



ASSESSING CANADIAN MEDICAL EDUCATION: CURRICULAR GAPS IN BLACK HEALTH

Acknowledgements

This situational assessment would not have been possible without the valuable contributions of the Black Health Education Collaborative team and all the participants.

Special thanks to the reviewers, Dr. Delia Douglas and Dr. Barbara Hamilton-Hinch, for their insightful comments and support.

Recommended Citation

Osman S, Duran Kairies J-V, Ndumbe-Eyoh S. Assessing Canadian Medical Education: Curricular Gaps in Black Health. Toronto: Black Health Education Collaborative; 2026. 38 p. Available from: www.bhec.ca/sa. ISBN: 978-1-7388690-1-5.

About the Black Health Education Collaborative

The Black Health Education Collaborative (BHEC) is a community of scholars and practitioners committed to improving Black health through education and research. The BHEC's mission is to transform medical and health professional education to improve the health of Black people and communities across Canada. BHEC addresses anti-Black racism and the interlocking systems that impact the health and wellbeing of Black communities across Canada. Through systems transformation, BHEC focuses on shifting health and educational systems to be more responsive to Black health through collaboration with academic and professional institutions and community organizations alongside working closely with Black communities to inform the work and amplify Black voices.

For any queries or concerns regarding this report or the Black Health Education Collaborative, please email info@bhec.ca.

Table of Contents

Land & Ancestral Acknowledgment	2
Key Messages	3
Executive Summary	4
Introduction	7
Methods	8
Results	9
Discussion	28
Conclusion	33
References	34
Contact	35

Land & Ancestral Acknowledgment

The Black Health Education Collaborative acknowledges with gratitude the Indigenous and Afri-Indigenous Peoples across Turtle Island who continue to thrive and resist colonial violence while striving for self-determination and decolonial futures. We live, work and play in various territories including the lands of the Huron-Wendat, Haudenosaunee and Mississauga's of the Credit River; Cree, Oji-Cree, Dakota and Dene peoples, the Anishinaabe, and on the homeland of the Red River Métis Nation; Kanien:keha'ka and Mi'kmaq.

We remember our ancestors, forcibly dislocated African peoples, trafficked into Turtle Island as a result of the Trans-Atlantic Slave Trade and the histories and legacies of colonialism and neo-colonialism which continue to impact African Peoples and the descendants of the Black diaspora across the world.

We recognize that racial colonial violence harms Black, Afri-Indigenous, and Indigenous Peoples through both common and distinct logics and actions. We recognize our responsibility and obligations as African Peoples to be good guests on these lands. We offer thanks to our elders and communities from whom we learn. May your wisdom inform our actions towards a more just future.



Key Messages

- Despite progress, curricular gaps remain in the inclusion of educational content on Black health and anti-Black racism in undergraduate medical education across Canada. Integrating these topics into EDI initiatives does not fully address anti-Black racism, promote Black health equity, foster accountability, or encourage meaningful reflection on systemic anti-Black racism.
- Transformative changes within undergraduate medical education rooted in theoretical frameworks that center Black experiences and acknowledge systemic racism, including critical race theory, are essential to provide medical learners and trainees with a comprehensive education.
- Resources, such as the Black Health Primer, strengthen medical education by bridging gaps and preparing medical learners and trainees with anti-racist practices to improve health equity and empower them to act as agents of change to improve health outcomes for Black communities in Canada.



Executive Summary

The Black Health Education Collaborative (BHEC) is a pan-Canadian organization committed to transforming medical and health professional education to improve the health of Black communities across Canada. This is achieved through curricular development, continued professional development, and research. In 2022, BHEC conducted a situational assessment to understand how anti-Black racism in healthcare and Black health are included in undergraduate medical education (UGME) programs across Canada. A survey was sent to all Canadian medical schools, and responses were received from a majority of them. The survey was completed by individuals in various roles within the institutions, including faculty and leadership.

Anti-Black racism is deeply rooted in the institutions and systems that shape everyday life and contribute to health inequities experienced by Black communities across Canada. Confronting this requires ongoing commitments to addressing anti-Black racism and promoting Black health within the healthcare system and health professional education. As a social determinant of health, anti-Black racism shapes health experiences through patient-provider interactions and health outcomes. Physicians and medical trainees are in critical positions to intervene and challenge anti-Black racism, empowering them to create change and promote health equity through anti-racist practices. To achieve this, medical trainees must acquire essential knowledge about anti-Black racism and Black health to foster a healthcare system that is responsive and capable of effectively addressing the needs of Black communities in Canada.

While the inclusion of anti-Black racism in curricula has been acknowledged in medical education and higher education more broadly, significant gaps remain within Canadian medical education. Most undergraduate medical education (UGME) programs do not explicitly identify anti-Black racism or Black health in their commitments or guiding principles. Instead, these topics are often grouped within broader Equity, Diversity, and Inclusion (EDI) or anti-racism initiatives, which tend to overlook the systemic and historical impacts of anti-Black racism on health.

When indicated, there were various approaches to including anti-Black racism and Black health in UGME programs, such as workshops or resources on Black health. The extent to which these topics are integrated into UGME curricula remains unclear.

Most institutions collaborated with Black subject matter experts or designated roles for Black health educators, such as Black Health Theme Leads. The representation of Black learners and faculty was one way institutions addressed anti-Black racism within their programs, including dedicated admission pathways for Black learners. Furthermore, most institutions reported that Black subject matter experts and learners contributed to the facilitation of content on anti-Black racism and Black health.

A key competency identified for learners was understanding how anti-Black racism impacts health and the social determinants of health. For faculty and educators, recognizing and utilizing their role as agents of change was deemed important. This highlights how knowledge-based content provides a foundation to empower physicians to disrupt anti-Black racism and promote Black health.

The implication of the findings emphasizes that while there has been some progress in including content on Black health and anti-Black racism in medical education, the consistency, allocation of resources, and implementation approaches remain unclear. Framing anti-Black racism and Black health under EDI and anti-racism frameworks within institutions does not appropriately address the systemic nature of these issues and adequately confront health inequities.

Transformative changes that explicitly name anti-Black racism in medical education are essential and must be coupled with the appropriate theoretical framework, such as critical race theory, which acknowledges the pervasiveness of anti-Black racism and centers Black voices. Fostering initiatives to increase the representation of Black learners and educators is essential, as is ensuring they receive the necessary support to navigate the institution. Positions such as Black Health Theme Leads ensure ongoing focus and expertise in the implementation of educational content. Additional tools, resources, and accessible educational content are necessary to support this learning. Educators, as agents of change, play a pivotal role in addressing anti-Black racism through pedagogy within UGME programs and beyond.

To bridge curricular gaps, BHEC developed the Black Health Primer, which is a multi-module, self-paced online course on Black health and anti-Black racism in healthcare that is rooted in critical race theory. Designed for healthcare professionals in all disciplines, the Primer facilitates the unlearning of anti-Black racism and fosters anti-racist practice.

Medical education has the potential to profoundly influence health outcomes for Black communities and advance health equity. Ongoing education, support, and institutional commitment are vital for sustaining progress and tackling ingrained racist practices in medical training. Ultimately, implementing anti-racist healthcare practices benefits not only Black communities but also promotes health equity and improved health outcomes for all in Canada.



