

# CANADIAN MEDICAL SCHOOL REPORT CARD

2023 - 2024



**University of Toronto**

Dr. Lisa Robinson

Data 2022-2023, Published 2024



## BMSAC 2020 RECOMMENDATIONS TO THE CANADIAN FACULTIES OF MEDICINE REPORT CARD

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

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

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

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

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

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

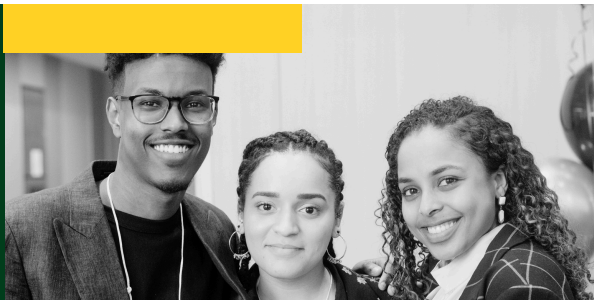
However, scores were adjusted based on information provided, or otherwise, a lack of information. Scores and next steps were further adjusted to reflect feedback and new information provided by local Black Medical Students' Association leads and members of the AFMC Black Health Innovation and Advancement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

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

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

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

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



# BMSAC 2020 RECOMMENDATIONS TO THE CANADIAN FACULTIES OF MEDICINE REPORT CARD

Call to Action	% Grade	Color Grade	
		2021	2023
<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>	96%	Not evaluated	Green
<b>Admissions</b> <ol style="list-style-type: none"> <li>1. Improve admissions data collection practices</li> <li>2. Transparency of admission criteria</li> <li>3. Develop application waiver fees for low SES applicants</li> <li>4. Regular review of admissions committees for lack of diversity and inherent bias</li> <li>5. Develop pathway programs to counter underrepresentation</li> </ol>	95%	Green	Green
<b>Curriculum</b> <ol style="list-style-type: none"> <li>1. Curriculum review alongside Black students, faculty and critical race scholars to improve address of Black health in curriculum</li> </ol>	90%	Green	Green
<b>Accountability</b> <ol style="list-style-type: none"> <li>1. Support the AFMC Network over the next 2 years in streamlining and centralizing their demographic data collection practices,</li> <li>2. Review 2017 United Nations Human Rights Council expert report on People of African Descent in Canada</li> <li>3. Increase representation of Black instructors</li> <li>4. Extend recommendation implementation to other demographics found underrepresented in faculty</li> </ol>	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 1

100%

**Findings:** The University of Toronto (UofT) responded to this call with public statements made by the Dean and Associate Dean, Inclusion and Diversity, Faculty of Medicine Office of Inclusion and Diversity, and by the MD Program and PGME. The Office of Inclusion and Diversity released further statements during Black History Month in 2022 and 2023. Included in some of these statements are resources to learn more about anti-Black racism, its manifestations in medicine and beyond, and work being done to address it at structural levels.

**Next Steps:** While UofT 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 UofT’s commitment to recognize and address anti-Black racism and police brutality and its manifestations in medicine and beyond.





# FEEDBACK AND RECOMMENDATIONS

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

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

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

### RECOMMENDATION 2



**Findings:** UofT has successfully responded to this call. They have embarked on ongoing consultation with members of equity-seeking groups to develop specific equity outcome measures that align with their needs. All aspects of medical education have been reviewed and policies and strategies have been developed to address both systemic and overt racism in medical education. A Dean of Equity Diversity and Inclusion has also been appointed.

Temerty Faculty of Medicine has a Diversity Advisory Council that consists of faculty members, staff, and learners. This committee advises the Associate Dean of Inclusion and Diversity on issues relating to inclusion equity, human rights, and diversity at Temerty FOM, which aligns with UofT's commitment to social justice and health equity. A learner-focused MD Black Experience Committee was established in 2020 to ensure the concerns of Black medical students are addressed. This committee reports to the Black Student Application Program Committee.

In response to the BMSAC calls, Temerty FOM released an accountability report, "Addressing Anti-Black Racism in Medical Education in February 2022, held a community engagement report in March 2020 with a second round of findings released in November 2022. The goal was to discuss actions taken in addressing anti-Black racism in medical education and the next steps in strategic and operational planning.

