

# CANADIAN MEDICAL SCHOOL REPORT CARD

2023 - 2024



**University of British Columbia**

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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

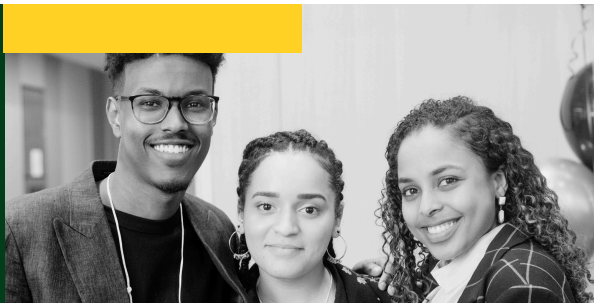
However, scores were adjusted based on information provided, or otherwise, a lack of information. Scores and next steps were further adjusted to reflect feedback and new information provided by local Black Medical Students' Association leads and members of the AFMC Black Health Innovation and Advancement 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>	77%	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>	75%	Green	Yellow
<b>Curriculum</b> <ol style="list-style-type: none"> <li>1. Curriculum review alongside Black students, faculty and critical race scholars to improve address of Black health in curriculum</li> </ol>	80%	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>	81%	Yellow	Green

# 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

**Findings:** The University of British Columbia Faculty of Medicine (UBC FOM) has not completely responded to this Call. On their website, there is a video with the #Different Together Pledge, which promotes a culture of inclusion and diversity and opposes racism and hate. In addition, there is a statement by the Executive Director of the Office of Respectful Environments, Equity, Diversity, and Inclusion that commits to a culture of diversity and inclusion and challenges racism and other forms of discrimination. In this statement, while racism and discrimination are mentioned, the type of racism at play in 2020 was not mentioned. There is no mention of anti-Black racism or police brutality.

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

50%

### RECOMMENDATION 2

**Findings:** UBC FOM has engaged with equity-deserving groups to develop specific equity outcomes that align with their needs. They report completing a formal review of all aspects of admissions, curriculum, and clerkship for equity outcome measures. They have an Executive Director of Respectful Environments, Equity, Diversity, and Inclusion (REDI) which is their equivalent of a Dean of Equity, Diversity, and Inclusion. The Executive Director is chairing an Advisory Group with a mandate to develop a Faculty-wide Anti-racism strategy and policy along with education resources. Funding is in place for this work. Concerning orientation, the REDI Learning Environment Advisor is invited to speak to incoming students on the issues related to reporting and addressing mistreatment and other learning environment issues. Learners are also introduced to the REDI website and the Learner Mistreatment Help website.

**Next Steps:** In the development of policies and strategies to address racism, UBC FOM Black medical students, faculty, and staff should be consulted to ensure representation from this group. In addition, anti-Black racism should be explicitly named as a type of racism to address. Once again, the revision of all aspects of medical education should be an iterative and ongoing process. In addition to Equity, Diversity, and Inclusion, there should be specific addressing of anti-Black racism in UBC FOM's medical education. The orientation sessions by REDI should specifically mention and address anti-Black racism rather than equity broadly.

70%





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

### RECOMMENDATION 3

92%

**Findings:** The UBC FOM has extended justice and equity initiatives explicitly to Black students with statements to the public and their student body and a commitment to Black-led medical organizations. They supported Black learners in attending the BMSAC 2023 conference. They attempt to ensure Black perspectives are included on all existing committees. However, they recognize this is not always possible due to the low representation of Black Faculty members and not all Black faculty or staff wish to act as a representative. For the Black MD student Admission Pathway, they have recruited from the larger community.

**Next Steps:** We commend the UB FOM commitment to their Black learners. We would like to emphasize that this extension of justice and equity initiatives and supporting Black medical students should not be a one-time extension. It should be continuous with open lines of communication between the UBC FOM and the student groups. Finally, we encourage the continuous inclusion of Black perspectives on all existing committees without overburdening the Black faculty, staff, and medical student body. Concerning the low representation of Black Faculty members, this is another issue to be assessed as representation is addressed at the medical student level.