Introduction

As affirmed by the Scarborough Charter on Anti-Black racism and Black inclusion in Canadian Higher Education, institutes of higher education are called to foster "curricular development across academic disciplines that decentres epistemic Eurocentrism, that holds open space for expansive, world-inspired learning that broadens disciplinary canons to include Black expertise and knowledges" (1, p. 5).

Moreover, the Committee on Accreditation of Canadian Medical Schools (CACMS) Standards and Elements has underscored the importance of social accountability within the accreditation standards for undergraduate medical education programs in Canada for the 2024-2025 academic year (2). Social accountability constitutes an essential standard for medical education, through which the health needs and concerns across diverse populations, including the unique health inequities and challenges faced by Black Canadians, are recognized and addressed (2). It is necessary that Canadian medical schools demonstrate their commitment to social accountability, which includes engaging with and providing equitable care for the diverse Black communities across Canada. As such, faculty members, curriculum developers, administrators and educators within Canadian medical schools are responsible for ensuring that anti-Black racism in health care and Black health are appropriately included into medical education curricula for all learners. In 2024, the Medical Council of Canada (MCC) published learning and examination objections on Black health further institutionalizing Black health as a necessary component of undergraduate medical education (3).

However, despite the significant historical and ongoing effects of systemic anti-Black racism, adequate and appropriate knowledge of Black health and anti-Black racism remains largely absent and inconsistent in medical education curricula across Canada (4,5).

In 2022, the Black Health Education Collaborative (BHEC) conducted a situational assessment to identify the nature and extent of inclusion of anti-Black racism curricula in undergraduate medical education across Canada.

Methods

A situational assessment was conducted to understand the state of Black health in undergraduate medical education curriculum in Canada (6).

A survey was designed to assess the extent to which curriculum on Black health and addressing anti-Black racism was included in curriculum, who was responsible for teaching, institutional leadership and responsibility for Black health and priority learning needs for students and faculty. The survey included both open ended and close ended questions. The survey consisted of 20 questions divided into two sections. The first section collected background information about the participants, including their medical school affiliation and role. The second section assessed how understanding and dismantling anti-Black racism and Black health curricula was incorporated in medical schools. The survey was administered through REDCap, an online application for creating and collecting data from surveys and questionnaires.

The survey was initially presented at the Association of Faculties of Medicine of Canada (AFMC) Undergraduate Medical Education (UGME) table meeting on February 28, 2022. Invitations to complete the survey were then sent to the UGME Deans of all 17 Canadian medical schools. A follow-up email was sent two weeks later to non-responders to encourage participation. The survey was open from February 28, 2022, the day of the initial presentation, until May 27, 2022.

Data collected from the survey was analyzed to identify gaps and areas for improvement in the inclusion of anti-Black racism and Black health curricula in UGME. Participants' background information, including their institutional affiliations and roles, was summarized qualitatively and responses were analysed using descriptive statistics.

Qualitative analysis was conducted on the responses related to curriculum inclusion to identify themes and trends. This analysis aimed to provide an overview of the current state of UGME concerning curricula focused on anti-Black racism in health care and Black health and identify areas for improvement.

Results

The survey received 13 responses from 17 Canadian medical schools, indicating a participation rate of approximately 76%. Among the 13 responding institutions, a total of 15 individual participants contributed as 2 institutions had 2 respondents each. The responses received were of varying degrees of completion. While all participating institutions contributed to the survey, the level of detail may differ. This situational assessment will evaluate both institutional and individual responses as appropriate, highlighting the context in which each is used.

Participants from the following institutions completed the survey:

- McGill University Faculty of Medicine
- Memorial University of Newfoundland Faculty of Medicine
- Northern Ontario School of Medicine
- Queen's University School of Medicine
- University of Alberta Faculty of Medicine and Dentistry
- University of British Columbia Faculty of Medicine
- University of Calgary Cumming School of Medicine
- University of Ottawa Faculty of Medicine
- University of Saskatchewan College of Medicine
- University of Toronto Temerty Faculty of Medicine
- Université de Sherbrooke Faculté de Médecine et des Sciences de la Santé
- Université Laval Faculté de Médecine
- Western University Schulich School of Medicine and Dentistry

Engagement from the 13 medical schools reflects a diverse range of perspectives from undergraduate medical education (UGME) across Canada, which enhances the data collected. This allows for a nuanced analysis of how Black health and anti-Black racism in health care are incorporated into the curriculum. Additionally, this highlights an interest in the objectives of the situational assessment while underscoring the need for continued dialogue and the application of Black health and anti-Black racism within Canadian UGME.

The survey was completed by a total of 15 individuals representing various roles within their institution's Undergraduate Medical Education (UGME) program. The majority of respondents hold positions in academic leadership. The roles represented included: Dean of UGME (n=1), Vice Dean of UGME (n=3), Assistant or Associate Dean of UGME (n=3), Assistant or Associate Dean of Equity, Diversity, and Inclusion (EDI) and/or Social Accountability (n=2), Black Health Theme Lead (n=2), and Faculty (n=3).

Additionally, nearly half of the institutional responses (n=6) indicated that consultations with other members of the school or department were conducted to complete the survey. Many engaged multiple individuals who were identified either by name or position, reflecting a diverse range of roles. The most frequently consulted position was associated with the curriculum portfolio, which involved four individuals in roles such as directors, assistant deans, and specialists. Equal representation was observed for the following portfolios, each consulting two individuals: Equity, Diversity, and Inclusion (Assistant Deans) and Associate Deans (MD program and UME). Notably, the consultant roles extended beyond UGME, encompassing two consultants in Public Health serving as a Department Head and a Program Director. Lastly, one consultant was identified for each of the following roles: Assistant Dean of Professionalism and Black Health Theme Lead.



Approaches to Addressing Anti-Black Racism and Improving Black Health

The following section provides insights into the inclusion of anti-Black racism and Black health curricula in Canadian UGME.

The survey responses assessing the incorporation of anti-Black racism and Black health in UGME curricula are reported under three sections: 1) institutional orientation, 2) institutional responses, 3) learning resources, skills and approaches.

1. Institutional orientation to addressing anti-Black racism and Black Health
 - a. Commitment
 - b. Principles
2. Institutional Responses to Anti-Black Racism and Black Health
 - a. Black Health Theme Leads
 - b. Approaches to Addressing Anti-Black Racism
 - c. Curriculum
 - d. Anti-Black Racism and Black Health Educators
 - e. Black Subject Matter Experts and Learner Communities Involvement
3. Learning resources, skills, and approaches on anti-Black racism and Black Health
 - a. Knowledge and Skills Required
 - b. Mode of Delivery
 - c. Resources Available

The survey was specifically designed to evaluate the inclusion of anti-Black racism and Black health in UGME. While some responses directly addressed these topics, others were less specific and related to broader themes of anti-racism and EDI. All perspectives have been incorporated into this situational assessment to provide a comprehensive understanding of the state of anti-Black racism and Black health in UGME curricula across Canadian medical schools.

