaboration between the Black Health Lead and the mentorship lead of the Black Physicians Association of Alberta (BPAA) to develop a robust mentorship and recruitment program. Through the Annual Black Health Fair and other community outreach events and activities, the BMSA has engaged in pathway efforts at the senior and junior high school levels. Finally, there are discussions on the development of a formal 'Community of Support' for Black applicants and students.

**Next Steps:** We commend the University of Alberta's commitment to evaluating its admissions practices. 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. Finally, in the development of a Community of Support program, we encourage collaboration with Faculties with existing programs, such as the Universities of Calgary and Toronto, for the sharing of best practices.

50%

### RECOMMENDATION 7

**Findings:** The FoMD completed the review of the MD Program Student Mistreatment policies. These policies are easily accessible and clearly outlined to students. There is also an explicit professionalism and Racism reporting process.

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

100%





# 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 1

**Findings:** The University of Alberta is actively engaged in evaluation and improvement of the Black Admissions process as well as the collection of Black matriculant admissions data. Discussion around specific targets and expansion of data collection are ongoing.

**Next Steps:** Building on these efforts, the institution should continue its proactive approach to refining the Black Admissions process. Establish clear and measurable targets for Black matriculants to ensure progress towards equitable representation. Expand data collection initiatives to encompass a broader range of intersectional identities, ensuring a more comprehensive understanding of diversity within the applicant pool. Engage in transparent communication about the objectives and outcomes of data collection practices. Involve stakeholders, including Black communities, in discussions to gather valuable insights and perspectives. Implement iterative improvements based on ongoing assessments and feedback to foster an environment of continuous learning and inclusivity in the admissions process.

87.5%

### RECOMMENDATION 2

**Findings:** The University of Alberta provides data on criteria and weightings for all applicants on their website. However, specific statistics related to average acceptance scores are not currently shared.

**Next Steps:** To enhance transparency, the institution should take the crucial step of providing detailed statistics on average acceptance scores for each admission criterion. This information is vital for empowering students, particularly those from low socioeconomic status (SES) backgrounds, to make fully informed decisions about where to allocate limited application funds. Addressing this gap involves updating the website to include statistical data alongside existing information on criteria and weightings. Implementing this transparency measure ensures that prospective applicants have comprehensive insights into the admission process. Regularly updating and maintaining this information will contribute to an ongoing commitment to transparency and inclusivity in the admissions process.

75%



# FEEDBACK AND RECOMMENDATIONS

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

## LONG-TERM RECOMMENDATION: ADMISSION

### 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 3

**Findings:** The institution has implemented a fee waiver program for applicants in financial need, allowing them to apply for an application fee waiver in collaboration with OMSAS, aligning with the AFMC program.

**Next Steps:** To further support low socioeconomic status (SES) applicants, the institution should focus on increasing awareness of the existing fee waiver program. This involves clear communication about the program's availability, eligibility criteria, and application process to ensure that all qualifying applicants are aware of and can easily access this support. Additionally, periodically reviewing and adjusting the program based on feedback and evolving needs will contribute to its effectiveness in reducing financial barriers for low SES applicants.

87.5%

### RECOMMENDATION 4

**Findings:** The institution is committed to maintaining a diverse and unbiased admissions committee personnel composition.

**Next Steps:** While the score reflects success, continuous commitment is essential. The institution should sustain its efforts by routinely reviewing admissions committees' personnel composition. Establish a regular schedule for these reviews to ensure ongoing diversity and mitigate any potential biases that may arise. Additionally, consider incorporating training programs for committee members to enhance awareness and understanding of diversity and inclusion principles. Regular monitoring and transparent reporting on the composition will reinforce the institution's dedication to maintaining a fair and diverse admissions process.

100%

### RECOMMENDATION 5

**Findings:** The institution has established a "Community of Support" and an "Association of Black Aspiring Physicians" to address underrepresentation.

**Next Steps:** Building on these initiatives, the institution should further develop and refine appropriate diversity pipeline programs. Consider incorporating elements from Young et al's six-point framework for pipeline and program development. Strengthen collaborations with external organizations and expand outreach to communities representing demographics found to be underrepresented. Regularly assess and adjust these programs based on feedback and evolving needs to ensure sustained impact. Additionally, continue fostering a supportive community for aspiring physicians through mentorship and networking opportunities.

