

CANADIAN MEDICAL SCHOOL REPORT CARD

2023 - 2024



University of Ottawa

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BMSAC 2020 RECOMMENDATIONS TO THE CANADIAN FACULTIES OF MEDICINE REPORT CARD

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

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

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

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

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

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

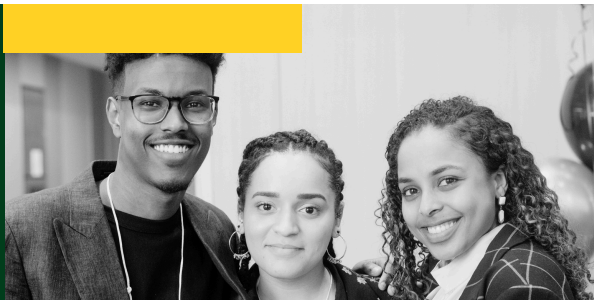
However, scores were adjusted based on information provided, or otherwise, a lack of information. Scores and next steps were further adjusted to reflect feedback and new information provided by local Black Medical Students' Association leads and members of the AFMC Black Health Innovation and Advancement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

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

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

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

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



BMSAC 2020 RECOMMENDATIONS TO THE CANADIAN FACULTIES OF MEDICINE REPORT CARD

Call to Action	% Grade	Color Grade	
		2021	2023
Short-Term Calls to Action (by 2021) <ol style="list-style-type: none"> 1. Make a public statement denouncing anti-Black racism 2. Prioritize justice and equity 3. Extend equity initiatives to Black medical learners 4. Evaluate representation of Black Learners in your program 5. Commit to critical anti-racist education 6. Evaluate current admissions policies 7. Review student mistreatment policies & procedures 	89%	Not evaluated	Green
Admissions <ol style="list-style-type: none"> 1. Improve admissions data collection practices 2. Transparency of admission criteria 3. Develop application waiver fees for low SES applicants 4. Regular review of admissions committees for lack of diversity and inherent bias 5. Develop pathway programs to counter underrepresentation 	80%	Yellow	Green
Curriculum <ol style="list-style-type: none"> 1. Curriculum review alongside Black students, faculty and critical race scholars to improve address of Black health in curriculum 	85%	Yellow	Green
Accountability <ol style="list-style-type: none"> 1. Support the AFMC Network over the next 2 years in streamlining and centralizing their demographic data collection practices, 2. Review 2017 United Nations Humans Right Council expert report on People of African Descent in Canada 3. Increase representation of Black instructors 4. Extend recommendation implementation to other demographics found underrepresented in faculty 	84%	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

100%

Findings: In June 2020, the Office of the Dean released a message in support of the Black community and denounced racism. A message of solidarity was also written by the University of Ottawa's Black Medical Student Association and endorsed by the Office of the Dean. A list of resources for further reading on anti-racism was also shared.

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

RECOMMENDATION 2

100%

Findings: With the EDI Action Plan Working Group, Anti-Racism Curriculum Working Group, and the UGME Black Health Theme lead, UOttawa has completed this call to action. They report to have ongoing consultations with members of equity-seeking groups to develop specific equity outcome measures. They have formally reviewed all aspects of medical education and have developed policies and strategies to address racism, both systemic and overt, in medical education. They also have a position for an Assistant Dean for Equity, Diversity, and Inclusion.

During orientation, at the beginning of the academic year, there is an EDI orientation. The EDI office has a seminar series and related workshops, however, it is unclear who the target audience is, whether faculty, staff, students, or all. Finally, there is a UGME Anti-racism curriculum.

Next Steps: We commend UOttawa's work in addressing this Call. Conversations to address racism within medical education should also address anti-Black racism specifically. As we address racism, we need to be clear and name the racism that is being addressed. Once again, the revision of all aspects of medical education should be an iterative and ongoing process.



FEEDBACK AND RECOMMENDATIONS

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

SHORT-TERM CALLS TO ACTION (BY 2021)

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

RECOMMENDATION 3



Findings: UOttawa has extended justice and equity initiatives explicitly to Black students by making public statements to the student body, and making notable commitments with Black-led medical organizations including the UOttawa BMSA, Community of Support, and the Network for the Advancement of Black Medical Learners (N-ABL). There is also a mentorship group for the members of the BMSA. UOttawa reports currently having no plans to ensure Black perspectives are included on all existing committees. However, the Faculty of Medicine is committed to seeking diverse representations for its leadership with the revision of by-laws to have this formally in place. Concerning the Black Student Application program, the UGME admissions committee includes Black faculty and community members as file reviewers and interviewers.