1. Institutional Orientation to Confronting Anti-Black Racism and Improving Black Health

Commitment

To assess the state of Black health and anti-Black racism in UGME curricula, the institutional approach was evaluated. Only a minority of institutions (n=2) demonstrated an explicit commitment to addressing anti-Black racism and improving Black health, though these commitments were not comprehensive. One institution reported a faculty-level commitment to anti-Black racism, but this did not extend to the departmental level, which adhered only to broader EDI mandates. The second institution acknowledged a commitment to addressing anti-Black racism but did not specifically focus on improving Black health.

Moreover, most of the medical schools that participated in the situational assessment did not explicitly recognize addressing anti-Black racism and Black health as focal points; however, they indicated a general commitment to principles of equity, diversity, and inclusion in their UGME curricula and on their campuses. A respondent from one institution mentioned that, while they were not aware of an explicit statement of commitment, a recent position had been created to focus on anti-Black racism and Black health initiatives. Additionally, two institutions noted that, while they lacked a specific commitment to addressing anti-Black racism and Black health, they did have a general commitment to addressing racism. One of these institutions further specified that their anti-racism efforts did not target any particular racialized community.



Principles

Diverse insights were shared regarding the principles that guide the institution's commitment to addressing anti-Black racism and enhancing Black health.

A similar number of institutions that expressed a clear commitment to combating anti-Black racism and promoting Black health through explicitly defined guiding principles. Two institutions identified principles specifically related to anti-Black racism and Black health. One institution highlighted a strategic and academic plan that addresses the underrepresentation of Black people within medical education. There was also a commitment to tackling anti-Black racism, which has been further developed through public reporting to ensure accountability. The second institution indicated that the mission statement for one of their programs prioritizes Black people as a key population.

The majority of institutions (n=8) referenced principles associated with anti-racism and/or were guided by EDI principles. However, specific principles aimed at combating anti-Black racism or improving Black health were not indicated.

There were many principles identified by various institutions that were central to their commitment to anti-racism and anti-oppression. These principles include awareness and recognition, which involve uncovering and identifying racism in all its forms among all members of the faculty of medicine, as well as a commitment to education and the dissemination of materials aimed at teaching about anti-racism. The curriculum was to be informed by evidence addressing health inequities, with an emphasis on including race as a social determinant of health. Additionally, rectifying historical injustices and embedding anti-racism within the curriculum were highlighted as motivations by another respondent.

One respondent states that their institution's curriculum on anti-racism was guided by,

"[their] commitment to train socially accountable physicians that are able to advocate for diverse patient populations and promote equity across diverse patient populations as part of institutional practices."

General principles of equity, diversity, inclusion, and social accountability were identified by respondents for both the program as a whole and for instilling in learners. These principles include respect, the preservation of human dignity, fostering healthy professional and educational environments, a commitment to community, addressing systemic inequities and structural racism, and supporting Black, Indigenous, and People of Color (BIPOC).

Another respondent elaborated on these EDI principles in relation to,

“increasing diversity, [addressing] structural racism, preparing graduates to care for BIPOC patients, [and promoting the] wellness of BIPOC students.”

Lastly, two respondents stated they did not have any explicitly stated commitments or principles.



2. Institutional Responses to Anti-Black Racism and Black Health

Approaches to Addressing Anti-Black Racism and Black Health

To understand how institutional orientations translate into practice through the policies, initiatives, or strategies that are implemented or prioritized, institutions were asked to share how their programs have responded to addressing anti-Black racism and promoting Black health. The responses included many different examples with methods mentioned multiple times.

The overlap of responses between institutions suggests that a multifaceted approach is being used. However, it remains unclear whether these approaches work as part of a larger, cohesive plan to holistically integrate education on anti-Black racism and Black health into curricula and programs, or if they are independent short- or long-term initiatives.

The responses indicated a range of stages, ranging from consultation and development to implementation and evaluation. With varying degrees of emphasis on Black health, the approaches shared can be grouped into the following:

- Education, Training, and Curriculum
- Student and Faculty Recruitment
- Strategic Planning and Policy Development
- Support for Black Learners
- Other Approaches

Education, Training, and Curriculum

The majority of institutions (n=10) indicated that education and curricular development are key approaches used to address anti-Black racism, Black health, and broader EDI initiatives.

Four institutions explicitly mentioned incorporating anti-Black racism and Black health into their curricula. Efforts to address anti-Black racism in medical education include implementing anti-racism workshops during pre-clerkship training, which address the health inequities faced by Black communities in Canada, and developing a dedicated Black health curriculum that reviews existing materials. Additional initiatives involve planning a curriculum scorecard to improve the representation of Black patients. Consultations and collaborations were also identified, including discussions with provincial Black physician organizations to provide input on curriculum development and co-facilitated discussions on anti-Black racism with Black physicians.

Several institutions (n=5) reported their efforts to integrate anti-racism into their educational materials. These initiatives focus on developing a comprehensive anti-racism training curriculum and professional development program for faculty, staff, and students, with an emphasis on integrating Critical Race Theory, implicit bias, intersectionality, and social determinants of health into assessments. Consultation and collaboration are also integral to the institutions' strategies for implementing anti-racism in their curricula. One institution expressed interest in incorporating Critical Race Theory and engaged with its program's anti-racism advisor to review case-based learning.

An anti-racism curriculum working group was established by one institution as part of its curriculum renewal efforts, stating that, "The mandate of the working group was to complete an antiracism curriculum audit on the formal curriculum presented to students in year 1 and 2 and to propose the content for a 4 year longitudinal Anti-racism curriculum for integration with clinical, basic and other social science curriculum."

One institution highlighted broader EDI initiatives aimed at integration into education and training. The institution's direction focuses on fostering community learning and health promotion through collaborative educational activities that equip students with essential knowledge about health determinants, cultural safety, and social responsibility, while also addressing issues of equity and discrimination affecting all minority groups.

Student and Faculty Recruitment

Student and faculty recruitment was the second most frequently mentioned strategy by institutions (n=7). Notably, this approach was specifically used or considered by institutions to address anti-Black racism and improve Black health within their programs.

Just over half (n=7) of the institutions discussed the recruitment and admission of Black students and faculty as part of their anti-Black racism and Black health strategies. Among these institutions, four reported implementing a Black admissions process or pathway aimed at addressing the underrepresentation of Black individuals in medicine. For instance, one institution reserves five spots for Black students in its accelerated route to medical school program. Additionally, one institution highlighted that its admissions pathway includes Black interviewers and file reviewers and is currently engaging Black scholars to discuss incorporating questions on anti-Black racism and adjusting interview scoring. A review of the graduate admissions criteria was also mentioned. Three institutions indicated a focus on the intentional recruitment and retention of Black educational leaders, staff, and faculty.

One participant connected the recruitment of Black students and faculty, stating, “we are seeking increased diversity of our faculty including recruiting Black faculty to leadership positions where they will serve as influencers of our program as well as serving as role models for students.”

Only one institution that mentioned recruitment did so within a broader Equity, Diversity, and Inclusion (EDI) context, stating, “we are working on adopting an [holistic] admissions approach that is more inclusive and diverse.”

While it is implied that Black students and faculty are included in this broader context, it is not explicitly stated as a dedicated focus.

