

# CANADIAN MEDICAL SCHOOL REPORT CARD

2023 - 2024



**University of Saskatchewan**

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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

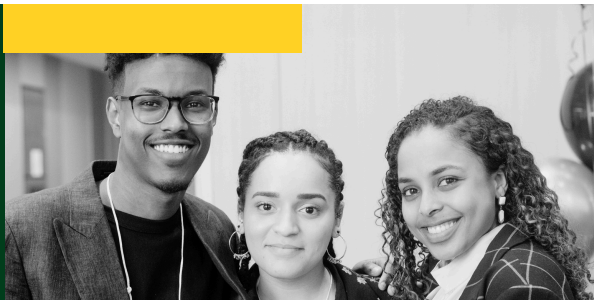
However, scores were adjusted based on information provided, or otherwise, a lack of information. Scores and next steps were further adjusted to reflect feedback and new information provided by local Black Medical Students' Association leads and members of the AFMC Black Health Innovation and Advancement 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>	48%	Not evaluated	Red
<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>	60%	Red	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>	25%	Green	Red
<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>	38%	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

**Feedback:** The University of Saskatchewan did not make a public statement denouncing anti-Black racism by 2021 in response to this Call to Action. There are no current plans to address this Call.

**Next Steps:** Making a public statement denouncing anti-Black racism and the manifestations of racial discrimination in all its forms in Canada and medicine is the first step in addressing this structural inequity. It is only the beginning. It is a gesture that clearly states that the University of Saskatchewan, as an institution, is committed to creating an inclusive environment for all students, including students from the Black community. We call on The University of Saskatchewan to make this public statement as a show of solidarity. It is not too late.

25%

### RECOMMENDATION 2

**Feedback:** The University of Saskatchewan reports to have completed ongoing consultations with members of equity-seeking groups to develop specific equity outcome measures. There are plans within the next 6 months to develop policies and strategies to address racism in medical education. The University of Saskatchewan has a Diversity and Inclusion Working Group tasked with developing and implementing the university's EDI plan.

The University of Saskatchewan has no plans to formally review all aspects of medical education or to appoint a Dean of Equity, Diversity, and Inclusion. Finally, there is no dedicated equity session during orientation to introduce students to the Dean of EDI, EDI principles, and equity resources. There are no current plans to implement such a session.

**Next Steps:** We call on the University of Saskatchewan to fully address this Call to Action. Ongoing consultation with members of equity-seeking groups should specifically include the Black community. There should be a formal review of all aspects of medical education including admissions and curriculum, to ensure equity outcome measures are in plan. Development of policies and strategies to address racism should explicitly include anti-Black racism and how your institution plans to address it. We call for the Appointment of a Dean of Equity, Diversity, and Inclusion. If a similar role already exists, such as Dean of Social Accountability, support for Black medical students and addressing anti-Black racism should be an explicit stipulation of this role. Finally, a dedicated session should be added to orientation week to introduce all students, including Black medical students, to EDI principles and ensure they are aware of the support available.

45%



# 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

42%

**Feedback:** The University of Saskatchewan is yet to extend justice and equity initiatives explicitly to Black students by making public statements to the student body and/or on their website. There are no plans to ensure that Black perspectives are included on all existing committees.

**Next Steps:** First, the University of Saskatchewan is to ensure there is an explicit extension of justice and equity initiatives for Black students at their institution. This is an acknowledgment of our under-representation in medicine and a commitment to changing this. 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 University of Saskatchewan and the student groups. We ask for a commitment to the BMSAC and the local BMSA chapter at the University of Saskatchewan. Finally, the inclusion of Black perspectives on all existing committees is yet to be completed. This should be addressed without overburdening the Black faculty, staff, and medical student body.

### RECOMMENDATION 4

25%

**Feedback:** The University of Saskatchewan has no current plans to evaluate whether there is a representative proportion of enrolled Black students. They also do not currently collect race-based data on the number of Black matriculants in the MD and PGME programs.

