

CANADIAN MEDICAL SCHOOL REPORT CARD

2023 - 2024



Western University

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BMSAC 2020 RECOMMENDATIONS TO THE CANADIAN FACULTIES OF MEDICINE REPORT CARD

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

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

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

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

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

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

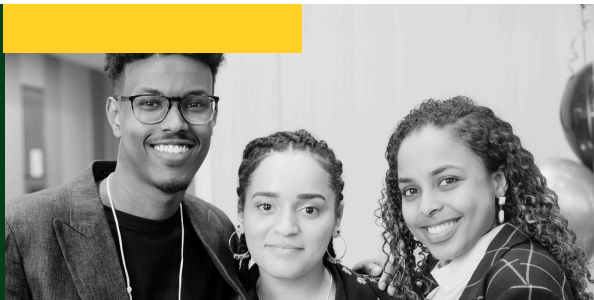
However, scores were adjusted based on information provided, or otherwise, a lack of information. Scores and next steps were further adjusted to reflect feedback and new information provided by local Black Medical Students' Association leads and members of the AFMC Black Health Innovation and Advancement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

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

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

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

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



BMSAC 2020 RECOMMENDATIONS TO THE CANADIAN FACULTIES OF MEDICINE REPORT CARD

Call to Action	% Grade	Color Grade	
		2021	2023
Short-Term Calls to Action (by 2021) <ol style="list-style-type: none"> 1. Make a public statement denouncing anti-Black racism 2. Prioritize justice and equity 3. Extend equity initiatives to Black medical learners 4. Evaluate representation of Black Learners in your program 5. Commit to critical anti-racist education 6. Evaluate current admissions policies 7. Review student mistreatment policies & procedures 	75%	Not evaluated	Yellow
Admissions <ol style="list-style-type: none"> 1. Improve admissions data collection practices 2. Transparency of admission criteria 3. Develop application waiver fees for low SES applicants 4. Regular review of admissions committees for lack of diversity and inherent bias 5. Develop pathway programs to counter underrepresentation 	80%	Yellow	Green
Curriculum <ol style="list-style-type: none"> 1. Curriculum review alongside Black students, faculty and critical race scholars to improve address of Black health in curriculum 	50%	Yellow	Red
Accountability <ol style="list-style-type: none"> 1. Support the AFMC Network over the next 2 years in streamlining and centralizing their demographic data collection practices, 2. Review 2017 United Nations Human Rights Council expert report on People of African Descent in Canada 3. Increase representation of Black instructors 4. Extend recommendation implementation to other demographics found underrepresented in faculty 	25%	Yellow	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



Findings: Western has a central EDI office that creates institutional policies on Equity, Diversity, and Inclusion. While public statements denouncing racism have been made, Western is yet to explicitly make a public statement denouncing anti-Black racism in response to this Call to Action.

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

RECOMMENDATION 2



Findings: Western has appointed a Dean of Equity, Diversity, and Inclusion. There is an environmental survey of the institution underway by the Dean of EDI. There are ongoing meetings with student groups, department heads, and leadership in all areas of medical education. Findings from this environmental survey are being compiled. There are concurrent plans to launch a sociodemographic survey for the Schulich Faculty of Medicine and Dentistry. No supporting documents or website links were provided for our review. There is no dedicated equity session during orientation as the Dean of EDI position was filled after orientation. However, students are engaged in Anti-Racism and Health equity workshops. There are plans to implement such sessions.

Next Steps: Conversations to address racism within medical education should also address anti-Black racism specifically. As we address racism, we need to be clear and name the racism that is being addressed. The revision of all aspects of medical education should be an iterative and ongoing process. 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.



FEEDBACK AND RECOMMENDATIONS

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

SHORT-TERM CALLS TO ACTION (BY 2021)

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

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

RECOMMENDATION 3



Findings: There is ongoing work to extend justice and equity initiatives explicitly to Black students with plans to commit to working with Black-led medical organizations like the BMSAC. Western students were fully supported in attending the BMSAC AGM in April 2023. There is a clear recognition of the few Black faculty at Western and an awareness to not overburden them. There is a shared model with the EDI Dean representing on relevant committees, ensuring there is intentionality and purpose with tangible accountability when Black faculty are asked to participate. Western is also ensuring Black perspectives are represented by leveraging resources like the Black Health Education Collaborative and recommendations from organizations like the BMSAC.