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 6A

100%

**Findings:** The University of Alberta has completed or already had in place the process of working with Black students, faculty, and critical race scholars to address Black health in the curriculum. There has been a focus on removing race as a proxy for determinants of health. Additionally, both Clerkship directors and Pre-clerkship directors have undergone faculty development around the idea of biological essentialism and its removal from curricular materials.

**Next Steps:** To further enhance the incorporation of Black health in the curriculum, ongoing collaboration with Black students, faculty, and critical race scholars should continue. This collaboration can ensure the effective implementation and sustainability of removing race as a proxy for determinants of health. Ongoing dialogue and input from these stakeholders is essential to identify any gaps and areas for improvement in addressing Black health in the curriculum. Continuous review and revision of curricular materials should be conducted to accurately and comprehensively represent.

### RECOMMENDATION 6B

75%

**Findings:** The University of Alberta has recognized the importance of enhancing understanding of Black health by increasing the diversity of standardized and volunteer patient programs. Efforts have been made to ensure a representation of various skin tones, age groups, and gender presentations. Clinical skills leads in Physical Exam and Communications have been working directly with the Standardized Patient program to increase the diversity of standardized patients for didactic sessions and exams.

**Next Steps:** To further enhance the understanding of Black health, it is crucial to continue prioritizing the inclusion of diverse patient cases and experiences in standardized and volunteer patient programs. Actively seeking out patients from diverse backgrounds and ensuring their inclusion in didactic sessions and exams should be continued. Collaborating with community organizations and Black health advocates can provide valuable insights and resources to enrich these programs.



# FEEDBACK AND RECOMMENDATIONS

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

## LONG-TERM RECOMMENDATION: CURRICULUM

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

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

### RECOMMENDATION 6C

**Findings:** The University of Alberta has recognized the importance of presenting clinical cases on racialized issues without perpetuating stereotypes and harmful heuristics. Efforts have been made to address this aspect of Black health in the curriculum. Both Clerkship directors and Pre-clerkship directors have undergone faculty development to remove biological essentialism and stereotypes from curricular materials. Students also have an EDI reporting mechanism to report instances of stereotypes in cases/lectures and any perceived racism in lecture materials and course offerings, leading to continual curricular renewal and editing.

**Next Steps:** To further improve the presentation of clinical cases on racialized issues, it is essential to continue critically reviewing and revising existing materials. Collaborating with Black students, faculty, and critical race scholars can provide valuable perspectives and guidance in ensuring that clinical cases accurately represent the diversity and complexity of racialized issues in healthcare. Avoiding stereotypes, challenging biases, and highlighting the social determinants of health that impact racialized communities should be emphasized.

### RECOMMENDATION 6D

**Findings:** The University of Alberta has acknowledged the importance of training students to recognize pathologies and dermatology-based clinical signs in patients of different skin tones. Efforts have been made to develop a dermatology curriculum that exposes students to a diversity of skin presentations. Dr. Jaime Yu and Dr. Yousef Yusuf have specifically developed a dermatology curriculum for the MSK Block that focuses on exposing students to a diversity of skin presentations.

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



# FEEDBACK AND RECOMMENDATIONS

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

## LONG-TERM RECOMMENDATION: CURRICULUM

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

### RECOMMENDATION 6E

**Findings:** The University of Alberta has reported that all additions were made with the consideration that all medical graduates need to be prepared to practice in any population in Canada. They plan to fully address this call within 6 months.

**Next Steps:** The University of Alberta 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

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## 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 7

**Findings:** With a score of 75% for Recommendation 7, the institution has initiated a plan for regular surveys since 2017. There are plans to refill the position of the Equity, Diversity, and Inclusion (EDI) lead within the next six months, with a commitment to contributing to the AFMC network.