Finally, Temerty FOM has a Black Health Theme Lead who, in conjunction with the Black Health Education Advisory Committee, designs and implements the Black Health curriculum through the MD Program.

In 2020, orientation for incoming medical students featured a presentation by the Office of Inclusion and Diversity with a virtual EDI workshop.

**Next Steps:** We applaud the Temerty FOM multi-pronged response to this call, specifically and explicitly addressing anti-Black racism. During this process, there has been transparency and inclusion of the Black community. We encourage the FOM to continue their transparency with the community such as with the accountability reports. We also call for the orientation sessions to be delivered to each incoming class and to also specifically address ABR in these sessions.



# 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:** The Temerty FOM has extended justice and equity initiatives explicitly to Black students by making public statements to the student body, and made notable commitments with Black-led medical organizations including the BMSAC and the UofT BMSA. TFOM also strives for diverse and inclusive committee membership. They have also committed to being aware of and taking the perspectives of equity-deserving groups including Black perspectives into account. We commend this commitment.

**Next Steps:** Temerty FOM 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 the FOM and the student groups, including the BMSAC. We continue to emphasize that Black perspectives on all existing committees should be addressed without overburdening the Black faculty, staff, and medical student body.



# FEEDBACK AND RECOMMENDATIONS

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

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

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

### RECOMMENDATION 4

100%

**Findings:** The Temerty FOM has completed an evaluation of the representation of enrolled Black medical students at their institution. Race-based data is collected on the number of Black matriculants into the MD and PGME programs through the Black Student Application Program, annual Voice of the MD Entrant, and bi-annual Voice of the MD Student surveys. On the PGME side, data is collected on the number of Black matriculants through the bi-annual Voice of the Resident survey. Data is collected under an REB protocol and stored on a secure server at the FOM. Data is reported in aggregate and shared only with MD program leadership from Associate Deans and above. This data was also included in community/public-facing institutional accountability such as the [Addressing Anti-Black Racism at Temerty Medicine Accountability Report](#). UofT has established pathway programs to support Black applicants in their exploration and pursuit of Medicine. The [Summer Mentorship Program](#) was established in 1994 providing early exposure to the Health Sciences to Black and Indigenous grade 11 students. [Community of Support](#) was started in 2015 and it provides support, at various stages of the medical school application journey to current or previous university students who are Indigenous, Black, Filipino, economically disadvantaged, or who self-identify as having a disability. The Black Student Application Program was introduced in 2017. Finally, there are specific awards and bursaries offered specifically to Black Medicinal students. Sunnybrook Health Sciences launched the [Sunnybrook Program to Access Research Knowledge for Black and Indigenous Medical Students \(SPARK\)](#), providing mentorship, research opportunities, funding, and networking opportunities. On the PGME side, in 2020 the Department of Medicine Internal Medicine residency program implemented the Black and Indigenous applicant pathway. The SMP program follows alumni through its survey to assess those who have completed or are currently enrolled in post-secondary education. Community of Support evaluates the number of participants and medical school admissions. Both programs are evaluated by the Office of Access and Outreach. The BSAP and Internal Medicine Black and Indigenous Pathways are evaluated based on a number of applicants, interviews, and accepted offers. BSAP is evaluated by the Black Canadian Admissions Subcommittee and the MD Admissions Committee. The Internal Medicine program is evaluated by the Vice Chair, Education residency program director, and the EDI lead.

**Next Steps:** The Temerty FOM appropriately collects race-based data and there is clarity around the governance and stewardship of this data. However, more information is needed on if and how it is used by departments beyond admissions. We commend UofT's efforts concerning this Call. We encourage the FOM to continue to support the BSAP, SMP, COS, SPARK, and the Internal Medicine Black and Indigenous pathway.



# FEEDBACK AND RECOMMENDATIONS

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

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

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

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

### RECOMMENDATION 5

**Findings:** The Temerty FOM 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. 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 are covered in the pre-clerkship years to ensure the provision of culturally competent healthcare by future physicians.