### RECOMMENDATION 4

100%

**Findings:** The UBC FOM reports to have completed an evaluation of whether there is a representative proportion of enrolled Black students. They also started collecting race-based data at the UGME level for the first time this year. This data is collected on a self-identification and voluntary basis. The data is stored by the Evaluation Studies Unit in the Undergraduate Medical Program. It is reported to the Learning Environment Advisory Committee and the Admissions Office. A Black Student MD Admissions Pathway was launched in the 2023-2024 admission cycle. This program will be evaluated by the Dean of Admissions and the Strategic Pillar Leads. The numbers of applicants, offered interviews, and offered positions will be collected for evaluation.

**Next Steps:** The UBC FOM 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 commend the UBC FOM efforts concerning this Call, especially with the creation of the Black Student MD Admissions Pathway. We also call for transparency on the findings of the evaluation of this Pathway. 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

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:** The UBC FOM plans to begin within the next 6 months to acknowledge the role that medicine has played and continues to play in the creation and perpetuation of harmful race ideology and to commit to a critical anti-racist education of future physicians. It is unclear how they plan to address this. There is currently no formal teaching on the causes, harms, and challenges of anti-Black racism. The current curriculum does not teach the colonial past and anti-Black racist elements of the history of medicine.

**Next Steps:** We call for the specific and explicit address of anti-Black racism within the UBC FOM curriculum. Learners should be taught about the causes, harms, and challenges of ABR. Furthermore, as the harms and historical manifestations of anti-Black racism are taught to students, solutions should also be developed and taught with a forward-minded frame as a way to ensure future physicians do not contribute to the perpetuation or repeat of these egregious mistakes. The BHEC modules, which will comprehensively address these topics, should be implemented in the curriculum.

### RECOMMENDATION 6

**Findings:** The UBC FOM has committed to an urgent evaluation of the ways current admissions and eligibility requirements contribute to the underrepresentation of Black students. The Vice Dean of Education created an Admissions Review Committee chaired by the Associate Dean of Admissions to review current admissions policies and processes through an intersectional lens. A report is expected soon.

**Next Steps:** We commend the UBC FOM'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. To further address the financial burden faced by students in applying to medical school, the UBC FOM should consider participating in the Price of a Dream initiative. This program waives the application fee for students to which this poses a barrier.



# 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:** The Student Mistreatment website, online reporting system, and the UBC FOM Process for Responding to Reports of Mistreatment or Learning Environment Concerns were reviewed in 2020. A new review is underway and will include new accreditation requirements and anti-racism strategy objectives. Past data reported is also being reviewed.

**Next Steps:** During the current review of the student mistreatment policies, the UBC FOM should ensure to include the perspectives of Black medical learners. Additionally, ensure there are clear pathways for instances of anti-Black racism, whether micro or macro-aggressions, to be reported and addressed. Ensure there is dedicated faculty for students to connect with and allow for intentional transparency in this process.



# FEEDBACK AND RECOMMENDATIONS

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

## LONG-TERM RECOMMENDATION: ADMISSION

### Recommendation 1:

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

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

### RECOMMENDATION 1

**Findings:** With an exceptional score of 100% for Recommendation 1, UBC MD Admissions has actively collaborated with UBC FoM Evaluation Studies to collect applicant demographic information. Assessment of applicant data from the 2021-2022 cycle has been completed, and ongoing data collection for the 2022-2023 admissions cycle is underway. Plans are in place to ensure continuous data collection for the 2023-2024 cycle, allowing for trend analysis and the identification of outliers. This information has been instrumental in informing discussions within various subcommittees, including those focusing on policies related to applicants from targeted populations, as well as the MD Admissions Subcommittee and a dedicated Working Group reviewing all MD Admissions policies and practices.

**Next Steps:** Building on the success of the current practices, the institution should continue its commitment to equity-oriented, intersectional, and disaggregated data collection. Consider expanding the scope to include additional demographic variables and intersectional identities. Leverage the insights gained from the data to inform evidence-based policy changes that further promote diversity and inclusion within the MD Admissions process. Foster transparency by sharing key findings and outcomes with stakeholders and the broader community. Regularly assess and adjust data collection practices in response to emerging trends and new insights, ensuring a dynamic and responsive approach to equity-oriented admissions.

### RECOMMENDATION 2

**Findings:** UBC MD admissions provides information on their admissions policies and selection criteria on the UBC MD Admissions website.