Strategic Planning and Policy Development

Almost half of the institutions (n=5) discussed strategic planning and policy development. Among these, two institutions focused specifically on anti-Black racism, which included implementing the Black Medical Students' Calls to Action by 2025, engaging with Black community organizations as part of the strategic planning process alongside a social accountability council, and promoting public reporting for accountability. Additionally, two institutions addressed strategic planning and policy development in the context of anti-racism. Their approaches included establishing an anti-racism task force or working group dedicated to curriculum development or renewal, creating new policies and providing recommendations, and incorporating a commitment to addressing anti-racism in their strategic planning. Notably, one institution indicated that it ratified an anti-racism policy that "explicitly defines that any form of racism including systemic and structural racism is unacceptable at the [faculty] and antithetical to its values and principles." The creation of an online reporting system for incidents of racism was also mentioned; this system will facilitate education and disciplinary measures for policy violations. One institution indicated it has an EDI task force with similar goals as previously discussed: addressing curriculum, policies, and processes.

Support for Black Learners

Interestingly, four institutions highlighted the support of Black learners as an approach to address anti-Black racism and improve Black health. This is particularly noteworthy given the emphasis on recruiting Black students, suggesting a need for further investigation into whether the support provided to Black students and learners is adequate.

Support for Black medical students and learners was noted by three institutions, specifically addressing anti-Black racism through initiatives such as implementing Office Hours with the Black Health Lead for mentorship and advocacy, along with creating additional opportunities. One institution discussed general support for learners through an EDI lens and mentioned mental health resources.

Other Approaches

Additional approaches mentioned include the use of specific technology, such as VisualDx software, and featuring speakers who discuss anti-Black racism or are experts in Black health. Another notable approach is the publication of works on anti-Black racism, which serves as an institutional response aimed at enhancing scholarship.

Curriculum

While the majority of institutions (n=7) indicated that anti-Black racism and Black health were covered in their curriculum, this coverage varied in degree. Two institutions provided extensive inclusion of these topics. For one institution, Black health is addressed in a longitudinal course that integrates discussions and includes a dedicated session on anti-Black racism, focusing on the social determinants of health and health inequities affecting Black Canadians. Another institution indicated that anti-Black racism and Black health are overseen by the Black Health Theme Lead, who collaborates with an interdisciplinary Black Health Advisory Committee. The Black Health Theme Lead is also consulted by other theme leads to ensure that Black health content is incorporated respectfully into their work.

Three institutions did not have an explicit focus on anti-Black racism or Black health but mentioned a broader anti-racism strategy that included these topics as examples or case studies, such as anti-Black racism in the context of ethics. Two institutions noted that they addressed anti-Black racism and Black health specifically in dermatology, particularly regarding the presentation of dermatologic conditions in different skin tones, including those of Black patients.

Furthermore, two institutions did not specify how these topics were integrated but noted that they were included or would soon be incorporated. One institution acknowledged that while anti-Black racism and Black health were included, more work was needed, stating that an “EDI committee [was] formed to help fill gaps and remove material that could be harmful.”

Another institution indicated that these topics would be integrated into their renewed longitudinal anti-racism curriculum, stating, “the content is also intended to reflect a diverse ethnocultural population, and therefore increase the representation of the Black population throughout the curriculum along with content specific to Black health.”

Lastly, five institutions reported that EDI and anti-racism were addressed generally, with no specific indication that anti-Black racism or Black health were covered within this programming.

Anti-Black Racism and Black Health Educators

To learn more about the curricula on anti-Black racism and Black health in UGME, institutions were asked about the individuals teaching this content. Responses indicated that several faculty members and non-faculty members (guest speakers) are involved. Faculty teaching this content included core and clinical faculty along with Black health theme leads, as noted by seven institutions. Six institutions also indicated that the non-faculty members who taught this content included clinical lecturers and various guest speakers, such as community members, patients, and leaders from community health centers. Additionally, some Indigenous and non-Black faculty also participated in facilitation.

Three institutions mentioned that faculty taught their core or general anti-racism curriculum but did not specifically address anti-Black racism and Black health. One institution indicated that no one was teaching this content at the time of completing the survey, as curriculum development was underway, and the individual responsible for teaching had not yet been identified. The respondent explained that, “What is clear is that we will need to create a recruitment strategy and ensure that all faculty who teach within the curriculum participate in a comprehensive faculty development program and are skilled facilitators [and] educators”.

Black Health Theme Leads

The Black health theme leads in UGME are responsible for integrating and promoting perspectives on Black health within the curriculum as part of efforts to address health inequities. Notably, the majority of institutions (n=7) had a Black Health Theme Lead or an equivalent position as part of their UGME program. One institution noted that the Senior Advisor for EDI also served as the advisor specifically for anti-Black racism (i.e., this was part of their portfolio). This institution also had a Commission on Black Medical Students.

Two institutions did not have a Black Health Theme Lead but indicated that they had both an anti-racism and EDI lead or specialist. Four institutions did not have a Black Health Theme or an anti-Black racism lead as part of their faculty or UGME program.

Black Subject Matter Experts and Learner Community Involvement

Engaging Black subject matter experts and learner communities in the development and delivery of education on anti-Black racism is essential for effectively addressing inequities related to the social determinants of health and the healthcare system.

The majority of institutions (n=8) indicated that Black experts and learner communities contribute to education on anti-Black racism within the program. Interestingly, the same number of institutions noted the involvement of faculty in their responses. Other contributors included Black student groups, mentioned twice, and working groups, also mentioned twice (including both a dedicated Black working group and one focused on an anti-racist curriculum, but without explicit inclusion of Black experts). Additionally, community members, non-academic speakers, or guest speakers were mentioned once.

