

# Black at Temerty Medicine: Addressing Anti-Black Racism at Temerty Medicine

Accountability Report

February 2022



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## ACKNOWLEDGEMENT OF TRADITIONAL LAND

We acknowledge the land on which the Temerty Faculty of Medicine operates. For thousands of years, it has been the traditional land of the Huron-Wendat, the Seneca, and most recently, the Mississaugas of the New Credit River. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

## MESSAGE FROM THE VICE DEAN, MEDICAL EDUCATION AND ASSOCIATE DEAN, INCLUSION & DIVERSITY

In its September 2020 report, the Temerty Medicine Equity, Diversity and Inclusion Plan Working Group strongly recommends that the Faculty “explicitly contextualize equity, inclusion and diversity work along with the centering of anti-Black racism, anti-Indigenous racism, and anti-oppression, as priority areas of focus, responsibility, and collective action”. This accountability report supports that contextualization and centering by providing a summary of current and future actions intended to address anti-Black racism across to the continuum of medical education at Temerty Medicine.

A foundational aspect of this report is the grounding of our accounting in recommendations from members of the Black medical education community. In this response to those recommendations, we aim to recognize what has been done as well as what still needs to be done to address anti-Black racism in medical education.

We would like to acknowledge Dr. Onye Nnorom for initially proposing the development of an accountability report and community consultation event, and thank her and Ike Okafor for co-chairing the report and event steering committee.

We acknowledge Temerty Medicine’s institutional responsibility to take action, with the understanding that the actions we take must be done in partnership with the communities those actions are intended to serve. We hope this report and corresponding community consultation event can be part of ongoing conversations and partnerships to collectively address and dismantle anti-Black racism at Temerty Medicine. It is by working together that we will realize our commitment to inclusive spaces and programs in which we all feel we belong.

Dr. Patricia Houston  
Acting Dean | Vice Dean, Medical Education  
Temerty Faculty of Medicine

Dr. Lisa Richardson  
Associate Dean, Inclusion & Diversity  
Temerty Faculty of Medicine

## MESSAGE FROM THE STEERING COMMITTEE CO-CHAIRS

We would like to thank the members of the steering committee, listed below, who provided advice and guidance regarding the approach and content of this report. We would also like to thank the many other individuals who contributed to the content and design of this report, in particular Paul Tonin for his outstanding project support, Mariela Ruetalo for the “Voices” survey data analysis and graphs integrated throughout this report, Mark Bennett for his design support, and Diego Altamira Olvera for the cover image.

Thank you also to the team from Continuing Professional Development (Renice Jones, Chris Chipman and Trevor Cuddy) for their support in organizing a corresponding community consultation event, designed to provide a space for members of the Black medical education community and allies to discuss and provide feedback about actions taken as well as potential next steps to address anti-Black racism across the continuum of medical education at Temerty Medicine.

The actions summarized in this report reflect the strong commitment of Temerty Medicine faculty, learners and staff, many of whom are named in relation to specific activities and initiatives. It is our hope that through continuous public reporting and participatory design we will be able to enhance Black experiences within our institution, and encourage all public-serving institutions to adopt processes that center and act on the voices of the communities they serve.

Finally, we would like to acknowledge the internal and external partners who have and continue to inform efforts at Temerty Medicine and elsewhere, including the Black Medical Students' Association of Canada, U of T Black Medical Students' Association, Black Physicians' Association of Ontario, Black Resident Physicians of Ontario, Black Health Alliance, Black Health Education Collaborative, and Black community health centre leaders.

### Addressing Anti-Black Racism at Temerty Medicine Steering Committee

Co-Chairs: Dr. Onye Nnorom and Ike Okafor

Committee members: Dr. Yohanna Asghedom, Anita Balakrishna, Semir Bulle, Lina El-Faki, Dr. Ritika Goel, Dr. Cynthia Maxwell, Beverley Osei, Dr. Oluwatoni Oyewole-Eletu, Jerusha Retnakanthan, Dr. Paula Rowland, Dr. Helen Teklemariam

Project support: Paul Tonin

## **BLACK PHYSICIANS' ASSOCIATION OF ONTARIO STATEMENT OF SUPPORT**



The Black Physicians' Association of Ontario applauds the University of Toronto's Temerty Faculty of Medicine on producing this report and hosting a historical event to address anti-Black racism in medical education. We want to recognize the steps that the Faculty is taking towards decolonization, disrupting anti-Black racism and addressing various intersecting forms of oppression that impact learners, staff, faculty and clinical settings.

The combination of the Summer Mentorship Program, the Community of Support and the Black Student Application Program have resulted in a historic increase in Black medical students, as well as greater representation of diverse groups in the medical class. As the number of Black medical trainees increase, it is our expectation that they will be given equal opportunities to access resources, mentorship, research opportunities, leadership opportunities throughout their training and be encouraged to transition to faculty. We also acknowledge and honor the heavy lifting of Black administrative staff (non-medical) who provide Black medical trainees and faculty with support and innovative approaches to create change.

The Faculty of Medicine's Diversity Statement states that it will "make inclusion and equity essential components of how we define and foster excellence in scholarship, practice and health outcomes". In establishing inclusion and equity as essential components, we imagine that moments of recognition will not be in isolation as one-time events but will become a way of life, with ongoing public accountability.

This report and event are the result of advocacy by Black faculty, learners and staff, including Dr. Onye Nnorom, Mr. Ike Okafor and many internal and external stakeholders. It is only becoming a reality due to allyship and progressive leadership at the Temerty Faculty of Medicine, namely Vice Dean Dr. Patricia Houston, as well as the hard work of diverse staff, including Paul Tonin and his team who did a great deal of heavy lifting. We recognize and celebrate these partnerships.

BPAO must take this moment to recognize and celebrate the legacy of Black peoples at the Faculty of Medicine (past and present faculty, staff and learners) who have made it possible to accomplish the progress we have witnessed so far with regards to the equitable representation of Black medical students and the subsequent changes in recent years. It is our hope that champions who planted the seeds for equity to progress at Temerty will be duly recognized whenever we celebrate progress, including administrative staff and learners.

*We honor Black faculty, staff and learners (past and present) who have helped to shape policies and practices at Temerty that have resulted in broad change:*

**Dr. Miriam Rossi**, former Associate Dean of Student Affairs & Admissions, led and supported numerous initiatives to increase Black and other under-represented groups in medicine — initiatives such as the Summer Mentorship Program have inspired so many Black and Indigenous leaders in medicine today. Her accomplishments outside of U of T, including contributing to the establishment of TAIBU Community Health Centre and the Black Physicians' Association of Ontario, continue to create additional opportunities for Black physicians and learners. She has transitioned as an ancestor — we honor her memory. She was a visionary who planted the seeds that are flourishing today. We celebrate her. We honour her.

**Dr. Anna Jarvis**, Professor Emerita, Department of Paediatrics, University of Toronto (Toronto, Ontario). As Associate Dean, Health Professions, Student Affairs, Toronto, she coordinated student support services, provided mentorship to leaders such as Dr. Miriam Rossi and many of the Black medical leaders who have gone on to shape the Black experience at Temerty. We salute her.

**Ms. Diana Alli** was formerly the Senior Officer, Service Learning, Community Partnership, Student Life, who retired in 2012 after 38 years at the University of Toronto. She is of Indo-Caribbean descent and was a co-founder of the Faculty of Medicine's Summer Mentorship Program which was designed to introduce Black and Indigenous high school students to broad health fields, including medicine.

**Dr. Dominick Shelton**, Associate Professor in the Department of Family and Community medicine is co-founder of the Summer Mentorship Program when he was a trainee. With Dr. Rossi they created the Association for the Advancement of Blacks in Health Sciences (AABHS), and co-founded the Summer Mentorship Program, and the BPAO. Dr. Shelton is also a co-founder of TAIBU Community Health Centre, which serves Black communities and provides opportunities to Black and non-Black learners at Temerty.

**Dr. Sean Wharton**, a former medical student at Temerty, founded the first Black Medical Student Association in Canada. BMSA U of T is now over 20 years old and has inspired the creation of numerous BMSA's across the country, including the establishment of BMSA Canada, and other medical affinity groups that bring under-represented medical students together to feel empowered and become agents of change in the field of medicine. ***We celebrate all BMSA U of T leaders and members, past and present, and the newly established Black Resident Physicians of Ontario.***

**Mr. Ike Okafor**, Senior Officer, Service Learning and Diversity Outreach, Office of Inclusion and Diversity. Ike has led the Summer Mentorship Program, established the Community of Support and played a critical leadership role in the development of the Black Student Application Program, along with ally *Dr. Mark Hanson*. Ike continues to lead initiatives to ensure the Black experience at Temerty is a positive one. His scholarship with and passion for diversity in medicine led to the published work on this topic, sharing approaches to increase Black representation in medicine.

**Ms. Latoya Dennie**, former Outreach Coordinator, Office of Health Professions Student Affairs, Temerty. She worked closely with Ike Okafor to run the Summer Mentorship Program, and the Discover program, a year-long program that extends the experience for SMP students through different activities including mentorship and attending conferences and workshops.

**Dr. Renee Beach**, Assistant Professor, Department of Medicine, Temerty Faculty of Medicine and previous board member, Outreach Director at BPAO. Dr. Beach played a key role in the establishment of the Black Student Application Program, served in the inaugural BPAO position on the Admissions Committee and has led a number of mentorship events and initiatives for Black pre-medical students at Temerty, in collaboration with Mr. Ike Okafor.

**Dr. Lisa Robinson** is Vice Dean, Strategy & Operations, and Professor, Department of Paediatrics and Institute of Medical Science, Temerty. She founded the Manulife Kids Science program at the Hospital for Sick Children, which provides interactive science outreach to marginalized middle and high school youth. She founded the Student Advancement Research (StAR) Program, a SickKids summer research program that provides a six-week paid internship (in research and clinical shadowing) for Black, Indigenous and other under-represented minority high school students. In 2016, she was appointed the first-ever Chief Diversity Officer at the University of Toronto's Faculty of Medicine where she led numerous initiatives and policy changes to advance diversity, equity and inclusion across the Faculty of Medicine.

We cannot name *all the names* but we salute every single person who has experienced anti-Black racism within and outside the walls of the Faculty of Medicine. "Showing up" is a great accomplishment alone, but so many of you have spoken up and have been agents of change, in solidarity with our allies. We salute all of you.

It is our hope that the Temerty Faculty of Medicine continues on this journey of public accountability, reporting on equity progress on a regular basis, as this is a powerful way to ensure that we dismantle anti-Black racism in medicine and improve the quality of care in this country.

In solidarity,



Dr. Onye Nnorom  
President, BPAO



Ms. Chenai Kadungure  
Executive Director, BPAO

## EXECUTIVE SUMMARY

*Not everything that is faced can be changed,  
but nothing can be changed until it is faced.*

James Baldwin

*To be truly visionary we have to root our imagination  
in our concrete reality while simultaneously imagining  
possibilities beyond that reality.*

bell hooks

The evidence is clear and has been for quite some time: there are structural inequities and system-level biases across the continuum of medical education that act as barriers to the recruitment, retention and advancement of Black people in medicine. The purpose of this report is not to litigate the existence or impact of anti-Black racism, either in general or within medical education. Rather, this report provides an accounting of current and future actions to address and dismantle anti-Black racism at Temerty Medicine, with a particular focus on the MD Program and Postgraduate Medical Education. By providing an account of what has and has not been done at Temerty Medicine, the purpose of this report is to articulate what we have faced and what still needs to be changed.

Four documents that articulate the legacy of anti-Black racism as well as recommendations to address that legacy and dismantle its systemic impacts have informed the accounting provided in this report. Those four documents are:

- [Black Medical Students' Association of Canada \(BMSAC\) Recommendations to Canadian Faculties of Medicine](#) (June 2020)
- [Black Physicians' Association of Ontario \(BPAO\) Network for Advancing Black Medical Learners Proposal](#) (2020)
- [Temerty Medicine Equity, Diversity and Inclusion Plan Working Group Report](#) (2020)
- [University of Toronto Anti-Black Racism Task Force Report](#) (2021)

Given the number of anti-Black racism reports and action plans written over the past 20 plus years, there are many other documents that could have shaped this report. The reason for focusing on the four documents referenced above is that they are recent articulations from or informed by people who are the primary audience of this report: the Temerty Medicine Black medical education community, including faculty, learners and staff, as well external partners who have worked with us to address anti-Black racism in medical education. This report aims to join conversations led by members of the Black medical education community, with the goal that Temerty Medicine education leaders will not only listen but also continue to take action to change what is being faced by members of that community.



This accountability report is organized to reflect key transition points along the continuum of medical education. Each section begins with an introduction that summarizes recommendations from the four documents referenced above, followed by current and future actions at Temerty Medicine. This accounting shows that a good deal of work has already been done, but also points to a number of areas that have been overlooked or under-addressed, including more focused attention on the unique experiences and needs of Black learners, faculty and staff. As noted in the University of Toronto *Anti-Black Racism Task Force Report*: “While various forms of racism continue to exist in all societies, the level of psychological, social, and economic violence experienced is not the same for all racial groups. The particular sting of anti-Black racism in our society cannot be ignored.”

As detailed in the body of this report, a good deal of action has already been taken in a number of areas. Temerty Medicine has a history of commitment to and success in outreach programming, which can be traced back almost thirty years to the introduction of the [Summer Mentorship Program](#) and well as the more recent establishment in 2015 of [Community of Support](#). With the goal of broadening diversity both within Temerty Medicine and across the health care system, next steps include continuing to work collaboratively with other medical schools and partner organizations to support learners regardless of their medical school or health professions interest or destination.

One of the most significant and successful actions taken by Temerty Medicine to increase the number of Black medical students was the introduction in 2017 of the [Black Student Application Program](#). Building upon the successes and lessons learned from the MD Program’s Black Student Application Program as well as a pathway program to recruit Black and Indigenous applicants to the Department of Medicine’s internal medicine residency program, next steps include developing and implementing EDI-informed selection guidelines and practices across our residency programs.

A good deal of action has already been taken within the MD Program to deliver a robust core Black health curriculum as well as other teaching activities focused on the provision of culturally competent health care by future physicians. Temerty Medicine is committed to a curriculum review process focused on effectively incorporating a social justice, anti-oppression and advocacy lens throughout the MD Program. Next steps include enhanced faculty development opportunities to help ensure safe and effective delivery of the Black health and cultural safety curriculum. Next steps also include consideration of how to effectively deliver anti-racist and anti-oppression teaching and learning across Postgraduate Medical Education, building upon teaching and learning currently taking place in discipline-specific orientations and grand rounds.

Over the past several years, we have implemented a number of enhancements to our learner mistreatment guidelines, processes and supports to help ensure that learners are provided with understandable, accessible and safe pathways to report mistreatment, including racist behaviour and microaggressions. Next steps include ongoing socialization with departmental leadership and residency program directors to enable and support a shared and integrated approach to managing disclosures and reports across the continuum, including among our clinical programs and at our affiliated hospitals.

An important activity in supporting Black learners during their time at Temerty Medicine is the [Diversity Mentorship Program](#), launched in 2017. Next steps include consideration of how to effectively provide mentorship or pathway opportunities to Black and other racialized residents that focus on the transition from learner to physician and education leader.

Temerty Medicine’s recently adopted [Guidelines for Appointments of Faculty and Academic Administrators](#) provide a framework that aims to disrupt bias in departmental search processes so that relevant expertise, qualifications and competencies are paramount to a search committee. Next steps include consideration of enhanced

accountability measures focused on how departments have incorporated an EDIIA lens across all operations, including educational activities, research, faculty complement planning, relationships, and long-range planning challenges.

A recommendation common among the four documents referenced above is that medical schools need to work in partnership with organizations and groups that represent the Black medical education community. That recommendation is foundational to this report, both to its development and to ongoing consultation and conversations with the Black medical education community, whose voices we aim to amplify.

## 1. CONTINUOUS QUALITY IMPROVEMENT: DATA COLLECTION AND EVALUATION

Data Collection, Monitoring and Evaluation is one of the six pillars in the BPAO Network Proposal. The recommendations that comprise that pillar speak to the importance of working in partnership with underrepresented groups to systematically collect, analyze, share and act on race-based and other socio-demographic data, with specific attention to transitional stages across the continuum of medical education. The BPAO Network Proposal includes a call for data accessibility, transparency and usage as part of an accountability framework to reduce or eliminate system-level drivers of inequity. That call is echoed in the BMSAC Recommendations and Temerty Medicine Equity, Diversity and Inclusion Plan Working Group Report.

### Activity-specific Data and Evaluations

Activity-specific data and evaluations are integrated throughout this report, where available. These activity-specific data are collected and analyzed locally, with the evaluations informing ongoing process improvements.