Next Steps: UOttawa's commitment to its BMSA is to be applauded. 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 UOttawa and the local and national student groups, including the BMSAC. Finally, the inclusion of Black perspectives on all existing committees is yet to be completed. While we recognize the formal introduction of diverse representation on the UOttawa leadership team and including Black faculty in the admissions process, there is also the need for representation and the inclusion of Black perspectives on other committees. This 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: UOttawa has completed an evaluation of the representation of enrolled Black medical students at their institution. Race-based data is collected by the UGME team with students being asked to self-identify, in a non-compulsory manner, at the time of admission. The UGME admissions office collects this data with a report created and saved in the Black Student Application Program Folder. There is no reporting of this data at this time. UOttawa has also created or supported initiatives to increase the representation of Black trainees. These include the creation of the Black Student Application Program (BSAP) and two scholarships per year for Black medical students. They also support the BMSA mentorship group, the Association of Black Aspiring Physicians as well the Community of Support at the University of Toronto pathway program. The success of these initiatives is being evaluated based on the number of Black matriculants and the number of students who benefit from programs, such as MCAT and CASPER prep, offered by Community of Support. The evaluation is conducted by the Assistant Dean of Admissions, Assistant Dean of EDI, Black Health Theme Lead, Vice Dean of Faculty Affairs, and the Vice Dean of UGME.

Next Steps: UOttawa appropriately collects race-based data with the admissions office stewarding the data. However, clarity is required on if and how it is used by departments beyond admissions. We recommend transparency through the sharing of aggregate data from this data collection. For evaluating the success of the Black Student Application Program, we recommend transparency on the evaluation findings, including sharing it with the BMSAC. We also encourage UOttawa to continue supporting BSAP and Community of Support programs to support Black pre-medical students and increase Black representation in their institution.



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 5

Findings: UOttawa acknowledges the role that medicine has played and continues to play in the creation and perpetuation of harmful race ideology and commits to critical anti-racist education of future physicians and faculty. There are plans to implement this in curriculum within 6 months. They report providing formal teaching on the causes, harms, and challenges of structural anti-Black racism. They also teach about the colonial past and anti-Black racist elements of the history of medicine. These topics were considered by the Anti-Racism Curriculum Working Group and have been implemented in the September 2023 MD program curriculum renewal. Of note, the UOttawa Faculty of Medicine is a key founding partner and member of the Interdisciplinary Centre for Black Health. They were involved in the design, financial support, and implementation of the Interdisciplinary Centre for Black Health.

Next Steps: UOttawa is on the right path and we especially recognize its role in the establishment of the Interdisciplinary Center for Black Health. 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: UOttawa has evaluated its admissions policies and has created a Black Student Application Program. To address the commercialization of medical school applications, MCAT, and interview preparation, they support the Community of Support Pathway program as well as the Council of Ontario Faculty of Medicine Price of a Dream. COS provides free preparation to aspiring medical applications and the Price of a Dream waives the medical school application fee. They are currently working to improve the transparency of criteria used to admit successful applicants. The EDI Working Group is currently in discussions about the collection of useful sociodemographic data including race, ethnicity, and SES for internal systems evaluation and identification of bottlenecks.

Next Steps: We are glad to see that UOttawa has made an urgent evaluation of its current admission policies. However, findings from the admission process evaluation and the ways through which they contributed to the underrepresentation of Black students before changes were made are yet to be forwarded to the AFMC. Please send these findings to the Standing Committee on Social Accountability by emailing the SCSA Chair, Julien Poitras <doyen@fmed.ulaval.ca>, and 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.

75%

RECOMMENDATION 7

Findings: The UOttawa Faculty of Medicine has its Professionalism policy and follows the university-level policies for harassment and discrimination. There is no mention of the specific approach to mistreatment experienced by medical students.

Next Steps: As UOttawa creates 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.

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 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: At the University of Ottawa Black community consultations in 2021 led to the establishment of the Black Student Application Program in 2022. However unclear if admissions data through this program and the general admissions pathway is collected in an equity-oriented, intersectional, and disaggregated manner.

