

**Diversity in Leadership Working Group**

**Annual Report**

**2018-2019**

## EXECUTIVE SUMMARY

On December 6, 2016 Faculty Council approved the Diversity, Inclusion and Equity Guidelines for the Faculty of Medicine.

[https://medicine.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/global-health/Diversity/gho\\_2016\\_diversity\\_inclusion\\_equity\\_guidelines\\_2016\\_dec\\_6%20.pdf](https://medicine.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/global-health/Diversity/gho_2016_diversity_inclusion_equity_guidelines_2016_dec_6%20.pdf)

*Diversity* is the condition of having a broad range of differences in the Faculty, represented in its people, perspectives, policies, programs and practise.

*Inclusion* is an outcome where community members experience equal access to opportunities for education, employment, promotion and success in the Faculty and a sense of belonging and engagement in the life and work of the Faculty and the institution.

*Equity* is a process that takes diversity and differences into account through fair and non-discriminatory approaches and practices, to ensure inclusion.

“Diversity in Leadership” in the Faculty of Medicine refers to efforts to establish inclusive and equitable principles, policies and practices to increase the diversity of leaders within medicine, with an emphasis on improving recruitment, engagement, retention, development and promotion of historically underrepresented faculty and staff among self-identified Indigenous persons, racialized persons, women, persons with disabilities, and persons who belong to sexual orientation and gender identity minority groups.

In January 2017, the Dean of Medicine established the Diversity in Leadership Task Force with broad representation from across the Faculty of Medicine and the university. The Task Force prepared a report with 28 recommendations aligned with Dal Med Forward’s strategic priorities, resource implications, timelines and team members responsible to ensure the implementation and monitoring of each recommendation.

The Diversity in Leadership Working Group continues the work of the Task Force. The Working Group oversees the implementation of the recommendations from the Diversity in Leadership Task Force (Report, August 2017<sup>1</sup>; See Appendix B for quick snapshot). The Working Group also assists with identifying strategies that create pathways for recruitment and development of diverse historically underrepresented faculty and staff into senior leadership positions within the Faculty of Medicine.

The following report highlights the 2018-2019 progress of implementing the recommendations in the 2017 Report.

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[https://cdn.dal.ca/content/dam/dalhousie/images/faculty/medicine/ForFaculty\\_Staff/Div\\_Lead\\_Report\\_July\\_2017.pdf](https://cdn.dal.ca/content/dam/dalhousie/images/faculty/medicine/ForFaculty_Staff/Div_Lead_Report_July_2017.pdf)

# Diversity in Leadership Annual Report: June 2019

When the Diversity in Leadership Report was approved in July 2017, the Working Group committed to report on progress to the recommendations. The Working Group established a set of priorities to frame a trajectory of continual improvement.

## 1 Human Resources

**Objective:** Recruit and retain diverse leadership

**Progress**

- Annual Reporting (for Heads)
- Recruitment strategies to attract diverse leadership
- Policy development and performance metrics include EDI (T&P, appointments)

**To Do**

- Confirm EDI candidates are being considered first for interim appointments
- Ensure executive Committees have diverse representation
- Heads accountable for discussing delays in promotion with faculty, including EDI considerations

## 2 Administrative Structures

**Objective:** Integrate EDI into systems, policies and practices

**Progress**

- Established Advisory Committee
- Trained faculty on inclusion of sex and gender into research (Stacy Ritz)

**To Do**

- Work with Assistant Dean (Serving and Engaging) on community engagement toolkit
- Review membership on faculty committees

## 3 Accountability

**Objective:** Monitor and report EDI on performance metrics

**Progress**

- Annual reporting of EDI
- Risk assessment and survey reports include EDI

**To Do**

- Develop process to explain delays in faculty promotion

## 4 Training

**Objective:** Increase diversity in leadership positions

**Progress**

- All survey and search committee members complete EDI training
- Funds support diverse faculty to attain leadership skills

**To Do**

- Develop a mandatory EDI training program for recruitment
- Develop an evaluation strategy

## 5 Supportive Environments

**Objective:** Embed EDI into FoM's structures

**Progress**

- Diversity was central to FoM's 150th anniversary
- Funds available for departments to ensure diversity of visiting speakers

**To Do**

- Develop mentorship for designated group members within their first five years

## 6 Communications

**Objective:** Align communication with EDI goals

**Progress**

- Celebrated new leadership
- Acknowledge campaigns

**To Do**

- Develop EDI guidelines to plan events
- Finalize communications plan

## 7 Research

**Objective:** Enhance scholarly activity of diversity in academic leadership

**Progress**

- Three articles completed for Canadian Journal of Physician Leadership, Medical Teacher and Handbook on Promoting Social Justice in Education