### “Voices” Surveys

The “Voices” surveys are the primary means through which Temerty Medicine engages in a centralized collection and evaluation of race-based and other socio-demographic data. The goal of the “Voices” surveys is to obtain valid, reliable information about learners and faculty that helps Temerty Medicine deliver high quality training programs and optimize its learning and work environments. To achieve this goal, the surveys collect data that identify, measure and track key factors that influence the overall training and work experience. Findings from the “Voices” surveys have informed important changes in Temerty Medicine including the establishment of new portfolios like the Director of Learner Experience, Senior Advisor for Clinical Affairs and Professional Values, Temerty Professor in Learner Wellness, and Director of Faculty Wellness.

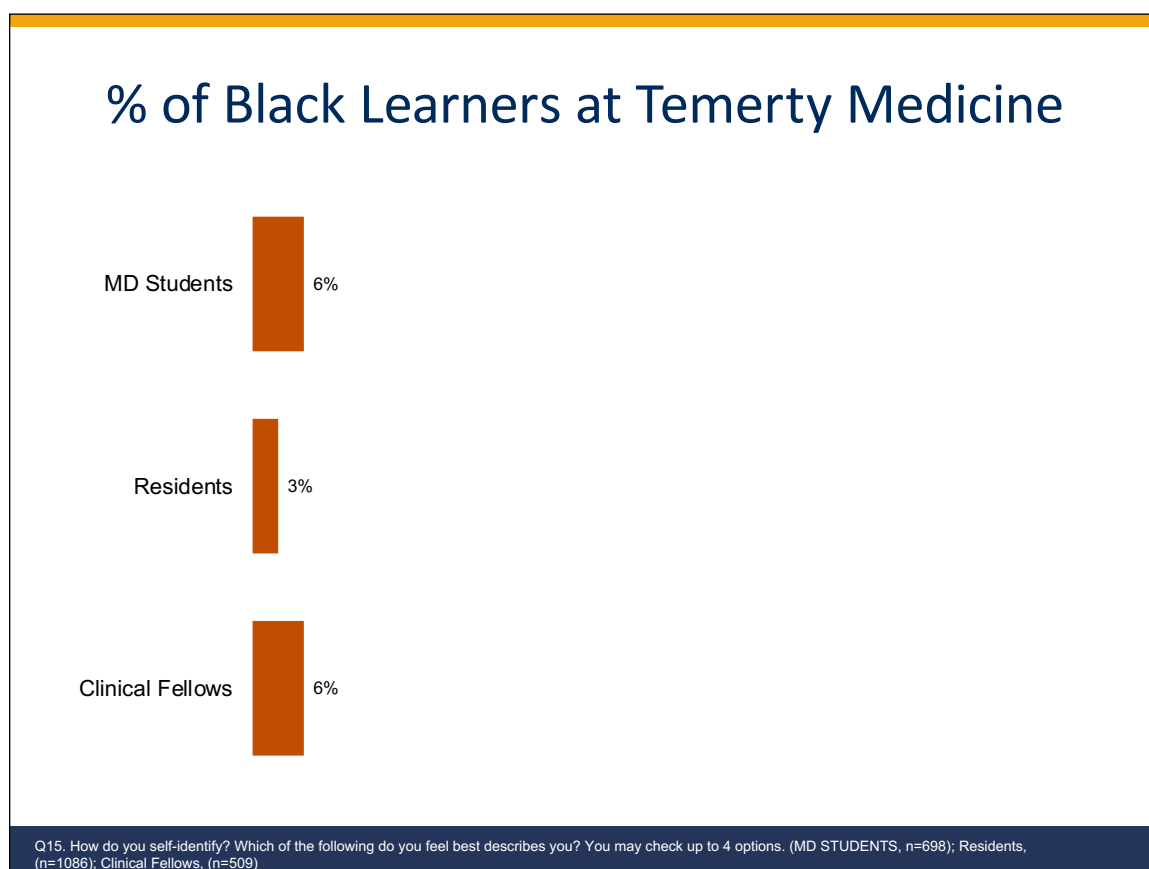
Anti-Black racism has always been present within the fabric of our health care system. This can be seen in the hierarchical nature of medicine, with deep roots in colonialism and patriarchal norms that persist today.

We recognize the efforts present at University of Toronto to lessen the effects of anti-Black racism in medicine and also recognize that this will be a lengthy and difficult process, one that will not end anytime soon. It is important that the input of Black medical learners are continuously prioritized in this dynamic process. We are looking forward to engaging in future efforts, and are hopeful for what the future may hold.

Black Resident Physicians of Ontario

Integrated throughout this report are selected findings from the 2021 Voice of the MD Student, Voice of the Resident, and Voice of the Clinical Fellow surveys. The “Voices” data included in this report are intended to complement the activity descriptions and activity-specific data. Analyzed data from the most recent Voice of the Faculty survey was not ready in time for inclusion in this report.

The “Voices” surveys are attempted censuses in which all registered learners in each cohort for the academic year are invited to participate in the survey. For the 2021 surveys, there was a 69% response rate (n=718) for the Voice of the MD Student, 54% response rate (n=1134) for the Voice of the Resident, and 41% response rate (n=543) for the Voice of the Clinical Fellow.



For confidentiality purposes, “Voices” data are reported in aggregate. Further, Temerty Medicine will report only on data categories where a minimum response threshold of responses has been achieved.

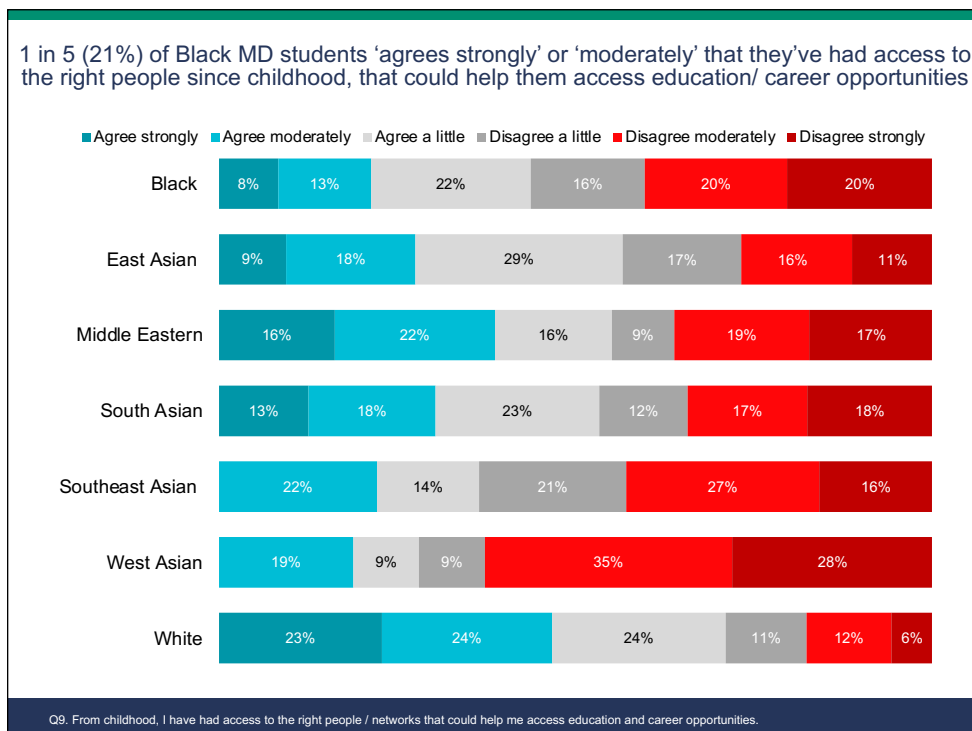
The “Voices” surveys are conducted every two years with the exception of the Voice of the MD Entrant survey, which is conducted annually. To help ensure that “Voices” survey data are collected, analyzed and shared in a transparent and effective manner, the Temerty Medicine MD-PGME Data Management Advisory Group developed data collection, access, interpretation and dissemination guidelines in 2021. These operational guidelines inform the production of regular reports for Temerty Medicine education leaders as well as a framework for consideration of ad hoc data requests. The “Voices” operational guidelines also inform the inclusion of “Voices” data in public-facing reports, such as the [MD-PGME 2020–2021 Annual Learner Experience Report](#) and this report.

## 2. OUTREACH PROGRAMMING

The Black Medical Students' Association of Canada (BMSAC) Recommendations stress the importance of outreach programming to help counter underrepresentation in medical education and, ultimately, medical practice. In its recommendations, the BMSAC notes the importance of developing outreach programming in partnership with organizations who represent the equity-deserving populations that the programming is intended to support. In its report, the Temerty Medicine Equity, Diversity and Inclusion Plan Working Group also stresses the foundational importance of outreach programming, in particular programming that recognizes and is designed to counter systemic barriers that continue to persist in our education systems.

Addressing systemic barriers in medical education includes providing access to experiences that enable students from historically underrepresented populations to both 'see themselves' in medical school and build up the social capital that is a significant part of the price of entry. There are also the financial costs of these experiential and preparatory opportunities. The BMSAC Recommendations include addressing or mitigating pre-application financial barriers stemming from the commercialization of medical school applications, in particular the MCAT and interview preparation.

As acknowledged in the BMSAC Recommendations, Temerty Medicine has a history of commitment to outreach programming. This history can be traced back almost thirty years to the [Summer Mentorship Program](#) (SMP), which was established in 1994 under the leadership of Dr. Miriam Rossi, who was Associate Dean, Student Affairs at that time. More recent activities include the establishment in 2015 of [Community of Support](#) (CoS), which is a longitudinal and collaborative initiative that supports prospective medical students who are Indigenous, Black, Filipino, economically disadvantaged, or who self-identify with having a disability. With the goal of broadening diversity across the health care system, both the SMP and CoS do not focus exclusively on Temerty Medicine but rather are strategically designed to support students regardless of their medical school or health professions interest or destination. Further details regarding the SMP and CoS are provided below.



## ➤ Summer Mentorship Program

The [Summer Mentorship Program](#) (SMP), established in 1994, is an ‘early exposure’ outreach program that provides Black and Indigenous grade 11 high school students with an opportunity to explore health sciences at the University of Toronto over four weeks in July. The SMP has grown from an initial annual enrolment of seven or eight students to the current level of 110 students per year. A total of 1259 high school students have participated in the SMP since its launch.

Delivery of the SMP is managed by the Temerty Medicine Office of Inclusion & Diversity, with support from the Office of Indigenous Health, First Nations House, Black Physicians’ Association of Ontario, four school board partners that each provide a teacher (York Region, Toronto District School Board, Toronto Catholic District School Board, Dufferin Peel Catholic District School Board), and a dozen other Greater Toronto Area public school boards.

The SMP is designed to enable participants to get hands-on experience through lab work, lectures and special projects; shadow healthcare professionals; enjoy valuable mentoring experiences; earn course credit towards their high school diploma, and; gain a greater understanding of whether further education (at the University of Toronto or elsewhere) and a career in the health sciences is right for them. An enhanced Indigenous component was added to the SMP in 2014, including lectures on cultural safety, Indigenous history and organized research topics focused on Indigenous health and social issues.

During the COVID-19 global pandemic, the SMP pivoted to providing health science career exploration and mentorship through engaging online workshops, synchronous and asynchronous activities, and a special group project.

Starting in 2021, the course credit that SMP participants earn towards their high school diploma was revised such that it can be used to fulfill college or university admission requirements. With support from the Ministry of Education, each member of the 2021 SMP cohort received a \$150 internet subsidy and stipend of \$1,684.80.

SMP alumni have the opportunity to participate in the Discover Program, which provides longitudinal experiences and opportunities that build upon skills developed during the SMP. Based on their educational and career interests, SMP participants may be offered the opportunity to participate in various workshops, additional shadowing experiences, internship or research opportunities, and more. Examples of Discover Program opportunities include the SickKids Student Advancement Research (StAR) Program, which is a paid research internship program. Discover Program opportunities also include university planning workshops well as guidance and support with university applications.

### ***Evaluating Impact***

The evaluation of SMP effectiveness includes consideration of SMP alumni survey data. Ninety-four percent (559) of SMP alumni survey respondents who completed the program between 1994 and 2018 have successfully completed or are currently enrolled in post-secondary education, with 82% (486) of those survey respondents having completed or currently pursuing a university degree. Twenty-five percent (148) of the survey respondents have completed or are enrolled in a health professions program, including 32 students who have completed or are pursuing a MD degree.

Data gathered by Toronto District School Board, which is the largest school board in Canada, shows that only 25% of Black students are accepted into a university program. Statistics Canada census data indicates that only 13.3%

of Indigenous students eventually complete university degrees. Temerty Medicine is also aware of significant data pointing to the need for better health outcomes for racialized populations, and that racialized physicians tend to be more likely to practice in underserved areas and have patient populations with a higher percentage of racialized patients than their white colleagues. This contextual data informs the ongoing evaluation of the SMP in particular and Temerty Medicine's outreach programming in general.

## ► Community of Support

[Community of Support](#) (CoS) is a longitudinal and collaborative initiative that enables current or previous university students who are Indigenous, Black, Filipino, economically disadvantaged, or who self-identify with having a disability to receive support at various stages of their medical school journey. Since its inception in 2015, CoS has grown from 100 students to over 3,000 students.

Under the leadership of Ike Okafor, Senior Officer, Service Learning and Diversity Outreach, Temerty Medicine Office of Inclusion & Diversity, CoS was established at the University of Toronto in March 2015 as a collaborative program in partnership with the Office of Enrolment Services, U of T Black Medical Students' Association, and Black Physicians' Association of Ontario. Since then, CoS has expanded from chapters at the three University of Toronto campuses to include student-led chapters at McMaster University, Ontario Tech University, Queen's University, University of Ottawa, University of Waterloo, Western University, Wilfrid Laurier University, and York University.

CoS operates by providing participants with access to free supports and opportunities, which are co-developed with stakeholders from the communities Temerty Medicine is committed to serving. Included below are summary descriptions of CoS supports and opportunities:

- The *Biostatistics Enrichment Program (BioStats)* connects premedical students to Rhodes scholars for a summer intensive experience focused on bioinformatics. The most recent cohort had 25 students, a significant increase from an inaugural class of five students in 2015.
- The *Research Application Support Initiative (RASI)* is a year-long mentorship program that matches premedical students who have a passion for research with graduate and/or medical students. The focus is on providing students with information and advice on research practices as well as application support to research-based graduate programs. Temerty Medicine receives over 100 applications annually, with an average mentor/mentee match of 50–60 matches per year.
- The *MCAT Student Support Program (MSSP)* facilitates MCAT preparation, including tutoring from medical students as well as tools to gauge student progress. This 11-week program has supported a total of 285 students as of 2021 (30 in 2017, 30 in 2018, 75 in 2019, 60 in 2020, 90 in 2021). It is now available online to prospective medical students across Canada.
- The *CASPer Prep Program (CPP)*, provided in collaboration with the University of Ottawa Black Medical Students' Association, helps prepare students for the CASPer, which is a digital admissions tool that tests for personal characteristics such as empathy, ethics, and self-awareness. CPP is a student-led program that includes access to a medical ethics book, feedback during class, homework review, and a mock exam. The CPP debuted in 2019 with 30 participants, which increased to 140 participants in 2020 and 320 participants in 2021.
- The *COSMOS Program* is a writing workshop developed for the 2021–2022 medical school application cycle at Temerty Medicine. Workshops focus on how to effectively draft and revise written components of the medical school application. The program also includes a peer-review component in which participants have the opportunity to both receive and provide anonymous feedback on draft autobiographical sketches and personal essays. In 2021, Temerty Medicine ran 22 sessions with 11 facilitators for a total of 215 students.



- The *Student Application Support Initiative (SASI)* is a mentorship initiative that pairs premedical students with medical students. Mentors help guide premedical students through the medical school application and interview process, including advice on references, co-curricular activities and personal statements. Participants are connected with medical students from the schools at which they have received interview invitations, which is possible thanks to CoS alumni and other supporters at medical schools across Canada. Staff at Canadian medical schools such as Dalhousie and McMaster also provide logistical support for mock interviews.
- *CoS webinars* provide students from across Canada with opportunities to get advice from medical students, physicians and medical school staff on applying to medical school.
- The *IGNITE Conference*, hosted annually by CoS for the past three years, provides students with the opportunity to network with medical students and physicians, including about admissions processes and requirements for Canadian, US and Caribbean schools. Approximately 200–250 students have attended each iteration of the conference.

In addition to the opportunities and supports summarized above, the [Price of a Dream](#) is an advocacy initiative developed by CoS in 2018, and led by a team of CoS alumni, medical students, residents and medical education staff from across Canada passionate about eliminating individual and systemic financial barriers to medical school for applicants from low SES backgrounds. Further information about the [Ontario Medical School Application Fee Waiver Pilot Program](#) is provided in the Admissions section of this report.

### ***Evaluating Impact***

MCAT scores, CASPer performance and medical school admissions data are three ways through which CoS effectiveness is evaluated.