**Next Steps:** We call on the University of Saskatchewan to address this Call and appropriately collect race-based data, including Black medical students, faculty, and staff in the process. Before embarking on this, there should be clear guidelines on the governance and stewardship of this data and how it is used by departments within and beyond admissions. We call on the University of Saskatchewan 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 5

**Feedback:** The University of Saskatchewan plans to begin in 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. The curriculum does not include formal teaching on the causes, harms, and challenges of structural anti-Black racism. Finally, the colonial past and anti-racist elements of the history of medicine is not taught.

**Next Steps:** We call on The University of Saskatchewan to explicitly and specifically acknowledge the role that medicine has played and continues to play in the creation and perpetuation of harmful race ideology. As this is taught, we call for the specific and explicit address of anti-Black racism as well as its causes, harms, and challenges. 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 Black Health Education Collaborative modules, which will comprehensively address these topics, 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 6

**Feedback:** The University of Saskatchewan reports to have completed this call. They have completed an urgent evaluation of the ways current admissions policies and eligibility requirements contribute to the under-representation of Black students. No further information on the findings from this evaluation was provided. The University of Saskatchewan has a Diversity and Social Accountability Admissions Program that considers the socio-economic backgrounds of applicants. Their admissions criteria are transparent and they have a low minimum MCAT score. The University of Saskatchewan also participates in the Price of a Dream initiative which waives the application and interview fees for applicants facing financial barriers when applying to medical school.

**Next Steps:** We commend the University of Saskatchewan'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. Similar to the Indigenous Student Admissions Pathway, we call for a specific Black Student Admissions Pathway. The barriers faced by Black applicants may be addressed by such a pathway with the involvement of individuals with similar lived experiences with the Black applicants. Several institutions have successfully implemented such a pathway, including the Universities of Alberta, Calgary, and Toronto. Best practices for the implementation of this pathway may be sought from the aforementioned schools. Finally, 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. This will provide additional support for aspiring applicants including MCAT and interview preparation.



# 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

**Feedback:** The University of Saskatchewan plans to review within the next six months its student mistreatment policies and procedures ensuring that they are easily accessible and clearly outlined to students.

**Next Steps:** As the University of Saskatchewan 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

**Feedback:** At present admission data at the University of Saskatchewan is not collected in an equity-oriented, intersectional, and disaggregated manner.

**Next Steps:** Develop and implement strategies to enhance equity, intersectionality, and disaggregation in data collection, ensuring a comprehensive understanding of the applicant pool.

50%

### RECOMMENDATION 2

**Feedback:** The University of Saskatchewan provides a document (<https://medicine.usask.ca/documents/ugme/admission/admissions-statistics-5-year-summary.pdf>) that outlines admission statistics, offering transparency on criteria such as GPA, MCAT, and CASPER scores.

**Next Steps:** Great work! Regularly evaluate the accessibility and clarity of information related to admission criteria, average scores, and weightings. If necessary, enhance the document or explore alternative methods of presenting the information to make it more user-friendly. Implement outreach strategies to actively disseminate this information to prospective applicants from low SES backgrounds.

75%

### RECOMMENDATION 3

**Feedback:** The University of Saskatchewan has initiated a program titled "Price of a Dream," which includes 50 fee waivers.

**Next Steps:** Good work! Build on the success of the "Price of a Dream" program by expanding its reach and impact. Consider increasing the number of fee waivers or exploring additional initiatives to support low SES applicants. Collaborate with the AFMC Admissions Network to share insights and contribute to the development of best practices in supporting low SES applicants across institutions. These steps will contribute to fostering greater accessibility and inclusivity in the admissions process at the University of Saskatchewan.

100%



# FEEDBACK AND RECOMMENDATIONS

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## 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

**Feedback:** Regular reviews of the current composition of admissions committees and any potential biases at the University of Saskatchewan are not adequate.

**Next Steps:** Initiate a comprehensive review of the current composition of admissions committees to assess their diversity and identify any potential biases. Implement measures to identify and address any inherent biases that may arise within the committee processes. Develop and implement training programs for committee members to enhance their awareness of biases and promote inclusivity in the decision-making process. Establish a regular monitoring and evaluation process to ensure that diversity remains a priority and that biases are consistently addressed. Seek feedback from committee members and stakeholders to gain insights into potential areas for improvement. Consider the development of a dedicated oversight committee or task force responsible for monitoring and guiding the implementation of improvements. Communicate transparently with the university community about the progress made in enhancing diversity within admissions committees and addressing biases. These proactive steps will contribute to creating more diverse and unbiased admissions committees at the University of Saskatchewan.