**Next Steps:** To further enhance transparency, the institution should consider evaluating the current information available on the website to identify areas where additional details, especially average acceptance statistics, can be provided. Aim to offer a more granular breakdown of the criteria and weightings, particularly for GPA, MCAT, CASPER scores, and any other relevant factors. Engage with students, especially those from low socioeconomic backgrounds, to gather feedback on the existing information and identify areas for improvement. Regularly update the website to reflect changes in the selection process and ensure that prospective applicants have the most accurate and detailed information available. Transparently communicate any updates to reinforce the commitment to empowering students with comprehensive and accessible admission criteria information.



# 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 3

**Findings:** UBC currently has no identified plans with the AFMC network for a fee waiver program. However, UBC does have an existing program to assist low socioeconomic status (SES) applicants with application fees on an individual, case-by-case basis.

**Next Steps:** To address the recommendation, the institution should explore potential collaboration with the AFMC Admissions Network to establish a dedicated fee waiver program for low SES applicants. Engage in discussions and negotiations to align efforts and resources towards the development and implementation of such a program. Simultaneously, assess the effectiveness of the existing UBC program for individual cases and consider ways to enhance its accessibility and impact. Communicate clearly about the availability of both programs to ensure that all eligible applicants are aware of the support options. Regularly review and update the programs based on feedback and evolving needs to optimize their effectiveness in reducing financial barriers for low SES applicants.

25%

### RECOMMENDATION 4

**Findings:** UBC demonstrates a strong commitment to non-discrimination, aligning with CACMS Element 3.4. The specific elements include fostering a respectful environment, preventing discrimination through various mechanisms, and conducting fair and timely investigations of allegations. The institution takes the obligation not to discriminate on any grounds specified by law seriously, ensuring consistency across all aspects of the selection process. Regular reviews of committee composition involve a diverse range of individuals from various stakeholders in medical education, complemented by bias training provided to admissions staff, interviewers, and committee members.

**Next Steps:** To build on this commendable foundation, the institution should continue the regular reviews of committee composition, ensuring ongoing diversity. Explore additional opportunities for diversity training and awareness initiatives to further enhance the cultural competence of admissions staff and committee members. Consider expanding the scope of training to address unconscious biases and promote inclusivity. Continue to assess and refine the mechanisms in place for preventing and addressing discrimination, ensuring they remain effective and responsive to evolving needs. Transparently communicate progress and outcomes to reinforce the commitment to maintaining a fair, diverse, and inclusive admissions process.

100%





# FEEDBACK AND RECOMMENDATIONS

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



## LONG-TERM RECOMMENDATION: ADMISSION

### Recommendation 5:

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

### RECOMMENDATION 5

**Findings:** With a score of 75% for Recommendation 5, the institution emphasizes the consideration of all applicants regardless of various factors, as stated on their website. The commitment to diversity is reinforced in committee member discussions, and bias training is provided to enhance awareness. While no implicit association testing is enforced in admissions, it has been optional in previous years.

**Next Steps:** To advance Recommendation 5, the institution should consider implementing more targeted and proactive diversity pipeline programs, such as Black Equity pathways, to address underrepresentation systematically. Collaborate with external organizations that specialize in supporting underrepresented demographics to strengthen program development. Evaluate the effectiveness of the optional implicit association testing and explore ways to integrate it more consistently into the admissions process. Enhance existing bias training programs to cover a broader range of diversity issues and cultural competencies. Regularly assess the impact of diversity initiatives and make adjustments based on feedback and outcomes. Transparently communicate efforts to foster diversity and counter underrepresentation within the medical program to reinforce the commitment to inclusivity.



# 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:** UBC has already ensured that their curriculum committee works with Black students, faculty, and critical race scholars to improve the ways Black health is addressed in the curriculum. They have specifically addressed the removal of race as a proxy for social and genetic determinants of health, for example, they are moving away from illustrating clinical cases with epidemiological examples that may perpetuate health status stereotypes. No anti-Black oppression curriculum is enforced.

**Next Steps:** Continuously collaborate with Black students, faculty, and critical race scholars to further enhance the ways Black health is addressed in the curriculum, ensuring ongoing improvement and alignment with best practices. We recommend drawing attention to specifically anti-Black racism themes. This could involve incorporating more diverse perspectives and experiences into case studies, discussions, and lectures to promote a comprehensive understanding of Black health.

### RECOMMENDATION 6B



**Findings:** UBC reports to have taken steps to increase the diversity of the standardized and volunteer patient programs in order to improve the ways Black health is addressed in the curriculum. No details on how this has been achieved.

