

CANADIAN MEDICAL SCHOOL REPORT CARD

2023 - 2024



University of Manitoba

Dr. Peter Nickerson

Data 2022-2023, Published 2024



BMSAC 2020 RECOMMENDATIONS TO THE CANADIAN FACULTIES OF MEDICINE REPORT CARD

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

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

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

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

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

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

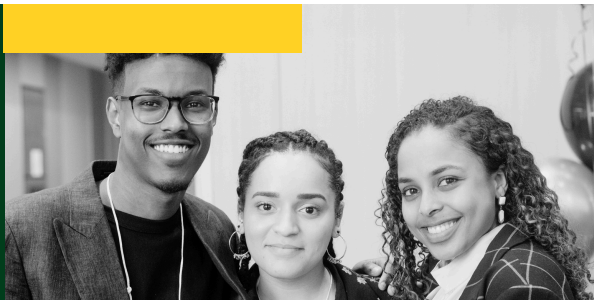
However, scores were adjusted based on information provided, or otherwise, a lack of information. Scores and next steps were further adjusted to reflect feedback and new information provided by local Black Medical Students' Association leads and members of the AFMC Black Health Innovation and Advancement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

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

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

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

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



BMSAC 2020 RECOMMENDATIONS TO THE CANADIAN FACULTIES OF MEDICINE REPORT CARD

Call to Action	% Grade	Color Grade	
		2021	2023
Short-Term Calls to Action (by 2021) <ol style="list-style-type: none"> 1. Make a public statement denouncing anti-Black racism 2. Prioritize justice and equity 3. Extend equity initiatives to Black medical learners 4. Evaluate representation of Black Learners in your program 5. Commit to critical anti-racist education 6. Evaluate current admissions policies 7. Review student mistreatment policies & procedures 	32%	Not evaluated	Red
Admissions <ol style="list-style-type: none"> 1. Improve admissions data collection practices 2. Transparency of admission criteria 3. Develop application waiver fees for low SES applicants 4. Regular review of admissions committees for lack of diversity and inherent bias 5. Develop pathway programs to counter underrepresentation 	60%	Red	Yellow
Curriculum <ol style="list-style-type: none"> 1. Curriculum review alongside Black students, faculty and critical race scholars to improve address of Black health in curriculum 	25%	Yellow	Red
Accountability <ol style="list-style-type: none"> 1. Support the AFMC Network over the next 2 years in streamlining and centralizing their demographic data collection practices, 2. Review 2017 United Nations Human Rights Council expert report on People of African Descent in Canada 3. Increase representation of Black instructors 4. Extend recommendation implementation to other demographics found underrepresented in faculty 	25%	Green	Red

FEEDBACK AND RECOMMENDATIONS

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

SHORT-TERM CALLS TO ACTION (BY 2021)

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

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

RECOMMENDATION 1

100%

Findings: The University of Manitoba Rady Faculty of Health Sciences (RFHS) has a public policy document titled 'Disruption of All Forms of Racism Policy' which denounces all forms of racism including anti-Black racism. On the Office of Anti-Racism website, created in October 2022, there is a blog post titled 'Race Matters' as well as an Anti-Racism and Social Justice Syllabus Statement. Three events were held in 2022 to address anti-Black racism. Finally, the Rady FHS participated in the Bold Ideas Panel Discussion, a call to account and solidarity.

Next Steps: While the UofM Rady FHS 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 RFHS's commitment to recognize and address anti-Black racism and police brutality and its manifestations in medicine and beyond.

RECOMMENDATION 2

65%

Findings: The RFHS reports to have made justice and equity a priority health concern with ongoing consultation with members of equity-seeking groups to develop specific equity outcome measures that align with their needs. They report to have also formally reviewed all aspects of medical education, including admissions, curriculum, and clerkship, and have developed policies and strategies to address racism in medical education. In addition, there is a Vice Dean of Indigenous Health, Social Justice, Anti-Racism, an anti-racism policy, and Office, and an EDI Office. Finally, the RFHS reports a dedicated equity session during orientation, however no specific details were provided.

Next Steps: The University of Manitoba RFHS has committed to making justice and equity a priority health concern and responded to this Call from an Indigenous and Anti-Racism perspective. However, there is no specific mention of Anti-Black Racism and how it is to be addressed. While Equity, Diversity, and Inclusion policies and initiatives are incredibly important in redressing systemic and structural inequities, there are unique issues faced by Black communities that must be specifically addressed. We call for the University of Manitoba Rady Faculty of Health Sciences to specifically and explicitly include identifying and addressing Anti-Black Racism and Black Health as part of its Anti-Racism plan. Concerning the orientation sessions, anti-Black racism and Black Health should also be specifically mentioned.