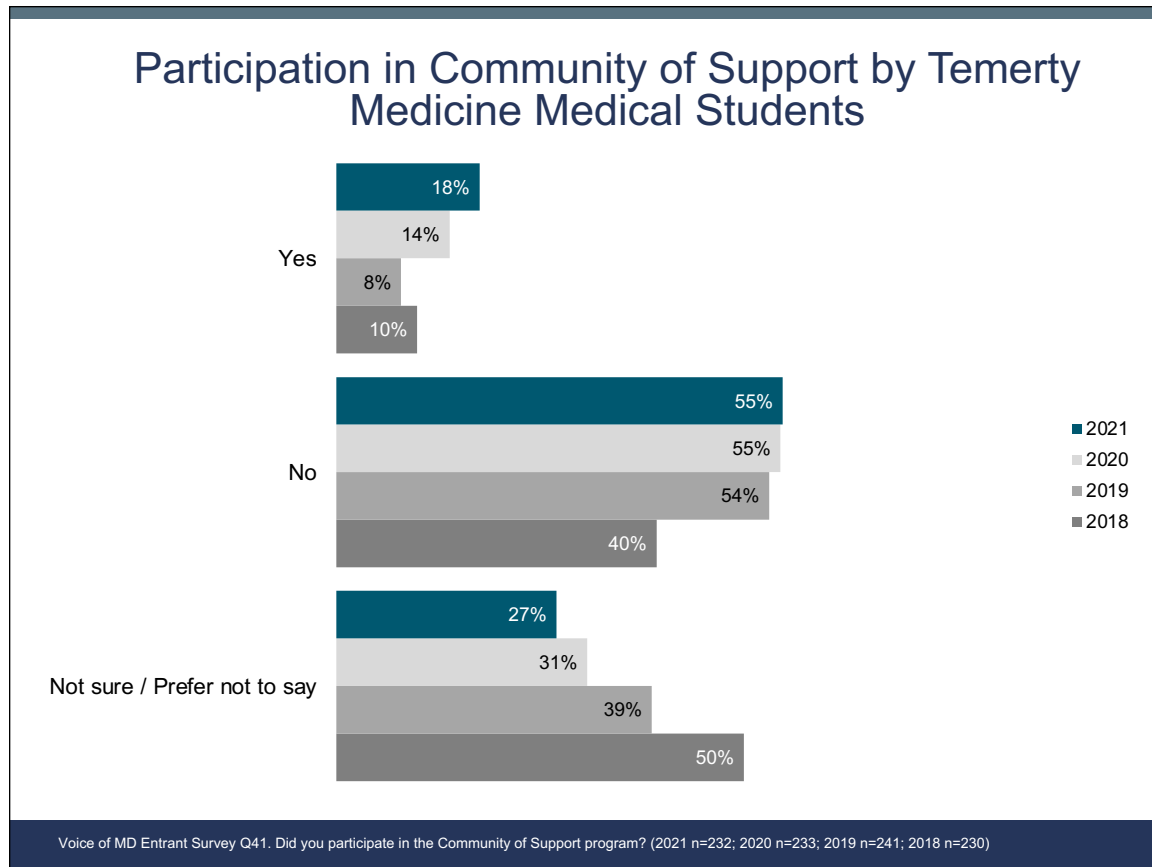
There has been strong improvement of MCAT test scores among students who completed the MCAT Student Support Program. Baseline and final practice tests completed by 19/28 (68%) participants reflected improvement from  $502.4 \pm 4.7$  (56th percentile) to  $507.8 \pm 6.9$  (73rd percentile).

Based on pre- and post-program questionnaires completed by CASPer Prep Program (CPP) participants ( $n=126$  for pre and  $n=60$  for post), there was a significant increase in knowledge about the CASPer Snapshot and confidence in understanding of most CanMEDS Roles. The majority of respondents strongly agreed or agreed that CPP helps relieve students of CASPer-related financial burdens and enabled students to access mentors during the pandemic.

Data from the Ontario Medical School Application Service (OMSAS) indicates that CoS was the outreach program most frequently self-reported by applicants to Ontario medical schools for each of the 2020 and 2021 admission cycles.

For the 2020 admission cycle at the University of Toronto, 39 of 60 CoS participants who interviewed for admission were admitted into the Temerty Medicine MD Program. CoS participants represented 10% of the 2020 interview pool and 15% of the 2020 matriculant pool. That 65% success rate represents an admission rate that is 15% greater than the interview pool average, which is roughly 50%.





CoS has supported increasing diversity across Ontario medical schools, as shown in the following table.

Number of CoS Members at Ontario Medical Schools							
Year	Total # of CoS members at medical school	Within Canada	At U of T	At McMaster	At Western	At Queen's	At Ottawa
2016	3	2			1	1	
2017	27	17	5	1	2	1	2
2018	55	45	24	8	3	2	2
2019	56	45	21	5	6	2	7
2020	81	74	39	5	9	2	8
2021	130	122	61	11	18	6	3

### 3. ADMISSION AND SELECTION

As part of the [mid-point re-evaluation](#) of its [2018–2023 Academic Strategic Plan](#), Temerty Medicine identified “enhance the pathways for highly qualified students eligible for graduate and professional programs in Temerty Medicine” as a specific goal. This goal is consistent with one of the recommendations in the report from the Temerty Medicine Equity, Diversity and Inclusion Plan Working Group: Expand pathway, recruitment, and retention programs for learners and faculty members across the Faculty of Medicine. That report stresses the importance of pathway programming that is comprehensive, taking into account the many transition points along the continuum of medical education from pre-medical school to faculty leadership opportunities.

The point and process of admission to medical school or selection to a residency program can all too easily perpetuate discriminatory practices or bias, especially when grounded in meritocratic systems that assume that all applicants are coming from the same (privileged) place. One of the recommendations in the University of Toronto Anti-Black Racism Task Force Report is that “every division work with EDI to conduct a review of its admissions processes and consider a data-driven and holistic application process for Black students”. The BMSAC Recommendations include a number of intersecting admissions-related considerations that would contribute to a more holistic application process, including:

- an application fee waiver for low SES applicants;
- dedicated and supportive pathways for applicants from underrepresented populations;
- more transparency regarding admission criteria and processes;
- processes to ensure appropriate diversity on admission committees, and;
- adherence to anti-discrimination and anti-oppression policies and practices throughout the application and selection process.

Included below are descriptions and outcome data, where available, of admissions-related activities taken and underway within Temerty Medicine, including the [Black Student Application Program](#). These descriptions focus first on MD Program admission-related activities, followed by descriptions of Postgraduate Medical Education selection-related activities.

## MD Program

### ➤ Fee Assistance

The [Price of a Dream](#), which is an advocacy initiative led by a team of [Community of Support](#) alumni, medical students, residents and medical education staff from across Canada, has focused on eliminating individual and systemic financial barriers to medical school for applicants from low SES backgrounds.

Two medical school fee assistance supports include:

- The [MCAT Fee Assistance Program](#), led by the Association of Faculties of Medicine of Canada (AFMC) and promoted by the Price of a Dream, offered a fee assistance program for Canadian examinees in financial need who registered for the MCAT for the 2020 and 2021 testing years.
- The [Ontario Medical School Application Fee Waiver Pilot Program](#) subsidized application costs for up to three Ontario medical schools for the 2021–2022 application cycle. This program was collaboratively developed by the Price of a Dream, AFMC, Council of Ontario Faculties of Medicine, and Ontario Universities' Application Centre.

### ➤ Black Medical Student Application Program

One of the most significant actions taken by Temerty Medicine to increase the number of Black medical students was the introduction in 2017 of the [Black Student Application Program](#) (BSAP). Development of the BSAP included consultation with and feedback from our Black medical education community, including the Black Health Alliance, BPAO and U of T BMSA. Temerty Medicine hosted a post-launch public consultation session in November 2018 to share information and receive feedback from stakeholder communities.

The BSAP is an optional application pathway for Black applicants who self-identify as Black African, Black Caribbean, Black North American, and multi-racial students who have and identify with their Black ancestry. The aim of this pathway is to increase and support Black medical student representation at the University of Toronto. Through the BSAP, we hope to break down some of the barriers that might impede Black applicants from applying to the Temerty Medicine MD Program and nurture an inclusive environment that is welcoming to all.

BSAP applicants must submit the following additional materials:

- Self-identification on their [Ontario Medical Schools Application Service \(OMSAS\)](#) application.
- 250 to 500-word personal essay highlighting why they have chosen to apply through the BSAP.

BSAP applicants must meet the same academic requirements as all other applicants, and there are no fixed seats or quotas. Rather, the BSAP is designed to provide a more culturally safe application/admissions process for Black students. To nurture an inclusive and welcoming admissions environment, applicants are supported via:

- Tailored social activities supported by the U of T Black Medical Students' Association during the interview and offer stages.
- Inclusive rating process: members of the Black community, as well as Black physicians, faculty members, students, residents, and clinical fellows participate in the admissions file review and interviews.

In his role as Senior Officer, Service Learning and Diversity Outreach, Office of Inclusion & Diversity, Temerty Medicine, Ike Okafor has been working with the BMSAC to share BSAP practices with medical schools across Canada.

I appreciate being able to feel like I had a community prior to even being accepted into medicine via the BMSA post-interview lunch, good memories!

Medical student, U of T

I was honoured to have the chance to start the BMSA at UofT. It felt like there were just as many people outside, as there were inside the Black community that recognized the need for change. Our allies fought hard with us. There was real strength in the faculty with Dr. Rossi, Dean Naylor and Whiteside and Diana Alli, yet we were naive regarding the depth of structural racism in medicine and professional schools. We cannot stop with just simple victories, we must continue to strive for true equity.

Sean Wharton, MD, PharmD, FRCP(C)  
Adjunct Professor, Department of Medicine, Temerty Medicine, U of T  
Internal Medicine Specialist, Adjunct Professor, McMaster University and York University  
Medical Director, Wharton Medical Clinic  
Diplomate of the American Board of Obesity Medicine

### Evaluating Impact

Since its launch in 2018, a total of 75 students across four admissions cycles have been admitted to the Temerty Medicine MD Program through the BSAP program. Prior to the introduction of the BSAP, the number of Black students admitted to the MD Program on an annual basis was generally in the low single digits. As shown in the following table, the BSAP has had a significant impact on both the number of Black applicants to and matriculants in the Temerty Medicine MD Program.

BSAP	2021 entry	2020 entry	2019 entry	2018 entry
Applications	162	139	104	92
Interviews	37	52	31	31
Accepted offers	21	25	15	14

I feel like UofT's Faculty of Medicine over emphasized its diversity through public relations and I was disappointed to see there wasn't much progress present at all beyond our acceptance to the MD program.

Medical student, U of T

The MD Program's Black Canadian Admissions Subcommittee (BCAS) was created in 2014 to help guide the MD Program's efforts to continuously improve the BSAP and applicants' experience at Temerty Medicine. Furthermore, the MD Black Experience Committee, chaired by Ike Okafor, was established in 2020 to help ensure Black medical student concerns are taken seriously and efforts are made to improve their experience once they have been admitted to Temerty Medicine.

### ➤ Admission Requirement Transparency

Consistent with the BMSAC recommendation for greater transparency of criteria used to admit applicants, detailed information about the MD Program's admission requirements is publically available on its [admissions website](#), including minimum versus competitive GPA and MCAT thresholds. This information is also on U of T's [OMSAS webpage](#).

The MD Program's [admissions stats webpage](#) provides information about the number of applications, interviews and offers of admission; types of degrees held/pursued prior to admission, and; universities attended prior to admission. The admissions website also includes an [FAQ webpage](#), which addresses a number of questions about academic credits, grades and weighting.

## ➤ Interviewer and Rater Diversity

Prior to the launch of the BSAP, the MD Program completed a major overhaul of its admissions framework, which involved applying the multiple independent sampling methodology to its file review and interview processes. This major shift in admissions assessment augmented the reliability of the program's admissions processes.

With the implementation of its new file review and interview processes, the MD Program requires 750 to 850 raters each year to ensure that each application is reviewed by multiple independent reviewers. The MD Program enhanced its rater recruitment efforts to help ensure that members of Black and Indigenous communities and allied health professionals partake in the MD Program admissions process. These efforts included working with the BPAO to attract Black raters. The program also initiated an annual diversity survey in 2017 to better understand MD admissions rater demographics and inform efforts to increase representation of raters from equity-deserving groups.

## ➤ Unconscious Bias Training for Interviewers and Raters

All admissions committee members and raters must annually disclose all potential conflicts of interest and complete training on unconscious bias. Admissions committee members and raters with direct conflict of interest are excluded from admissions activities for the applicable period of time to maintain the confidentiality and integrity of the process.

## Postgraduate Medical Education Program

### ➤ Selection Pathways

Building upon the successes and lessons learned from the MD Program's [Black Student Application Program](#) and [Indigenous Student Application Program](#), Temerty Medicine identified "enhance the pathways for highly qualified students eligible for graduate and professional programs" as a specific goal in the [mid-point re-evaluation](#) of its strategic plan. Under the direction of the Diversity Advisory Council, which is advisory to the Associate Dean, Inclusion and Diversity and Temerty Medicine Office of Inclusion & Diversity, an Excellence through Equity Toolkit for Searches, Selection & Admissions Working Group was created and tasked with designing template toolkits to equitably conduct selection processes at various transition points. To support this task, the working group implemented a sub-group focused on PGME learners, co-chaired by Dr. Adelle Atkinson, Associate Chair, Education and Director of Postgraduate Medical Education in the Department of Paediatrics and Dr. Arno Kumagai, Vice-Chair, Education in the Department of Medicine.

As stressed in the report from the Temerty Medicine Equity, Diversity and Inclusion Plan Working Group, a comprehensive approach to pathway programming needs to be taken in order for it to be effective. It is not enough to increase the number of Black learners without also addressing systemic barriers to inclusion, including institutional policies and practices that carry with them the legacy of anti-Black racism. Mentorship of Black learners both before and after key transition points, such as admission to medical school or selection to a residency program, is required to ensure that systemic barriers are addressed and dismantled rather than deferred to a point further down the line. More information about efforts to address those barriers is included in the Learning Environment section of this report.

I was welcome to U of T Department of Medicine, Division of Geriatrics in 1996. I was fortunate that the DDD at the time acted as an ally who supported my promotion within the division and provided opportunity for professional growth.

Mireille Norris, BscPT, MD, FRCPC, MHsc  
Sunnybrook Health Sciences Center Staff Internist/geriatrician  
Assistant Professor of Medicine, U of T  
Division Lead for Quality Improvement and Patient Safety  
Faculty Lead for Black and Indigenous Learners, Department of Medicine  
Site Lead for Geriatric Medicine Trainees at Sunnybrook Health Sciences Center  
Education Director for the Hospitalist Training Program at Sunnybrook Health Science Center

### ***Case Study: Department of Medicine Black and Indigenous Recruitment and Mentorship Program***

Back in 2018, a small working group, led by Drs. Jeannette Goguen and Lisa Richardson, met to discuss implementation of a pathway program to recruit Black and Indigenous applicants to the Department of Medicine's internal medicine residency program. Dr. Mireille Norris was appointed as Faculty Lead in 2020.

Similar to the approach taken in the BSAP and ISAP, the Department of Medicine's pathway program is designed to provide a more culturally safe selection process. This includes file review and interviews by individuals with training and longstanding interest in EDI work as well as meetings between applicants and current Temerty Medicine residents and Department of Medicine senior leadership on interview day. Also similar to the BSAP and ISAP, the selection criteria for pathway applicants is the same as for other applicants to the internal medicine residency program.

The pathway program was implemented as part of the 2020 CaRMS selection and remained in place for the 2021 CaRMS selection. In 2020, five Black and two Indigenous pathway applicants were interviewed, but none matched to the U of T. A total of nine pathway applicants interviewed in 2021, with two Black pathway applicants matching to the U of T internal medicine residency program.

Next steps include continuing to refine selection processes (file reviews, interviews, final ranking) with an emphasis on EDI. The Department is also planning on advocating with the CaRMS standardization committee about the inclusion of advocacy work in the CaRMS rubric. Consultation with other departments, including psychiatry, paediatrics and surgery, about the development of similar pathway programs is ongoing. A goal of these consultations is to continue to build a community of EDI practice in residency selection, which is an important component of developing and implementing EDI-informed selection guidelines and practices across Temerty Medicine's residency programs.

## 4. FINANCIAL SUPPORT

There are the costs of applying to medical school. Then there are the costs of medical school itself, including tuition and living expenses. In recognition of how these costs can be prohibitive, particularly for students from low SES backgrounds, the Temerty Medicine [Diversity Statement](#) explicitly identifies the “economically disadvantaged,” along with Indigenous Peoples of Canada and People of African ancestry, as groups given priority attention in its strategic planning. In addition to the identification of those three groups for priority attention, the *Diversity Statement* affirms Temerty Medicine’s commitment to “provide a welcoming and accommodating environment to all including sexual and gender minorities, racialized people and people with disabilities.”