**Next Steps:** To advance this recommendation, the institution should focus on implementing and refining the plan for regular surveys, ensuring that data collection practices are disaggregated, intersectional, and equity-oriented. Fast-tracking the recruitment of the EDI lead will provide dedicated leadership in streamlining and centralizing demographic data collection. Collaborate actively with the AFMC network to contribute meaningfully to national and local Equity, Diversity, and Inclusion (EDI) initiatives and policies. Regularly assess the effectiveness of data collection practices and adjust as needed to support iterative evaluation. Transparent reporting and communication about progress and outcomes will reinforce the institution's commitment to fostering equity and inclusion.

### RECOMMENDATION 8

**Findings:** With an average score of 50% for Recommendation 8, the review of the 2017 United Nations Human Rights Council expert report on People of African Descent in Canada has identified relevance in some principles for the Faculty of Medicine. Notably, initiatives such as providing unconscious bias training and incorporating the Harvard Unconscious bias module for leadership search committees have been undertaken. Article 33 of the report underscores the deeply entrenched nature of anti-Black racism in institutional and systemic forms, emphasizing the need for addressing historical conditions and effects of segregation, economic disadvantage, and social exclusion. The Anti Racism Commitment to Change (ARCTC) Task Force was established in 2020 to address these concerns, and work has been ongoing.

**Next Steps:** To further advance, the institution should continue implementing recommendations from the ARCTC Task Force and integrate insights from the UN report into a comprehensive strategic inclusion plan tailored to the Faculty of Medicine. This involves aligning initiatives with the principles outlined in Article 33, focusing on dismantling deeply entrenched racial stereotypes and systemic forms of racism. Periodically assess and report on progress, ensuring transparency and accountability. Engage with stakeholders, including the affected communities, for input and feedback. Consider expanding initiatives such as unconscious bias training to additional relevant contexts within the Faculty. The continuous commitment to these steps will contribute to fostering a more inclusive and equitable environment within the Faculty of Medicine.



# FEEDBACK AND RECOMMENDATIONS

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

## LONG-TERM RECOMMENDATION: ACCOUNTABILITY

### 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 9

**Findings:** With a score of 75% for Recommendation 9, the institution has an ongoing plan to increase the representation of Black instructors with no specified term. Regular surveys are planned for assessment.

**Next Steps:** To sustain and enhance the ongoing plan, the institution should continue with regular surveys as part of the assessment process. These surveys can provide valuable insights into the effectiveness of recruitment and promotion initiatives for increasing the representation of Black instructors. Consider setting specific, measurable, and time-bound goals within the ongoing plan to provide a clear roadmap for progress. Engage with Black instructors and relevant stakeholders to gather feedback on the existing plan and identify areas for improvement. Transparently communicate progress and outcomes to foster accountability and maintain commitment. Evaluate and adjust the plan based on survey results and feedback to ensure continued progress towards equitable representation.

75%

### RECOMMENDATION 10

**Findings:** None.

**Next Steps:** To advance this recommendation, the institution should conduct a comprehensive assessment to identify demographics that are currently underrepresented in the faculty. Engage with stakeholders and communities to gain insights into the unique challenges faced by these groups. Following the assessment, extend the implementation of the existing recommendations to address the specific needs of newly identified underrepresented demographics. This involves tailoring strategies, outreach, and support programs to ensure equitable representation and inclusion. Regularly assess and report on the effectiveness of these extended initiatives. Foster collaboration with external organizations and networks that specialize in supporting underrepresented demographics for sustained impact. Transparent communication and ongoing adjustments based on feedback will contribute to the success of these efforts.

50%



# 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:** The University of Alberta has two trauma-informed mental health practitioners who work in the Office of Advocacy and Wellness and are equipped to support Black Learners and Faculty, including in navigating anti-Black racism. Plans are underway in collaboration with the Office of Advocacy and Wellness to create specific wellness plans for Black learners. While the University of Alberta does not have a mentorship program for its Black learners, it supports the mentorship program offered by the Black Physicians Association of Alberta.

**Next Steps:** We encourage the development of wellness programming for Black learners as well as for continued support of the BPAA mentorship program.