Next Steps: Excellent work establishing the Black Student Application Program, continue to evaluate the program's effectiveness and make changes as needed. However, to ensure a more equitable admissions process for Black applicants, it is crucial to ensure equity-oriented, intersectional, and disaggregated data collection practices.



RECOMMENDATION 2

Findings: Currently the University of Ottawa is transparent about the criteria used to admit applicants is available to all applicants. However, there is no transparency on the average acceptance statistics of each admission criteria or their weightings.

Next Steps: Ottawa needs to implement full transparency in its admissions process. This includes sharing the weightings of how each criterion is used in the admission process. Students are now aware of their quartile score on the CASPER test. Transparency of the CASPER quartiles of accepted applicants should be made available. We recommend that the statistics of at least the four most recent classes, similar to NOSM University, McMaster University, and the University of Toronto, be made available to allow for trends to be followed. Sharing this crucial information can empower students from low socioeconomic backgrounds to make fully informed decisions regarding where to allocate their limited application funds. By providing a clear and comprehensive overview of the admission criteria and their relative importance, the institution can contribute to a more equitable and accessible admissions process for all aspiring students.



RECOMMENDATION 3

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

Next Steps: Great work! This initiative paves the way for more inclusive and diverse student cohorts.



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: The University of Ottawa reports to have addressed this call. However, no details were provided on the process. They provide implicit bias training for all selection committee members.

Next Steps: Ensure transparency on how this has been achieved. This training represents a commitment to ensuring equity and inclusivity in the admissions process. To continue your commitment, begin assessing the diversity within your admissions committees, this will further contribute to a more inclusive and diverse medical education environment, fostering opportunities for all qualified candidates.



RECOMMENDATION 5

Findings: The University of Ottawa has pathway programs in place through the Community of Support and support of the Association of Black Aspiring Physicians, a student union club.

Next Steps: We encourage the University of Ottawa to keep supporting these pathway programs to continue to address the underrepresentation of Black learners in medicine.



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



Findings: The University of Ottawa's curriculum committee has done an excellent job working with Black students, faculty, and critical race scholars to address Black health in the curriculum. They have specifically focused on removing race as a proxy for social and genetic determinants of health. Ottawa University has created an Anti-Racism Curriculum Working Group co-chaired by Dr. Gaëlle Bekolo Evina & Dr. Ewubera Simpson. In the UGME Curriculum Renewal 2022, they provided recommendations such as making the Anti-racism curriculum mandatory in both Anglophone and Francophone streams, and providing a framework for integrating Race as a Construct in Medicine.

Next Steps: The University of Ottawa should continue collaborating with Black stakeholders to ensure sustained improvement in addressing Black health in the curriculum. The recommendations from the Anti-Racism Curriculum Working Group should be thoughtfully considered and integrated into the curriculum. Ongoing monitoring and evaluation should be conducted to assess the effectiveness of these changes.

RECOMMENDATION 6B



Findings: The University of Ottawa has taken steps to increase the diversity of the standardized and volunteer patient programs in the curriculum to address Black health. However, no specific examples were provided regarding the measures in place to achieve this goal.

Next Steps: The University of Ottawa should utilize the framework implemented by the Anti-Racism Curriculum Working Group, including patient and community partners, Black learners, and faculty, to ensure that the increased diversity reflects the diverse patient population that medical graduates will encounter in their future practice.



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

RECOMMENDATION 6C

Findings: The University of Ottawa has acknowledged the importance of presenting clinical cases on racialized issues without perpetuating stereotypes and contributing to harmful heuristics. They have designed an anti-racism curriculum that is intended to be a longitudinal curriculum over the 4-year MD program to be implemented in 2024.

Next Steps: The University of Ottawa should actively work towards integrating cultural sensitivity and avoiding biased portrayals in clinical cases. Faculty and educators should receive training and guidance in this regard. The anti-Black racism curriculum should be overseen by the Anti-Racism Curriculum Working Group (ARCWG) and regularly evaluated by the Curriculum Content Review Committee (CCRC) and the Undergraduate Curriculum Committee (UCC). Additionally, the ARCWG recommends including patient testimonials and community organizations' perspectives in clinical cases to encourage comprehensive discussion and reflection.