### RECOMMENDATION 5

**Feedback:** The University of Saskatchewan has implemented the Diverse Special Access Admissions Program (DSAAP) and is actively exploring the Black Admissions Pathway as initiatives addressing underrepresentation.

**Next Steps:** Implement the Black Admissions Pathway as a dedicated initiative to address underrepresentation, aligning with CACMS Element 3.3 and FMEC Recommendation II. Develop a comprehensive Community of Support program to accompany the Black Admissions Pathway, fostering an inclusive and supportive environment for Black applicants. Utilize Young et al's six-point framework for pipeline and program development to ensure a holistic approach. Collaborate closely with organizations representing Black communities to tailor initiatives to specific needs. Establish clear and transparent communication channels to disseminate information about the Black pathway and Community of Support. Regularly assess and refine both programs based on participant feedback and evolving needs. This proactive approach will contribute significantly to countering underrepresentation and fostering a supportive community within the University of Saskatchewan.



# 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

**Feedback:** The University of Saskatchewan currently has no plans to ensure their curriculum committee works with Black students, faculty, and critical race scholars to improve the ways Black health is addressed in the curriculum.

**Next Steps:** It is imperative that the University of Saskatchewan prioritizes collaboration with Black students, faculty, and critical race scholars to actively address the gaps in the curriculum regarding Black health. This should include the removal of race as a proxy for social and genetic determinants of health, as it inaccurately simplifies the complex factors affecting Black health. The University of Saskatchewan should provide examples of the progress made in these areas to demonstrate their commitment to addressing Black health concerns.

25%

### RECOMMENDATION 6B

**Feedback:** The University of Saskatchewan plans to begin addressing the ways Black health is incorporated in the curriculum within the next 6 months. However, specific actions to increase the diversity of the standardized and volunteer patient programs have not been outlined.

**Next Steps:** To effectively address Black health in the curriculum, it is essential that the University of Saskatchewan takes concrete steps to increase the representation of Black patients in standardized and volunteer patient programs. Increasing the diversity of the standardized and volunteer patient programs can be achieved by actively recruiting and incorporating individuals from diverse racial and ethnic backgrounds into these programs. This can involve reaching out to community organizations, networks, and healthcare providers serving diverse populations to identify potential participants.

25%

### RECOMMENDATION 6C

**Feedback:** The University of Saskatchewan plans to begin addressing the presentation of clinical cases on racialized issues without perpetuating stereotypes and contributing to harmful heuristics. However, specific strategies for achieving this goal have not been provided.

**Next Steps:** To ensure the responsible and accurate portrayal of racialized issues in clinical cases, the University of Saskatchewan should collaborate with Black students, faculty, and critical race scholars. For example a team could work on revising the cases and tutor guides to recognize pathologies and Case Based Learning/ Small Groups addressing outdated risk factors.

25%



# 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

**Feedback:** The University of Saskatchewan currently has no plans to train students on recognizing pathologies and dermatology-based clinical signs in patients of different skin tones.

**Next Steps:** The University of Saskatchewan should prioritize the development and implementation of training programs that educate students on recognizing pathologies and dermatology-based clinical signs in patients of different skin tones. This will enhance the ability of medical graduates to provide equitable and effective healthcare for diverse patient populations. Platforms already exist that can serve as a foundation for the new content in the curriculum. The University of Saskatchewan should review the existing materials and tailor them to address the specific needs of recognizing pathologies and dermatology-based clinical signs in patients of different skin tones.

### RECOMMENDATION 6E

**Feedback:** The University of Saskatchewan plans to make additions to the curriculum with the consideration that all medical graduates need to be prepared to practice in any population in Canada. However, specific actions to address the ways Black health is incorporated into the curriculum have not been specified.

**Next Steps:** To ensure that all medical graduates are adequately prepared to address the health needs of Black populations, the University of Saskatchewan should actively collaborate with Black students, faculty, and critical race scholars. This collaboration will help identify and incorporate relevant content, experiences, and perspectives into the curriculum. It is essential to provide comprehensive education that reflects the diverse healthcare needs of all populations in Canada.