**Next Steps:** The Temerty FOM is on the right path. As the harms and historical manifestations of anti-Black racism are taught to students, solutions should also be developed and taught with a forward-minded frame as a way to ensure future physicians do not contribute to the perpetuation or repeat of these grievous mistakes. The modules being developed by the Black Health Education Collaborative (BHEC) will comprehensively address these topics, and should also be implemented in the curriculum.

100%

### RECOMMENDATION 6

**Findings:** The Temerty FOM has evaluated its admissions policies and created a Black Student Application Program in 2018. To address the commercialization of medical school applications, MCAT, and interview preparation, the FOM supports 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. The Summer Mentorship Program works to provide early exposure to medicine to high school students. Finally, there are MD Admission Bursaries specifically for Black students.

**Next Steps:** We are glad to see that the Temerty FOM has made an urgent evaluation of its current admission policies. However, these findings are yet to be forwarded to the AFM. 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%



# FEEDBACK AND RECOMMENDATIONS

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

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

**Recommendation 7:** Review student mistreatment policies

### RECOMMENDATION 7

**Findings:** The Temerty FOM completed the review of the MD Program Student Mistreatment Protocol in March 2020 with a review of the PGME guidelines in 2021. The revisions considered the inclusion of EDIIA and trauma-informed approaches across the continuum of medical education.

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





# FEEDBACK AND RECOMMENDATIONS

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

## LONG-TERM RECOMMENDATION: ADMISSION

**Recommendation 1:** Improve admissions data collection practices by ensuring it is collected in an equity-oriented, intersectional, and disaggregated manner.

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

### RECOMMENDATION 1

**Findings:** The Temerty FOM has addressed this call. To identify barriers to medical admissions for underrepresented groups in medicine and to identify bottlenecks in the admissions stream and areas for improvement, at the application stage, data is collected on the applicant pool through the OMSA Applicant Diversity Survey and the Black Student Application program. Admissions awards and bursar applications provide data about the interviewee's socioeconomic status. Data is collected from current students through the VOICE of MD Entrant Survey and the bi-annual Voice of the MD Student Survey.

**Next Steps:** We commend the response to this call and encourage continuous collection of this data as well as assessment. This is to ensure the continuous and iterative assessment of the diversity of applicants and matriculants.

100%

### RECOMMENDATION 2

**Findings:** The Temerty FOM is close to completing this call. On the [admissions website](#), there is detailed information available to applicants on the admission requirements, process, policies, and frequently asked questions. Admission statistics are uploaded after each cycle. During the cycle, applications are invited to a webinar series where admissions and recruitment staff topics of interest to applicants and answer pre-collected questions from applicants, providing as much clarity as possible. At the end of the admissions cycles, applicants are invited to attend an "Applicant Recap Session" to learn about important trends and insights regarding the recent cycle. The MD Program most recently concluded a multi-year admissions renewal to modernize the admissions requirements and assessment methods to balance both academic and non-academic qualities and characteristics. For example, the MCAT threshold was adjusted allowing a minimum of 124 in one section with a minimum of 125 in the other 3 sections. MCAT scores are not considered further once this threshold is met. However, the weightings of each admission criterion is not shared on the admissions website.

**Next Steps:** We commend the Temerty FOM's transparency concerning the demographics of their class along with the average GPA of accepted applicants. Full transparency includes sharing the weightings of how each criterion is used in the admission process. 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.

75%



# FEEDBACK AND RECOMMENDATIONS

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

## LONG-TERM RECOMMENDATION: ADMISSION

**Recommendation 3:** Through the AFMC Admissions Network, develop a program to waive application fees for low SES applicants, similar to the AFMC MCAT fee waiver and AAMC fee waiver programs.

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

### RECOMMENDATION 3

**Findings:** The Temerty Faculty of Medicine is one of the institutional participants in the Ontario Medical School Application Fee Waiver Program, which subsidizes application costs for applicants with financial need. 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:** By supporting this program, the Temerty FOM demonstrates a strong commitment to equity and accessibility in the admissions process. This initiative paves the way for more inclusive and diverse student cohorts, ensuring that financial constraints do not hinder talented individuals from pursuing their aspirations in the medical field. We commend this commitment and encourage continued support of this program.