**To Do**

- Dissemination of research findings by creating visual tools and other knowledge translation materials for internal institutional use
- Expanding research to include other equity seeking groups in the advancement of academic medicine leadership

\* EDI = Equity Diversity and Inclusion

## COMMITTEE MEMBERSHIP

- Paula Cameron, Postdoctoral Fellow, Medical Education
- Hannah Ching, Human Resources Advisor (Faculty of Medicine)
- Janice Godin, Director, Human Resources (Faculty of Medicine)
- Arif Hussain, Department of Pediatrics
- Connie LeBlanc, Associate Dean, Continuing Professional Development
- Jennifer Lewandowski, Officer, Communications & Marketing (Faculty of Medicine)
- Jean Marshall, Department of Microbiology & Immunology
- Tanya Matheson, Analyst, Research Office (Faculty of Medicine)
- Roger McLeod, Associate Dean, Research
- Tanya MacLeod, Evaluation Specialist, Continuing Professional Development
- Shawna O’Hearn, Director, Global Health Office (Co-Chair)
- Roberta Preston, Manager, Student Affairs Office
- Thomas Pulinilkunnil, Department of Biochemistry & Molecular Biology
- Christy Simpson, Head, Department of Bioethics (Co-Chair)

## **HUMAN RESOURCES (see also Appendix A)**

### **Monitor the recruitment, retention, promotion and roles in leadership of faculty members from designated groups and provide an annual report on progress in these areas to the Dean and to Faculty Council**

A report indicating the number of designated members being recruited (via the academic recruitment process) and being promoted and/or granted tenure in the past year has been produced and submitted to the Dean. This report is part of a broader report presented at the Annual Faculty Meeting by the Diversity in Leadership Working Group and is included in Appendix A. This is the first year that these statistics are gathered for this purpose, but it will become an annual report moving forward, which will help us to track progress year-over-year in these two areas.

### **Design improved recruitment and retention strategies focused on actively seeking, attracting and retaining diverse faculty, staff, students, and administrators**

The Faculty of Medicine follows the University's recruitment processes, in which Employment Equity principles are embedded throughout (from the selection of search committee members, to the shortlisting of candidates, to the offer). There is additional progress to be made in terms of specific retention strategies.

### **Ensure interim appointments for Department Head, Division Head and other leadership development roles (i.e. Assistant Deans, survey/search committee chairs, heads of major Faculty Committees) are actively used as a mechanism to enhance leadership diversity. For example, when these positions are being filled, potential (qualified) candidates from designated groups should be considered first and evidence of this process should be provided to the Dean**

Whenever possible, designated group members are being appointed to interim leadership roles within the Faculty of Medicine.

### **Ensure Department Executive Committees and similar bodies always include designated group members, using similar representation rules to those required for survey and search committees. These committees should strive to have maximal representation across all designated equity-seeking groups and reflect the diversity of the community.**

To date, Departments have not been reached out to in order to gather information regarding designated group representation on departmental committees.

### **Ensure that all policy and program development and delivery decisions carefully consider diversity, equity and inclusion**

Ongoing.

### **Imbed EDI competencies and metrics in performance evaluation processes for Department Heads and senior leadership**

The annual review form for Department Heads and Assistant/Associate Deans includes EDI-related questions.

**Establish an oversight process to ensure that highly ranked designated group members are actively pursued and provided similar offers during negotiations for faculty recruitments as other search committee approved candidates.**

The University's recruitment process ensures that designated group members are given priority in ranking, unless they are significantly less qualified than any higher-ranked candidate. Future work will include a comparative analysis of initial offers between designated group members and non-designated group members.

## **ADMINISTRATIVE STRUCTURES**

**Establish Advisory Committee on EDI reporting to Faculty Council to proactively identify and address issues and opportunities in the Faculty**

In June 2018, established Advisory Committee on EDI reporting to Faculty Council to proactively identify and address issues and opportunities in the Faculty. The Committee meets monthly and has broad representation from across the Faculty.