FEEDBACK AND RECOMMENDATIONS

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

SHORT-TERM CALLS TO ACTION (BY 2021)

Recommendation 3: Extend justice and equity initiatives explicitly to Black students as an acknowledgement of our under-representation in medicine.

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

RECOMMENDATION 3



Findings: The University of Manitoba RFHS reports to have extended justice and equity initiatives explicitly to Black students as an acknowledgment of their under-representation in medicine through public statements and committing to working with Black-led medical organizations. They report to have also completed work to ensure Black perspectives are included on all existing committees. No further information was provided on which Black-led organizations commitments have been made to and how Black perspectives are included on all existing committees.

Next Steps: We call for the RFHS to showcase which Black-led organizations they have made commitments to. We recognize that the extension of justice and equity initiatives and supporting Black medical students should not be a one-time extension. We encourage continued open lines of communication between the RFHS and the student groups, including the BMSAC. We also ask for the RFHS to explain how they have included Black perspectives on all existing committees. We continue to emphasize that Black perspectives on all existing committees should be addressed without overburdening the Black faculty, staff, and medical student body.

RECOMMENDATION 4



Findings: The UofM RFHS reports to have completed an evaluation of whether there is a representative proportion of enrolled Black and Indigenous students. Race-based data is collected through the Student Survey with matriculants self-declaring. It is stored by the EDI office and reported to the Vice Dean Indigenous Health Social Justice and Anti-Racism. It is reported in a de-identified and aggregated format to the Dean's office. The RFHS did not report a Black Applicants Admissions program or a pathway program to support applicants from underrepresented groups in medicine.

Next Steps: The University of Manitoba Rady Faculty of Health Science collects race-based data with clear governance and stewardship of this data. It is unclear how this data is used by departments within and beyond admissions. We call on the University of Manitoba to create programs, similar to the Community of Support and Black Student Application programs at the Universities of Toronto and Calgary, to support Black pre-medical students and increase Black representation, from all sub-groups.



FEEDBACK AND RECOMMENDATIONS

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

SHORT-TERM CALLS TO ACTION (BY 2021)

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

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

Recommendation 7: Review student mistreatment policies

RECOMMENDATION 5

Findings: The UofM RFHS is yet to respond to this call.

Next Steps: We call on the University of Manitoba Rady Faculty of Health Sciences to 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. We call for formula teaching on the causes, harms and challenges of structural anti-Black racism and medicine's racist history and its role in the development of biological race. We also call for the colonial past and anti-Black racist elements of the history of medicine to be taught. Furthermore, as the harms and historical manifestations of anti-Black racism are taught to students, solutions should also be developed and taught with a forward-minded frame as a way to ensure future physicians do not contribute to the perpetuation or repeat of these egregious mistakes. The BHEC modules, which will comprehensively address these topics, should also be implemented in the curriculum.

RECOMMENDATION 6

Findings: The University of Manitoba Rady Faculty of Health Sciences is yet to respond to this Call.

Next Steps: We call on the UofM RFHS to urgently evaluate its current admission policies. The findings should be sent to the Standing Committee on Social Accountability by emailing the SCSSA Chair, Julien Poitras <doyen@fmed.ulaval.ca>, copying the AFMC Lead of Social Accountability, Melissa Shahin <mshahin@afmc.ca>. These findings are crucial to understanding barriers contributing to the underrepresentation of Black students in medicine. The potential for pathway programs and partnerships with programs such as the Community of Support at the University of Toronto and the PLANS program at Dalhousie should also be considered.

RECOMMENDATION 7

Findings: The University of Manitoba Rady Faculty of Health Sciences is yet to respond to this Call.

Next Steps: As the University of Manitoba RFHS reviews its clear mistreatment policies and procedures, 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 3: Through the AFMC Admissions Network, develop a program to waive application fees for low SES applicants, similar to the AFMC MCAT fee waiver and AAMC fee waiver programs.

RECOMMENDATION 1

Findings: Insufficient details on admissions data collection practices hinder a comprehensive understanding. A thorough examination is needed to identify shortcomings in equity, intersectionality, and disaggregation.

Next Steps: Conduct a detailed review of the current admissions process to pinpoint specific weaknesses. Implement targeted training for admissions staff, emphasizing equitable data collection. Establish clear guidelines for inclusive practices. Regularly monitor and evaluate to ensure alignment with equity goals. Actively seek stakeholder feedback for insights. Provide ongoing professional development for staff and establish a dedicated oversight committee. Communicate changes transparently to build trust in the admissions process.