Next Steps: We encourage Western to continue to specifically and explicitly include Black perspectives as part of their EDIIA plan and include these perspectives on all existing committees. This should be done without overburdening the Black faculty, staff, and medical student body. We would also like to emphasize that the 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 Western, the local BMSA chapter, and the national BMSAC.

RECOMMENDATION 4



Findings: Western is in the process of creating a survey to collect race-based data. Data governance will be consistent with policies in place at Western. Current sociodemographic data collected is only reported by the Admissions Office. Responses show that this will change in accordance with best practices. Western has a general Access pathway for several equity-deserving groups. There is a new Black Applicant pathway that began in the 2023 cycle with evaluations to assess the impact on the number of admitted Black Students.

Next Steps: As Western embarks on collecting race-based data, there should be clear guidelines on the governance and stewardship of this data and how it is to be used by departments within and beyond admissions. In the development and implementation of the Black Student Application Program, connections should be made with schools with existing programs such as the University of Ottawa and the University of Toronto. This will enable the sharing of best practices and ensure this program is implemented with a culturally safe approach.



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: Western reports that it acknowledges the role that medicine has played and continues to play in the creation and perpetuation of harmful race ideology and commits to a critical anti-racist education of future physicians. Students are taught about the conflation of ancestry, race, and ethnicity. The colonial past and anti-Black racist elements of the history of medicine are not currently taught.

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

RECOMMENDATION 6

Findings: Western reports ongoing work in evaluating how current admissions policies and eligibility requirements contribute to the under-representation of Black Students. They are in the process of addressing the effect of the commercialization of medical school applications and MCAT. No further details were provided.

Next Steps: As Western urgently evaluates its current admission policies, 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. The potential for pathway programs and stronger partnerships with programs such as the Community of Support at the University of Toronto and the PLANS program at Dalhousie should also be considered.

75%

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: Western has completed a review of its student mistreatment policies ensuring that they are easily accessible and clearly outlined to students. No further information, such as website links or a copy of this policy, was shared with us.

Next Steps: We ask Western to ensure to include the perspectives of Black medical learners in future reviews of these policies. 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: Western reports to have improved its data collection practices to identify barriers to medical admission for underrepresented groups in medicine and identify bottlenecks in the admissions stream and areas for improvement. No details were provided on how it has been accomplished.

Next Steps: While Western University may have addressed this Call, for transparency, it is important to provide further details on how this has been accomplished. This enables us to assess progress appropriately and provides an opportunity for sharing practices with Faculties across the country.

RECOMMENDATION 2

Findings: On the Western medical school admissions website, there is transparency on the admission criteria. The statistics of admitted applicants of the most recent class are also available. However, the weightings of each admission criterion are not available on the admissions website.

Next Steps: We commend McMaster's transparency concerning the demographics of their class along with the distribution of the MCAT scores and GPA of accepted applicants. However, transparency includes sharing the weightings of how each criterion is used in the admission process. We encourage Western to provide statistics from more than just the most recent classes. We recommend that the statistics of at least the four most recent classes, similar to NOSM University, McMaster University, and the University of Toronto, be made available to allow for trends to be followed. Sharing this crucial information can empower students from low socioeconomic backgrounds to make fully informed decisions regarding where to allocate their limited application funds. By providing a clear and comprehensive overview of the admission criteria and their relative importance, the institution can contribute to a more equitable and accessible admissions process for all aspiring students.

75%

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 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 3

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

Next Steps: By supporting this program, Western University 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.

75%

RECOMMENDATION 4

Findings: Western reports to have completed this Call. No further information was provided. Western also ensures that an anti-discrimination policy and implicit association testing are instated and enforced in admissions.

Next Steps: We call for Western University to continue this initiative and ensure there is diversity in the admissions committee's personnel composition including representation from the Black Community.

100%

RECOMMENDATION 5

Findings: Western is in the process of developing appropriate diversity pathway programs to counter underrepresentation in medicine.

Next Steps: As Western addresses this call, creating both a Black Equity stream and a Community of Support Program, it is essential to consider comprehensive frameworks like Young et al's six-point framework for pipeline and program development. By aligning with such frameworks and incorporating best practices, Western can create more effective and targeted diversity initiatives. This approach demonstrates a strong commitment to improving diversity and representation in the medical field, in accordance with CACMS Element 3.3 and FMEC Recommendation II.

50%



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: Western is working towards ensuring that their curriculum committee works with Black students, faculty, and critical race scholars to improve the ways Black health is addressed in the curriculum. No specific examples are provided of how is Black Health incorporated into your undergraduate and postgraduate curriculum.

