

# Appendix C: EDI Strategy and Action Plan for the Proposed School of Medicine

Planning Stage (2021 to launch of School)

*December 2021*

# Overview of Strategic Goals

<b>1</b>	<b><u>Establish institutional levers</u></b>	<b>2</b>	<b><u>Recruit students equitably</u></b>	<b>3</b>	<b><u>Build EDI, decolonization, and Indigenous health into learning</u></b>
	<ul style="list-style-type: none"><li>• Build institutional capacity in EDI</li><li>• Ensure the meaningful integration of EDI in all aspects of planning</li><li>• Identify EDI policies and goals and establish accountability for achieving them</li><li>• Resource EDI work appropriately</li><li>• Create mechanisms for learning and adapting</li></ul>		<ul style="list-style-type: none"><li>• Collaborate with communities on outreach and pipeline programs</li><li>• Develop holistic admissions criteria</li><li>• Design equitable admissions processes</li></ul>		<ul style="list-style-type: none"><li>• Integrate inclusive learning practices</li><li>• Include EDI, intersectionality, health equity, human rights and the social determinants of health in curriculum</li><li>• Develop and review course content with an EDI lens</li><li>• Integrate Indigenous health and decolonization in the curriculum</li><li>• Engage with communities for experiential learning with a focus on health equity</li><li>• Ensure any proposed clinics meaningfully integrate EDI and Reconciliation into all aspects of their planning</li></ul>
<b>4</b>	<b><u>Foster an equitable and inclusive institutional climate</u></b>	<b>5</b>	<b><u>Hire and support diverse faculty and staff</u></b>	<b>6</b>	<b><u>Co-create Reconciliation, Decolonization and Indigenous Health values and strategic priorities</u></b>
	<ul style="list-style-type: none"><li>• Mitigate the impact of the hidden curriculum and its negative effects on equity-deserving groups</li><li>• Develop EDI, anti-racism and cultural safety training for students, faculty and staff</li><li>• Create a robust mentorship program for equity-deserving groups</li><li>• Establish mental health supports</li><li>• Support student led programs and the formation of groups and networks</li><li>• Develop relationships and processes to support successful student transitions to practice</li></ul>		<ul style="list-style-type: none"><li>• Develop partnerships with equity-deserving physician and health research communities</li><li>• Intentionally recruit diverse faculty and staff and those with a demonstrated commitment to EDI</li><li>• Mitigate the impact of the “minority tax”</li></ul>		<ul style="list-style-type: none"><li>• Learn from Indigenous communities about Reconciliation and Indigenous Health in a medical school context</li><li>• Develop, in partnership with Indigenous communities, values, strategic priorities, and goals for Indigenous Health</li></ul>

# Context

The University is developing a proposal for a new School of Medicine located in the city of Brampton. This Equity, Diversity, and Inclusion (EDI) Strategy and Action Plan was created to guide the development of the School and ensure the values of EDI are meaningfully integrated in the proposal development and planning process. The University is also in the process of developing an institution-wide EDI strategic plan, which we hope this plan will complement, along with other existing EDI and Reconciliation statements and policies, by focussing on considerations specific to medical schools and programs that are under development. This document begins by situating its approach to EDI, identifying a series of enablers (cross-cutting considerations such as meaningful community engagement) to the successful implementation of this strategy, and introducing six EDI goals with associated sub-goals and action items. This strategy and action plan does not yet include measures of success or key performance indicators, identifying these measures will be a key first step in its implementation.

While this strategy and action plan includes a number of very preliminary recommendations around Reconciliation, decolonization, and Indigenous health, it is intentionally an “EDI” strategy. For this to become an EDI and Decolonization Strategy, we recommend that the University begin an appropriate co-creation process with Indigenous students, faculty, staff and communities to identify strategic priorities, shape goals and values, and oversee implementation.

## Background to plan

During initial internal consultations with University community members about their aspirations for a medical school, as well as conversations with the School of Medicine Planning Committee, there was clear demand for a comprehensive equity, diversity, and inclusion (EDI) strategy and action plan for the proposed school.<sup>1</sup> The University formed an EDI Strategy and Action Plan and Advisory Committee to support this work with a shared commitment to anti-racism, social justice, and understanding and challenging the systemic barriers to EDI and Reconciliation in Medical Schools and to health equity.

### **A Note About Terminology and Names**

We recognize that defining and describing topics related to equity, diversity, and inclusion and describing the populations most affected by historical and current barriers to participation are evolving. The terminology used in this report was determined based on the University preferences, consultations with experts and community members, and the literature review. Nevertheless, these terms will evolve and we welcome feedback from community members on how they would prefer to be identified and on language preferences.