### **FACULTY DEVELOPMENT**

**Findings:** The University of Alberta provides structured faculty development for teaching faculty on various aspects related to hidden curriculum, racism, and addressing privileges. Both Clerkship directors and Pre-clerkship directors have undergone faculty development around the concept of biological essentialism and its removal from curricular materials. Students also have access to an EDI reporting mechanism to report instances of biological essentialism, stereotypes, and perceived racism. This reporting system leads to continual curricular renewal and editing of existing materials. Additionally, clinical skills leads in Physical Exam and Communications have been working directly with the Standardized Patient program to increase the diversity of standardized patients for didactic sessions and exams. Emphasis is placed on a diversity of skin tones, age groups, and gender presentations. Discussions on decolonizing the medical school curriculum have also been initiated, with plans and phased actions forthcoming.

**Next Steps:** To further enhance faculty development, it is recommended that The University of Alberta seek learning modules, workshops, seminars, or other forms of training, such as the Black Health Education collaboratives' Black Health Primer, that 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%	<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



University of Alberta  
Faculty of Medicine and Dentistry  
2J2.00 WC Mackenzie Health Sciences Centre  
University of Alberta  
Edmonton, Alberta, Canada T6G 2R7

**Date:** February 18th, 2024

**From:** University of Alberta, Faculty of Medicine and Dentistry

**To:** Black Medical Students Association of Canada, Association of Faculties of medicine of Canada

**Subject:** BMSAC Canadian Medical School Report Card Response

Thank you to the BMSAC and the AFMC for your 2023-2024 Medical School Report Card. We were pleased to see our institution mentioned as an exemplar several times throughout the report and see this as motivation to keep expanding our initiatives. We appreciate your continued advocacy and oversight of our progress and are happy to share updates as well as responses to your recommendations. We have grouped our responses according to short term and long term initiatives.

### Short Term Initiatives

- The University of Alberta welcomes your assessment of our response to *Recommendation 1* and resolves to repeat our commitment to addressing Anti-Black racism in the coming year. We will also ensure that this repeated message that denouncing anti-Black racism is publicly available and is cosigned by the appropriate faculty leaders. Whilst this was repeatedly messaged internally in the Faculty of Medicine and Dentistry (FoMD) we recognize the importance of this declaration being public.
- Since the completion of the BMSAC survey educational offerings have been further refined and separate Anti-Black Racism from EDI content explicitly as a matter of principle and this has been enforced throughout our educational offerings in Pre-clerkship. Black Health is recognized as a formal stream and subject matter area in our curriculum offerings with clear and testable objectives. Our Black Health curriculum has been expanded to include a new focus on the history of medicine as it pertains to anti-Black Racism. Specific attention is also paid to the embeddedness of anti-Black racism in medical evidence and scholarship, medical school structures and medical school curricula. This historical analysis includes specific teaching around slavery and colonial violence against Black Canadians, the embeddedness of



addition to our curriculum is a critical assessment of biological essentialism and race essentialism in medicine which is presented to medical students early on in their training. Finally, several systems blocks (Cardiology, Reproductive Medicine) have already conducted EDI reviews and have actively worked to increase Black representation in small group cases. Active feedback on these curricular offerings are collected by the Curriculum Management team and are vetted by the Black Health Lead and Black Working Group.

- The University of Alberta is excited to incorporate the BHEC Black Health Primer into its educational offerings both at the Undergraduate and Postgraduate level. The Black Health Lead will be piloting the primer ahead of its release and will be presenting the BHEC primer at the Program Committee meeting to plan where and when the primer will be administered to students in Pre-clerkship. Prior to its implementation, a faculty development session will be provided to members of the Pre-Clerkship Coordinators Committee to ensure faculty are prepared to deliver the content. Several PGME programs have been in contact with the Black Health Lead and are seeking to incorporate the primer into their educational offerings for residents and fellows. Finally, Faculty Development leadership are seeking to incorporate this primer as part of their suite of continuing educational resources. The University of Alberta sees vertical integration of this content across various members of the FoMD as the most effective way for this content to permeate our academic and clinical environments.
- Admissions continues to be an area of focus for the University of Alberta as it continues its efforts to address inequities faced by Black Applicants. Currently, our collection of race based data is limited to the Admissions portfolio and is not used by any other departments or areas in the FoMD. The evaluation of the BAAP follows a QI model and is not formally published. Currently, the Black Health Lead and the Associate Dean of Admissions are working together on a knowledge translation strategy aimed at presenting admissions data and equity efforts as it pertains to the Black Community in Northern Alberta. Part of this strategy involves the establishment of a formal process for getting community feedback on the BAAP. Dissemination of the annual review process will be part of this initiative, and the formal process on how that will occur will be led by community consultation. The U of A recognizes the call for publishing average acceptance statistics and is committed to do this for the next admissions cycle. Work is underway to build this into the existing admissions website and will be up in time for the next BMSAC review.
- The University of Alberta is also excited to announce that they will be establishing three scholarships for Black medical students in order to financially support their education and celebrate Black medical excellence. These awards include an entrance award valued at \$4500, a continuing award for 2nd year students valued at \$4500 as well as an academic excellence award at graduation valued at \$1000. The Black Health Lead will be meeting with the Office of Advancement FoMD to begin