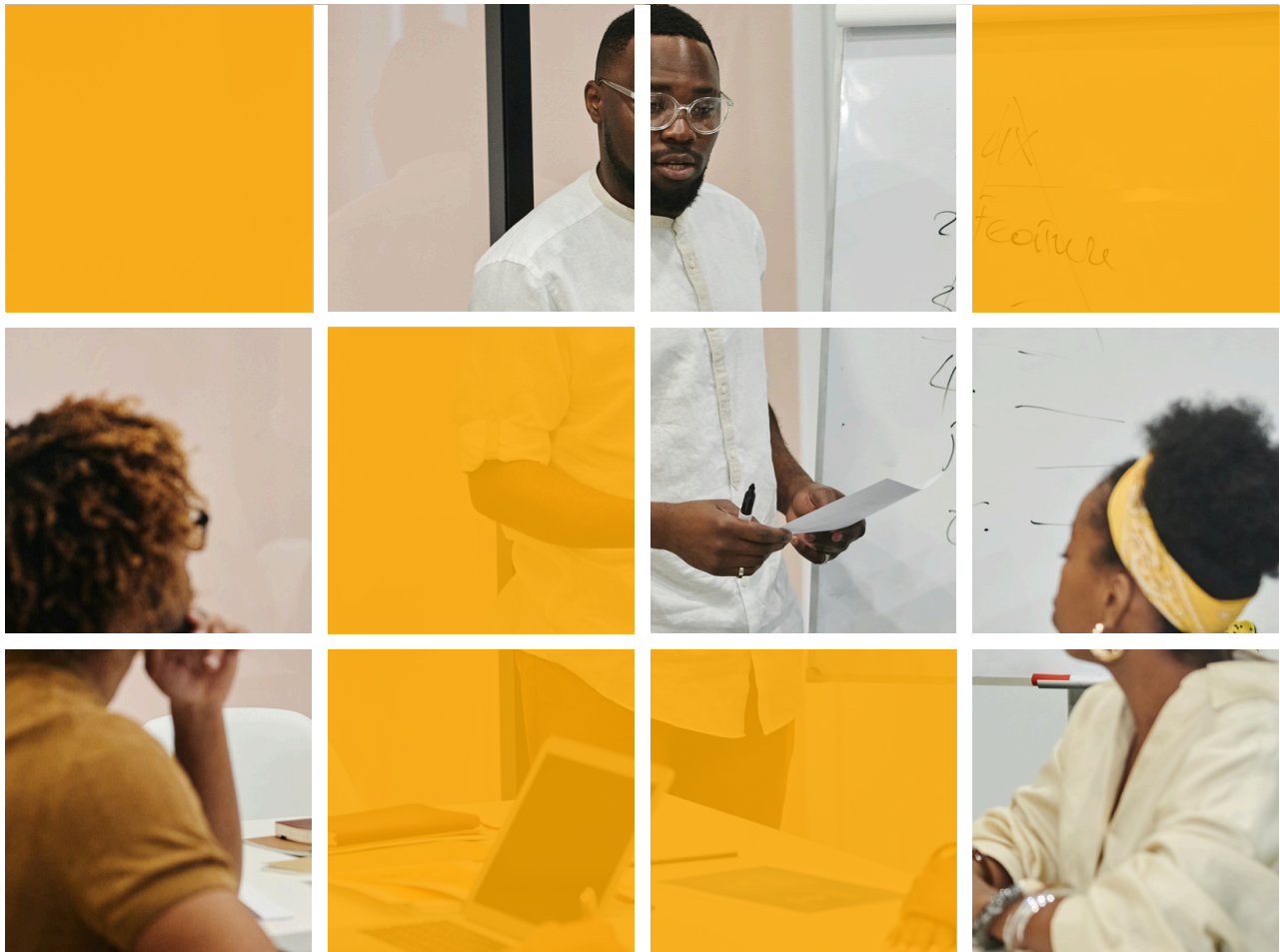
Among those that did not include Black health subject matter experts, two institutions indicated that anti-Black racism is addressed as part of the EDI curriculum through discussion groups or speakers.



3. Learning Resources, Skills, and Approaches on Anti-Black Racism and Black Health

Knowledge and Skills

To assess priority learning needs, participants were asked to rank the importance of specific knowledge and skills related to Black health and addressing anti-Black racism required by their students and faculty members. Understanding how anti-Black racism impacts health and the social determinants of health was selected as the most important competency for students. Recognizing and utilizing their role as agents of change was deemed most important for faculty and educators.



Students

Respondents were provided statements on knowledge and skills required by students in relation to anti-Black racism and Black health and asked to rank them by importance from 1 to 8.

Knowledge and skills statements

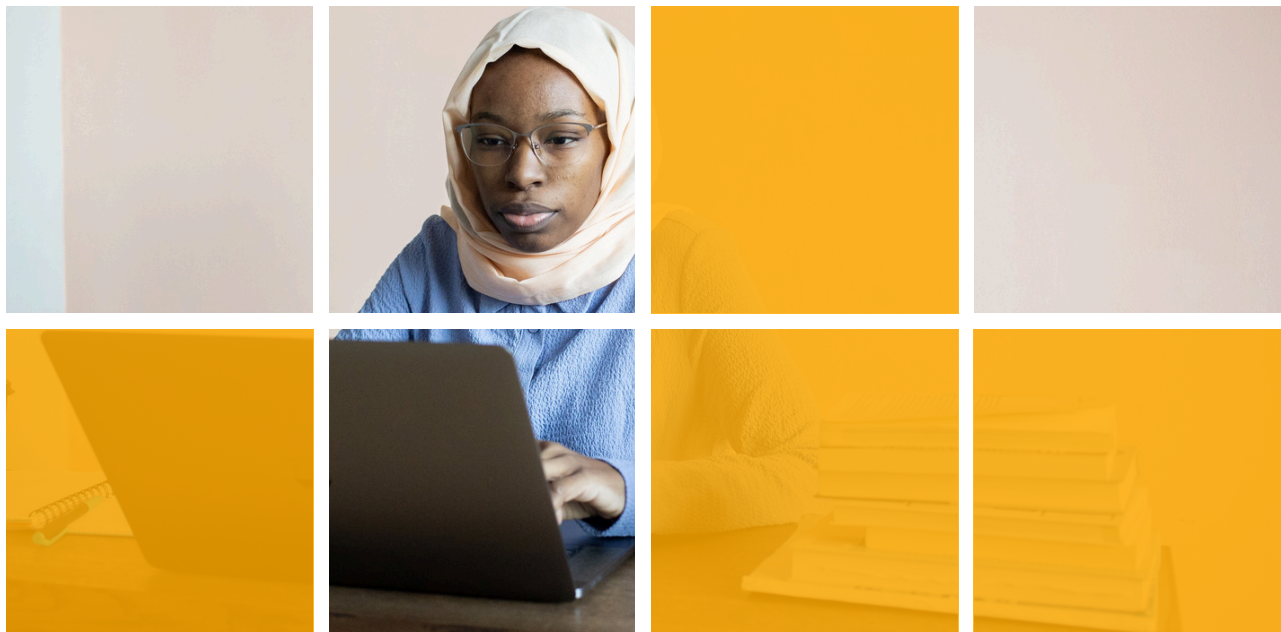
1. Explain how anti-Black racism influences health and the social determinants of health.
2. Develop and document a common language and understanding to create a safe environment to discuss race and anti-Black racism openly.
3. Consider roles in addressing and dismantling anti-Black racism as health practitioners
4. Describe the historical context of anti-Black racism and racial oppression
5. Recognize roles as agents to address and fight against anti-Black racism in their own classrooms and programs.
6. Analyze intersections between anti-Black racism and other systems of oppression.
7. Describe the effects of developing insight and deepened awareness of anti-Black racism and oppression.
8. Analyze ways in which internalized racism acts as a barrier to racial health equity.

Some respondents expressed difficulty in ranking these statements given their importance in all areas. In addition, quantitative skills for analysis of inequities was suggested as an important skill.

One respondent noted the importance of developing knowledge and skills across the medical education journey,

“It is important to consider the continuum as nothing gets removed from a UME [undergraduate medical education] curriculum. There is [a lot] to be unlearned and learned; it is important that this be considered across the learning continuum from pre-med to medical school to residency to continuing medical education.”

Given the results of the ranking, it was consistently acknowledged that understanding how anti-Black racism impacts health and the social determinants of health are critical learning competencies. This necessitates that health practitioners foster a common understanding and create a safe space for open discussions about race while actively working to address and dismantle these inequities.



Faculty

When asked about the knowledge and skills necessary for faculty and instructors to effectively address and combat anti-Black racism and improve Black health by importance from 1 to 9.