**Next Steps:** We call for continued prioritization of diversity in the standardized and volunteer patient programs, striving for ongoing improvement and representation. This can involve actively seeking out patients and volunteers from underrepresented communities, including Black communities, and incorporating their stories and perspectives into the curriculum.

### RECOMMENDATION 6C



**Findings:** UBC has already made efforts to present clinical cases on racialized issues without perpetuating stereotypes and contributing to harmful heuristics. For instance, the program has focused on teaching students about racial health disparities and the social determinants of health that impact Black communities, highlighting the importance of understanding these issues without reinforcing negative stereotypes. For example the teaching of sickle cell anemia as it relates to genetic differences as opposed to teaching racial or geographical differences and to identify current and historic systemic factors (e.g., racism and colonialism) affecting health.

**Next Steps:** Continue to refine and improve the way racialized issues are presented in clinical cases and in different pathologies. This can involve providing students with more opportunities to engage in discussions and critical thinking around racial health disparities, encouraging them to challenge existing biases and assumptions.



# FEEDBACK AND RECOMMENDATIONS

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

## LONG-TERM RECOMMENDATION: CURRICULUM

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

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

### RECOMMENDATION 6D

**Findings:** UBC has a dermatology week in pre-clinical years that provides sessions on identifying skin lesions and conditions on a variety of skin types and skin tones.

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

### RECOMMENDATION 6E

**Findings:** UBC has made commendable progress in ensuring that all medical graduates are prepared to practice in any population in Canada. This is achieved through the use of inclusive language in all teaching activities, providing lecturers with a short checklist on inclusive language. UBC also facilitates learning environments that are suitable for individuals with various levels of visual and auditory abilities. Additionally, there is adequate integration of curriculum material that focuses on health inequities, not only in British Columbia but also in other geographical areas. This equips learners to recognize health inequities beyond their local context.

**Next Steps:** Continue to prioritize the preparation of medical graduates to serve diverse populations across Canada, taking into account the unique needs and health disparities of different communities. This can involve ongoing review and updates to the curriculum to reflect emerging research, best practices, and the evolving needs of diverse patient populations.



# FEEDBACK AND RECOMMENDATIONS

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

100%

## 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 7

**Findings:** With a perfect score of 100% for Recommendation 7, the Evaluation Studies Unit (ESU) at UBC has been actively gathering comprehensive demographic data from entrants to the Medical Undergraduate Program (MDUP) since 2011. This includes variables such as ethnicity, religion, gender, sexual orientation, geographic origin, and socioeconomic status. The collected data aids Faculty leadership in understanding the diversity of the incoming student body and evaluating the effectiveness of initiatives to ensure the physician workforce's diversity aligns with the broader population.

In addition, the ESU has extended its demographic data collection to applicants via the MDUP Applicant Profile Survey since 2021. This survey provides detailed information on the profile of applicants, enabling the Admissions Team and UGME Leadership to assess systemic barriers within the admissions process and drive continuous improvement.

**Next Steps:** To build on this exemplary practice, the institution should continue refining and expanding its demographic data collection practices to capture a broader range of intersectional identities. Explore opportunities to collaborate with the AFMC Network and contribute insights to streamline and centralize demographic data collection practices at a national level. Enhance the utilization of collected data for iterative evaluation, ensuring it informs evidence-based decisions on national and local EDI initiatives and policies. Foster transparency by sharing key findings and outcomes with stakeholders, promoting a culture of accountability and continuous improvement.



# FEEDBACK AND RECOMMENDATIONS

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



## LONG-TERM RECOMMENDATION: ACCOUNTABILITY

### 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 8

**Findings:** The Faculty of Medicine at UBC has embraced the University of British Columbia's Strategic Inclusion Action Plan and the recommendations of the President's Task Force on Anti-racism and Inclusive Excellence as foundational documents for their commitment to transforming culture. These documents will also guide the development of an anti-racism strategy currently in progress. The strategy aims to address concerns raised in Article 33, focusing on manifestations of racial discrimination, particularly the history of anti-Black racism in Canada and its ongoing impact on Black poverty and health. The strategy will tackle systemic and individual behaviors perpetuating this legacy.

The institution is currently conducting a second cross-faculty survey to assess the impact of their Transforming Culture initiative, aligning with an inclusive and anti-racist human rights perspective. The Anti-Racism Strategy will incorporate a robust evaluation process, ensuring accountability and transparent reporting to the community.