75%

RECOMMENDATION 2

Findings: Manitoba demonstrates transparency by disclosing admission statistics and weightings. This practice aligns with the recommendation.

Next Steps: Excellent work! Ensure continued regular updates of criteria statistics. Consider enhancing communication channels to further promote awareness among prospective applicants, especially those from low socio-economic backgrounds. Regularly seek feedback to address evolving needs and concerns related to transparency.

100%

RECOMMENDATION 3

Findings: Details on the current state of fee waivers for low socio-economic status (SES) applicants are not provided.

Next Steps: An immediate review of your current fee waiver policies, assessing their adequacy in supporting low SES applicants is necessary. Collaborate with the AFMC Admissions Network to explore the feasibility of a dedicated fee waiver program, leveraging the success of existing initiatives.

25%



FEEDBACK AND RECOMMENDATIONS

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

LONG-TERM RECOMMENDATION: ADMISSION

Recommendation 4: Regularly review admissions committees' personnel composition for lack of diversity and any inherent bias that arises as a result. (CACMS Element 3.4).

Recommendation 5: Develop appropriate diversity pipeline programs (I.e. Black Equity pathways) to counter underrepresentation in partnership with organizations that represent demographics found to be underrepresented. (CACMS Element 3.3 and FMEC Recommendation II) Consider Young et al's six-point framework for pipeline and program development 10.

RECOMMENDATION 4

Findings: Details on the current composition of admissions committees and potential biases are not provided.

Next Steps: To address the score of 75, we recommend a thorough review of the current composition of admissions committees, assessing diversity and identifying potential biases. Evaluate representation across various backgrounds and implement measures to address any inherent biases. Establish ongoing monitoring and training programs for committee members to enhance awareness and inclusivity. Introduce a feedback mechanism and involve stakeholders to bring diverse perspectives. These steps will contribute to creating more diverse and unbiased admissions committees, ensuring fair and inclusive applicant evaluations.

75%

RECOMMENDATION 5

Findings: Details on existing diversity pipeline programs and their effectiveness are not provided.

Next Steps: To address underrepresentation and enhance diversity, Manitoba University should consider developing targeted pipeline programs, such as Black Equity pathways, in collaboration with organizations representing underrepresented demographics. Utilizing Young et al.'s six-point framework for pipeline and program development could guide the creation of initiatives that specifically address identified gaps. Alongside this, the university should establish a community of support to provide mentorship and resources for individuals from underrepresented backgrounds. This strategic partnership approach aims to proactively address diversity concerns, foster a more inclusive medical education environment, and build a strong support system for aspiring students.

25%



FEEDBACK AND RECOMMENDATIONS

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

LONG-TERM RECOMMENDATION: CURRICULUM

Recommendation 6a: Ensure curriculum committee works with Black students, faculty, and critical race scholars to address Black health in the curriculum, particularly the removal of race as a proxy for determinants of health.

Recommendation 6b: Increase diversity of standardized and volunteer patient programs to enhance understanding of Black health.

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

RECOMMENDATION 6A

Findings: The University of Manitoba Rady Faculty of Health Sciences is yet to respond to this Call.

Next Steps: It is crucial for the University of Manitoba Rady Faculty of Health Sciences to prioritize and address this issue. To move forward, the university should actively involve Black students, faculty, and critical race scholars in the curriculum committee. Their expertise and perspectives will be invaluable in improving the representation and understanding of Black health in the curriculum.

RECOMMENDATION 6B

Findings: The University of Manitoba Rady Faculty of Health Sciences is yet to respond to this Call.

Next Steps: To increase representation in the standardized and volunteer patient programs, the University of Manitoba Rady Faculty of Health Sciences should actively recruit a diverse pool of standardized and volunteer patients by collaborating with community organizations and networks. Additionally, providing cultural competency training for standardized and volunteer patients, incorporating Black health cases and narratives into the curriculum, and establishing a feedback mechanism for students to provide input on program representation can further enhance the diversity and inclusivity of the programs.

RECOMMENDATION 6C

Findings: The University of Manitoba Rady Faculty of Health Sciences is yet to respond to this Call.

Next Steps: It is essential for the University of Manitoba Rady Faculty of Health Sciences to actively work towards presenting clinical cases on racialized issues in a sensitive and responsible manner. This can be achieved by consulting with Black students, faculty, and critical race scholars to ensure that stereotypes are not perpetuated and that harmful heuristics are not reinforced. By doing so, the university can provide a more accurate and nuanced understanding of Black health.