The identification of the economically disadvantaged as a group for priority attention aligns with a fundamental principle of the University of Toronto [Policy on Student Financial Support](#), which states that no student offered admission to its programs will be unable to enter or to complete the program due to a lack of financial means.

Included below are descriptions of activities and corresponding data that articulate how Temerty Medicine has and will continue to act on the commitments articulated in the Diversity Statement and *Policy on Student Financial Support*.

### ➤ MD Admissions Bursary Program

Temerty Medicine MD Admissions Bursaries are allocated to ensure that medical students who are identified as having the highest level of financial need have access to the resources necessary to complete the MD Program. Approximately \$1,000,000 in MD Admission Bursary funding is allocated each year. The Financial Aid Committee does not consider application stream when allocating MD Admissions Bursaries; the focus is on applicants’ financial need status.

Year	% of MD Admissions Bursaries awarded to BSAP matriculants
2019	27%
2020	10%
2021	25%

### ➤ MD Enhanced Bursary Program

Each year, approximately 22 applicants are provided with MD Enhanced Bursary funding of up to \$20,000 during the first year of study in the MD program. Applicants receive notification of this funding decision along with an offer of admission to the MD Program. These recipients may receive additional grant funding of up to \$10,000 during each of their second, third and fourth year of study subject to an annual renewal application and approval from the Financial Aid Committee.



## ➤ Temerty Medicine Grant Program

The Temerty Medicine Grant Program provides financial support to MD Program students with financial need. In 2020–21:

- \$5,234,229 in grant funding was allocated to medical students across all years of the MD Program
- 573 medical students received grant program funds
- The average grant amount per medical student was \$9,482

To raise awareness of and provide equitable access to the Grant Program, the Undergraduate Medical Education Office of Enrolment Services has implemented the following strategies:

- 1:1 advising session for all first year medical students
- Online financial literacy module for first year medical students
- Annual financial aid and award townhall
- Ongoing communication via student listservs about various award and grant programs
- Launch of a Financial Aid Committee to receive feedback on medical student needs and priority areas as well as communication strategies to better support medical students from equity-deserving groups

To assess financial need, the MD Program Financial Aid Committee requests a wide range of personal information including student debt level, parental income and assets, and summer employment activity along with any information with respect to circumstances that may be impacting a student's financial health. Disclosure of private financial information is necessary in order to allocate funds equitably. Parental income/assets are used as a proxy for socioeconomic status. Medical students can apply for grant funding in every year of study.

## ➤ Additional Financial Aid Opportunities

Additional financial aid opportunities are available to further support medical students' diverse academic interests and financial needs, including:

- [Awards, scholarships and bursaries for Black students](#), including the Dr. Miriam Rossi Award for Black Medical Students and Dr. Sean Wharton Black Medical Student Association Award
- MD Program's Covid-19 Relief Fund for International Students (\$50,000 allocated per academic year; \$100,000 awarded during 2020–2021 and 2021–2022 academic years)
- Travel Stipend Program to assist students with rotations over an hour away from their home base hospital (\$50,000 allocated)
- Research Conference Bursary Program to provide financial assistance to students presenting research at conferences (\$25,000 allocated)
- Tuition support for students in MD Extended Clerkship (MEC), designed for students who do match to a residency program (\$30,000 allocated)
- Tuition support for students enrolled in MD Plus programs (\$250,000 allocated)

## 5. CURRICULUM

The BMSAC Recommendations and BPAO Network Proposal both include a number of specific curriculum-related considerations, including:

- removing of race as a proxy for social and genetic determinants of health;
- increasing the diversity of standardized and volunteer patient programs;
- presenting clinical cases on racialized issues without perpetuating stereotypes and contributing to harmful heuristics, and;
- training all medical students on recognizing pathologies and dermatology-based clinical signs in patients of different skin tones (e.g., “hyperpigmentation”).

The BMSAC Recommendations and BPAO Network Proposal both also stress that medical schools should acknowledge in their core curriculum the role of academic medicine in the creation and perpetuation of harmful race ideology. This acknowledgement is foundational to providing future physicians with anti-racist and anti-oppression education, which is inseparable from the provision of culturally competent health care.

The 2017 United Nations [\*Report of the Working Group of Experts on People of African Descent on its mission to Canada\*](#) is referenced by the BMSAC and BPAO as a foundational curriculum review and renewal document. The UN Report has and will continue to inform the development of the MD Program’s Black Health curriculum. Included below is a summary of curriculum reform actions already taken by the MD Program as well as next steps. Also summarized below are actions taken to provide Black medical learners with research-focused opportunities, which has been identified as by Black learners a specific need.

Within PGME, some residency programs have been incorporating anti-racist and anti-oppression teaching and learning in their discipline-specific orientations and/or grand rounds. Next steps include consideration of how to effectively deliver anti-racist and anti-oppression teaching and learning across PGME.

### MD Program Curriculum

Dr. Onye Nnorom was appointed as the MD Program’s inaugural Black Health Theme Lead in November 2016. In that capacity, Dr. Nnorom has been responsible for leading the design, development, integration, implementation, and evaluation of the Black Health curricular theme and the incorporation of a Black Health perspective throughout the MD Program curriculum. The responsibilities of the Black Health Theme Lead were expanded in September 2020 to include acting as an advisor and consultant to PGME leadership and PGME Program Directors on Black Health curricular content development/optimization, matters of equitable representation of Black trainees entering residency programs, and equitable access to opportunities during residency such as mentorship, leadership training and advancement.

I am so excited this report and event are happening! I hope other schools follow this example. I have experienced the successes and emotional violence of being Black at Temerty Medicine, and I am all too familiar with the experiences of Black trainees and staff. Nonetheless, it is clear we have made tremendous progress!!! We sit on the shoulders of giants, like Dr. Miriam Rossi and so many others in this Faculty. It is my hope that this form of public reporting and accountability continue on a regular basis — this is critical to dismantling anti-Black racism in medical education, and improving patient care overall.

Onye Nnorom, MDCM, CCFP, MPH, FRCPC  
 Assistant Professor, Temerty Medicine, U of T  
 Equity, Diversity and Inclusion Lead, Department of Family and Community Medicine,  
 Temerty Medicine  
 Black Health Theme Lead, MD Program, Temerty Medicine  
 Associate Program Director, Public Health and Preventive Medicine Residency Program, Dalla Lana  
 School of Public Health, U of T  
 Clinical Consultant, Nicotine Dependence Clinic, Centre for Addiction and Mental Health  
 President, Black Physicians' Association of Ontario

The Black Health Theme Lead chairs and is supported by a Black Health Education Advisory Committee. This committee is composed of education leaders as well MD Program and PGME learners, including representation from the U of T BMSA.

Under Dr. Onye Nnorom's leadership, a good deal of action has already been taken within the MD Program that aligns with the curriculum reform recommendations included in the BMSAC call to action and BPAO Network proposal. Included below is a summary of the MD Program's core Black health curriculum as well as information about other relevant teaching activities, including with respect to the provision of culturally competent health care. All of the teaching activities summarized below are mandatory components of Temerty Medicine's MD Program.

Core Black Health Teaching Activities Foundations (Years 1 and 2)		
Year	Course	Teaching Events
1	MED110Y Concepts, Patients and Communities – 1	<ul style="list-style-type: none"> <li>Health Equity, Race, and Medicine lecture, with particular focus on Black health, including how anti-Black racism manifests in medicine; i.e., racism as a social determinant of health</li> <li>GI Case on collection of race-based data, co-written by a patient, a scholar in CRT, gastroenterologist, and BMSA students</li> </ul>
2	MED220H Complexity and Chronicity	Intersectionality and Equity Week <ul style="list-style-type: none"> <li>Black Population Health lecture, including how anti-Black racism manifests in medicine; i.e., racism as a social determinant of health</li> <li>Black Health Mini-Case (self-study/directed learning)</li> </ul>
2	Integrated Clinical Experience (ICE) – Health in Community (HC)	<ul style="list-style-type: none"> <li>Re-imagining Healthcare panel that explores racism and discrimination in healthcare, cultural safety and promising practices at the individual patient and population levels. The panel is comprised of diverse Black community leaders and allies, taught from an Africentric perspective, anchored in principles of intersectionality.</li> </ul>

Consistent with the BMSAC recommendation 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,” the social accountability commitment of Temerty Medicine’s MD Program is informed by the following two mutually-related principles:

- Provide medical students with intersectional cultural safety and anti-racist teaching that is relevant to all equity seeking and underrepresented groups, and
- Provide population-based content and case-based teaching that is integrated in the core curriculum, including case-based learning.

The Black Health Theme Lead works in partnership with other theme leads, including the Indigenous Health Theme Lead and 2SLGBTQIA+ Education Theme Lead, to develop and deliver teaching activities informed by the principles articulated above. With a focus on curriculum that is highly relevant to Black health, these teaching activities include:

- The Year 1 respiratory section on Pulmonary Function Tests (PFTs) has been restructured to acknowledge the historical and present-day racist implications of interpreting PFTs by race.
- A Year 2 Physicians, Human Rights, and Civil Liberties: Lessons from the Holocaust lecture and panel discussion that focuses on how physicians have and continue to engage in government-sanctioned non-beneficial “treatment” directed at marginalized groups, including why this has happened, why it continues to happen, and strategies to guard against it. This teaching activity includes Black health components.
- The Year 3 dermatology modules have been updated to include a diversity of skin tones as well as consideration of how racism as a social determinant of health impacts dermatological presentations.

We've been taught that it is okay to skip case-based learning questions related to the black community, we've been taught that classes on anti-oppression are optional, and we've been taught that the most important experiences to highlight through patient panels are of the whitest and wealthiest of our society. What is the point of a diverse class if our education is going to ignore the black community and prioritize privilege at every turn?

Medical student, U of T

The BMSAC Recommendations and BPAO Network proposal both stress that medical school curriculum should support and enable the provision of culturally competent health care by future physicians. Temerty Medicine MD Program students are introduced to culturally competent health care early in Year 1 during a Cultural Safety and Anti-oppression Workshop. The workshop focuses on the importance of being aware and respectful of cultural differences and of recognizing the impact of culture on access to health care. The workshop also allows students to develop an awareness of their own assumptions about other cultures, of explicit and implicit biases, and the importance of this to the patient-physician relationship. In subsequent Portfolio sessions, students are asked to reflect on the cultural safety concepts learnt earlier in the year and reflect on an experience involving a person representing a vulnerable population.

With a focus on Black, Indigenous and 2SLGBTQIA+ populations, the concepts of intersectionality and health equity are addressed during the MD Program's Year 2 Intersectionality and Equity Week.

In Clerkship, during the Year 4 Transition to Residency course, there is a large group session on Cultural Safety and Indigenous Health, which focuses on principles of culturally safe health care delivery. That large group session is complemented by a panel discussion around the experiences, health care obstacles, and traditional healing practices of a representative group of Indigenous people.

### ***Next Steps***

The Black Health Theme Lead is working with the Black Health Education Advisory Committee and psychiatry education leads to incorporate a Black health lens into the clinical psychiatry section of the MD Program curriculum.

In 2021, six medical students participated in observership opportunities at COVID-19 vaccine clinics led by the BPAO in partnership with community health centres as part of its [Black Health Vaccine Initiative](#). These observerships provided the medical students with opportunities for direct engagement with Black communities and Black physicians and residents at community health centres. This pilot might help create opportunities for clinical electives that focus on Black population health.

In order to help address, at a national level, gaps in Black health educational content and Medical Council of Canada (MCC) Objectives regarding Black Health, Drs. Onye Nnorom and OmiSoore Dryden co-founded the [Black Health Education Collaborative](#). The Black Health Education Collaborative is committed to developing a suite of educational resources for students, faculty and clinicians/practitioners in health disciplines, grounded in critical race theory. The plan is for this suite of resources to include national learning objectives on anti-Black racism and Black health. The development of those national learning objectives will inform the ongoing review and renewal of the MD Program's Black health curriculum.

To support the MD Program's goal of ensuring that the medical education curriculum prepares future physicians who are committed to the principles and practices of social justice, equity, anti-oppression, and advocacy, Temerty Medicine appointed Dr. Ritika Goel as the inaugural MD-PGME Social Justice, Anti-Oppression and Advocacy (SJAO&A) Theme Lead in May 2021. Under Dr. Goel's leadership, a Social Justice, Anti-Oppression and Advocacy Foundations Curriculum Review Working Group was established in the Fall 2021. The purpose of the working group is to support a curriculum review process focused on effectively incorporating a social justice, anti-oppression and advocacy lens throughout teaching and learning in the Foundations (Years 1 & 2) curriculum. It is anticipated that the approach taken for the Foundations review will enable similar changes to the Clerkship curriculum.

I would really like to have more Black lecturers, CBL tutors, and ICE:CS/ICE:HC leads. I would also have loved to have a Black Portfolio lead, especially given the content that we usually have to discuss.

Medical student, U of T

Given the limited number of Black physicians and education leaders, next steps also include faculty development to help ensure safe and effective delivery of the Black health and cultural safety curriculum summarized above. Further details about faculty development are included in the Faculty section of this report.

## Research Opportunities

In October 2021, the U of T BMSA hosted, with the support of Dr. Onye Nnorom and the BPAO, a Black in Research virtual event. Medical students and other participants were provided guidance and information about research opportunities by Black Temerty Medicine faculty, including Drs. Upton Allen, Aisha Lofters, Mireille Norris, Onye Nnorom and Lisa Robinson. Topics included how to access research opportunities as a Black student in medicine, challenges faced by Black researchers and tips on how to navigate those challenges, and the differences among quality improvement research, epidemiological research and clinical research.

In 2021, Sunnybrook Health Science Centre launched a pilot program focused on providing mentorship, research opportunities and funding to four medical students who identify as Black and/or Indigenous. The [Sunnybrook Program to Access Research Knowledge for Black and Indigenous Medical Students](#), or SPARK for short, was developed under the leadership of Drs. Mireille Norris, Jill Tinmouth and Nick Daneman. In addition to addressing disparities in research access and its accompanying financial barriers, SPARK aims to provide medical students with networking opportunities facilitated by mentors, including Black or Indigenous physicians, who help SPARK participants navigate being underrepresented in academic medicine.

The Temerty Medicine [Equity, Diversity and Inclusion \(EDI\) Action Fund](#) aims to support learners in being champions of EDI by transforming their ideas for initiatives into reality. Administered by the Office of Inclusion & Diversity, with support from the [Learner Equity, Action, and Discussion \(LEAD\) Committee](#), a maximum of 10 grants of no more than \$500 each are awarded annually. All learners and student groups at Temerty Medicine can apply for this fund. Some examples of projects supported by the EDI Action Fund include:

- Race, Health, and Happiness (RHH) podcast lunch and listen event: Learners listened to the first episode of the RHH podcast, in which Dr. Onye Nnorom and Ritu Bhasin (an award-winning life coach, speaker and author) discuss how staying healthy while facing racism “can be a revolutionary act.” This was followed by a facilitated discussion and Q & A session with Dr. Nnorom.
- Community-led education session on racism in healthcare: This session invited representatives of Making Change, a local organization in Simcoe County that supports Black community initiatives, to present to the Barrie Family Medicine Teaching Unit about anti-Black racism. The talk covered resources for the BIPOC community in Simcoe, issues encountered by Black patients when accessing health care, and suggestions on how healthcare providers can be better allies.
- Visualizing Racialized Dermatologic Experiences: Where’s The Colour?: Through magazine format, this project aimed to bring awareness to and amplify the clinical and psychosocial experiences of racialized patients being seen for dermatologic issues. (This project was funded, but not completed due to disruption from the COVID-19 pandemic.)

## 6. LEARNING ENVIRONMENT

A common theme among the reports referenced in this document is the importance of more effective inclusion of Black learners in the learning environment. It is not enough to increase the number of Black learners in academic medicine without addressing systemic barriers to inclusion and belonging, including dismantling institutional policies and practices that perpetuate the legacy of anti-Black racism.

The BPAO Network Proposal recommends university-driven mentorship programs for Black medical learners. The [Temerty Medicine Diversity Mentorship Program](#), launched in 2017, is summarized below.

Both the BMSAC Recommendations and BPAO Network Proposal stress the importance of understandable, accessible and safe pathways to report mistreatment, including racist behaviour and microaggressions. The safety of these pathways is largely contingent upon guidelines and processes that support confidentiality and help ensure that learners who come forward will not be subject to retaliation. Institutional accountability about actions taken is an important part of building trust that the pathways provided are safe and effective.

The BPAO Network Proposal notes that more effective inclusion of Black learners also requires greater attention be paid to wellness resources geared towards Black and other racialized learners, including counsellors with cultural safety training who are equipped to counsel learners with racial trauma.