100%

### RECOMMENDATION 4

**Findings:** The Temerty FOM is committed to the principles of inclusion and diversity and strives to have its membership reflect the diversity present in the Canadian population. The MD Admissions Committee requires diverse representation with representatives from the Indigenous Student Application Program Advisory Circle and the Black Canadian Admissions Subcommittee. Members of the committee are from various training levels and specialties. Appointed members are interviewed by the Admissions Director where the values of inclusivity and diversity are stressed. The MD Program recruits over 750 raters each year to ensure each application is reviewed by multiple independent reviewers. Through working with the Black Physicians' Association of Ontario (BPAO) as well as the Community of Support, this process also includes Black raters. An annual diversity survey was established in 2017 to better understand the rater demographics and inform efforts to increase the representation of raters from equity-deserving groups. All Temerty FOM admissions committee members and rater must disclose all potential conflicts of interest and complete unconscious bias training.

**Next Steps:** The Temerty FOM has demonstrated a strong commitment to ensuring equity and inclusivity in the admissions process. By routinely assessing the diversity and potential biases within admissions committees, the FOM is actively working towards a more representative and fair selection process for all students. This approach contributes to a more inclusive and diverse medical education environment, fostering opportunities for all qualified candidates.

100%



# FEEDBACK AND RECOMMENDATIONS

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



## LONG-TERM RECOMMENDATION: ADMISSION

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

### RECOMMENDATION 5

**Findings:** The Temerty FOM has addressed this call. To counter underrepresentation, at the admissions stage, there are the Black Student Application and Indigenous Student Application Programs. Needs-based bursaries are available to matriculants and they can participate in the Diversity Mentorship Program. Upstream, pathway programs include the Summer Mentorship Program for high school students and the Community of Support which provides free resources to applicants.

**Next Steps:** The Temerty Faculty of Medicine has shown a strong commitment to addressing the underrepresentation of Black learners with a multi-pronged approach. Keep this up!



# FEEDBACK AND RECOMMENDATIONS

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

## LONG-TERM RECOMMENDATION: CURRICULUM

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

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

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

### RECOMMENDATION 6A

**Findings:** The University of Toronto has commendably ensured that its curriculum committee works with Black students, faculty, and critical race scholars to improve the ways Black health is addressed in the curriculum. For example, they have incorporated a Year 1 Health Equity, Race, and Medicine lecture that focuses on Black health, including how anti-Black racism manifests in medicine as a social determinant of health. There is also a Year 1 GI case on the collection of race-based data created by a patient, scholar in critical race theory, gastroenterologists, and Black learners.

**Next Steps:** The University of Toronto should continue to monitor and evaluate the effectiveness of these improvements and ensure ongoing collaboration with Black stakeholders to address any emerging issues. Additionally, they should consider expanding the incorporation of Black health perspectives across other relevant courses and modules in the curriculum.

### RECOMMENDATION 6B

**Findings:** The University of Toronto has planned to increase the diversity of the standardized and volunteer patient programs in its curriculum. This step is crucial to ensure a more comprehensive representation of Black health experiences. For instance, they are working towards incorporating a Black Health Mini-Case in Year 2 as a self-study/directed learning opportunity.

**Next Steps:** The University of Toronto should establish a timeline for implementing these changes and regularly assess the progress made in diversifying the patient programs. They should also actively involve Black students, faculty, and critical race scholars in the development and review of these patient cases to ensure their authenticity and relevance.

### RECOMMENDATION 6C

**Findings:** The University of Toronto has ensured that its curriculum committee works with Black students, faculty, and critical race scholars to present clinical cases on racialized issues without perpetuating stereotypes and contributing to harmful heuristics. This approach promotes a more accurate and nuanced understanding of Black health. An example of this is the restructuring of the Year 1 respiratory section on Pulmonary Function Tests (PFTs) to acknowledge the historical and present-day racist implications of interpreting PFTs by race.

**Next Steps:** The University of Toronto should continue to provide training and support for faculty to ensure that clinical cases are consistently presented in a racially sensitive and anti-oppressive manner. They should also encourage the development of additional clinical cases that address other racialized health issues to further enhance students' understanding of health disparities.