RECOMMENDATION 6D

Findings: We commend The University of Ottawa for the successful steps taken to train students using self-learning modules for skin presentations to facilitate recognizing pathologies and dermatology-based clinical signs in patients of different skin tones.

Next Steps: We recommend that the University of Ottawa conducts a review of lectures and case-based learning clinical scenarios to identify any additional gaps and areas for improvement. Additionally, implementing faculty development programs can enhance faculty's knowledge and skills in teaching about pathologies and dermatology-based clinical signs in patients with different skin tones.



RECOMMENDATION 6E

Findings: The University of Ottawa recognizes the importance of preparing medical graduates to practice in any population in Canada, beyond the local context of their schools. However, no specific examples are provided. The University of Ottawa is set to implement a longitudinal anti-racism curriculum in 2024 designed to address health disparities faced by racialized communities throughout the 4-year MD program.

Next Steps: The University of Ottawa should continue to prioritize and enhance the inclusion of diverse population perspectives in the curriculum. This includes incorporating experiences and challenges faced by racialized communities across Canada.



FEEDBACK AND RECOMMENDATIONS

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

LONG-TERM RECOMMENDATION: ACCOUNTABILITY

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

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

Recommendation 9: Increase the representation of Black instructors through equitable recruitment and promotion.

Recommendation 10: Extend the implementation of these recommendations to any demographics found to be underrepresented in the faculty.

RECOMMENDATION 7

Findings: Currently, at the University of Ottawa, the UGME Admissions office is sharing this information with AFMC to support this recommendation.

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

100%

RECOMMENDATION 8

Findings: Presently the EDI Office at the University of Ottawa is leading strategic planning for EDI across the Faculty of Medicine and has formed action plan working groups for

1. Research
2. Policies
3. Inclusive environment
4. Recruitment and Recognition
5. Data Collection.

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

75%

RECOMMENDATION 9

Findings: At the University of Ottawa an EDI Action Plan Working Group is developing specific recommendations for recruitment and recognition.

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

75%

RECOMMENDATION 10

Findings: The University of Ottawa reports plans to address this within 6 months. The EDI Action Plan Working Group is developing specific recommendations for data collection.

Next Steps: To enhance this score, you must begin addressing underrepresentation across various demographic groups to create a more inclusive and diverse faculty, fostering a richer and more equitable learning and working environments for all.

75%



FEEDBACK AND RECOMMENDATIONS

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

NEW RECOMMENDATIONS

The recommendations below were not part of the 2020 recommendations and therefore were not scored. Please consider these new recommendations.

WELLNESS & MENTORSHIP

Recommendation 1: Develop a comprehensive wellness plan specifically tailored for Black learners, ensuring that they have access to Black counselors or counselors with expertise in supporting individuals facing anti-Black racism and various forms of discrimination. Moreover, fostering collaborations with external resources can significantly enhance Black learners' ability to access wellness support within their respective cities or regions.

Recommendation 2: Develop mentorship programs to support the professional development and exploration of Black medical students. Ensure there are opportunities for race-concordant mentorship matches should the learner choose this. Collaborating with the provincial Black physicians for recruitment of mentors is a route to be explored.

FACULTY DEVELOPMENT

Recommendation: Implement structured faculty development programs that include learning modules, workshops, and seminars focused on addressing hidden curriculum, racism, anti-Black racism and privileges when developing and delivering educational activities.

WELLNESS & MENTORSHIP

Findings: UOttawa has an official mentorship program through their Black Medical Student Association where students are matched with Black mentors. Regular guidance is provided through the EDI Office and supported by the Faculty Affairs Program Manager. Concerning wellness, there are Black counselors at the University's Student Health and Wellness Centre that students can request specifically. All UGME students have access to senior psychotherapists via the Student Affairs Office.

Next Steps: None

FACULTY DEVELOPMENT

Findings: The University of Ottawa has structured faculty development for all teaching faculty on hidden curriculum, racism, and addressing privileges when developing and delivering educational activities. This includes learning modules, workshops, seminars, and the presence of a Black health lead.

Next Steps: The University of Ottawa should continue to prioritize faculty development and provide ongoing support and resources to ensure that teaching faculty are equipped with the necessary knowledge and skills. Examples of resources to provide faculty include the Black Health Education collaboratives' Black Health Primer which seeks to advance knowledge of and promote dialogue about anti-Black racism and its impact on health.



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 Ottawa did not provide a response to their report card.