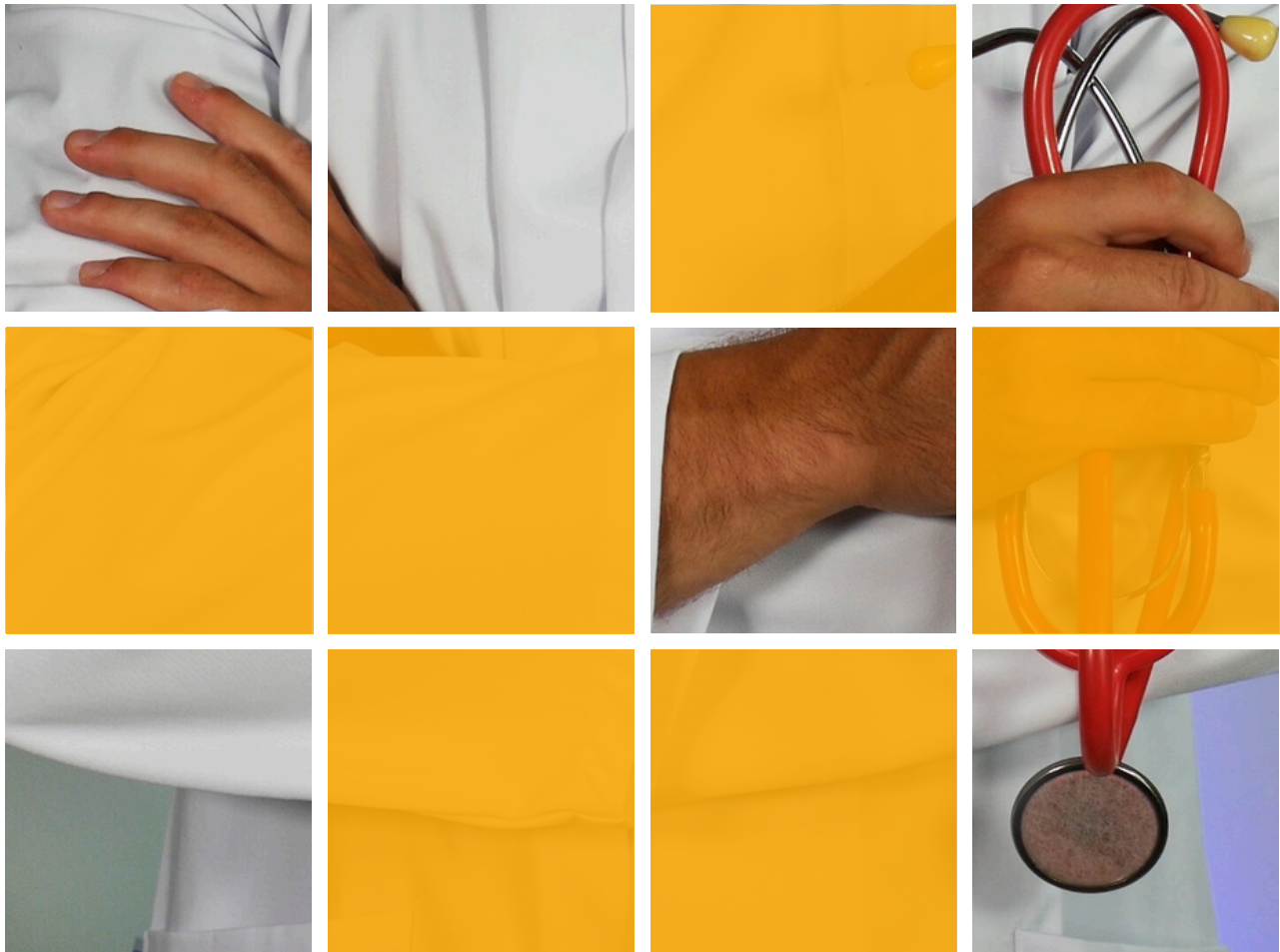
The average ranking of the knowledge and skills statements were ranked as follows:

# Knowledge and skills statements	
1.	Recognize roles as agents to address and fight against anti-Black racism in their own classrooms and programs.
2.	Anti-racism pedagogy and effective practices for teaching about anti-Black racism and Black health.
3.	Explain how anti-Black racism influences health and the social determinants of health.
4.	Develop and document a common language and understanding to create a safe environment to discuss race and anti-Black racism openly.
5.	Describe the historical context of anti-Black racism and racial oppression.
6.	Consider roles in addressing and dismantling anti-Black racism as health practitioners.
7.	Analyze intersections between anti-Black racism and other systems of oppression.
8.	Describe the effects of developing insight and deepened awareness of anti-Black racism and oppression.
9.	Analyze ways in which internalized racism acts as a barrier to racial health equity.

Respondents consistently ranked recognizing and utilizing their role as agents of change as the most important statement. The rankings indicate that educators play a crucial role in combating anti-Black racism through effective anti-racism pedagogy, addressing its impact on health and social determinants within their classrooms and programs.

Similar to the skills required for students, one respondent noted that faculty also need training in quantitative analysis of racial inequities. Learning about critical race theory was highlighted as another important area.

Additionally, there is a need for existing tools and resources on Black health and addressing anti-Black racism to be easily accessible.



Mode of Delivery

Participants were asked to prioritize their preferred methods for receiving educational resources on Black health. Respondents ranked their preferred delivery modes for these resources. An equal number of institutions (n=4) ranked facilitated modules and self-directed online modules as the preferred methods for students, faculty, and instructors to acquire knowledge related to anti-Black racism and Black health. Additionally, two institutions indicated that both facilitated and self-directed online modules were preferred. Furthermore, three institutions suggested that a combination of facilitated modules, self-directed online modules, webinars, and classroom teaching would be viable options.

Resources on Anti-Black Racism and Black Health

The results indicated that there are very limited curricular resources available across all surveyed Canadian medical schools to support education and teaching on anti-Black racism and Black health. One institution reported faculty development efforts.

Most institutions (n=5) expressed a strong emphasis on anti-racism training through their programs for learners and faculty, with initiatives that had been implemented, were planned for implementation, or were being updated. Educational initiatives included online classes, workshops, and modules, as well as the creation of standardized resources addressing race, ethnicity, and gender to ensure consistent and appropriate language in educational materials. Additionally, curriculum renewal and integration efforts were mentioned, highlighting the intention to incorporate anti-racism training into the curriculum. One respondent noted that a current module being developed could be adapted for topics related to Black health and anti-Black racism, indicating that institutions may find various ways to integrate these important issues into their anti-racism curricula.

A few institutions (n=2) had initiatives promoting EDI. These initiatives included having specific offices within programs, educational consultants, faculty development, and EDI committees.

Discussion

Addressing anti-Black racism and improving Black health are essential competencies in medicine and medical schools across Canada. The results of this survey reveal a concerning lack of knowledge and understanding of these critical issues within UGME curricula across the country. The variability in whether anti-Black racism and Black health are incorporated into UGME curricula at individual institutions highlights inconsistencies in strategic planning and policy development.

Many medical schools have indicated their commitment to EDI through initiatives such as working groups and task forces. However, despite these explicit commitments, a nuanced examination reveals that anti-Black racism and Black health are often overlooked. This oversight is particularly troubling given the ongoing impact of systemic anti-Black racism on health outcomes. The broader adoption of EDI initiatives alone is insufficient to address the systemic nature of anti-Black racism. These initiatives can sometimes appear tokenistic and non-actionable, risking the perpetuation of oppressive structures without targeted efforts to confront specific racial inequities (7). The current EDI approach frequently overlooks fundamental flaws in its implementation, limiting its potential to effectively address anti-Black racism within medical contexts. To genuinely promote anti-racist practices that enhance Black health and well-being, medical schools must make an explicit commitment to addressing anti-Black racism.