# FEEDBACK AND RECOMMENDATIONS

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

## LONG-TERM RECOMMENDATION: CURRICULUM

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

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

### RECOMMENDATION 6D

**Findings:** The University of Toronto has ensured that its curriculum trains students on recognizing pathologies and dermatology-based clinical signs in patients of different skin tones. This training helps address biases and ensures equitable dermatological care. As an example, they have updated the Year 3 dermatology modules to include a diversity of skin tones and consider how racism as a social determinant of health impacts dermatological presentations.

**Next Steps:** The University of Toronto should continue to integrate diversity and sensitivity training into all relevant medical disciplines to ensure comprehensive training on recognizing and addressing health issues in patients of diverse backgrounds. They should also regularly review and update the curriculum to incorporate emerging research and best practices in addressing racial disparities in dermatology.

100%

### RECOMMENDATION 6E

**Findings:** The University of Toronto has ensured that all additions to its curriculum are made with the consideration that all medical graduates need to be prepared to practice in any population in Canada, not just populations representative of the local context of their schools. The University of Toronto has incorporated a Year 2 Re-imagining Healthcare panel that explores racism and discrimination in healthcare, taught from an Africentric perspective and anchored in principles of intersectionality.

**Next Steps:** The University of Toronto should continue to emphasize the importance of this perspective and ensure that it is consistently applied throughout the curriculum. They should also explore opportunities to expand the Africentric perspective to other relevant topics and domains within the curriculum to foster a more inclusive and comprehensive educational experience.

100%





# 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 7

**Findings:** The University of Toronto has taken steps to support the AFMC Network in collecting demographic data through the AFMC Student Questionnaires (ASQ). The Temerty Medicine MD Program has assumed responsibility for collecting demographic data in conjunction with the Voices Surveys, streamlining data collection practices for trainees.

**Next Steps:** The University of Toronto should continue its efforts to ensure that the collected demographic data is disaggregated, intersectional, and equity-oriented. The University of Toronto should also actively participate in the iterative evaluation of national and local EDI initiatives and policies, using the disaggregated data to inform decision-making.

100%

### RECOMMENDATION 8

**Findings:** The University of Toronto has done commendable work utilizing the 2017 UN Report to inform the development of the MD Program's Black Health curriculum. The curriculum includes lectures and panel discussions that address the manifestations of anti-Black racism in medicine and the social determinants of health. The Voices Surveys capture race-based and other socio-demographic self-identifications to assess equity and inclusion.

**Next Steps:** The University of Toronto should ensure that its strategic inclusion plan is comprehensive and addresses all recommendations outlined in the 2017 UN Report. The plan should also be evaluated for effectiveness at the end of its term. This plan should involve allocating resources to integrate anti-Black racism content throughout the curriculum, evaluating the effectiveness of the Black Health curriculum, creating opportunities for input from Black students, faculty, and staff, and collaborating with community organizations and Black health professionals to enhance representation and visibility within the Faculty of Medicine.

87.5%

### RECOMMENDATION 9

**Findings:** The University of Toronto has implemented guidelines for excellence through equity in faculty and academic administrator appointments, which aim to disrupt bias in the search process. The guidelines prioritize relevant expertise, qualifications, and competencies. The University also collaborates with an external Equity Advisor during search committee meetings.

**Next Steps:** The University of Toronto should continue recruiting and promoting Black instructors through equitable practices. This includes diverse search committees, implicit bias training, partnerships with organizations supporting Black professionals, tailored mentorship and professional development, and regular monitoring and proactive measures to address representation gaps.

75%



# FEEDBACK AND RECOMMENDATIONS

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



## LONG-TERM RECOMMENDATION: ACCOUNTABILITY

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

### RECOMMENDATION 10

**Findings:** The University of Toronto has demonstrated a commitment to extending the recommendation to any demographics found to be underrepresented. They employ the same strategy for recruitment to increase representation.

**Next Steps:** 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.

### **WELLNESS & MENTORSHIP**

**Findings:** The Office of Learner Affairs Includes five, full-time Learner Life Specialists responsible for providing mental health and learning support to students. Two of the Learner Life Specialists identify as Black. While wellness supports are available to Black Learners, there are no specific programs in place for these students. There are discussions underway to provide support in, for example, financial literacy. The Temerty FOM has the Diversity Mentorship Program (DMP) a longitudinal program that connects medical students or first-year residents from minority groups to faculty mentors able to support and assist them in professional and educational development. This program is supported administratively by the Office of Inclusion & Diversity.