# FEEDBACK AND RECOMMENDATIONS

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

## LONG-TERM RECOMMENDATION: ACCOUNTABILITY

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

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

### RECOMMENDATION 7

**Feedback:** The current state of demographic data collection practices is not acceptable.

**Next Steps:** Initiate a collaborative effort with the AFMC Network to conduct a detailed review of their demographic data collection practices. Ensure that the practices align with equity-oriented, intersectional, and disaggregated principles. Actively contribute insights and experiences to support the streamlining and centralizing efforts led by the AFMC Network. If necessary, provide recommendations for improvements that align with national and local EDI initiatives and policies. Foster ongoing communication and collaboration with the AFMC Network to share best practices and contribute to the iterative evaluation of EDI initiatives. Establish a reporting mechanism to keep the University of Saskatchewan informed about progress and changes in the AFMC Network's demographic data collection practices. These steps will contribute to fostering a culture of accountability and alignment with EDI initiatives at both the local and national levels.

### RECOMMENDATION 8

**Feedback:** As it stands, there is no development and implementation of a strategic inclusion plan at the University of Saskatchewan.

**Next Steps:** Initiate a comprehensive review of the existing strategic inclusion plan for the Faculty of Medicine, specifically addressing concerns raised in the 2017 UN Human Rights Council expert report, with a focus on Article 33. Identify any gaps or areas for improvement in the current plan. Develop and implement a tailored strategic inclusion plan that aligns with the recommendations from the UN report. Ensure that the plan is comprehensive, addressing the specific concerns raised and fostering an inclusive environment within the Faculty of Medicine. Communicate the details and objectives of the plan transparently to the faculty community. Establish a monitoring and evaluation framework to assess the effectiveness of the plan in addressing the concerns outlined in Article 33. These steps will contribute to creating a more inclusive and equitable environment within the Faculty of Medicine at the University of Saskatchewan.



# 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

25%

**Feedback:** There are no current efforts to increase the representation of Black instructors at the University of Saskatchewan.

**Next Steps:** To improve this score, the University of Saskatchewan should intensify its efforts to recruit and promote Black instructors. This might involve implementing more targeted recruitment strategies, mentoring programs, and inclusive promotion policies. By actively addressing the underrepresentation of Black instructors, you can create a more diverse and inclusive faculty that reflects the broader community and offers support and role models for Black medical learners.

### RECOMMENDATION 10

50%

**Feedback:** The University of Saskatchewan reports plans to address this call in 6 months or more.

**Next Steps:** While addressing the underrepresentation of Black individuals is crucial, USask should also extend the implementation of these recommendations to any other demographics found to be underrepresented within the faculty. It is important to note that each underrepresented group may face different challenges and require unique considerations. Therefore, it is recommended that individuals explore conversations pertaining to various groups in order to understand the underlying difficulties. This may include tailored recruitment and retention strategies, mentorship programs, and curriculum enhancements that reflect the experiences and perspectives of underrepresented groups. Ongoing evaluation and monitoring should be conducted to ensure the effectiveness of these initiatives and to make necessary adjustments as needed.



# 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

**Feedback:** The University of Saskatchewan 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

**Feedback:** The University of Saskatchewan provides faculty development training through various programs and initiatives. These include the Building an Awareness of Cultural Humility CME Course, Anti-Racism Crash Courses, Health Equity Webinar Series, Health Equity Book Club, and Faculty Development EDI Modules.

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

### USask Response to the Black Medical Students Canadian Medical School Report Card 2023-24

The following information is being provided in response to the Canadian Medical School Report Card 2023-24.

#### Short-Term Calls to Action

The University of Saskatchewan College of Medicine has moved forward on a number of fronts with regard to equity, diversity and inclusion in the context of excellence in educating for the health needs of our population.

One initiative was inviting the Saskatchewan Human Rights Commission to do extensive research and reporting, culminating in a systemic advocacy report. This initiative was presented as a public statement with the intent to prioritize the pursuit of justice and equity for all members of our college.

We have a commitment to anti-racist education for learners, staff and faculty. Our college is the only Canadian medical school chosen to participate in the Anti-Racist Transformation in Medical Education (ART in Med Ed) initiative, led by the Icahn School of Medicine at Mount Sinai. The project places significant emphasis on the Black medical student experience in its broader antiracism mandate. Other initiatives in the curriculum are outlined below.