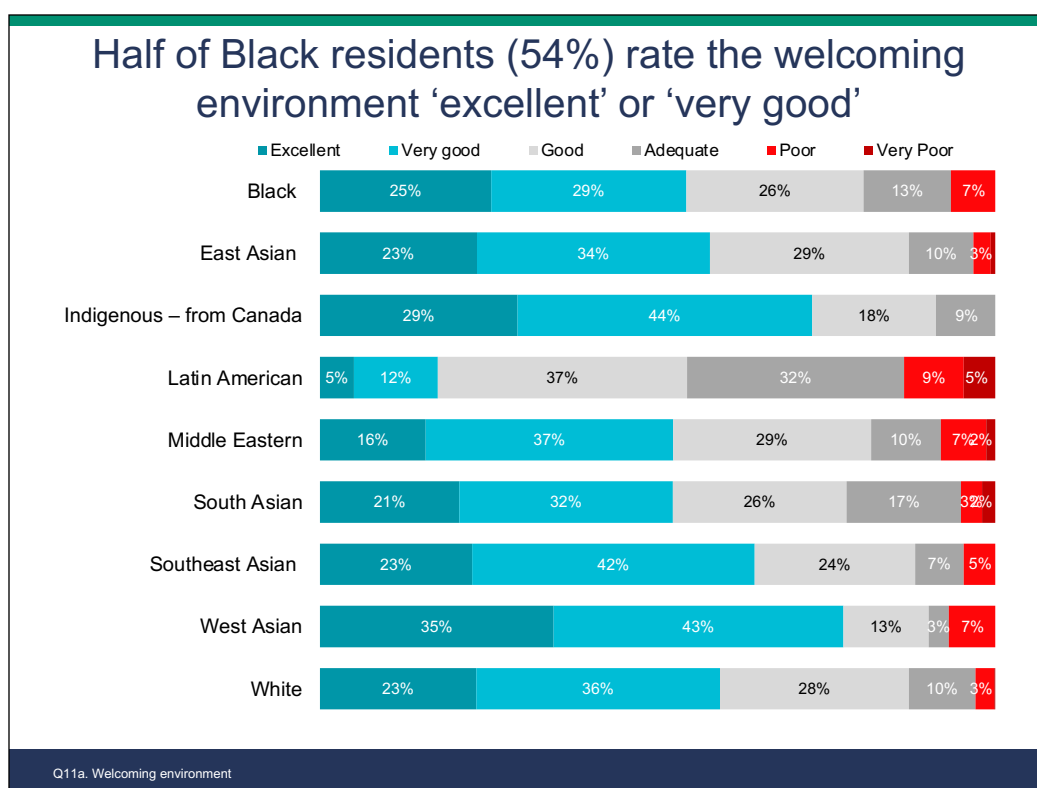
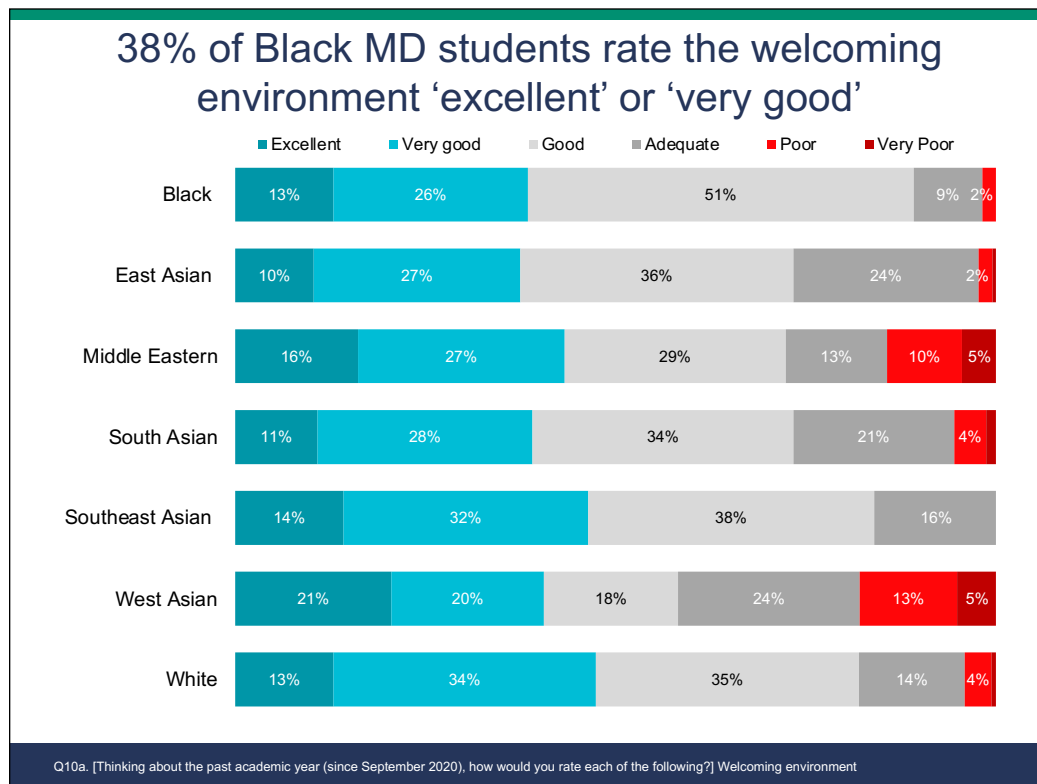
Optimizing the learning environment and improving learner (and faculty) wellness are two intersecting goals identified in Temerty Medicine's 2018–2023 [Academic Strategic Plan](#). Both of these higher-level goals recognize the foundational importance of enabling and maintaining a welcoming, supportive and inclusive learning and working environment. A specific goal identified as part of the mid-point refresh of the Faculty's strategic plan is: support health and wellbeing in everything we do. This goal includes integrating resources, processes and supports for wellness and professional values into the learning and work environment for all members of the Temerty Medicine community.

As noted in the [2021 Dean's Report](#) and outlined below, Temerty Medicine has established leadership roles in the intersecting portfolios of learner experience (mistreatment), professionalism, and health and wellbeing in order to enable a more integrated approach to optimizing the learning environment, including alignment and integration of resources and supports across the continuum of medical education. Summaries of actions taken to optimize the learning environment, particularly with respect to managing learner mistreatment as well as learner health and wellbeing, are provided below.

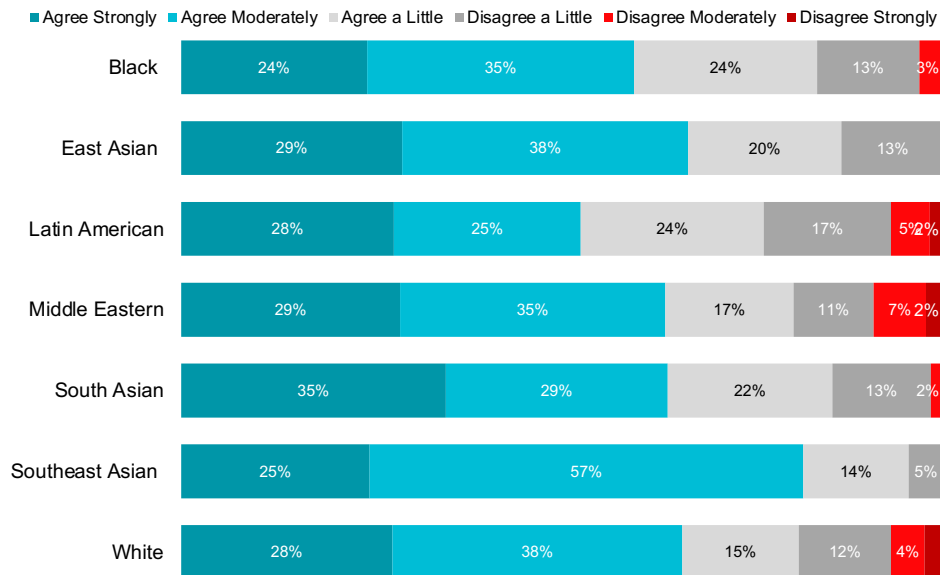
The BPAO Network Proposal includes series of recommendations regarding the transition from learner to physician, including pathways to nurture and recruit Black learners into academic careers and education leadership roles. Within Temerty Medicine, there is not at present a systemic or centralized approach to providing mentorship or pathway opportunities to Black and other racialized residents that focus on the transition from learner to physician and education leader.



## Welcoming Environment



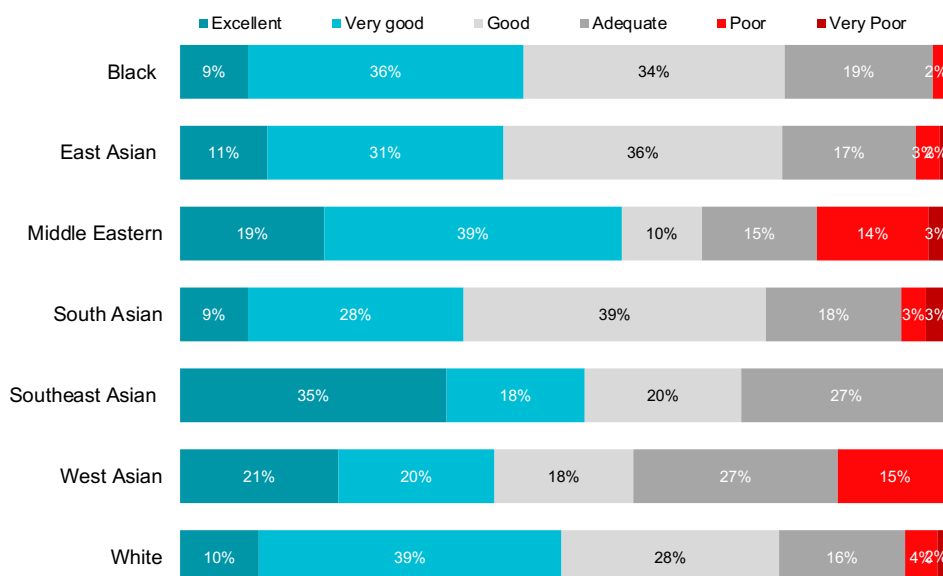
## 59% of Black clinical fellows rate the welcoming environment 'excellent' or 'very good'



Q16a. [Since [...], how would you rate each of the following?] Welcoming environment

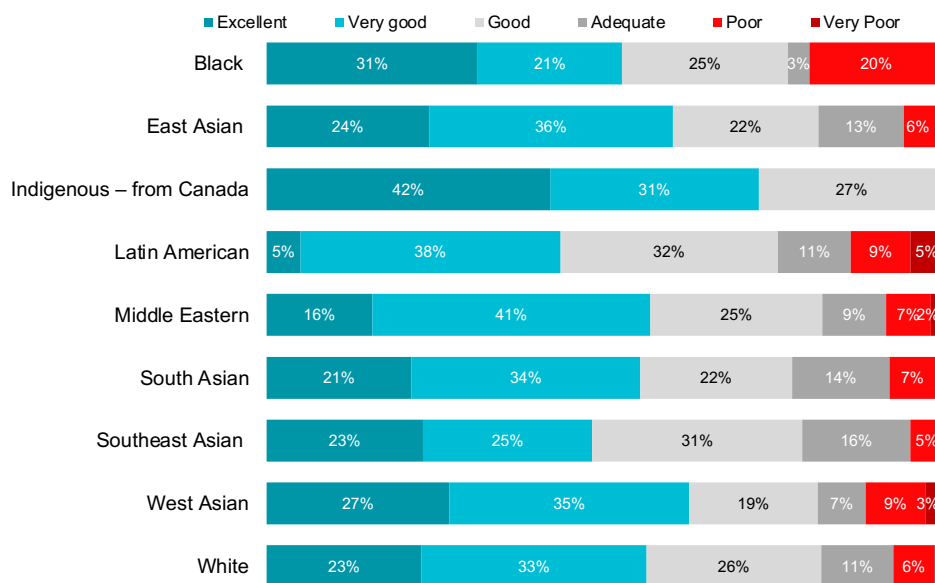
## Culture of Respect

### Almost half (45%) of Black MD students rate the culture of respect in their program 'excellent' or 'very good'



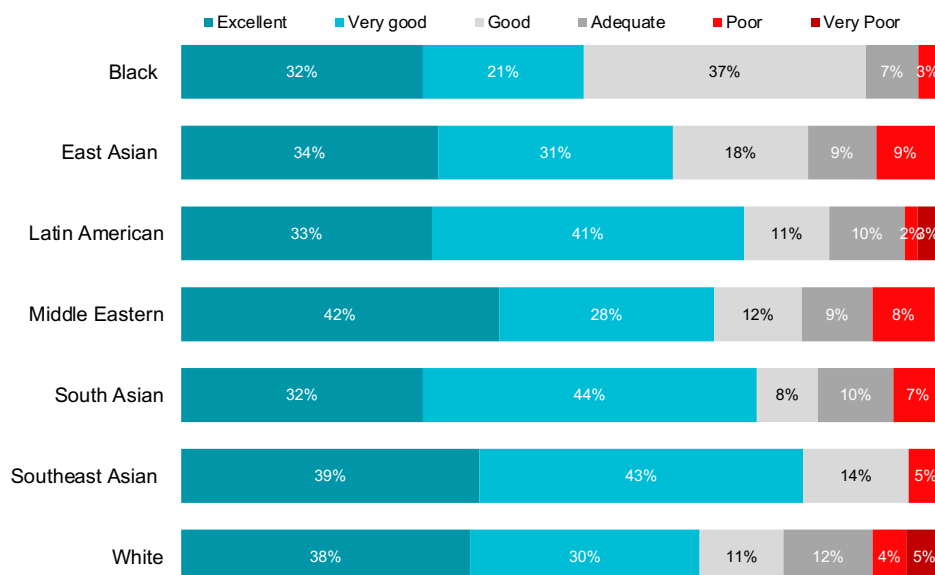
Q7. Thinking about the past academic year, since September 2020, how would you rate the culture of respect in your MD program?

## Half (53%) of Black residents rate the culture of respect in their program 'excellent' or 'very good'



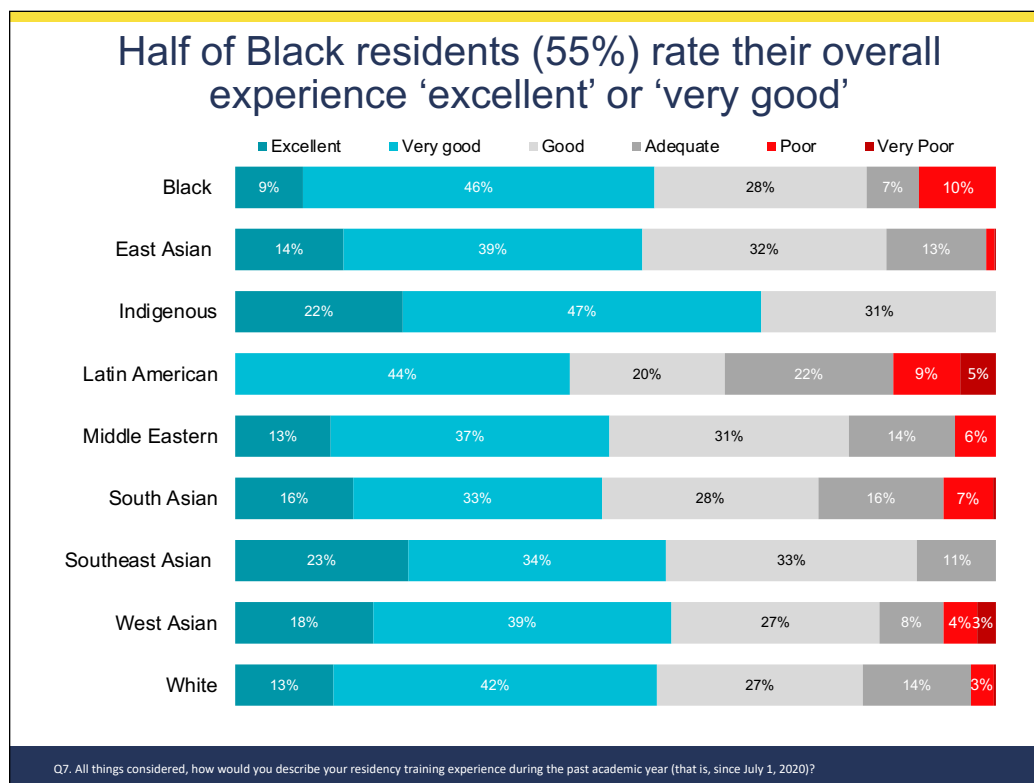
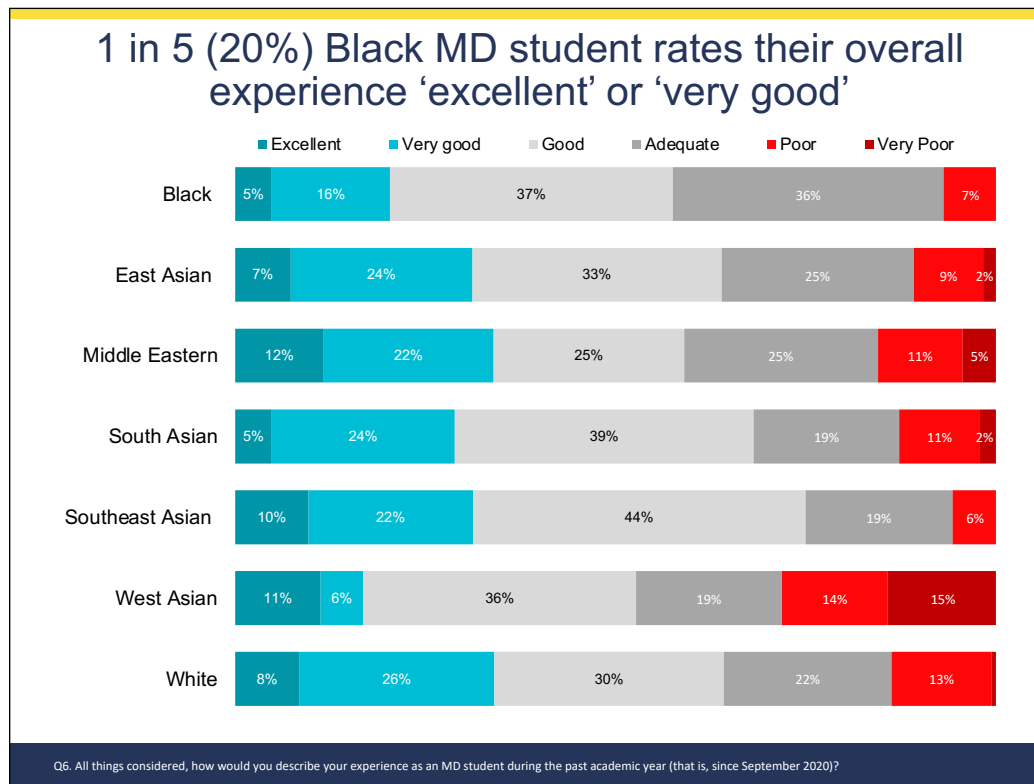
Q8. Thinking about the past academic year (since July, 1 2020), how would you rate the culture of respect in your residency program?