Despite the situational assessment conducted in 2022, the results remain relevant as indicators of the state of Black health within UGME curricula as we strive towards a future of inclusion. Moreover, the timing of the responses underscores the slow integration of anti-Black racism and Black health topics into curricula, highlighting the lack of specificity in addressing these critical issues. Although calls to address anti-Black racism and Black health gained momentum following the summer of 2020, spurred by the tragic death of Mr. George Floyd and the rise of the Black Lives Matter movement, advocacy for these topics had been ongoing for much longer.

The Black Medical Students' Association of Canada (BMSAC) has evaluated the responses of Canada's seventeen Faculties of Medicine to its Calls to Action, originally published in 2020, regarding anti-Black racism and support for Black students in medical education by publishing both pan-Canadian and institutional report cards (8).

These report cards serve as benchmarks for all medical schools, underscoring the necessity of addressing these urgent issues. They advocate for a more comprehensive and consistent understanding of the intersection between anti-Black racism and health within UGME curricula. The report cards also highlight the stagnation in incorporating anti-Black racism and Black health topics, further reinforcing the relevance of this situational assessment (8).

While various institutional responses have been implemented to address anti-Black racism and Black health, including the appointment of Black Health Theme Leads, there remains significant inconsistency in their approaches. This inconsistency pertains to curriculum and its implementation, including those teaching content related to Black health and the involvement of Black subject matter experts. Results from the situational assessment indicate that anti-Black racism and Black health are insufficiently integrated into UGME curricula across Canada, as evidenced by a greater focus on anti-racism and EDI. Furthermore, the methodology for incorporating these critical topics remains unclear. Anti-Black racism significantly impacts the health and well-being of Black individuals in Canada, necessitating its integration into medical education and clinical practices through Critical Race Theory, which examines the systemic nature of racism in health care (9). The ongoing consequences of historical injustices, such as slavery and colonialism, contribute to health inequities, thus highlighting the urgent need for a curriculum that accurately reflects Black health issues and promotes culturally competent care (9).

Institutions that explicitly stated including education and curriculum development on anti-Black racism and Black health with initiatives such as dedicated Black health curricula and anti-racism workshops. Additionally, institutions reported the integration or intent to integrate anti-racism into their educational materials through comprehensive training programs that incorporate Critical Race Theory and address implicit bias. Strategic planning included anti-racism working groups and policies aimed at addressing systemic racism within curricula and broader institutional practices. Several institutions have demonstrated their commitment to EDI by promoting community learning and addressing discrimination through collaborative educational initiatives. While some institutions have integrated anti-Black racism and Black health into broader anti-racist or EDI frameworks, others have indicated ongoing efforts to strengthen their EDI initiatives, including the establishment of task forces to support curriculum development and policy enhancements.

While some institutions incorporate in-depth discussions on anti-Black racism within case-based modules and dedicate sessions to racism in medicine, a significant proportion do not include these topics. As such, many future medical professionals are not being equipped with the knowledge and skills to tackle the health inequities faced by Black communities. Furthermore, the necessity of knowledge and skills related to anti-Black racism and Black health is underscored for both students and faculty. Acknowledging and addressing internalized racism, analyzing intersections between racism and oppression, and recognizing the role of healthcare practitioners in dismantling anti-Black racism are all regarded as vital.

Findings from our assessment indicate that there is a desire to emphasize the role of faculty as agents of change. Curricular efforts must also extend to faculty and educators, Tweedy (10) notes the benefits of faculty development,

“It is essential that we set up ways to ensure physician-educators are also trained and periodically evaluated in a tangible and accountable way. That way they can pass along a more empathic and open-minded approach to treating patients. And it’s a task too important to be relegated to a certain lecture or delegated to Black faculty. If it doesn’t involve every component of the medical school, we will continue to perpetuate the problem.”

The mode of delivery for education on anti-Black racism and Black health is a point of consensus among respondents. Facilitated and self-directed online modules, along with webinars and classroom teaching, are recognized as effective approaches. This highlights the adaptability of medical education methods in incorporating such crucial topics.

This situational assessment outlines recruitment strategies aimed at increasing the representation of Black students and faculty, with various institutions adopting pathways and policies to support this objective. This commitment is affirmed by the 2024 BMSAC report card, which indicates that slightly over half of the institutions were ranked between 80-100% on the admissions call to action (8).

Following the example set by the University of Toronto, several schools have implemented or are planning to implement specific pathways designed to eliminate barriers encountered by Black students applying to medical school. These programs are crucial in increasing the representation of Black students in medical schools and improving health outcomes for Black and other racialized populations (11). However, the underrepresentation of Black students in medical schools across Canada remains a concern and all schools must take action to remove barriers faced by Black students.

Furthermore, the creation of positions within medical schools focused on Black health or anti-Black racism marks a step toward institutional accountability, although a significant number of institutions have yet to implement such measures. Interestingly, having a Black Health or Anti-Black Racism Lead has been found to indicate a stronger commitment to addressing anti-Black racism, incorporating Black health and Black subject matter experts into the curriculum, and involving learners in the development and delivery of education on anti-Black racism. Therefore, one recommendation from this situational assessment is to integrate Black health experts dedicated to addressing anti-Black racism within their faculties, along with a commitment to providing adequate support to these experts throughout their terms.

Having competencies at an accrediting level is important due to the variation in how anti-Black racism and Black health are integrated into UGME curricula. Addressing these issues is crucial for improving health inequities and the health outcomes of Black populations. The MCC, in partnership with BHEC, developed Black Health learning objectives that will be incorporated into the assessments and examination objectives administered by the MCC (3). The key objectives focus on the relationship between Black health and the pervasive influence of anti-Black racism within healthcare systems, emphasizing the need for culturally affirming care, recognition of diverse Black experiences, and active allyship to dismantle structural inequities (3).

While there have been some institutional efforts to address anti-Black racism and improve Black health within medical education across Canada, significant gaps remain in the incorporation of these critical topics into undergraduate medical curricula. This underscores the need for a more consistent and comprehensive commitment to anti-racist education and practices to effectively combat health inequities faced by Black communities. The findings highlight the vital role that individual schools play in providing a holistic education and training for students, as well as the necessity of including competencies related to Black health and anti-Black racism at an accrediting level.

This ensures that these topics are adequately covered to address the health inequities faced by Black individuals in Canada, including the social determinants of health.

While there have been some institutional efforts to address anti-Black racism and improve Black health within UGME across Canada, significant gaps remain in the incorporation of these critical topics. This necessitates a more consistent and comprehensive commitment to anti-racist education and practices to effectively address the health inequities faced by Black communities. The results reflect the important role that individual schools play in ensuring a holistic education and training for students and learners at an institutional-level and of having competencies of Black health and anti-Black racism as required competencies for UGME training at an accrediting level to ensure that these topics are covered to adequately address the health inequities faced by Black people in Canada and must include the social determinants of health.

A comprehensive approach that acknowledges the systemic nature of anti-Black racism, centers Black health, and integrates explicit measures into curricula is essential.