Additionally, the college's Faculty Development unit offers modules for our faculty on equity, diversity, and inclusion which touch on anti-Black racism and other topics such as intersectionality. Faculty Development also reaches out to departments and committees for unconscious bias training. A four-part online anti-racism training is also in development and will be made available to faculty later in the year.

Our medical student and resident support and wellness offices provide experts to support learners and robust processes for reporting and investigating discrimination and harassment.

The University of Saskatchewan is one of 40 signatories to the Scarborough Charter, a collaborative effort to fight structural anti-Black racism and promote Black inclusion on campuses across Canada. Staff and faculty in the College of Medicine are active members of the Provost's Advisory Committee to enact the goals of the Charter.

We are fortunate to have The Black Faculty and Staff Caucus (BFSC-USask) to provide mentorship, advocacy, networking and resources to Black faculty, staff and students and guidance for integration of these concerns into college processes. We are committed to partnering with the BFSC on future report cards and supporting Black faculty, staff, and students in the college.

There are two members from the college on the AFMC's Committee on Black Health, Innovation and Advancement. Dr. Erique Lukong is the faculty member serving on this committee.

## Admissions:

In the area of admissions to the medical doctor degree program at the University of Saskatchewan, the following actions and practices are undertaken:

1. Improve admissions data collection practices – Our medical school has an EDI survey as part of our data collection from applicants. We assess significant changes in the proportions of populations in the applicant pool to the matriculant pool. Due to privacy requirements, this information cannot be publicly shared. Still, we are actively working to create a Black student admissions pathway (BSAP) that will enable us to share data related to its success. The Division of Social Accountability and MD Program Admissions team have begun consultations with colleagues at another medical school as well as with Black students and faculty regarding the development of a BSAP, which may be introduced as early as the MD program intake beginning in the summer of 2025.
2. Transparency of admission criteria – Our MD program is transparent on our criteria and their weightings, which are all made available in our public applicant information document. Reporting on the results of these criteria is also provided publicly for each admissions cycle.
3. Develop application waiver fees for low socioeconomic status applicants – As part of the Price of a Dream initiative (through the AFMC), we have 50 fee vouchers available for Saskatchewan-connected applicants and a junior and senior student along with one staff member help coordinate and advertise this program, in addition to promotional efforts with the national network. Individuals who receive a voucher are automatically considered for our Disability and Social Accountability Admissions Program (DSAAP) and have a fee waiver for the multiple mini-interview portion of the application process.
4. Regular review of admission committees to ensure diversity and mitigate inherent bias – All admissions committee members undergo unconscious bias training through our Faculty Development unit. We will ensure student representatives from diverse backgrounds are added to the admissions committee. Their perspectives will provide valuable insights into the student experience and contribute to more holistic evaluations of candidates. We discuss bias and conflict of interest at the beginning of every admissions committee and subcommittee meeting.
5. Develop pathway programs to counter underrepresentation – We have established strong processes and experience in this area with our existing Indigenous pathway and our DSAAP pathway. We look at areas including intersectionality and as noted above, are currently in discussions and engaging stakeholders to start an MD program Black student admission pathway in which there will be one representative on the admissions committee and a subcommittee structure to support the holistic review of Black applicants.
6. The creation of a feedback mechanism for applicants. All applicants can provide anonymous feedback about their experience with the admissions process that could reveal unseen biases and areas for improvement. This feedback could be particularly valuable in understanding the specific concerns of Black applicants and other underrepresented groups.

## Curriculum

In our medical doctor program curriculum, we are evolving to meet the changing needs of our students and our province.

There is ongoing and anticipated work in several different domains. With respect to a Black, Indigenous and other underrepresented minorities lens, several themes and directions are being worked on with progress made in some areas.