In August 2021, the University announced that it would begin a renaming process to reconcile the legacy of Egerton Ryerson for a more inclusive future. Throughout this internal report, we have elected to refer to the institution as ‘the University’.

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<sup>1</sup>Office of the Vice-President, Research and Innovation. (2021). School of Medicine Initial Spring Internal Consultation Summary Report. Toronto: Ryerson University. Retrieved from: <https://ryersonschoolofmedicine.civilspace.io/en/projects/community-consultation-for-proposed-school-of-medicine/engagements/spring-internal-consultation-report/sections/1>

## An evolving, shared understanding of Equity, Diversity and Inclusion

Equity, diversity and inclusion have come to signal many different things to different groups of people. The meaning is also evolving and we recognize that past and current usage may not always reflect the nuance and complexity of systemic barriers to equality and deeply rooted structures of exclusion and violence. When we use these terms we are referring to:

- **Equity** acknowledges that in order to have fair treatment, access, and opportunity for all, we must strive to address the barriers that have prevented certain groups from full participation. As a result, equity is rooted in current and historical injustices that are disproportionately experienced by certain groups. These **equity-deserving** groups, or groups that identify barriers to equal access, opportunities, and resources as a result of discrimination and systemic barriers, who are actively seeking equity and justice. Understanding equity requires attention to **intersectionality**, which refers to the ways different social categories interact to create overlapping systems of discrimination and inequity.
- **Diversity** acknowledges the many aspects of human differences including, but not limited, to Indigeneity, experiences of racism, ethnicity, language, nationality, sex, gender identity, sexual orientation, socioeconomic status, religion, geography, disability, health status, and age.
- **Inclusion** means fostering environments where all individuals are respected, valued and heard and have an equal opportunity to contribute.

We reject deficit-based approaches to EDI. Instead, we locate the barriers to EDI in systems and structures of exclusion, rather than in individual deficits. This means that understanding the structural roots of inequality, such as the social determinants of health, is essential to advancing EDI and to how we approach health challenges. It also means centering approaches like the social model of disability, which highlights that people are disabled by barriers in their environments and in society, rather than their difference.

Drawing on social justice and anti-oppressive practice, we work to acknowledge, understand, and challenge systems of power that privilege some groups over others. For instance, biomedicine and healthcare systems have deep histories of hierarchical, exclusionary, discriminatory practices that continue to have harmful effects on health professionals, patients, families, and communities.

We also take an explicitly anti-racist perspective, with particular sensitivity to the unique historical and ongoing contexts of anti-Black racism and anti-Indigenous racism. Part of this is a commitment to seeing “race” as a harmful social construction – with no roots in biology – and focussing instead on the impact of racism. As a result, we take a race-conscious approach that recognizes the way racism is perpetuated in the healthcare system and that encompasses perspectives like Critical Race Theory.

Advancing EDI is not possible in unhealthy environments. We see a close connection between supporting EDI and supporting an organizational culture that prioritizes community members' mental health and well-being. This includes the integration of trauma and violence informed approaches. Part of a focus on well-being is acknowledging that biomedical approaches to health are not universal and may be at odds with community members' ways of understanding and experiencing their own health and well-being.

EDI work is subject to considerable criticism. Much of this is for good reason. We are learning about barriers to EDI and the experiences of different equity-deserving groups and must approach this process with humility. Some of this criticism may be the result of perceived threats to unearned privilege. This is

something to be aware of, particularly its disproportionate effects on equity-deserving groups. Ongoing learning and reflection about relative privilege is an essential component of EDI work.

This strategy, and the literature review and jurisdictional scan, that informed its development focussed on the groups for whom we have the most apparent data on exclusion in medical schools: Indigenous, Black and people of colour, gender and sexual minorities, people with disabilities, and individuals with low socioeconomic status (SES). We have also been concerned with the way these different identities may intersect and the multiple, overlapping barriers different communities face. There are many other groups who have been systematically excluded and whose experiences need to be better understood. For instance, ageism, fatphobia, anti-madness, precarious housing, geographic isolation and global health inequities are examples of other important barriers that need to be explored through research, reflection, and engagement.

## Considerations for the Implementation of EDI Programs, Policies, and Practices

To support the development of this plan, we conducted a comprehensive literature review and jurisdictional scan of promising and emerging programs, policies, and practices to advance EDI, Indigenous Health and Reconciliation. Our findings have informed the recommendations included here and the literature review and scan itself includes additional details in many of these areas that can guide implementation. The review and scan also indicated a number of themes around implementation, which we believe are a critical learning opportunity for the University.