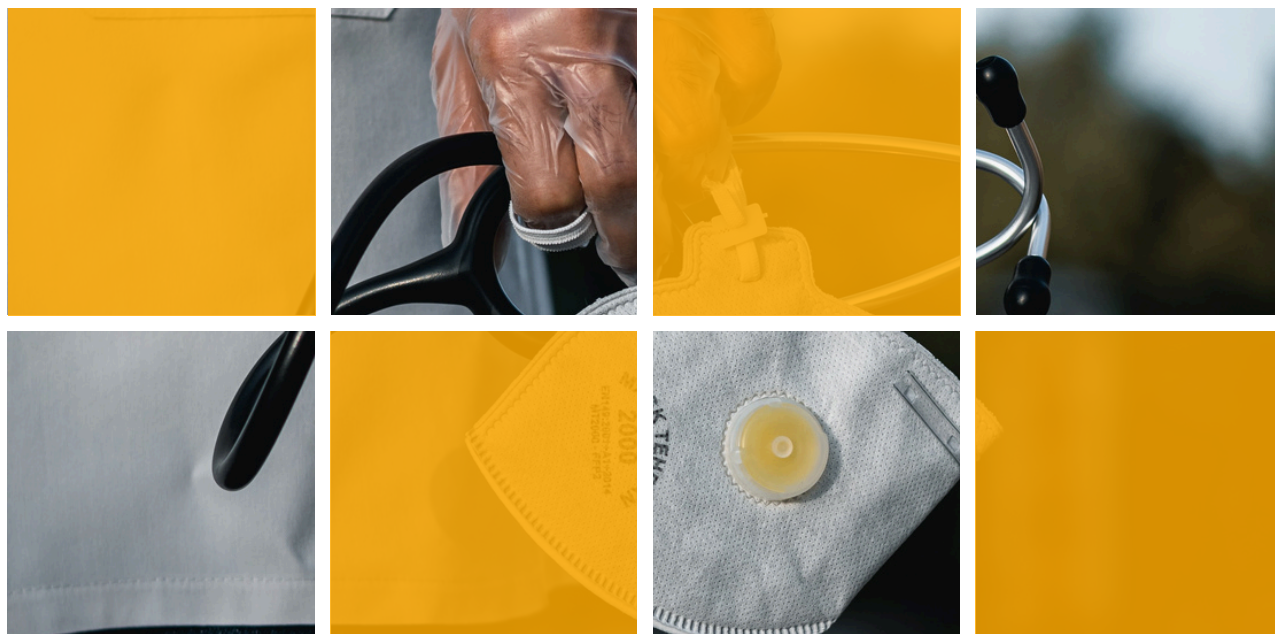
Limitations

There were several limitations to this situational assessment. The data collected relied on self-reported responses, which may introduce response bias. There were several medical schools that did not complete the survey, and there were a number of incomplete surveys, resulting in missing data from all seventeen medical schools in Canada. This may introduce bias and limit the analysis of our findings. Consequently, the findings presented here may not fully represent the perspectives of all medical schools in Canada. Future studies should aim for a higher response rate. Secondly, the study focused solely on Canadian medical schools, limiting the generalizability of the findings to other contexts. Future research should consider a larger sample size and a more diverse range of institutions to provide a comprehensive assessment of anti-Black racism and Black health curricula in UGME in Canada and beyond.

Conclusion

There is an urgent need for comprehensive and appropriate knowledge on Black health and anti-Black racism in undergraduate medical curricula across Canada that will adequately support patient and population health for diverse Black people. Medical trainees and professionals rely on their training to equip them with the necessary knowledge and skill sets to be responsive to their patients and communities. This approach is imperative in addressing the persistent and pervasive issues of anti-Black racism that directly and indirectly impact the health and well-being of Black communities.

There is an urgent need to incorporate comprehensive Black health and anti-Black racism education into Canadian undergraduate medical curricula to better equip future healthcare professionals and foster responsive practitioners who can effectively address the health inequities experienced by Black communities.



References

1. Scarborough Charter on Anti-Black Racism and Black Inclusion in Canadian Higher Education: Principles, Actions, and Accountabilities [Internet]. 2022. Available from: https://www.utsc.utoronto.ca/scarborough-charter/sites/utsc.utoronto.ca/scarborough-charter/files/docs/Scarborough_Charter_EN_Nov2022.pdf
2. Committee on Accreditation of Canadian Medical Schools. CACMS Standards and Elements: Standards for Accreditation of Medical Education programs Leading to the M.D. Degree [Internet]. Committee on Accreditation of Canadian Medical Schools; 2023. Available from: <https://cacms-cafmc.ca/wp-content/uploads/2023/02/CACMS-Standards-and-Elements-AY-2024-2025.pdf>
3. Medical Council of Canada. Black Health [Internet]. Medical Council of Canada; 2024. Available from: <https://mcc.ca/objectives/medical-expert/population-health-and-its-determinants/black-health/>
4. Mullings DV, Morgan A, Quelleng HK. Canada the Great White North where Anti-Black Racism Thrives: Kicking Down the Doors and Exposing the Realities. *Phylon* (1960-). 2016;53(1):20–41.
5. Kalifa A, Okuori A, Kamdem O, Abatan D, Yahya S, Brown A. “This shouldn’t be our job to help you do this”: exploring the responses of medical schools across Canada to address anti-Black racism in 2020. *CMAJ*. 2022 Oct 24;194(41):E1395–403.
6. Public Health Ontario. At A Glance: Conducting Situational Assessments [Internet]. Public Health Ontario; 2025. Available from: <https://www.publichealthontario.ca/-/media/documents/F/2015/focus-on-situational-assessment.pdf>
7. Manvir Grewal. Times Higher Education. 2021. There are so many reasons why EDI is not the answer. Available from: <https://www.timeshighereducation.com/campus/there-are-so-many-reasons-why-edi-not-answer>

8. Black Medical Students' Association of Canada. Pan-Canadian Faculties of Medicine Report Card 2023-2024 [Internet]. Black Medical Students' Association of Canada; 2024. Available from: https://www.bmsac.ca/wp-content/uploads/2024/11/For-Publication-ENG_BMSAC-Pan-Canadian-Report-Card.pdf
9. Delia Douglas, Sume Ndumbe-Eyoh, Kannin Osei-Tutu, Barbara-Ann Hamilton-Hinch, Gaynor Watson-Creed, Onye Nnorom, et al. Black Health Education Collaborative: the important role of Critical Race Theory in disrupting anti-Black racism in medical practice and education. CMAJ. 2022 Oct 24;194(41):E1395–403.
10. Tweedy D. Medical Schools Have Historically Been Wrong on Race. The New York Times [Internet]. 2020 July 27; Available from: <https://www.nytimes.com/2020/07/27/opinion/sunday/coronavirus-medicine-blackness.html>
11. Leduc JM, Kpadé V, Bizimungu S, Bourget M, Gauthier I, Bourdy C, et al. Black students applying and admitted to medicine in the province of Quebec, Canada: what do we know so far? Can Med Educ J. 2021 Dec 29;12(6):78–81.



Transforming medical and health
professional education to improve the
health of Black communities across Canada

Email

info@bhec.ca

Website

bhec.ca

ISBN: 978-1-7388690-1-5