**Collaborate with other faculties (especially Health, Dentistry and Law) on larger events related to diversity and inclusion.**

Lecture and workshop on inclusion of sex and gender in research by Stacy Ritz in March 2019

Facilitated graduation events in May 2019 specifically for our Indigenous and African Nova Scotian medical graduates with their families, community and faculty members

**Continue to enhance social accountability through broad inclusion and feedback from a diverse group of engaged stakeholders. For example, development of a community engagement toolkit through DalMedForward**

With the hiring a new Assistant Dean of Serving and Engaging Society, the committee will collaborate with Dr Gaynor Watson-Creed to develop a community engagement toolkit

**Ensure that mechanisms are developed to enhance engagement and opportunities for designated equity-seeking groups. For example, there should be a regular review of membership on Faculty committees to address any gaps.**

In 2018-19, Faculty Council reviewed committee membership to identify and address gaps in equity, diversity and inclusion

## ACCOUNTABILITY

**Ensure Annual Faculty Review process includes explanation of delay for any Faculty member who is greater than 5 years in rank of assistant or associate professor (excluding parental leaves) and identification of measures put in place to enhance opportunities for promotion including but not limited to mentorship**

During department head annual meeting, Faculty appointments in the department is reviewed with the Dean.

**Ensure annual reporting of diversity, equity and inclusion goals and progress within the FoM is tracked and communicated across the Faculty in alignment with 2016 FOM guidelines for diversity, equity and inclusion. Designate an individual to monitor and account for diversity, equity and inclusion goals of the FoM and submit annual reports provided to the Dean, Faculty Council and the Committee of Diversity and Inclusion**

Presented progress during Annual Faculty Meeting in June 2019 and circulated findings on Faculty of Medicine website. Report will be sent to all Department Heads as well as Council of Assistant and Associate Deans

**Ensure diversity, equity and inclusion are included in the annual risk assessments completed by each unit and align with the 2016 FOM guidelines for diversity, equity and inclusion**

Dean of Medicine reviews risk assessment with each Associate Dean during their annual review meetings

**Ensure diversity, equity and inclusion details are included as part of the departmental survey reports and are provided to the survey committee by the department head in line with 2016 FOM guidelines for diversity, equity and inclusion**

In 2018-2019, departmental survey reports included a review of diversity, equity and inclusion following the 2016 guidelines

## TRAINING

**Develop a diversity, equity and inclusion training program that is provided on an annual basis and is mandatory for department and division heads. This training must be completed prior to taking on a senior leadership role in the FoM**

This recommendation will be a priority for 2019-20 as the working group collaborates with human resources and the Office of Human Rights and Equity Services

**Ensure all members of survey and search committees complete diversity, equity and inclusion training or an alternate and equivalent on-line training module (including unconscious bias training) prior to serving in this capacity**

Training for all committee members is facilitated through Office of Human Rights and Equity Services; Human Resources and Centre for Learning and Teaching

**Ensure leadership training be made available to members of designated equity-seeking groups on an annual competitive basis**

The Dean of Medicine supports this recommendation with funding of \$20,000 in line with a matching program with departments (where available) for the next academic year (2019-2020). The program is being launched in June 2019 and distribution of funds will take place in October 2019

**Develop an evaluation strategy to assess the effectiveness of training interventions and include results in the annual report to the Dean and Faculty Council**

An evaluation strategy was developed, reviewed by the committee and is being implemented to help support the ongoing review of the work towards equity and inclusion within leadership across the Faculty of Medicine

## **SUPPORTIVE ENVIRONMENTS**

**Improve access to established mentors from designated groups who are external to the departments of new faculty members and develop an additional peer mentorship program focused on designated group members within their first five years**

A review of best practices of mentorship programs is being completed to guide the establishment of an evidence-based peer mentorship program.

**Develop mechanisms to ensure diversity of viewpoints and inclusion of designated group members on Academic Tenure and Promotion and similar committees within Departments and the Faculty**

A priority for the working group to focus on in 2019-2020

**Encourage inclusion of visiting speakers from designated groups in seminar series and as guest speakers. Through Dean's Office, a speaker support fund and advertising assistance provided to Departments (and units)**

A priority for the working group to focus on in 2019-2020



**In preparing for FoM's 150<sup>th</sup> Anniversary events, ensure planning incorporates diversity, equity and inclusion.**

Three videos were produced for the 150<sup>th</sup> Gala event including a video on the History of Medicine, Research and one specific to Diversity. The videos included:

- An overview of the medical school's longstanding commitment to serving and engaging society, and interview with the new Assistant Dean of Serving and Engagement (Dr Gaynor Watson-Creed)
- Interview with Margaret Casey about the medical school's pioneering stance on women in medicine with more than half of medical student body and significant representation on faculty. Dalhousie Medicine also had the first female dean in Canada
- Interviews included the medical school's involvement with marginalized communities globally and locally, and the establishment of the North End Clinic and ongoing mentorship of medical students.
- Demonstrated examples of community involvement, such as Walk in Our Shoes, HOPES clinic, Service Learning Program; overseas electives for students and residents, faculty involvement with partners in Africa
- History of efforts to involve people from diverse backgrounds in medicine—from early 1900s welcoming African-descended students, primarily from the Caribbean, during the lead up to WWII opening the doors wide to Jewish medical students, later reaching out to indigenous communities; current initiatives and successes with PLANS and Indigenous programs, i.e. summer camps; Diversity in Leadership Task Force

## COMMUNICATIONS

**Develop a set of guidelines to support the Faculty in planning and promoting events that are consistent with diversity, equity and inclusion goals. Distribute these guidelines to all unit and department heads.**

A guide<sup>2</sup> was prepared by the University of Oxford's School of Geography and the Environment to help organisers create more inclusive events. The working group will modify for Dalhousie Medicine to make it relevant to organisers in charge of conference logistics (choosing a venue, structuring conference sessions, organising social events), as well as those involved with more strategic decisions. In 2019-2020, the working group will organize faculty and staff development sessions.

**Develop an engaged communication plan to enhance awareness, recognition and commitment in relation to diversity, equity and inclusion across the Faculty.**

As part of the Faculty of Medicine's Communication Plan, there will be targeted efforts to support and enhance awareness, recognition and commitment in relation to diversity, equity and inclusion across the Faculty.

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<sup>2</sup> [https://reachwater.org.uk/wp-content/uploads/2019/05/2019\\_05\\_22\\_Inclusive-Conference-Guide.pdf](https://reachwater.org.uk/wp-content/uploads/2019/05/2019_05_22_Inclusive-Conference-Guide.pdf)

## **Identify champions for diversity, equity and inclusion and publicize examples of success to acknowledge and celebrate advances**

- Dr. OmiSoore Dryden, JRJ Chair in African Canadian Studies, May 2019
- Dr. Susan Kirkland, Head, Department of Community Health & Epidemiology, March 2019
- Dr. Gaynor Watson-Creed, Assistant Dean, Serving and Engaging Societies, August 2018
- Dr. Janice Chisholm, Competency-Based Medical Education (CBME) lead, February 2018
- Dr. Valerie Chappe, Assistant Dean, Graduate and Postdoctoral Studies, January 2018
- Linda Penny, Chief Operating Officer, Faculty of Medicine, January 2018
- Dr. Elizabeth Cowley, Head, Physiology & Biophysics, November 2017
- Dr. Irene Sadek, Head, Department of Pathology, September 2017
- Dr. Christine Short, Head, Department of Medicine, September 2017
- Dr. Carolyn Thomson, Assistant Dean, Resident Affairs, July 2017
- Diversity in Leadership Task Force

## **Develop and support already existing campaigns around observances recognizing diversity, equity and inclusion matters with high-impact communications and education pieces**

Stories that highlight what we're doing to communicate how and where we recognize diversity:

- July 2018 – *Junior University helps prepare Indigenous teens for careers in health*: In July, 40 Indigenous youth from Atlantic Canada and as far away as Quebec and Labrador attended a weeklong health science camps at Dalhousie University, Cape Breton University and St. Francis Xavier University. ([Link](#))
- July 2018 – *Summer camp prepares African-descended high school students for postsecondary programs in health professions*: The first PLANS summer camp was launched at Dalhousie in 2014, with start-up funding from the Government of Nova Scotia. It has since expanded to reach more African Nova Scotian youth across the province with camps held at St. Francis Xavier University and Cape Breton University. ([Link](#))
- March 2018 – *Women step into more senior leadership roles at Dalhousie Medical School*: In 2018, eight women were appointed to senior positions of influence in the Faculty of Medicine, and a report on diversity in leadership has issued 28 recommendations that could add to that number. ([Link](#))
- May 2017 – *Ready to lead and make a difference*: At Spring Convocation ceremonies in May 2017, Dalhousie Medical School graduated its largest ever class of MDs of African descent. ([Link](#))

Stories that are not directly related to how we observe and recognize diversity but feature our diverse community:

- September 2018 – *Research tracks Indigenous health trends and determinants*: The health status of Indigenous adults has been deteriorating in Canada for over a decade, and socioeconomic inequalities in health among Indigenous Canadians have increased over time. These were some of the findings in a paper recently published by Dalhousie researchers in the Health Policy journal. ([Link](#))
- April 2018 – *Med students give community organizations a helping hand*: Dalhousie Medical School's Service Learning Program is part of #DalMedForward, the school's five-year plan to continue to achieve excellence in medical education while serving and engaging the broader community. ([Link](#))