## Enablers

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1. Coordination	Coordinating and aligning EDI work across the institution through the organizational mission, vision, values, strategies and organizational structures will support the efficient and appropriate design, resourcing, implementation, oversight and evaluation of programs, policies and practices. Alignment and coordination beyond the organization – the broader university and community – means that the institution will not have to ‘reinvent the wheel’ and can instead help sustain and scale existing, proven efforts.
2. Accountability	To support effective coordination, clear accountability for EDI is needed at all levels of leadership – from the Dean to department/division chairs – as part of job descriptions and performance expectations. A key component of this is ensuring EDI activities are not siloized, but instead are the shared responsibility of everyone in the institution, even if the programmatic work is led through a specific office.
3. Co-creation	Engaging communities as long-term, meaningful partners in co-creation is a key factor in the success of EDI programs and ensuring accountability to communities around health equity as well as the appropriateness of policies, programs, and practices. For instance, programs aimed at equity-deserving groups may not address their most important barriers to participation or may compete with other needs (for instance, individuals with family obligations or full time work requirements).
4. Sustainability	A major challenge with programs, policies and practices is that they are

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frequently one-off, short-term, and small-scale as a result of funding challenges and limited institutional commitment to EDI work. Staff hired to implement programs are frequently on short-term contracts and not integrated into organizational structures. Ensuring the financial sustainability and appropriate resourcing of programs is critical to their success.

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#### 5. Recognition

Faculty and staff who are employed to lead EDI work, or who do it as part of their service contributions to the university, require appropriate support in the form of compensation and recognition of their service. This situation is pronounced for equity-deserving groups, which also encounter the “minority tax” – the disproportionate burden placed on these faculty members to take part in extra, uncompensated and usually unrecognized work. This also applies to student leaders, who may take on advocacy work related to EDI that is not recognized in their transition to work and may lead to opportunity costs. Recently, higher education leaders doing EDI and Reconciliation work have been receiving threats – a reminder that advocacy and leadership in this space is not widely supported and may attract violence from both within and outside of the university.

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#### 6. Measurement

One of the challenges in understanding the medical school EDI landscape is that there is very limited data on equity-deserving groups. Similarly, few promising practices are evaluated and results are not often shared. This is often because of a lack of resources and means many institutions are likely ‘learning by doing’ and repeating one another’s mistakes. A related challenge is that ‘success’ may be narrowly defined. For instance, a pathway program aimed at increasing interest in medical school may have few graduates who actually go on to attend medical school, but many more who pursue higher education or navigate the health system with greater confidence as a result of their participation.

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#### 7. Responsiveness

When students, faculty, staff, and community members identify challenges or make specific complaints about inequitable or discriminatory practices or behaviours, the institution must be prepared to respond appropriately and immediately. Similarly, programs, policies, practices, terminology and documents such as this one will need to adapt and evolve over time. As new information about health equity, EDI, Indigenous health, decolonization, and the experiences of equity-deserving groups emerge, it is also important that the institution use these moments for reflection and be prepared for action and allyship to support the individuals and communities affected. Part of this is preparing for the backlash and negative responses to EDI initiatives from some parts of the community, which are disproportionately targeted to equity-deserving groups. The need for responsiveness is closely connected to humility as our understanding of equity, diversity and inclusion and of Indigenous health, decolonization, and reconciliation is incomplete and evolving.

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#### 8. Celebration

This refers to both the recognition of individual, institutional and community efforts to advance EDI and the importance of engaging community members in new ways – through activities like regular feasts and events. EDI work is difficult, painful, re-traumatizing and exhausting, but it is also a joyful opportunity to acknowledge the resilience, creativity, wisdom and strengths of individuals and communities.

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# Strategy and action plan

## Establish institutional levers

This strategic theme refers to the basic building blocks that are needed to support the array of programs, policies, and practices needed to meaningfully integrate equity, diversity, and inclusion and Reconciliation into the proposed School of Medicine. These building blocks are the committees, roles and responsibilities, offices, policies, and other structures needed to ensure EDI efforts are appropriate, effective, aligned with one another, resourced, and sustainable.