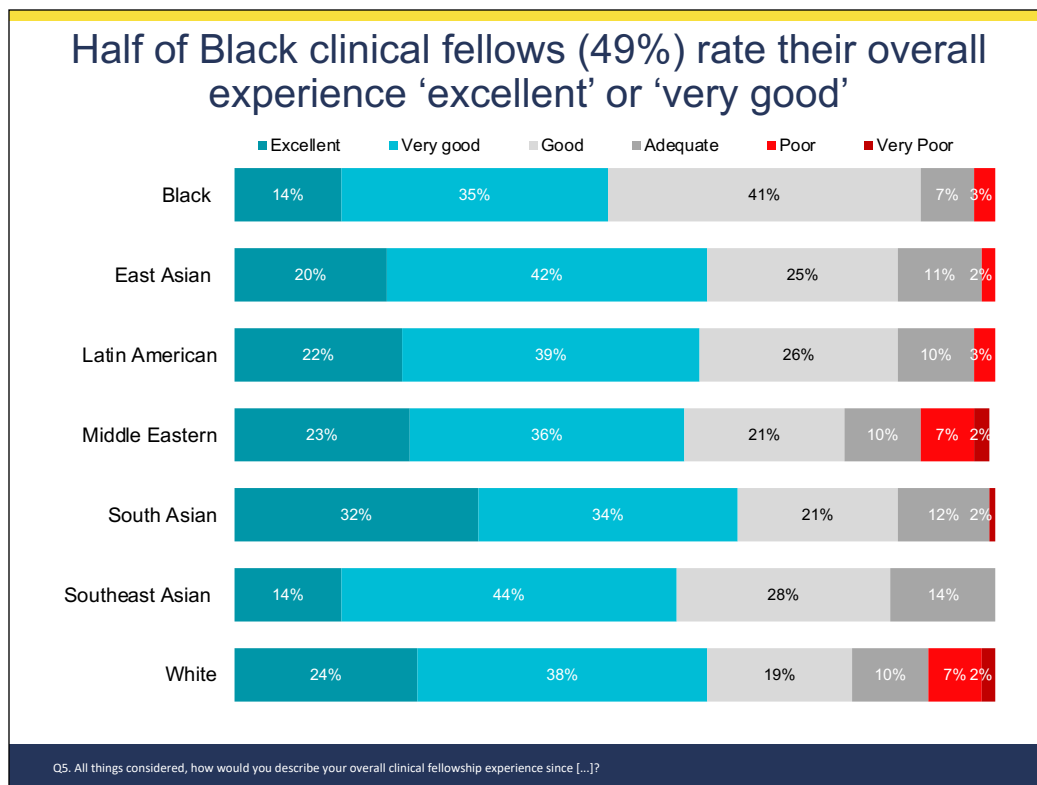
## Half (53%) of Black clinical fellows rate the culture of respect in their program 'excellent' or 'very good'



Q7. How would you rate the culture of respect in your clinical fellowship program since [...]?

## Overall Experience





## Mentorship

### ► Diversity Mentorship Program

An important activity in supporting Black learners during their time at Temerty Medicine is the [Diversity Mentorship Program](#) (DMP), launched in 2017 under the leadership of Dr. Lisa Robinson, who was appointed Temerty Medicine's first-ever Chief Diversity Officer in 2016, and Anita Balakrishna, Director, Equity, Diversity & Inclusion. Administered by the Office of Inclusion & Diversity (OID), the DMP aims to connect Temerty Medicine medical students and first year residents from minoritized groups to faculty mentors who are able to support and assist them in their educational and professional development. In 2020–21, the DMP was expanded to include first year residents; prior to that expansion, the DMP focused on medical students.

The OID is responsible for organizing the mentorship match and provides mentors and mentees with online tools and resources to assist, encourage and support the mentoring relationship; the opportunity to attend networking and social events; opportunities to provide feedback about the program; and official recognition for participation in the program.

### ***Evaluating Impact***

In 2020–21, there were 146 MD Program students and 38 first year residents matched through the DMP, for a total of 184 mentees. For the 2021–22 iteration of the program, there were 121 MD Program students, 2 MD/PhD students and 19 first year residents matched through the DMP, for a total of 142 mentees. Over 155 faculty physicians have responded to the call for mentors, and 142 of them have matched based on learner needs and requirements.

All of the matched learners identify as being a member of an equity-deserving group, including lower socioeconomic status, Indigenous, Black, racialized, person with a disability, from a minoritized faith group, 2SLGBTQIA+, women, first in family to attend university, and other multiple intersectional identities. Many, but not all, of the mentors matched in the DMP also identify as a member of an equity-seeking group. To accommodate the volume while prioritizing learner needs, some faculty mentor multiple learners.

In the transition to virtual programming due to COVID-19, the DMP held two online orientation sessions in 2020, one for resident matches and one of medical student matches. These community-building social/networking events also functioned as a space to share information about equity-based mentorship. (Due to staffing transitions, the OID did not run orientation sessions in 2021.)

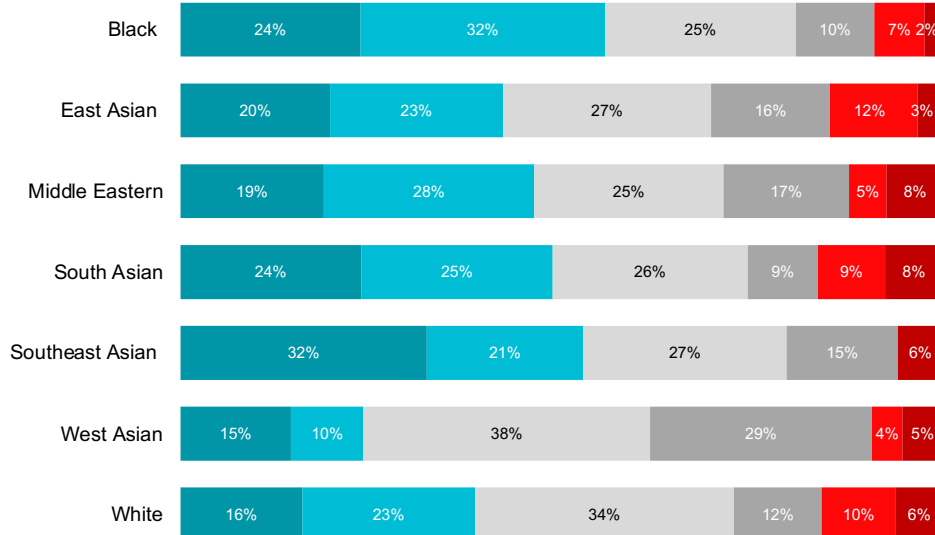
### **➤ Diversity and Inclusion in Cardiology Education**

[Diversity and Inclusion in Cardiology 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. Beginning in September 2021, DICE expanded to include an undergraduate stream ([U-DICE](#)), with a mission to mentor BIPOC pre-med students in achieving their medical school goals as well as cultivating their interest in cardiology.

## Mentorship

56% of Black MD students 'agree strongly' or 'moderately' that they have a mentor who supports and encourages their development

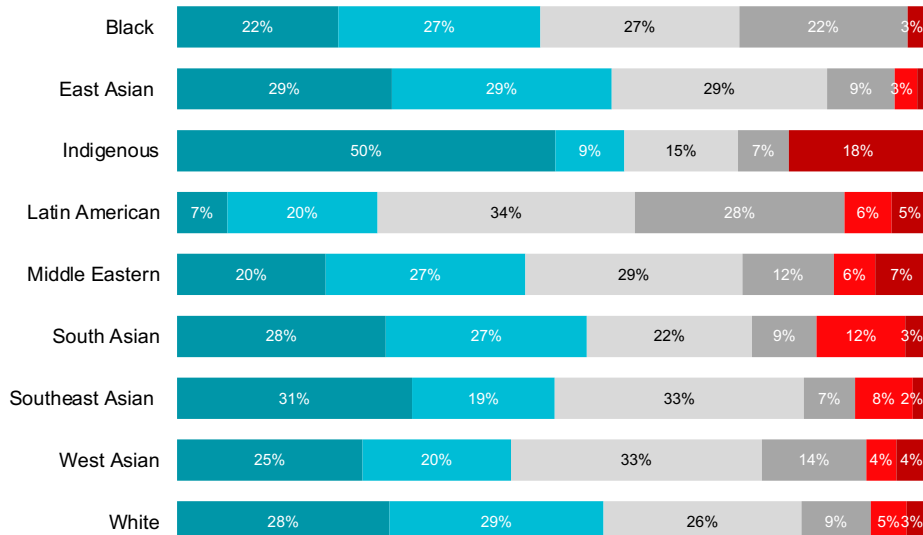
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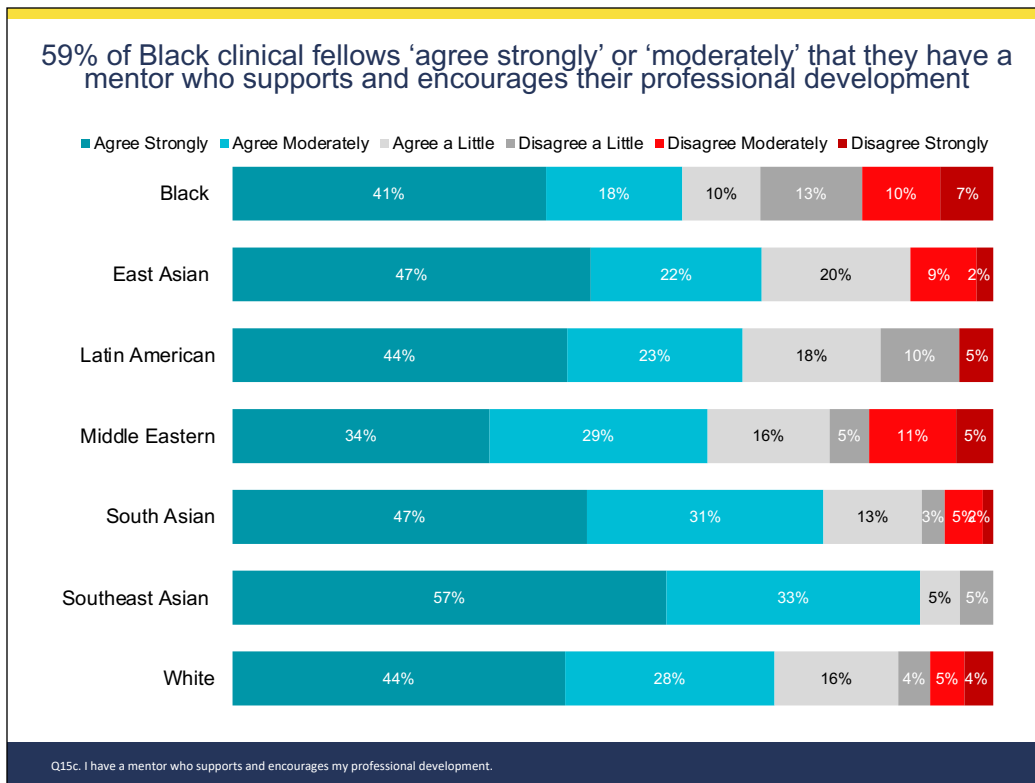
Q9b. I have a mentor who supports and encourages my development.

Half of (48%) Black residents 'agree strongly' or 'moderately' that they have a mentor who supports and encourages their development

■ Agree Strongly ■ Agree Moderately ■ Agree a Little ■ Disagree a Little ■ Disagree Moderately ■ Disagree Strongly



Q10b. I have a mentor who supports and encourages my development.



## Learner Experience (Mistreatment)

Temerty Medicine is committed to transparency and accountability in its approach to managing disclosures of mistreatment. In 2020, a [2019 MD Program Professionalism Report](#) and a [2020 PGME 6-month Professionalism Report](#) were developed under the leadership of Dr. Reena Pattani, Director of Learner Experience, in partnership with education leaders from across the continuum. Building upon those initial efforts, a combined [MD-PGME 2020–2021 Annual Learner Experience Report](#) was released in the Fall 2021.

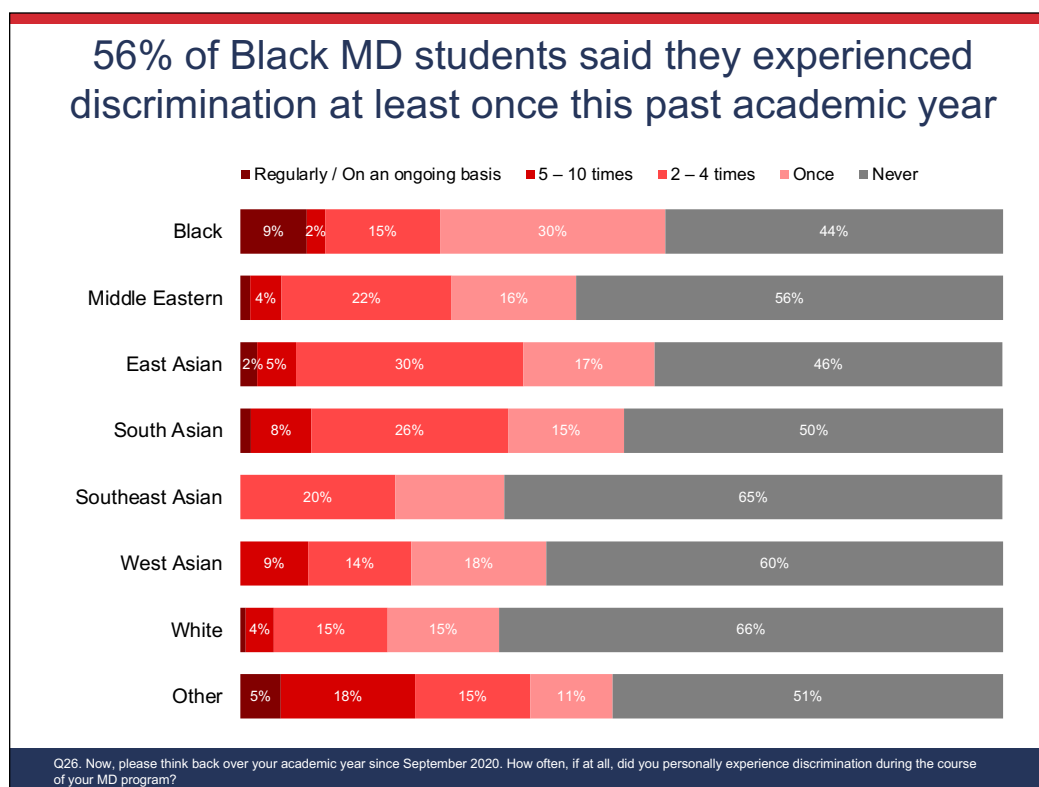
Those learner experience reports include data regarding the frequency, types and sources of mistreatment behaviours occurring within the Temerty Medicine learning environment as well as the spectrum of resolutions that have been used to manage incidents, which help illustrate some of the ways that Temerty Medicine is responding to learner concerns. The reports also outline guideline and process developments as well as awareness-building and educational initiatives.