The Diversity in Medicine Education (DICE) is a Temerty Medicine Division of Cardiology mentorship group, led by cardiology residents, with a mission to introduce medical students from historically underrepresented groups (BIPOC) to the field of cardiology. The UpSurge program is a mentorship offering within the Department of Surgery, co-led by two General Surgery residents and a faculty lead. It is available to trainees and medical students from underrepresented ethnic and socioeconomic backgrounds and aims to stimulate interest, provide support, and guide participants in pursuing surgical careers.

**Next Steps:** We commend this work and encourage the Temerty Faculty of Medicine to continue to support the wellness and professional development of Black learners.



# 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.

### **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.

### **FACULTY DEVELOPMENT**

**Findings:** The University of Toronto provides structured faculty development programs and resources focused on hidden curriculum, racism, and addressing privileges when developing and delivering educational activities. Some of the offerings include: Building the Foundations of Anti-Oppressive Healthcare (FAOH) program, which introduces participants to the language and frameworks of anti-oppression and social justice. It explores how power flows through institutions, perpetuating oppression, with a focus on anti-Black and anti-Indigenous racism. Stepping Stones: Foundations in Education workshops and journal club sessions that cover topics such as decolonizing healthcare education, unpacking power and privilege, practicing critical allyship, and understanding power in healthcare education. Resource Hub with articles, podcasts, videos, and reports dedicated to racism and anti-oppression, including core concepts, ways oppressive practices show up in the world, and actionable steps at personal, interpersonal, institutional, and societal levels. TASHN Anti-Racism Education and Training Working Group participation, which involved developing anti-Black and anti-Indigenous racism training and a roster of trainers.

**Next Steps:** The University of Toronto should continue to offer and expand faculty development programs on hidden curriculum, racism, and addressing privileges. Additionally, the University of Toronto should consider incorporating faculty development opportunities across all teaching roles and disciplines to create a more inclusive and anti-oppressive learning environment.



## 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

Feedback will be collated and added in the final draft of the report.



Temerty  
Medicine

Patricia Houston MD, MEd, FRCPC  
Vice Dean, Medical Education

February 27, 2024

Black Medical Student Association of Canada

Thank you for sharing the Black Medical Students' Association of Canada (BMSAC) Calls to Action Report Card for the University of Toronto Temerty Faculty of Medicine. We appreciate the comprehensive review of and report on progress made at the University of Toronto, including feedback about possible next steps to help foster a learning experience at the University of Toronto that is safe, inclusive, and supportive for Black medical learners.

We also appreciate the invitation to provide a response letter to clarify any findings, provide insights on the report's content, or share progress that might not have been captured within our report. Included below is a series of responses intended to clarify or contextualize findings/next steps provided for six of the BMSAC Calls to Action recommendations.

Thank you to the BMSAC for their ongoing collaboration. As we continue to evaluate and improve all aspects of the learning experience/environment at Temerty Medicine, we will also continue to do so in partnership with student leaders and members of the many communities that we serve.

Sincerely,

Patricia Houston MD, MEd, FRCPC  
Vice Dean, Medical Education  
Professor, Department of Anesthesiology and Pain Medicine  
Temerty Faculty of Medicine  
University of Toronto

Temerty Faculty of Medicine 500 University Avenue, Rehabilitation Sciences Building, Suite 602, Toronto, ON M5G 1V7  
Tel: +1 416 978 6709 • [patricia.houston@utoronto.ca](mailto:patricia.houston@utoronto.ca) • [medicine.utoronto.ca](http://medicine.utoronto.ca)

## APPENDIX II - FEEDBACK AND COMMENTS

Feedback will be collated and added in the final draft of the report.