### Build institutional capacity in EDI

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#### **Immediate Action (LOI Stage)**

- Establish a School of Medicine EDI Advisory Committee with a mandate to provide EDI advice to the interim Dean and Associate Dean Social Accountability and EDI as well as to provide advice and guidance on EDI and support the implementation of the EDI strategy.
  - Begin ongoing EDI learning and reflection activities for School of Medicine committee members
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#### **Priority Activities after Approval**

- Establish a permanent Community Advisory Table
  - Establish a permanent Elders' Council and/or Indigenous Advisory Board (tbd in consultation with Indigenous communities)
  - Establish a working group to address the hidden curriculum and topics around professionalism and learner mistreatment
  - Establish and recruit EDI leadership roles:
    - Recommended role: Associate Dean, Social Accountability and EDI
    - Appropriate Indigenous health leadership roles
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#### **Full Proposal & Planning Phase**

- Begin ongoing training and mentorship of faculty to support diverse student needs
  - Establish and recruit key EDI staff and faculty positions
    - EDI consultant/staff member to support EDI advisory committee
    - Create a permanent staff role for a disability provider trained in disability law, who understands the curricular needs of trainees, and is responsible for equitably handling disability accessibility
    - Ensure sufficient staff support for EDI and health equity curriculum development and inclusive design
    - Create faculty leadership roles in professionalism and learner mistreatment (i.e. hidden curriculum)
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## Ensure the meaningful integration of EDI in all aspects of planning

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### **Immediate Action (LOI Stage)**

- Integrate EDI into the Letter of Intent and School of Medicine proposal
- Ensure accessibility, community needs (including the Brampton community), wellness, cultural humility, and Indigenous cultural safety considerations are represented in the design of the building
- Align engagement and communications with EDI values

### **Priority Activities after Approval**

- Include EDI expertise in all committees and decision-making tables
- Develop principles for ensuring EDI is included in decision-making processes

### **Full Proposal & Planning Phase**

- Ongoing
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## Identify EDI policies and goals and establish accountability for achieving them

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### **Immediate Action (LOI Stage)**

- Include EDI, Reconciliation, anti-racism and human rights (including the right to health and equitable treatment) in the values, vision, mission and program objectives of the proposed School of Medicine

### **Priority Activities after Approval**

- Include EDI and commitment to anti-racism and Reconciliation explicitly in all School of Medicine job descriptions, in particular leadership positions

### **Full Proposal & Planning Phase**

- Co-create organizational policies and responses to calls to action (including responses to Truth and Reconciliation and Standing Strong calls to action)
  - Create mechanisms for appropriate inclusion of patients and communities in training
  - Design institutional policies (including disclosure mechanisms and infrastructure) to ensure people with disabilities are respected and essential contributors to the medical education system — including commitments to inclusive design
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## Resource EDI work appropriately

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### **Immediate Action (LOI Stage)**

- Include EDI, Indigenous Health, Reconciliation and community engagement needs in budget development
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### **Priority Activities after Approval**

- Ensure senior EDI roles are supported with budgets and staff
  - Ensure all community members receive appropriate honoraria and supports for their participation
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### **Full Proposal & Planning Phase**

- Develop key EDI offices: appropriate Indigenous health structures; Office of Equity, Diversity and Inclusion; Office of Community Partnerships
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## Learn and Adapt

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### **Immediate Action (LOI stage)**

- Circulate EDI literature review
  - Develop measures and key performance indicators for EDI Strategy and Action Plan
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### **Priority Activities after Approval**

- Begin participating in national and global conversations about EDI in medical schools
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### **Full Proposal & Planning Phase**

- Establish mechanisms to collect and report on admissions and other EDI-related data
  - Contribute to scholarship and knowledge exchange on EDI in medical education
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## Recruit students equitably

This strategic goal is focussed on addressing barriers to inclusion in medical schools and diversifying the physician workforce. Efforts to recruit equity-deserving students may be direct (for instance through the design of admissions processes) and indirect (for instance, efforts to increase the pool of equity-deserving young people considering medical school careers). This priority also extends to ensuring all students admitted to the School of Medicine demonstrate a commitment to EDI and social accountability. While many groups encounter significant, poorly-understood and intersecting barriers to participation in medical schools as learners, in the early stages of medical school development, we recommend prioritizing the inclusion of equity-deserving groups for which there is strong evidence of underrepresentation in medical school. These are: Indigenous and Black applicants, individuals with low-socioeconomic status, gender and sexual minorities, and people with disabilities.

## Collaborate with communities on outreach and pipeline programs

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<b>Immediate Action (LOI stage)</b>	<ul style="list-style-type: none"><li>• Develop branding and communications tools that demonstrate a commitment to EDI, for instance by challenging racist, ableist and heteronormative assumptions about what a physician looks like</li></ul>
<b>Priority Activities after Approval</b>	<ul style="list-style-type: none"><li>• n/a</li></ul>
<b>Full Proposal &amp; Planning Phase</b>	<ul style="list-style-type: none"><li>• Develop and implement an intentional outreach strategy for students early in the planning process</li><li>• Partner with groups in the university and in communities to scale existing STEM outreach and pipeline efforts as early as possible in the planning process.</li></ul>

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## Develop holistic and equitable admissions criteria