The MD Program implemented a 'Red Button' student mistreatment portal, including a web-based reporting form, approximately 10 years ago. A series of significant revisions to the MD Program and PGME mistreatment guidelines, processes and supports was initiated in 2019. Many of these revisions were informed by recommendations from the Optimizing our Learning Environment (OLE) Working Group, co-chaired by Drs. Tony Pignatiello and Heather Flett. That working group was established to help advance the [Optimizing Our Learning Environments](#) goal identified in Temerty Medicine's 2018–2023 Academic Strategic Plan.

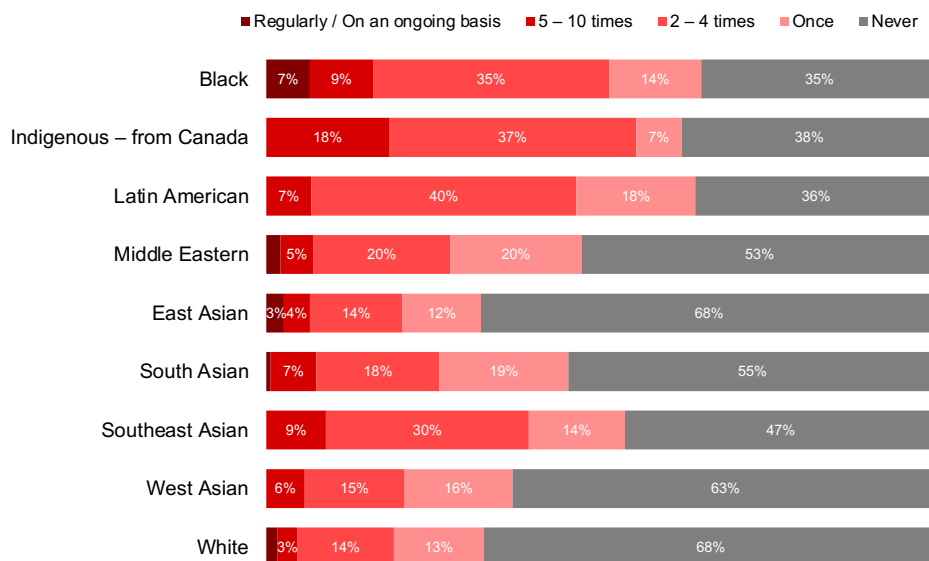


Many of the actions taken to improve how we manage learner mistreatment have also been informed by feedback from learners, including as members of OLE and other working groups, from reports (such as the BMSAC Recommendations), and from Temerty Medicine “Voices” survey data. As noted in the [MD-PGME 2020–2021 Annual Learner Experience Report](#), the “Voices” survey data show that learners from equity-deserving groups bear a disproportionate burden of mistreatment experiences.

## Experience of Discrimination

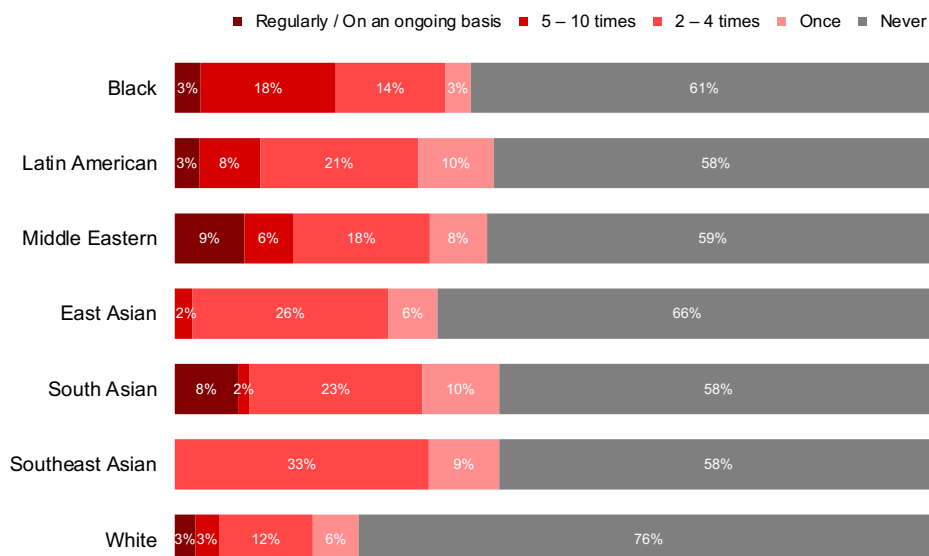


## 65% of Black residents said they experienced discrimination at least once this past academic year



Q26. Now, please think back over your academic year since July 1, 2020. During the past academic year, how often, if at all, did you personally experience discrimination during the course of your residency program?

## 39% of Black clinical fellows said they experienced discrimination at least once this past academic year



Q31. Now thinking about your experiences as a clinical fellow since [PIPE IN Q4], how often, if at all, did you personally experience discrimination during the course of your fellowship training?

The 2020–2021 Annual Learner Experience Report includes detailed information about Learner Experience Office activities and next steps. Included below are selected activities highly relevant to the BMSAC call to action and BPAO Network proposal recommendations.

- Dr. Reena Pattani was appointed as Temerty Medicine’s inaugural Director of Learner Experience in May 2020.
- Under Dr. Pattani’s leadership, the Learner Experience Office (LEO) was established to support learners from across the medical education continuum who witness or experience mistreatment by creating a safe and non-evaluative space for them to discuss, disclose or report. In addition to Dr. Pattani, the LEO’s frontline team is comprised of designated program leaders who use and promote trauma-informed approaches that center the goals, agency and voice of learners as much as possible. The LEO also offers support and resources to education leaders responsible for taking action within their local contexts.
- A Learner Experience Advisory Council (LEAC) was established in the fall 2020. Chaired by Dr. Pattani, its membership includes education leaders, faculty, learners and staff from across Temerty Medicine and its hospital partners. The LEAC’s mandate includes development of strategies to qualitatively and quantitatively understand the experiences of learners, and use of these data to make recommendations to optimize the learning environment.
- The MD Program Student Mistreatment Protocol was revised in March 2020 and the PGME Guideline for Managing Disclosures of Learner Mistreatment was revised in January 2021. The revisions to the PGME Guideline were informed by, and consistent with, the revisions to the MD Program Protocol. In both cases, the goal of the revisions was to articulate shared guiding principles, provide consistent language and definitions, and enable EDI and trauma-informed approaches across the continuum of medical education.
- The MD Program Protocol and PGME Guideline both:
  - ▷ include mistreatment definitions that are grounded in and consistent with University policies and other foundational documents, such as the Ontario Human Rights Code. Discrimination and discriminatory harassment is listed as one of the general categories of mistreatment, with microaggressions explicitly named as a specific type of mistreatment.
  - ▷ emphasize a human rights framework in which impact is privileged over intent.
  - ▷ make a clear distinction among discussing, disclosing and reporting experienced or witnessed mistreatment, with the process and supports designed to help ensure learners can make an informed decision about whether or not and how they would like to pursue their concern. The decision to discuss/disclose (seek information and advice) and the decision to report (ask that action be taken) are separate decisions made by the learner, except in cases that involve a mandatory reporting requirement.
  - ▷ explicitly state that being subjected to retaliation in response to a disclosure, report and/or investigation of mistreatment is itself a type of mistreatment. The MD Program Protocol and PGME Guideline also explicitly include the option for learners to discuss protections against retaliation, such as a delay in action being taken to preserve anonymity or an accommodation to minimize risk of retaliatory behavior.
- The [MD Program](#) and [PGME](#) learner-facing mistreatment webpages and online disclosure form have been redesigned to provide a learner-centric mistreatment portal that is easier to navigate. Learner leaders participated in the redesign of the webpages and online disclosure form. Next steps include the consolidation of these two separate webpages into a single learner mistreatment webpage that can be accessed directly or through the MD Program and PGME websites.

- The initial offering of an intensive two-hour MD Learner Mistreatment Workshop took place on November 9, 2020. This workshop is embedded in the second year core MD Program curriculum and will be delivered annually. The workshop includes a 30-minute lecture followed by 1.5 hour small group case discussions using scenarios inspired by feedback provided in the “Voices” surveys.
- In 2020–21, the LEO delivered presentations to a variety of hospital and education leaders. This included grand rounds on the topic of learner mistreatment in medicine at eight different venues spanning clinical programs and hospitals. Next steps include ongoing socialization with departmental leadership and residency program directors to enable and support a shared and integrated approach to managing disclosures and reports across the continuum, including among our clinical programs and at our affiliated hospitals.

Next steps by the LEO include the deployment of a new web-based program evaluation tool in 2021–22. This continuous quality improvement tool will provide learners with an opportunity to provide anonymous feedback that will inform LEO process improvements.

## Health and Wellbeing

In 2020, the U of T BMSA hosted its fifth Black Mental Health speaker series. Developed by the U of T BMSA in collaboration with the BPAO, the Black Mental Health speaker series welcomes members of the Black community and allies to engage in discussion on mental health in the Black community. Evaluations from the Black Mental Health speaker series help inform the MD Program’s core Black health curriculum.

In September 2021, the learner supports provided by the Office of Health Professions Student Affairs (OHPSA) and Office of Postgraduate Wellness were consolidated under a single Office of Learner Affairs (OLA) as part of the Vice Dean, Medical Education portfolio. Under the leadership of Dr. Tony Pignatiello in an expanded role as Associate Dean, Learner Affairs, OLA supports learners from Temerty Medicine’s MD, PGME, Medical Radiation Sciences, Physician Assistant, and Occupational Therapy programs. OLA staff includes five Learner Life Specialists, who are responsible for providing mental health and learning environment intervention and support to learners through a needs assessment, navigation and case management approach. Essential qualifications for each of the Learner Life Specialist positions include familiarity with trauma-informed approaches and anti-oppression/anti-racism frameworks as well as experience working with diverse individuals and groups, including Indigenous, Black, 2SLGBTQIA+, persons with disabilities, religious minorities and other marginalized groups. Those qualifications build upon an approach taken with an OHPSA personal counsellor position filled in the fall 2020.

To help advance Temerty Medicine’s commitment to health and wellbeing, Dr. Julie Maggi was appointed Director of Faculty Wellness and Dr. Heather Flett was appointed as Temerty Professor in Learner Wellness in 2021. [Together, the pair will develop guiding principles and lead initiatives and policies that help both learners and faculty thrive in this age of uncertainty and into the future.](#) Early initiatives to promote health and wellbeing within Temerty Medicine have included an EDIIA focus, such as a webinar on the health impacts of racism.

## Health

### 1 in 3 Black MD student (34%) rates their health 'excellent' or 'very good'



Q11. In general, would you say your health is...

### 1 in 3 Black resident (31%) rates their health 'excellent' or 'very good'



Q12. In general, would you say your health is...

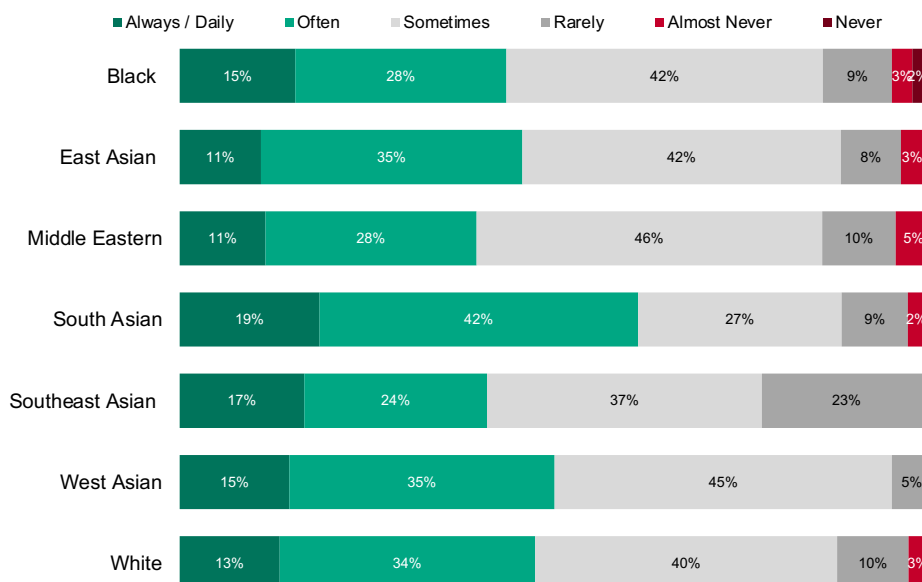
## 42% of Black clinical fellows rate their health 'excellent' or 'very good'



Q17. In general, would you say your health is...

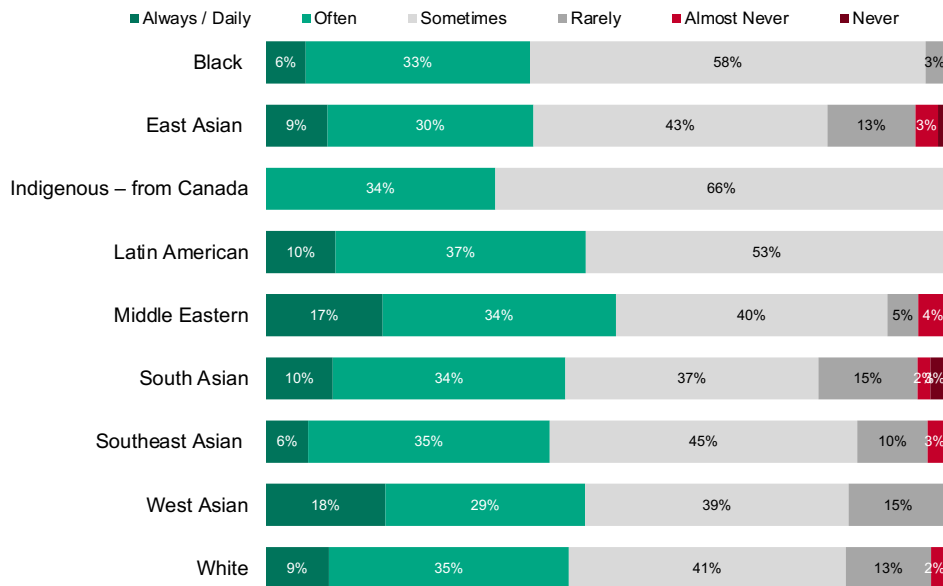
## Feeling Overwhelmed

### 44% of Black MD students 'always' or 'often' feel overwhelmed



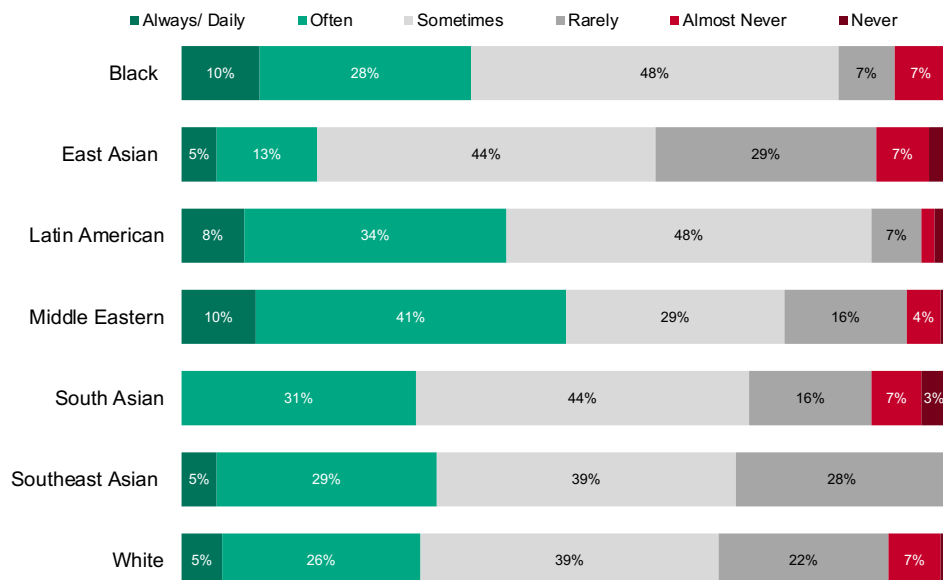
Q12d. [Since September 2020, how often did you...] Feel overwhelmed