1. **Experiential/Faces of People Needing Care:** This program of the Clinical Learning Resources Centre (Saskatoon) and Regina Learning Centre (Regina) works to involve diverse standardized patients for students to interact with during their clinical skills and similar sessions. In the last year, this effort has been enhanced by the engagement of diversity and social accountability experts working in the college.
2. **Medical Expert Content Knowledge:** In addition to the diversification of images in clinical teaching, with particular relevance to the dermatology system, we have included in recent years a session dedicated to dermatologic skin manifestations in people of color.
3. **Aiming for Health Equity:** We approach educating students about health equity through various means including exploring attitudes, biases, current and historical framing, and skill development.
  1. Ethics curriculum is a vertical theme included in each term/year of our four-year program and includes educational sessions/activities focusing on recognizing/addressing bias, racism and prejudice in health care and health care research. Examples shared include both more recent systemic racism-based events as well as historical perspectives, including the Tuskegee study, the Saskatchewan case of Samwel Uko, "Microaggression: Privileged observers' duty to act," and "When a family requests a white doctor."
  2. Student participate in the Intercultural Development Inventory assessment in Term One of Year One and receive individualized feedback on their scores and interpretations. This Inventory is repeated prior to the start of clerkship to support students receiving ongoing individualized growth feedback.
4. **Ongoing self-study for QA/QI –** A 2021 Dean's Summer Student Research project reviewed curriculum from a student's perspective with an EDI lens. The project was awarded first place in its category at the Dean's Research Poster Day. Our Curriculum Quality Review Subcommittee is preparing for its next cycle of course reviews post-curriculum renewal implementation, with an EDI lens as part of that review. This subcommittee membership includes Black, Indigenous and other non-white faculty members and has been supported by the Division of Social Accountability (DSA) in development and interpretation of program review instruments.
5. **Mistreatment data sharing –** Students founded and lead a Mistreatment Reform Committee (MRC) along with Faculty to review curriculum policies and work is underway to enact changes requested by this group in 2023. In the future, we plan to share more data regarding the mistreatment reports we receive, the actions taken to address them, and provide information on how to report similar incidents. This information will be shared during student town hall meetings, student group meetings, and meetings of wellness committee members. We also plan to share the information more broadly with faculty members to support a better and safer learning environment.

## Accountability:

Within the context of implementing the EDI Framework for Action, USask is developing processes to initiate an “equity census” with the goal of gathering demographic data to allow for a better understanding of overall progress with representation. USask recognizes that working to achieve meaningful change on the EDI front requires reliable data to track and identify diversity gaps that we seek to close. This is critical work aimed at achieving accountability and requires high-quality data. This work will require carefully building trust through consultation and showing the commitment to responsible and informed use of these data.

We intend to collaborate with the AFMC as they progress on this recommendation.

The College of Medicine articulates its commitment to diversity, equality, and human dignity in the principles that guide its 2017-2025 strategic plan. The 2022 survey from BMSAC comes on the heels of the systemic investigation from the Saskatchewan Human Rights Commission which highlighted many of the same opportunities for growth as the BMSAC Report Card. As openness, transparency, and accountability are also principles that guide our strategic plan, we value the contributions of the BMSAC in addressing anti-Black racism for students at USask and the Black community across Canada and look forward to continued collaboration. In October of 2023, the Division of Social Accountability (DSA) joined the Office Vice Dean Indigenous Health (OVDIH), consolidating, and strengthening efforts to create meaningful impact for Black, Indigenous, and other non-white students, staff, and faculty. In addition to providing leadership on the EDI portfolio, the unit offers education and resources to promote equity literacy, anti-racism, and social justice in the college. The DSA has recently welcomed three physician leads to accelerate this work and will spend the coming months co-creating an EDI Strategy with students, staff, and faculty. We look forward to reporting our growth as we continue to address the critical areas identified in the report card.

Our college is committed to working with our Black students, staff, faculty, local BMSA, BFSC-USask, and the broader Black community in pursuit of the overarching goal of improving the health and well-being of the people of Saskatchewan and the world. We recognize that as we progress on our EDI goals, there is still much to do to provide a safe and respectful learning environment where Black students feel supported and have equal opportunities for success.

*This letter in response to the BMSAC 2023 Report Card was consulted upon by members of the USask BMSA. We acknowledge the efforts that have been made by the USask College of Medicine to respond to the calls to action outlined. We also recognize there are areas where more work is needed to combat anti-black racism in our college. We look forward to continue collaborating with the college in our shared goals.*

*Opeyemi Adelugba, Co-president of USask BMSA, MD Candidate 2024*