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<b>Immediate Action (LOI Stage)</b>	<ul style="list-style-type: none"><li>• Review barriers and enablers to admissions for equity-deserving groups</li><li>• Integrate EDI considerations in all aspects of the admissions section of the LOI and proposal</li></ul>
<b>Priority Activities after Approval</b>	<ul style="list-style-type: none"><li>• n/a</li></ul>
<b>Full Proposal &amp; Planning Phase</b>	<ul style="list-style-type: none"><li>• Require that all applicants have a prerequisite course (details to be determined) in EDI, Indigenous Health, social determinants of health, community health, or Global Health and demonstrated experience working with communities (e.g. in advocacy and volunteer roles)</li><li>• Develop facilitated admissions streams for Black, Indigenous and low Socio-Economic Status applicants</li><li>• Consider eliminating MCAT and restrictive GPA requirements; if the MCAT is required, develop bursaries and accessible training programs to offset participation costs</li></ul>

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## Design equitable admissions processes

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<b>Immediate Action (LOI Stage)</b>	<ul style="list-style-type: none"><li>• Ensure EDI experts (admissions staff and EDI advisory committee members) are included in admissions decision-making processes</li></ul>
<b>Priority Activities after</b>	<ul style="list-style-type: none"><li>• Engage relevant communities in development of facilitated admissions streams</li></ul>

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## Approval

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### Full Proposal & Planning Phase

- Identify admissions software platforms that offer the most accessibility
  - Ensure interview teams and admissions committees are diverse and trained in institutional EDI values, implicit bias and cultural safety
  - Engage community members in reviewing applications for admissions
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## Build EDI, decolonization, and Indigenous health into learning

The medical school curriculum should integrate equity, diversity, and inclusion, and decolonization and Indigenous health at all stages of learning in ways that support reflexivity and continuous learning. This will involve developing a curriculum and student learning outcomes that reflect a commitment to anti-racism, anti-oppression, human rights, and trauma and violence informed approaches to medicine. Critical to this is ensuring curriculum also emphasizes the structural causes of inequities, for instance through longitudinal themes and threads focussed on social determinants of health and health equity. To support the delivery of EDI and health equity content, training should use inclusive design and universal design for learning practices with a focus on flexible approaches to learning and assessment. This may also include the integration approaches like Indigenous, anti-oppressive, and trauma informed pedagogy and culturally inclusive teaching. Building EDI into learning also means including healthcare users, caregivers, and other community members as educators – both in the classroom and in community-based learning settings – in ways that center their experiences. EDI and inclusive design considerations should also be part of any service-learning, experiential learning, or clerkship experiences.

## Integrate inclusive learning practices

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### Immediate Action (LOI Stage)

- Ensure inclusive design approaches and principles are part of all preliminary conversations about curriculum, teaching, and learning
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### Priority Activities after Approval

- Learn from disability inclusions experts about barriers and promising practices around disability inclusion in medical school
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### Full Proposal & Planning Phase

- Strike a working group to conduct an in-depth review of ableism in medical school and exclusionary requirements
  - Design curriculum to ensure flexible and affordable arrangements for learners, from course design to assessment
  - Integrate diverse teaching methods including small-group, experiential, and reflective activities that move away from lecture-only formats
  - Establish the University as a leader in disability-inclusive medical education and inclusive design
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## Include EDI, intersectionality, health equity, human rights and the social determinants of health in curriculum

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### **Immediate Action (LOI Stage)**

- Include regular ongoing training in anti-racism, cultural safety, and EDI principles in proposed curriculum
- Ensure the social determinants of health are a longitudinal part of the curriculum with a focus on systemic causes of health inequities
- Include: global health, human rights (right to health), bioethics, and trauma and violence informed approaches
- Include content on particular, underserved groups like people with disabilities (including critical approaches to disability studies), gender and sexual minorities (particularly trans health topics), and the health of Black communities

### **Priority Activities after Approval**

- Consult, where appropriate, with community members, patients, and others with lived experience on curriculum

### **Full Proposal & Planning Phase**

- Develop and implement curricular themes/threads with EDI experts
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## Develop and review course content with an EDI lens

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### **Immediate Action (LOI stage)**

- n/a

### **Priority Activities after Approval**

- n/a

### **Full Proposal & Planning Phase**

- Evaluate all learning materials (e.g. case studies, imagery, and texts) for racist, sexist, heteronormative, ableist, ageist and other harmful assumptions that contribute to health inequities
  - Include diverse examples of bodies and health experiences in course material
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## Integrate Indigenous health and decolonization in the curriculum

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### **Immediate Action (LOI Stage)**

- Build a mandatory longitudinal course on Indigenous health and decolonization into the curriculum
- Value Indigenous approaches to medicine and non-biomedical ways of understanding health and well-being