BMSAC Recommendation	Next Steps	Temerty Medicine Response
Short Term Recommendation 2: Make justice and equity a priority health concern in accordance with CACMS social accountability element 1.1.1.	We applaud the Temerty FOM multi-pronged response to this call, specifically and explicitly addressing anti-Black racism. During this process, there has been transparency and inclusion of the Black community. We encourage the FOM to continue their transparency with the community such as with the accountability reports. We also call for the orientation sessions to be delivered to each incoming class and to also specifically address ABR in these sessions.	<p>On an ongoing basis, orientation sessions for each incoming class include a presentation by the Temerty Office of Inclusion &amp; Diversity focused on mentorship opportunities available to all medical students, with particular attention paid to equity-deserving groups including Black students. As part of that presentation, all incoming medical students are introduced to the <a href="#">Office of Inclusion &amp; Diversity website</a>, which includes documents such as the Addressing Anti-Black Racism at Temerty Medicine Accountability Report and subsequent Findings Report.</p> <p>We continue this process of informing all students about anti-Black racism over the first few weeks of the MD Program through a Cultural Safety and Anti-Oppression Practice lecture and small group workshop, Introduction to Anti-Black Racism and Health workshop, and Introduction to Social Justice, Anti-Oppression and Advocacy lecture.</p>
Short Term 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.	The Temerty FOM appropriately collects race-based data and there is clarity around the governance and stewardship of this data. However, more information is needed on if and how it is used by departments beyond admissions.	<p>Data collected bi-annually via the Voice of the MD student, Voice of the Resident and Voice of the Clinical Fellow surveys is shared with the following Temerty Medicine leadership/decision-making tables: Dean's Executive Committee, Vice-Chairs of Education Committee, Medical Education Executive Committee, Learner Experience Advisory Committee, Fellowship Education Advisory Committee, MD Program Executive Committee, Residency and Fellowship Program Directors Committee, Hospital University Education Committee (HUEC), and Toronto Academic Health Sciences Network (TAHSN). Furthermore, each clinical department within Temerty Medicine receives a departmental summary of the data collected via the Voices surveys, and two-page summary reports are created for and shared with each learner population (i.e. MD, Residents and Clinical Fellows).</p> <p>Thanks to the wide dissemination of this data, Temerty Medicine has implemented a number of initiatives in areas beyond admissions. Some examples include:</p> <ul style="list-style-type: none"> <li>• Appointment of a Director of Learner Experience in 2020 and subsequent establishment of a Learner Experience Unit focused</li> </ul>

## APPENDIX II - FEEDBACK AND COMMENTS

Feedback will be collated and added in the final draft of the report.

		<p>on supporting learners across the continuum of medical education who have witnessed or experienced mistreatment.</p> <ul style="list-style-type: none"> <li>• Appointment of a Temerty Professor in Learner Wellness in 2021 to lead the development, implementation, assessment and evaluation of a comprehensive wellness strategy for learners across the continuum of medical education.</li> <li>• Starting in 2022, Voices survey data has been socialized with specific equity-deserving groups via the <a href="#">Temerty Medicine Community Connects</a> (TMCC). Organized by the Office of Inclusion &amp; Diversity, the TMCC is an event series developed by community and for community, with the aim being to host a safe space for attendees to (re)connect with each other and build a culturally relevant community of support within the Temerty Medicine. The TMCC events also provide spaces for the safe dissemination of data and foster discussions to help better understand a community's experiences and drive action.</li> <li>• On an ongoing basis, Voices survey data informs efforts by the Office of Inclusion &amp; Diversity and the Center for Faculty Development to provide workshops, training sessions and events focused on equity, diversity and inclusion.</li> </ul>
Short Term Recommendation 7: Review student mistreatment policies.	With future reviews of this policy, The Temerty FOM should ensure to include the perspectives of Black medical learners. Additionally, ensure there are clear pathways for instances of anti-Black racism, whether micro or macro-aggressions, to be reported and addressed. Ensure there is dedicated faculty for students to connect with and allow for intentional transparency in this process.	During the development of the Temerty Medicine Learner Mistreatment Guidelines, extensive consultation was undertaken with learners, equity and diversity leads, and legal counsel, among others. Within our Guidelines, discrimination and discriminatory harassment is identified as a particular category of mistreatment, and microaggressions are explicitly named as a form of discrimination. Staff in the Learner Experience Unit (LEU) who provide frontline support to learners are also members of Temerty Medicine's Black Learner Experience Committee, and strive to meet regularly with the leaders of the Toronto chapter of the Black Medical Students Association. The LEU, which is a unit within the Office of Learner Affairs (OLA), strives to work in ways that are EDIIA and trauma informed, and to be representative of the learners we support. There are two learner life specialists in OLA who identify as Black, one of whom is a case manager in the LEU.