development of a formal funding strategy for Black Health Initiatives and student support in order to streamline fundraising efforts and create fiscal sustainability.

- With regard to the mistreatment and reporting, the U of A continues to have Black representation on all major professionalism and disciplinary committees. The perspectives of Black Medical learners were specifically sought out in the development of the Anti-Racism policy as well as the Racism Reporting Process. The University of Alberta is committed to involving Black medical learners in all policy reviews through requiring BMSA involvement in all decision making committees. Through the Racism Reporting Process, there is a clear pathway for anti-Black Racism to be reported, recorded and addressed. This process is widely available and published online. Preliminary data on the process will be published this year.
- The University of Alberta is pleased to report that the Assistant Dean EDI role has been filled this year. Our current Assistant Dean EDI is Lisa Purdy and she has been actively collaborating with the Black Health Lead in order to support her work and bolster the efforts of the Black Health Portfolio. In addition, the College of Health Sciences has an EDI Strategies Initiatives Officer, Alex Marshall who has also served to support the Black Health Portfolio.

### Long Term Initiatives

- Currently, the University of Alberta is seeking to expand its initiatives aimed at fostering Black flourishing in the FoMD. Currently, our Black Health Lead along with the Black Working Group are developing a **Black Health Initiatives Program (BHIP)**. The move towards developing a permanent, sustainable, programmatic structure for Black Health at U of A is a natural progression of the work done by the Black Community, Black Medical Students association and Black Health Lead. It has become abundantly clear that the breadth and depth of work needed to address anti-Black racism at U of A requires the development of a dedicated cadre of faculty champions who are solely focussed on addressing this crucial work. The U of A recognizes the stellar contributions of the Black community, medical students and the Black Health Lead but recognizes that financial, administrative and structural support is critical to their continued success. As a show of our commitment to this advocacy, the leadership of the FoMD as well as the College of Health Sciences have agreed in principle to this initiative. Currently, programmatic development is in its nascent stages. It is hoped that this program can be launched in late 2025.
- Focus areas of the Black Health Initiatives Program will include:
  - Black Health Curriculum Development, Implementation and Evaluation
  - MD Program staff recruitment, retention and support of Black Academics and Clinicians
  - Mentorship and the development of a formal pipeline program for Black prospective students and youth
  - Social Accountability outreach and connectivity with the Black community

- Enforcement and development of policy and processes aimed at addressing Anti-Black Racism in the FoMD
- The development of the Black Health Initiatives Program will also provide the capacity to develop a formal Black Health Strategic Plan for the MD program with clear metrics, key performance indicators and accountabilities. Further it will create enough capacity for annual reporting that can be published and disseminated.

The University of Alberta continues to commit to expanding and deepening our efforts to address inequities affecting Black Canadians. We look forward to sharing our progress with the AFMC and BMSAC at the next survey cycle.

Warm Regards,

**Dr. Eniola Salami, MD, CCFP**

Black health Lead, MD Program

**Dr. Brenda Hemmelgarn, MD, PhD**

Dean & Vice-Provost, College of Health Sciences

Dean, Faculty of Medicine & Dentistry

**Dr. Darryl Rolfson, MD, FRCPC**

Associate Dean MD Program, Faculty of Medicine & Dentistry - Undergrad Medical Education

**Dr. Shirley Schipper, MD, CCFP, FCFP**

Vice Dean, Faculty of Medicine & Dentistry - Office of Education