### **Priority**

- Consult with Indigenous communities and health professionals on
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<b>Activities after Approval</b>	development of course
<b>Full Proposal &amp; Planning Phase</b>	<ul style="list-style-type: none"> <li>• n/a</li> </ul>

Engage with communities for experiential learning with a focus on health equity

<b>Immediate Action (LOI Stage)</b>	<ul style="list-style-type: none"> <li>• Carry-out consultations to understand the health systems landscape in Brampton and Peel and establish the foundation for long-term partnerships</li> </ul>
<b>Priority Activities after Approval</b>	<ul style="list-style-type: none"> <li>• n/a</li> </ul>
<b>Full Proposal &amp; Planning Phase</b>	<ul style="list-style-type: none"> <li>• Create experiential learning opportunities for students in communities, focussing on low-resource contexts and grounded in a cultural humility and EDI values</li> <li>• Develop experiential learning opportunities that are reciprocal, founded on long-term relationships, regularly evaluated, and demonstrate a commitment to EDI and health equity</li> <li>• Support training of any supervisors and staff in cultural humility and other EDI training, where appropriate</li> <li>• Develop international partnerships that align with the Canadian Association for Global Health Partnership Assessment Tool and lead to student global health learning opportunities</li> </ul>

Ensure any proposed clinics meaningfully integrate EDI and Reconciliation into all aspects of their planning

<b>Immediate Action (LOI Stage)</b>	<ul style="list-style-type: none"> <li>• Ensure proposals for interprofessional clinics (e.g. the polyclinic) integrate a commitment to EDI and Reconciliation and align with the principles of this strategy, this includes considerations around space, trauma and violence informed care, structures to support EDI, reconciliation and community engagement, and the right to health (e.g. care for undocumented migrants).</li> </ul>
<b>Priority Activities after Approval</b>	<ul style="list-style-type: none"> <li>• n/a</li> </ul>
<b>Full Proposal &amp;</b>	<ul style="list-style-type: none"> <li>• n/a</li> </ul>

## Foster an equitable and inclusive institutional climate

This strategic priority focuses on having appropriate supports in the institutional environment to foster an equitable and inclusive culture. In order to support and retain a diverse and inclusive cohort of medical students, the learning climate and culture need to provide wraparound programs and services that will lead to student success, especially for equity-deserving groups. Key areas of intervention include addressing the hidden curriculum, training faculty and staff, providing mentorship and peer-support, well-funded mental health supports, and ensuring accessibility and an appropriate learning space. These activities are an opportunity to reinforce values around EDI and health equity, create an inclusive, safe learning environment, and to support students from equity-deserving backgrounds. As well as the program described here, particular attention should be given to programs and services that are available on the University's downtown campus, but may not be available in other neighbourhoods, such as food banks and child care facilities.

Mitigate the impact of the hidden curriculum and its negative effects on equity-deserving groups

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**Immediate  
Action  
(LOI Stage)**

- Acknowledge the hidden curriculum in the LOI and in the proposal development, stating a commitment to addressing it through programming and institutional supports

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**Priority  
Activities after  
Approval**

- n/a

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**Full Proposal &  
Planning Phase**

- Offer training faculty and staff in professionalism skills and the harmful effects of the hidden curriculum
- Develop student orientation programs that focus on EDI values and establish a culture and commitment to inclusivity among students

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Develop EDI, anti-racism, human rights and cultural safety training for all students, faculty and staff

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**Immediate  
Action  
(LOI Stage)**

- (see building institutional capacity)
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<b>Priority Activities after Approval</b>	<ul style="list-style-type: none"> <li>• n/a</li> </ul>
<b>Full Proposal &amp; Planning Phase</b>	<ul style="list-style-type: none"> <li>• Develop, in partnership with appropriate community and university partners, EDI, human rights and cultural safety training for students, faculty and staff</li> </ul>

## Create robust mentorship program for equity-deserving groups

<b>Immediate Action (LOI Stage)</b>	<ul style="list-style-type: none"> <li>• n/a</li> </ul>
<b>Priority Activities after Approval</b>	<ul style="list-style-type: none"> <li>• n/a</li> </ul>
<b>Full Proposal &amp; Planning Phase</b>	<ul style="list-style-type: none"> <li>• Design mentorship programs for equity-deserving groups using best practices around EDI, decolonization and reconciliation.</li> <li>• Develop a variety of mentorship opportunities (formal and informal) for equity-deserving groups with peers, senior students, clinicians and faculty, including physicians from equity-deserving groups</li> <li>• Provide mandatory EDI training for mentors and incentivize their participation</li> <li>• Develop tutoring opportunities to support students in the biomedical sciences</li> </ul>