## APPENDIX II - FEEDBACK AND COMMENTS

Feedback will be collated and added in the final draft of the report.

<p>Long Term 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.</p>	<p>We commend the Temerty FOM's transparency concerning the demographics of their class along with the average GPA of accepted applicants. Full transparency includes sharing the weightings of how each criterion is used in the admission process. 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.</p>	<p>Currently, MD admissions decisions are based on a set algorithm, as follows: file review contributes 33% and interviews contributes 67% toward the final application score. Please note that competitive GPA, file review and interview ranges are often applicant pool dependent, and we will continue to share the raw average and competitive range for each admissions milestone at our annual Applicant Recap Session.</p> <p>After successful implementation of a multi-year admissions renewal (with the outcomes reflected in our response to the 2022 survey), Temerty Medicine convened an MD Admissions Inclusivity Audit Working Group at the start of the 2023-2024 academic year to evaluate the accessibility, fairness, inclusivity, reliability, and validity of the recently established admissions framework in consideration of a rapidly diversifying applicant pool.</p> <p>As a school that is deeply rooted in the Greater Toronto Area communities and beyond, we believe that our recent modernization efforts were only the beginning. There are many aspects in our process that still require further review and improvements, including how we currently assess applicants' academic and non-academic components as many undergraduate and graduate students learn and experience higher education in vastly different educational spaces. As we progress with our audit, we will continue to invite, encourage and incorporate applicant and student feedback in our audit process.</p>
<p>Long Term Recommendation 6b: Increase diversity of standardized and volunteer patient programs to enhance understanding of Black health.</p>	<p>The University of Toronto should establish a timeline for implementing these changes and regularly assess the progress made in diversifying the patient programs. They should also actively involve Black students, faculty, and critical race scholars in the development and review of these patient cases to ensure their authenticity and relevance.</p>	<p>The Temerty Medicine Standardized Patient Program (SPP) continues to prioritize recruiting applicants who self-identify as a Racialized Person/Person of Color, Indigenous or of a gender identity other than cisgender. In 2022-2023, 68% of the 38 successful applicants were not Caucasian and 18.4% self-identified as Black. The SPP has initiated discussions with the Human Resources Talent Management team at Temerty Medicine to identify additional outreach and recruitment channels to complement a historical reliance on theatre groups and community organizations.</p> <p>The SPP also continues to meet and engage with MD Program education leaders, including the Black Health Theme Lead, regarding</p>

## APPENDIX II - FEEDBACK AND COMMENTS

Feedback will be collated and added in the final draft of the report.

		<p>the effective use of standardized patients, informed by limitations due to the casual nature of the work and availability of standardized patients.</p> <p>As part of the MD Program's commitment to continuous quality improvement of its curriculum, Black faculty (including the Black Health Theme Lead) and students are actively involved in development, review and renewal and patient cases to ensure their authenticity and relevance.</p>
<p>Long Term 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.</p>	<p>The University of Toronto should ensure that its strategic inclusion plan is comprehensive and addresses all recommendations outlined in the 2017 UN Report. The plan should also be evaluated for effectiveness at the end of its term. This plan should involve allocating resources to integrate anti-Black racism content throughout the curriculum, evaluating the effectiveness of the Black Health curriculum, creating opportunities for input from Black students, faculty, and staff, and collaborating with community organizations and Black health professionals to enhance representation and visibility within the Faculty of Medicine.</p>	<p>Temerty Medicine has allocated resources, including a dedicated oversight position (Black Health Theme Lead), to integrate anti-Black racism content throughout the MD Program curriculum. Learner feedback is continuously sought, including via formal course evaluations, and provided to the Black Health Theme Lead to enable and support continuous quality improvement of the curriculum. The Black Health Theme Lead chairs and is supported by a Black Health Education Advisory Committee, which is comprised of Black medical students, residents, physicians and community members.</p>