Recommendations to Canadian Faculties of Medicine

Short Term (By 2021)
The BMSAC calls on Canadian Faculties of Medicine to:

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

2. Make justice and equity a priority health concern in accordance with CACMS social accountability element 1.1.1[2] by:
    a. Developing a Justice and Equity (JE) Committee/Task-Force involving students, faculty and staff for the purposes of:
        i. Ongoing consultation with members of equity-seeking groups especially Indigenous, Black and LGBT+ to develop specific equity outcome measures that align with their needs
        ii. Formally reviewing all aspects of medical education including but not limited to admissions, curriculum and clerkship, for equity outcome measures (CACMS Elements 1.1.1c and 3.5)[2]
        iii. Developing policies and strategies to address racism (systemic and overt) in medical education
        iv. Appointing a Dean of Equity Diversity and Inclusion, and if such a position does not currently exist, selection must involve consultation with a diverse panel of students. This person will chair and support the goals of the JE committee.
    b. Developing a dedicated equity session during orientation to introduce students to the Dean of EDI, equity resources, and faculty EDI principles.

3. Extend justice and equity initiatives explicitly to Black students as an acknowledgement of our under-representation in medicine. This can be done by:
    a. Statements to the public on your website and/or to your student body and,
    b. Making a commitment to working with Black-led medical organizations (BMSAC, BPAO, QBMA, BPAC) towards addressing this problem.
    c. Ensuring Black perspectives are included on all existing committees.

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. Further, as faculties welcome applicants from across the country, minimum targets should be based on national population proportions rather than a school's local context.

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)[2]. Particular areas to be brought to the faculty's curriculum committee:
    a. Medicine's racist history and role in the development of biological race
    b. Canada's Black History and the ways anti-Black racism manifests in medicine
    c. The history of medical education and its link to the racist 1910 Flexner Report[3]
    d. The power physicians have to shape and unfortunately harm society.

6. Commit to an urgent evaluation of the ways current admissions policies and eligibility requirements contribute to under-representaton 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)[4]. Particular areas to be addressed:
    a. The effect of the commercialization of medical school applications and MCAT and interview preparation, and the resulting financial barriers to admission[5]
    b. Lack of transparency of criteria used to admit successful applicants
    c. Collection of useful sociodemographic data including race, ethnicity and SES for the purpose of internal systems evaluation and identification of bottlenecks
    d. The potential for diversity/pipeline programs and partnerships such as Community of Support at UofT[6], in accordance with CACMS Element 3.3[2].

7. Review student mistreatment policies and procedures ensuring that:
    a. They are easily accessible by and clearly outlined to students
    b. Students are not penalized for speaking up against racism
    c. There are avenues for students to report racist behaviour from faculty, staff, colleagues and preceptors without fear of repercussions

Long Term (By 2023)

Admissions

The BMSAC calls on Canadian Faculties of Medicine to:

1. Improve admissions data collection practices by ensuring it is collected in an equity-oriented, intersectional and disaggregated manner in order to:
    a. Identify barriers to medical admissions for underrepresented groups in medicine, e.g. Black, Indigenous, Filipino and students from rural and low SES backgrounds[7]
    b. Identify bottlenecks on the admissions stream and areas for improvement underrepresented groups.

2. If not currently done, increase transparency of criteria used to admit applicants, specifically

average acceptance statistics of each admission criteria 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.

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[8].

4. Regularly review admissions committees personnel composition for lack of diversity and any inherent bias that arises as a result, and ensure an anti-discrimination policy is instated and enfored in admissions (CACMS Element 3.4)[2].

5. Develop appropriate diversity pipeline programs to counter underrepresentation in partnership with organizations that represent demographics found to be underrepresented. (CACMS Element 3.3 and FMEC Recommendation II)[2,9]
    a. Consider Young et al's six-point framework for pipeline and program development[10].

<u>Curriculum</u>

The BMSAC calls on Canadian Faculties of Medicine to:

6. Ensure their curriculum committee works with Black and Indigenous students, faculty and critical race scholars to improve the ways Black and Indigenous health are addressed in the curriculum. Particular areas that should be addressed:
    a. The removal of race as a proxy for social and genetic determinants of health as it is not one of the determinants outlined in MCC Health Advocate Objective 1[11]
    b. Increase the diversity of the standardized and volunteer patient programs
    c. Presenting clinical cases on racialized issues without perpetuating stereotypes and contributing to harmful heuristics
    d. Train students on recognizing pathologies and dermatology-based clinical signs in patients of different skin tones (e.g. “hyperpigmentation”)
    e. All additions should be made with the consideration that all medical graduates need to be prepared to practice in any population in Canada and not just populations representative of the local context of their schools.

<u>Accountability</u>

The BMSAC calls on Canadian Faculties of Medicine to:

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[12,13].

8. Review the 2017 United Nations Human Rights Council expert report on People of African Descent in Canada and develop and implement a strategic inclusion plan specific to their faculty of medicine that takes into account concern raised, specifically in Article 33[1].
    a. This plan must include all short and long-term recommendations as outlined in this document.
    b. This plan must be evaluated for effectiveness at the end of its term.

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

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

References

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