## Establish mental health supports

<b>Immediate Action (LOI stage)</b>	<ul style="list-style-type: none"> <li>• Integrate a commitment to student mental health and well-being in the Letter of Intent and proposal</li> <li>• Begin a jurisdictional scan and literature review on best practices and innovations in medical student mental health</li> </ul>
<b>Priority Activities after Approval</b>	<ul style="list-style-type: none"> <li>• n/a</li> </ul>
<b>Full Proposal &amp; Planning Phase</b>	<ul style="list-style-type: none"> <li>• Develop timely and rapid access to mental health services to address the mental health challenges faced by equity-deserving groups, specifically evidence-based one-on-one counselling.</li> <li>• Ensure other support services are established such as activities to promote self-care, reduce stress and build social capital.</li> </ul>

Support student led programs and the formation of groups and networks

<b>Immediate Action (LOI Stage)</b>	<ul style="list-style-type: none"> <li>• n/a</li> </ul>
<b>Priority Activities after Approval</b>	<ul style="list-style-type: none"> <li>• Develop relationships with medical student organizations, particularly for equity-deserving groups</li> </ul>
<b>Full Proposal &amp; Planning Phase</b>	<ul style="list-style-type: none"> <li>• Develop opportunities (for instance through funding competitions) for students to develop their own programs and activities to advance EDI</li> <li>• Provide support, including financial, to student-run affiliation groups</li> </ul>

Develop relationships and processes to support successful student transitions to practice

<b>Immediate Action (LOI Stage)</b>	<ul style="list-style-type: none"> <li>• Acknowledge in the LOI and proposal development systemic inequities in health institutions and the particular barriers equity-deserving groups encounter in their transitions to practice</li> </ul>
<b>Priority Activities after Approval</b>	<ul style="list-style-type: none"> <li>• n/a</li> </ul>
<b>Full Proposal &amp; Planning Phase</b>	<ul style="list-style-type: none"> <li>• Ensure any residency programs that are developed align with the priorities identified in this strategy</li> <li>• Include equity-deserving practitioners as instructors and mentors</li> <li>• Explore the development of continuing professional development programs for equity-deserving groups that address systemic barriers to professional advancement, for instance leadership programs</li> </ul>

## Hire and support diverse faculty and staff

A core building block for a School of Medicine is a diverse community of faculty and staff who are themselves committed to EDI, decolonization and Reconciliation. This strategic priority focuses on recruiting and supporting diverse faculty and staff to ensure an equitable work environment that values contributions to EDI and health equity. The kinds of supports and programs needed to hire, retain, and ensure the advancement of equity-deserving faculty and staff go far beyond the scope of a single School or program and require cooperation and advocacy with the University, accreditation bodies, and unions. As a result, the sub-goals and action items described here have relevance beyond medical schools, but are meant to be actionable activities within the scope of the School’s mandate.



Develop partnerships with equity-deserving physician and health research communities

<b>Immediate Action (LOI Stage)</b>	<ul style="list-style-type: none"> <li>Meet with and learn from equity-deserving physician and health research professional groups and communities of practice</li> </ul>
<b>Priority Activities after Approval</b>	<ul style="list-style-type: none"> <li>Attend meetings, join working groups, and meaningfully participate in and support the work of these groups</li> </ul>
<b>Full Proposal &amp; Planning Phase</b>	<ul style="list-style-type: none"> <li>n/a</li> </ul>

Intentionally recruit diverse faculty and staff members and those with a demonstrated commitment to EDI

<b>Immediate Action (LOI Stage)</b>	<ul style="list-style-type: none"> <li>Develop preliminary language around EDI and decolonization to include in future job advertisements</li> </ul>
<b>Priority Activities after Approval</b>	<ul style="list-style-type: none"> <li>n/a</li> </ul>
<b>Full Proposal &amp; Planning Phase</b>	<ul style="list-style-type: none"> <li>Collaborate with unions and University to ensure processes are in place to assess applicants for commitment to EDI and Reconciliation</li> <li>Invest in the faculty pipeline by supporting postdoctoral fellowships and early career awards for equity-deserving groups</li> </ul>

Mitigate the impact of the “minority tax”

<b>Immediate Action (LOI Stage)</b>	<ul style="list-style-type: none"> <li>Ensure the service of all members of the Planning Committee, subcommittees and advisory committees is acknowledged</li> <li>Maintain staff support for the EDI advisory committee</li> </ul>
<b>Priority Activities after Approval</b>	<ul style="list-style-type: none"> <li>n/a</li> </ul>
<b>Full Proposal &amp;</b>	<ul style="list-style-type: none"> <li>Collaborate with others across University to participate in, or grow, faculty</li> </ul>