## 39% of Black residents 'always' or 'often' feel overwhelmed



Q13d. Feel overwhelmed

## 38% of Black clinical fellows 'always' or 'often' feel overwhelmed

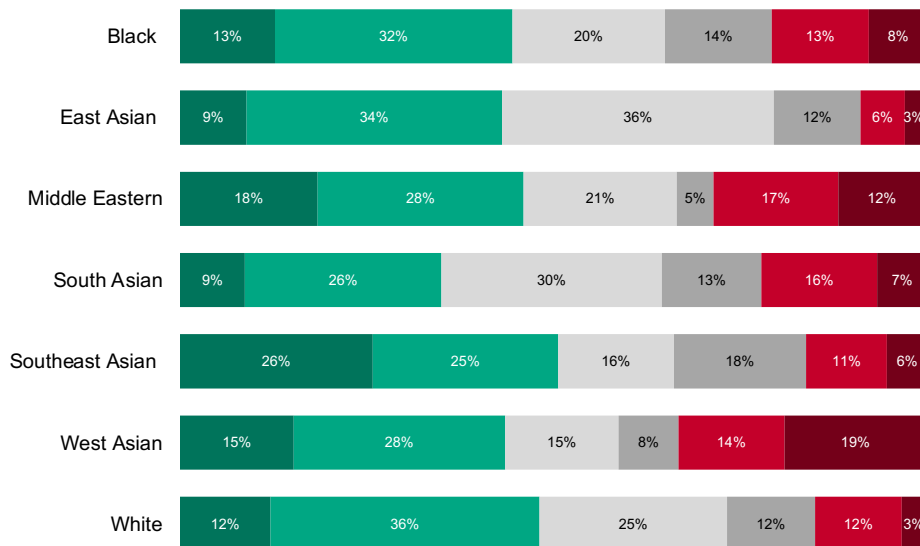


Q18d. [Since [...], how often did you...] Feel overwhelmed

## Health and Wellbeing Supports

### Half of Black MD student (45%) 'agree strongly' or 'moderately' their program supports the health & well-being of students

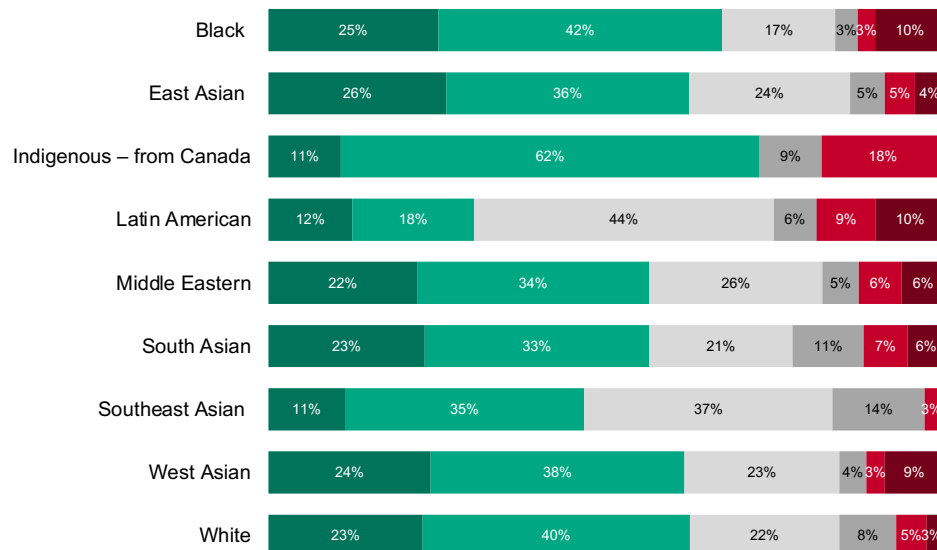
■ Agree strongly ■ Agree moderately ■ Agree a little ■ Disagree a little ■ Disagree moderately ■ Disagree strongly



Q9c. My program supports the health and well-being of students.

### 67% of Black residents 'agree strongly' or 'moderately' their program supports the health & well-being of residents

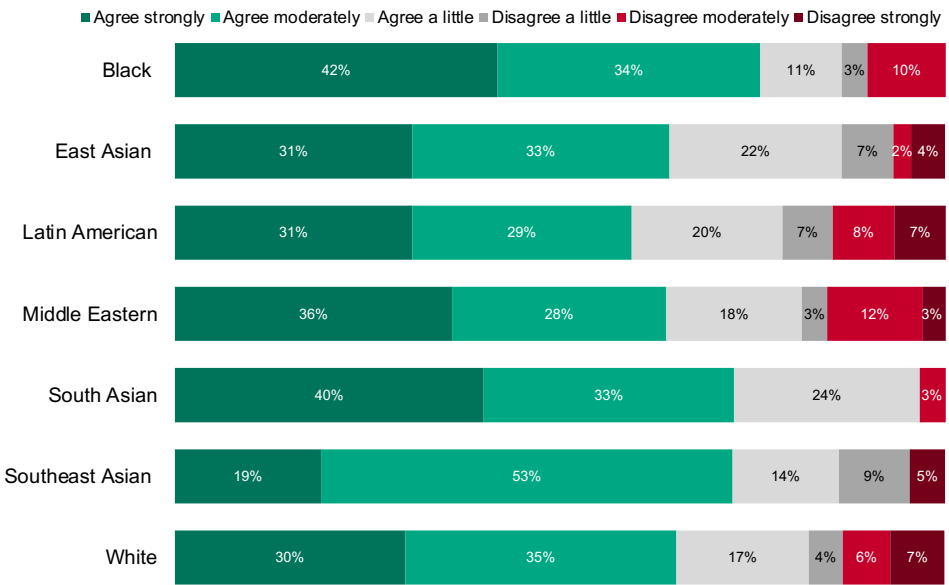
■ Agree strongly ■ Agree moderately ■ Agree a little ■ Disagree a little ■ Disagree moderately ■ Disagree strongly



Q10c. My program supports the health and well-being of residents.



76% of Black clinical fellows ‘agree strongly’ or ‘moderately’ their program supports the health & well-being of fellows



Q15b. My department supports the health and well-being of fellows.

## 7. FACULTY

Since the learning environment is inseparable from the work environment (not to mention the socio-cultural environment in which we learn and work), it is no surprise that many of the learning environment recommendations and actions summarized above are equally relevant to the work environment. These faculty-specific recommendations, which find voice in the BMSAC Recommendations, BPAO Network Proposal, Temerty Medicine Equity, Diversity and Inclusion Plan Working Group Report, and U of T Anti-Black Racism Task Force Report, include:

- Equitable search, selection and promotion processes, including unconscious/implicit bias education
- Mentorship opportunities for Black faculty
- Faculty development opportunities, including anti-oppression training, for all education leaders, including to help to address the 'minority tax' faced by Black faculty and faculty from other underrepresented populations
- Research opportunities and supports

Included below are descriptions of activities that articulate Temerty Medicine's efforts to recruit, retain, promote and support Black faculty.

When I reflect on the change that has occurred when I first joined the faculty to now, I feel inspired and energized. That change has been the result of tireless advocacy (from Black leaders like Dr. Miriam Rossi) that is starting to come to fruition. But we still have a long way to go. We need to continue to increase representation at all levels of the faculty and continue the journey of dismantling anti-Black racism every single day.

Aisha K. Lofters MD PhD CCFP

Associate Professor and Clinician Scientist, Department of Family and Community Medicine,  
Temerty Medicine, U of T

Family Physician, Women's College Hospital Family Practice Health Centre  
Chair in Implementation Science, Peter Gilgan Centre for Women's Cancers, Women's College Hospital

## Recruitment, Promotion and Advancement

### ➤ Searches

Under the direction of the [Diversity Advisory Council](#), which is advisory to the Associate Dean, Inclusion and Diversity and Temerty Medicine Office of Inclusion & Diversity, an Excellence through Equity Toolkit for Searches, Selection & Admissions Working Group was created and tasked with designing template toolkits to equitably conduct selection processes at various transition points. To support this task, the working group implemented a sub-group focused on faculty and education leaders, co-chaired by Dr. Justin Nodwell, Vice Dean, Research and Health Science Education and Dr. Lisa Robinson, Vice Dean, Strategy and Operations.

The sub-group's [Guidelines for Appointments of Faculty and Academic Administrators](#) provide a framework that aims to disrupt bias in the search process so that relevant expertise, qualifications and competencies are paramount to a search committee. The *Guidelines* have been shared with Temerty Medicine units responsible for faculty and education leadership searches, with the request that the recommendations be incorporated into their local recruitment practices. An external Equity Advisor has been involved in Advisory Committee Meetings of searches underway since the *Guidelines* were adopted in October 2021.

The principles and practices articulated in the *Guidelines* have for the past several years informed searches for Temerty Medicine department chairs and extra-departmental unit (EDU) directors as well as for senior education leadership positions in the MD Program and PGME. Next steps include consideration of enhanced accountability measures that align with revisions already made to self-study templates used by departments as part of external reviews, which occur on a five-year cycle. As part of their external review, departments are asked how they have incorporated an EDIIA lens across all operations, including educational activities, research, faculty complement planning, relationships, and long-range planning challenges.

Being one of the few Black Faculty in OBGYN program at the University of Toronto is very lonely. Representation matters in serving the current Canadian population. Let's continue the change.

Modupe Tunde-Byass MD, FRCOG (UK), FRCS(C), Cert. Q.I (U of T)  
President, Black Physicians of Canada  
Physician Lead, Early Pregnancy Assessment Clinic (EPAC), North York General Hospital  
Assistant Professor of Obstetrics and Gynaecology, Department of Obstetrics and Gynaecology,  
Maternal Newborn Program, U of T  
Staff Obstetrician and Gynaecologist, North York General Hospital  
Co-Founder, Women's Health Education Made Simple

## ➤ Mentorship/Leadership Opportunities

Temerty Medicine co-sponsored, with the BPAO, a session on academic appointments, promotions and mentorship, held on November 17, 2017. Black physicians and Black junior faculty were invited to hear from Temerty Medicine senior leaders about tips and suggestions for career progression and mentorship networks. Speakers included Drs. Onye Nnorom, Mary Jane Esplen, Sharon Straus, Upton Allen and David White. The session was well attended, with over 30 registrants.

Since 2019, the Temerty Medicine Office of the Dean has provided co-funding opportunities, in partnership with department chairs, to sponsor underrepresented in medicine faculty members to participate in the [New and Evolving Academic Leaders Program](#) (NEAL) program. The NEAL program, delivered by the [Centre for Faculty Development](#), involves participants developing their mindsets and capabilities to successfully lead their division, program, research, education or other academic unit and help enable the success of their academic teams. The Office of the Dean and participating department split the cost for underrepresented in medicine faculty members to complete the NEAL program. To date, several Black faculty from different departments have completed or are currently enrolled in the NEAL program through this mechanism.

The Temerty Medicine Office of the Dean has been actively promoting, including to department chairs, the [AAMC Minority Faculty Leadership Development Seminar](#), which provides participants with real-world guidance and tools for pursuing career advancement in academic medicine.

## Professionalism

Dr. Pier Bryden was appointed as Temerty Medicine's inaugural Director, Professional Values Program in July 2019. The position was revised to Senior Advisor, Clinical Affairs & Professional Values in September 2020 to encompass two important and interrelated areas of activity: clinical affairs and professional values. In this role, Dr. Bryden's responsibilities include the development of policies and processes that promote a culture of professionalism across Temerty Medicine as well as liaising with our affiliated hospital partners to develop harmonized approaches to professional values across clinical learning environments.

Under Dr. Bryden's leadership:

- Temerty Medicine's [Standards of Professional Behaviour for Clinical \(MD\) Faculty](#) were updated in April 2020. The updated Standards explicitly name microaggressions as a type of mistreatment and identify allyship as professional behaviour that faculty should strive to embody.
- In the 2021 [Clinician Management and Reappointment System](#) (CMaRS) cycle, 5,256 faculty members completed the Professional Values module, which emphasizes the expectations articulated in the *Standards of Professional Behaviour for Clinical (MD) Faculty*. This module was developed as a collaboration between Temerty Medicine's Clinical and Faculty Affairs and the Centre for Professional Development, with input from the Office of Inclusion & Diversity and the Director of Faculty Wellness. Completion of the module by faculty members will likely be repeated on a three-to-five-year cycle, with new appointments having to complete it in their first year. The module identifies the promotion of cultural and psychological safety as the professional responsibility of all clinical faculty and clearly identifies all forms of racism and microaggression as unprofessional behaviours to which Temerty Medicine will respond actively. Additionally, the module specifically addresses potential complainants' fears of retaliation by

identifying retaliatory behaviours as a potential cause for disciplinary action, where substantiated.

- The professional values portfolio has worked with a small group to create orientation and faculty development materials for departmental leaders in addressing alleged breaches of professional behaviour, which will be available in 2021–22.
- In collaboration with the OID, Director of Faculty Wellness, and Learner Experience Office, Dr. Bryden has contributed to leadership training in the Stepping Stones Program, the Education Scholars' Program, and the New and Emerging Leaders Program. In each of these programs, leaders' professional responsibility for addressing racism in their learning and work environments is identified, together with specific tools for taking effective action. She has also provided this education at several clinical departments' faculty development events (e.g. psychiatry, obstetrics and gynecology, anesthesia, and surgery, among others). These educational initiatives will be expanded upon in coming years.

## Faculty Development

As noted in the [2021 Dean's Report](#), the Centre for Faculty Development and Office of Inclusion & Diversity developed new EDI-focused training opportunities for faculty members. These opportunities include the [Building the Foundations of Anti-Oppressive Healthcare](#) program that introduces participants to the language and frameworks of anti-oppression and social justice. Launched in 2021, this program is supported by a collaborative group of university, hospital and community-based curriculum developers, leaders and advocates.

The Centre for Faculty Development and Office of Inclusion & Diversity also partnered to develop and deliver EDI-focused workshops, including:

- Equity, Diversity, Inclusivity and Accessibility Considerations in Online Teaching and Learning (Facilitated by Anita Balakrishna and Mahadeo Sukhai)
- Responding to and Addressing Microaggressions & Practicing Critical Allyship (Facilitated by Anita Balakrishna and Suzanne Charles Watson)

## Research

The U of T [Black Research Network](#) (BRN) was launched in October 2021. The BRN was developed under the leadership of Professors Rhonda McEwen (UTM), Maydianne Andrade (UTSC), Lisa Robinson (Temerty Medicine), and Alissa Trotz (Faculty of Arts & Science), and is being led by Professor Beth Coleman (UTM/Faculty of Information). The BRN is a U of T Strategic Research Initiative that aims to promote Black excellence at the U of T and enhance the research capacity of Black scholars, both across the U of T's three campuses and on the world stage. This includes increasing the visibility of Black scholars' research accomplishments by sustaining a cross-divisional, interdisciplinary network of Black scholars and facilitating robust research engagement across the U of T and internationally. The BRN's four strategic pillars are:

- Research Excellence
- Mentorship & Pathways
- Community, Collaboration & Partnerships
- Funding & Investment

## 8. ADMINISTRATIVE STAFF

The Temerty Medicine Equity, Diversity and Inclusion Plan Working Group Report and U of T Anti-Black Racism Task Force Report both stress that, similar to learners and faculty members, administrative staff must feel valued, included and supported in the learning and work environment.

The U of T Anti-Black Racism Task Force Report includes a series of administrative staff recommendations, organized under the following categories:

- Talent acquisition and hiring
- Performance management, training and development
- Succession planning/career management
- Engagement and retention

Many of the recommendations included in the U of T Anti-Black Racism Task Force Report will require action at the central U of T HR offices. That said, the Temerty Medicine Human Resources Office is committed to supporting the staff-related recommendations articulated in the U of T Anti-Black Racism Task Force Report.

### Temerty Medicine Human Resources Office Project Plan

The Temerty Medicine Human Resources Office has developed the following tentative project plan for initiatives it would like to accomplish over the next year:

- Liaise with the Office of Inclusion & Diversity to discuss holding focus groups with Black staff to learn about their experiences and gather input on how the Faculty can better support them.
- Launch a revised staff mentorship program with one of the goals being to encourage racialized staff to participate in the program as mentors and mentees.
- Hold recruitment workshops for Temerty Medicine managers that focus on attracting a diverse candidate pool and addressing unconscious bias in the hiring process.
- Restart the practice of inviting an Office of Inclusion & Diversity representative to monthly sessions organized by the Human Resources Office to speak about EDI offices and supports (e.g., the [Connections and Conversations Affinity Group](#) supported by the U of T Anti-Racism and Cultural Diversity Office).
- As a means of supporting career planning discussions, continue to encourage managers to use the Annual Reflection and Dialogue tool available through HR. This involves individual staff completing an annual self-reflection form on their successes and challenges to help facilitate a confidential discussion with the employee's manager about goals and development.

At the University-level, the [Division of People Strategy, Equity & Culture](#) (previously called the Division of Human Resources & Equity) annually publishes a [Report on Employment Equity](#) that provides a snapshot of the composition of the University's tri-campus employees, using data collected by the University's Employment Equity Survey.

# Temerty Medicine

**Black at Temerty Medicine:  
Addressing Anti-Black Racism at  
Temerty Medicine Accountability Report**

February 2022