**Next Steps:** To advance, the institution should finalize and implement the Anti-racism Strategy, ensuring it comprehensively addresses concerns raised in Article 33. Engage in ongoing dialogue with stakeholders, including Black communities, to refine and strengthen the strategy. Establish clear mechanisms for continuous evaluation and reporting, fostering transparency and accountability. Consider additional initiatives to supplement the strategy, such as targeted programs, training, and awareness campaigns, to create a holistic and sustained impact. Regularly communicate progress to the community to reinforce the commitment to an inclusive and anti-racist culture 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 Faculty of Medicine has taken proactive steps to increase the representation of Black instructors. The institution has applied for funding through the UBC Black Faculty Cohort Initiative, demonstrating a commitment to supporting Black faculty members. Early indications suggest the application will be successful. Faculty Relations has revamped recruitment and promotion processes to promote diversity and equity, providing resources such as anti-bias training, criteria review, and discussions on tools for a robust process. Job postings incorporate standard EDI language, and the Faculty Recruitment Guide outlines best practices for EDI in recruitment.

**Next Steps:** To further enhance Black faculty representation, the institution should actively monitor and assess the impact of the UBC Black Faculty Cohort Initiative once implemented. Continue refining and expanding recruitment and promotion processes to address specific challenges and barriers faced by Black candidates. Explore additional strategies, such as mentorship programs and leadership development initiatives, to support the career advancement of Black instructors. Regularly review and update EDI language and best practices in job postings to align with evolving standards and expectations. Foster a culture of inclusivity and equity within the Faculty of Medicine, emphasizing the importance of diverse perspectives in teaching and research.



### RECOMMENDATION 10

**Findings:** The institution has not provided specific details regarding findings related to extending the implementation of recommendations to underrepresented demographics in the faculty.

**Next Steps:** To advance this recommendation, the institution should conduct a comprehensive analysis to identify demographics underrepresented in the faculty. This analysis should go beyond ethnic or racial categories and consider factors such as gender, socioeconomic background, and other intersectional identities. Develop targeted initiatives and strategies to address the unique challenges faced by underrepresented demographics, ensuring a holistic and inclusive approach. Implement measures to regularly monitor and evaluate the impact of these initiatives on the representation and experiences of underrepresented groups. Foster ongoing dialogue with underrepresented communities to gather insights, feedback, and suggestions for continuous improvement. Communicate transparently about the progress and outcomes of these initiatives to the broader community, reinforcing the commitment to diversity and inclusion.



# 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:** All Black UBC students can benefit from the Black Mental Wellness Project which is led by the UBC Black Caucus and supported by the UBC Equity and Inclusion Office. This initiative offers two complimentary one-on-one counseling sessions with an external Black counselor. The FOM is also looking to recruit a Black counselor to enhance the accessibility and inclusivity of mental health services for Black learners. There is no wellness plan in place for Black learners specifically. However, there are ongoing discussions to establish a specific strategic plan to address the wellness needs of Black learners.

Black medical learners have access to various mentorship opportunities including general 1:1 mentorship, 1:1 mentorship specifically designed to match learners with Black mentors, and group mentorship. The Black Student Mentorship program is supported by the Black Student Initiative Manager.

**Next Steps:** We call for specially wellness programming for Black medical students. We encourage UBC FOM to recruit a Black counsellor.

### **FACULTY DEVELOPMENT**

**Findings:** UBC has structured faculty development programs and initiatives in place to address hidden curriculum, racism, and privileges when developing and delivering educational activities. The Office of Respectful Environments Equity, Diversity & Inclusion (REDI) offers education and training on anti-racism and anti-oppression. The Faculty of Medicine Office of Faculty Development (FD) works closely with REDI to provide workshops, discussions, and other offerings on these topics. They have an Inclusive Language Guide and an Inclusive Learning Environments module that promote inclusive teaching practices.

**Next Steps:** To further enhance faculty development, it is recommended that UBC 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 British Columbia provided the following response to their report card:

*Thank you for providing the BMSAC Pan-Canadian Report Card and the detailed UBC Report Card, 2023-2024.*

*We will review the recommendations as set forth and engage our established internal review process in doing so. We thank you, also, for sharing the BMSAC chapters and contacts.*

*We remain steadfast in the commitment made in our Strategic Plan Refresh to change our culture through systemic and behavioural changes in our learning and work environments.*