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**Planning Phase**

- mentorship programs, particularly those designed for equity-deserving groups
- Collaborate with unions and University to ensure faculty contributions to EDI and community-engagement work are meaningfully valued in tenure and advancement decisions
  - Develop awards and financial incentives for faculty participating in EDI work in the School of Medicine
  - Include School of Medicine faculty in University-wide affiliation groups and establish School of Medicine groups
  - Train all faculty and staff in cultural humility and health equity on an ongoing basis
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## Co-create Reconciliation, Decolonization and Indigenous Health values and strategic priorities

Equity, diversity and inclusion may include programs that support Indigenous students, faculty and staff but it does not address the urgent work of reconciliation and decolonization. Over time, we hope this strategy can evolve into an equity, diversity, inclusion and decolonization or Indigenization strategy or that a separation action plan be developed for Reconciliation, but this will require committed co-creation in partnership with Indigenous communities. This strategic goal is designed to identify a process for expanding the EDI strategy and action plan to become an EDI, Reconciliation and Indigenous Health plan. The action items described here are quite general and actually developing Reconciliation and Indigenous health values and strategic priorities will require learning and substantial, long-term trust building with Indigenous communities. Until these goals and visions are co-designed, we recommend that the proposed School of Medicine be guided by both the [Truth and Reconciliation Calls to Action](#) and the [Association of Faculties of Medicine of Canada's Joint Commitment to Action](#) on Indigenous Health and prioritize internal learning and capacity building.

Learn from Indigenous communities about Reconciliation, decolonization and Indigenous health in a medical school context

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**Immediate Action (LOI Stage)**

- Ensure all members of planning process participate in Indigenous Cultural Safety training
  - Meet with Indigenous physician groups and Indigenous health organizations to learn about priorities in medical education
  - Read and reflect on calls to action in Indigenous Health
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**Priority Activities after Approval**

- Identify and appropriately support an Indigenous physician to be a special advisor to the medical school planning process
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**Full Proposal & Planning Phase**

- Continue learning and reflecting through ongoing training and consultation with Indigenous communities
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Develop, in partnership with Indigenous communities, values, strategic priorities, and goals for Indigenous Health as well as the structures, leadership roles, and others supports needed to realise these goals

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<b>Immediate Action (LOI Stage)</b>	<ul style="list-style-type: none"><li>• Learn about “wise practices” in Indigenous community engagement</li><li>• Begin identifying individuals and community groups to be part of co-creation process</li><li>• Ensure co-creation with Indigenous communities is appropriately resourced in initial budgets</li></ul>
<b>Priority Activities after Approval</b>	<ul style="list-style-type: none"><li>• Host co-creation events with Indigenous communities, such as a feast</li><li>• Compensate all community members participating in co-creation process</li><li>• Develop Indigenous Health, Decolonization, and REconciliation value(s) and goals for medical school</li><li>• Develop Indigenous Health, Decolonization, and Reconciliation strategic priorities and implementation plan for medical school</li><li>• Establish an Elders Council or Indigenous Advisory Committee (exact structure tbd)</li><li>• Hire a senior Indigenous Health leadership position (exact role tbd)</li></ul>
<b>Full Proposal &amp; Planning Phase</b>	<ul style="list-style-type: none"><li>• Implement action items and recommendations from co-creation process</li></ul>

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# School of Medicine Equity, Diversity, and Inclusion Advisory Committee

- Uttam Bajwa, Director, Urban-Health and Well-being Nexus Chair
- Annette Bailey, Associate Professor, Nursing
- Cristina Benea, Project Coordinator, OVPR
- Cecile Farnum, Librarian (liaison librarian Nutrition, Occupational and Public Health)
- Esther Ignagni, Director and Associate Professor, Disability Studies
- Elisa Levi, Ryerson Alum & current medical resident, health and food systems consultant
- Marcia Moshé, Chair, School of Medicine Academic Program Development Committee; co-Chair School of Medicine Planning Committee; Professor, Psychology
- Monica McKay, Director, Aboriginal Initiatives, OVPCI
- Anver Saloojee, Professor, Politics and Public Administration
- Yukari Seko, Assistant Professor, Professional Communication; Adjunct Scientist, Holland Bloorview Kids Rehabilitation Hospital
- Claire Touchie, Chief Medical Education Advisor at the Medical Council of Canada, and Professor, Faculty of Medicine at the University of Ottawa
- Remi Warner, Director, Human Rights Services, OVPCI
- Karline Wilson-Mitchell, Director and Associate Professor, Midwifery Education Program
- Erin Ziegler, Assistant Professor, Nursing