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: The University of Manitoba Rady Faculty of Health Sciences is yet to respond to this Call.

Next Steps: The University of Manitoba Rady Faculty of Health Sciences consulted the Manitoba Black Medical Students' Association and expert Black professionals for assistance and consulted 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 University of Manitoba 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.

25%

RECOMMENDATION 6E

Findings: The University of Manitoba Rady Faculty of Health Sciences is yet to respond to this Call.

Next Steps: The University of Manitoba Rady Faculty of Health Sciences 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.

25%



FEEDBACK AND RECOMMENDATIONS

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

LONG-TERM RECOMMENDATION: ACCOUNTABILITY

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

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

RECOMMENDATION 7

Findings: Details on the current state of demographic data collection practices within the AFMC Network are not provided.

Next Steps: To address the score of 25, the University of Manitoba should collaboratively review current demographic data collection practices with the AFMC Network, ensuring alignment with equity-oriented, intersectional, and disaggregated principles. Identify any gaps and actively participate in the AFMC-led efforts to streamline and centralize these practices. Ensure the University's commitment to diversity and inclusion by aligning demographic data collection with equity principles. Work towards making the collected data highly useful for evaluating both national and local EDI initiatives and policies. Establish a regular reporting system to update the AFMC Network on progress, fostering transparency and accountability in these efforts. This approach will contribute to the overall improvement of demographic data collection practices and support ongoing EDI initiatives.

RECOMMENDATION 8

Findings: Details on the current state of the Faculty of Medicine's strategic inclusion plan and its alignment with the 2017 United Nations Human Rights Council expert report on People of African Descent in Canada, particularly Article 33, are not provided.

Next Steps: The University of Manitoba should initiate a thorough review of its Faculty of Medicine's existing strategic inclusion plan, specifically considering the concerns raised in Article 33 of the 2017 United Nations Human Rights Council expert report on People of African Descent in Canada. Identify any gaps or areas where the plan can be strengthened to better address the outlined concerns. Following the review, implement necessary changes to align the strategic inclusion plan with the recommendations from the expert report. Engage stakeholders, including students, faculty, and community representatives, to gather diverse perspectives. Establish a clear communication strategy to disseminate information about the updated plan, fostering awareness and commitment to inclusion within the Faculty of Medicine. Regularly monitor and assess the plan's effectiveness, making adjustments as needed to ensure ongoing progress in meeting inclusion goals. This comprehensive approach will contribute to a more inclusive and equitable environment within the Faculty of Medicine at the University of Manitoba.



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: Details on the current representation of Black instructors and the effectiveness of recruitment and promotion practices at the University of Manitoba are not provided.

Next Steps: The University of Manitoba should conduct a comprehensive review of the current representation of Black instructors, focusing on recruitment and promotion practices. Evaluate the effectiveness of existing strategies and identify any disparities that may exist. Implement equitable recruitment and promotion practices to increase the representation of Black instructors. Establish clear and transparent criteria for recruitment and promotion processes to ensure fairness. Develop targeted outreach programs to attract a diverse pool of candidates. Provide training and resources to support the professional development of Black instructors. Regularly monitor and assess the impact of these efforts, making adjustments as needed to ensure sustained progress in increasing representation. This proactive approach will contribute to a more diverse and inclusive academic environment at the University of Manitoba.

RECOMMENDATION 10

Findings: Details on the representation of underrepresented demographics in the faculty at the University of Manitoba are not provided.

Next Steps: Conduct a comprehensive review of the faculty to identify underrepresented demographics. Assess the current representation and the effectiveness of existing initiatives. Extend the implementation of the recommendations to address any demographics found to be underrepresented. Develop targeted strategies for equitable recruitment, promotion, and inclusion for these demographics. Collaborate with relevant organizations and community representatives to tailor approaches to specific needs. Establish a monitoring and evaluation framework to ensure ongoing progress and effectiveness. Regularly communicate updates to the faculty community to foster transparency and accountability. This proactive and inclusive approach will contribute to a more diverse and representative faculty at the University of Manitoba.



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 Manitoba Ray Faculty of Health Sciences reports no wellness or mentorship programming in place for students.

Next Steps: We call for formal mentorship and wellness programs for Black medical students through in-person counselors, online support systems, peer support groups, and programs with Faculty and residents as mentors.

FACULTY DEVELOPMENT

Findings: The University of Manitoba Ray Faculty of Health Sciences reports no faculty development in place for staff.

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

APPENDIX II - FEEDBACK AND COMMENTS

University of Manitoba did not provide a response to their report card.