Next Steps: Western should continue to collaborate with Black students, faculty, and critical race scholars to identify additional areas in the curriculum where Black health can be further improved and addressed. This collaboration should involve ongoing dialogue and feedback from Black stakeholders to ensure that their perspectives and experiences are fully integrated into the curriculum. Western should also consider incorporating case studies, research projects, and guest lectures that specifically highlight the health issues and challenges faced by Black communities.

RECOMMENDATION 6B

Findings: Western has planned to increase the diversity of the standardized and volunteer patient programs in their curriculum to improve the ways Black health is addressed.

Next Steps: Western should implement these planned changes within the next 6 months to ensure the inclusion and representation of Black health perspectives in their curriculum. This can be achieved by actively recruiting and training standardized patients and volunteers from diverse backgrounds, including individuals from Black communities. The university should also provide ongoing support and resources for these patients and volunteers to ensure they have a positive experience and feel valued as contributors to the curriculum.

RECOMMENDATION 6C

Findings: Western has taken initial steps in addressing racialized issues in clinical cases, and there is an opportunity for improvement to avoid perpetuating stereotypes and harmful heuristics. No specific examples are provided.

Next Steps: Western should initiate these planned changes within the next 6 months. This can be achieved by involving Black healthcare professionals and experts in the development and review of clinical cases to ensure they are culturally sensitive and representative of the diverse experiences and needs of Black patients.



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: Western has planned to train students on recognizing pathologies and dermatology-based clinical signs in patients of different skin tones (e.g., "hyperpigmentation") to address Black health in their curriculum.

Next Steps: Western should implement this training within the next 6 months to ensure that students are well-prepared to recognize and address dermatological conditions in patients of diverse skin tones. To further enrich teaching opportunities, it is recommended to provide additional resources and images that encompass various conditions in an array of skin tones. Western may also incorporate case studies and practical exercises that allow students to apply their knowledge and skills in real-world scenarios.



RECOMMENDATION 6E

Findings: Western aims to ensure that all additions to the curriculum are made with the consideration that all medical graduates need to be prepared to practice in any population in Canada.

Next Steps: The university should continue to prioritize the development of a curriculum that prepares medical graduates to address the health needs of all populations in Canada, including Black communities. Ongoing efforts should be made to ensure that the curriculum remains inclusive and equitable by incorporating diverse perspectives and experiences.



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: None.

Next Steps: Western should actively collaborate with the AFMC Network to streamline and centralize their demographic data collection practices. This collaboration should ensure that the collected data is disaggregated, intersectional, equity-oriented, and useful for evaluating national and local EDI initiatives and policies. The university should commit to ongoing data collection, analysis, and evaluation to monitor progress and identify areas for improvement.

RECOMMENDATION 8

Findings: Western has not provided any information regarding the development and implementation of a strategic inclusion plan specific to their Faculty of Medicine.

Next Steps: Western should proactively review the 2017 United Nations Human Rights Council expert report on People of African Descent in Canada and develop a strategic inclusion plan that addresses the concerns raised, particularly in Article 33. This plan should include short-term and long-term recommendations outlined in the report. Western should ensure that the plan is comprehensive, actionable, and regularly evaluated for its effectiveness. It is essential to involve Black stakeholders, such as students, faculty, and community members, in the development and implementation of this plan to ensure their perspectives and experiences are fully integrated.

RECOMMENDATION 9

Findings: None.

Next Steps: Western should develop and implement concrete strategies and initiatives to actively recruit and promote Black instructors. This can include targeted outreach efforts, creating mentorship programs, establishing equitable hiring practices, and providing professional development opportunities for Black faculty members. It is crucial to regularly monitor and evaluate the effectiveness of these initiatives to ensure progress is being made. Western should also consider providing resources and support for Black instructors to thrive and succeed in their academic careers.



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: None.

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.

FACULTY DEVELOPMENT

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

WELLNESS & MENTORSHIP

Findings: Western reports no wellness or mentorship programming in place for students.

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

FACULTY DEVELOPMENT

Findings: There is structured faculty development for all teaching faculty on hidden curriculum, racism, and addressing privileges when developing and delivering educational activities. Newly developed training is provided for faculty holding activities or providing education that focuses on anti-Black racism and/or anti-oppression.

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



APPENDIX II - FEEDBACK AND COMMENTS

Western University did not provide a response to their report card.