- April 2018 – *U.S. National Institutes of Health (NIH) awards Dal-led project \$3.2 million to develop new immunotherapy drugs for advanced melanoma:* A Dalhousie Medical School cancer immunologist has received a rare five-year operating grant. ([Link](#))
- March 2018 – *Ready to represent Dalhousie Medical School at Lindau Nobel Laureate Meeting:* His nomination confirmed, award-winning PhD graduate Simon Gebremeskel will be on his way to Germany to attend the Lindau Nobel Laureate Meetings. ([Link](#))
- February 2018 – *Anesthesiologist takes the lead on competency based medical education:* Hear from Dr. Janice Chisholm, former program director of Dalhousie Medical School’s anesthesia residency training program, and current CBME (competency based medical education) lead. ([Link](#))
- January 2018 – *Sultan Darvesh: Revolutionary researcher:* Sultan Darvesh (MD'88), Dal neurologist, is a leader in the global efforts to develop a definitive test for Alzheimer’s disease during life. ([Link](#))
- June 2017 – *Bringing it all back home: Medical Sciences student aims to make a difference in her community:* Growing up in the Eskasoni First Nation, Karlee Johnson saw first-hand the impact of language and culture barriers in the health-care system. Now, as a Medical Sciences student at Dal, she has her sights set on a career in medicine in her own community. ([Link](#))
- September 2018 – CBC News NS: *Dalhousie University mentorship program aims to get more black students in math and science* ([Link](#))
- June 2017 – CBC News NS: *Summer camps introduce young black Nova Scotians to career in medicine* ([Link](#))
- March 2018 – CBC News NS: *Dalhousie program works to attract Indigenous students to health professions* ([Link](#))

## RESEARCH

**Continue research with designated groups, building on the Task Force’s first phase which focused on women in leadership**

### Members:

Constance LeBlanc  
Christy Simpson  
Tanya MacLeod  
Paula Cameron

Shawna O’Hearn  
Roger McLeod  
Anna MacLeod

Over the past year, the Equity and Diversity Research Group has focused on continued data analysis and has begun dissemination of results. This has involved:

- Ongoing initial collective data analysis sessions coordinated by Tanya MacLeod and led by PIs Christy Simpson and Constance LeBlanc
- A two-stage data analysis process (1. discourse analysis 2. thematic analysis using ATLAS.ti)
- Currently involved in dissemination, which will include creating visual tools and other knowledge translation materials for internal institutional use

## **Findings Summary**

### **Purpose**

Women's advancement in academic medicine leadership has continued to lack parity with men. Existing literature proposes several social, institutional, and individual-level factors, yet seldom explores how gender inequity is experienced and understood by men and women working in diverse roles within the field.

### **Methods**

This feminist qualitative study involved thematic analysis of 20 interviews on gender and leadership with female (n = 14) and male (n = 6) employees working in multiple roles within academic medicine at a Canadian medical school.

### **Findings**

Participants characterized women leaders in the following conflicting ways: as deserving versus requiring cultivation; as passive versus actively blocked from leadership; and as pleasers versus troublemakers. Women were assumed to be a homogeneous group that encounter the same barriers and opportunities.

### **Conclusions**

We need to move beyond superficial approaches to gender equity in academic medicine leadership. This requires: approaching equity as active resistance to institutional injustice; addressing intersectional barriers encountered by multiply marginalized women, including trans women and women of color, across multiple roles within academic medicine; examining how privilege subtly works to uphold the status quo; and considering the ways that hegemonic white, masculine cultures of academic medicine, including ideas of merit and success, create additional barriers for women leaders.

### **Publications**

LeBlanc C. and Simpson C. (2018). Challenge to change: diversity in leadership. *Canadian Journal of Physician Leadership*. 5(1), 14-18. <https://physicianleaders.ca/assets/cjplvol5num1.pdf>

Cameron P., LeBlanc C., MacLeod A., MacLeod T., O'Hearn S., Simpson C. (in press). Women leaders' career advancement in Academic Medicine: A feminist critical discourse analysis. *Handbook on Promoting Social Justice in Education*. Rosemary Papa, Editor. Springer, NY.

Cameron P., LeBlanc C., Simpson C., MacLeod A., O'Hearn S., McLeod R. (submitted). Beneath the surface: Gender equity in academic medicine leadership at a Canadian medical school. *Medical Teacher*.

### **Presentations**

Cameron P., Simpson C., LeBlanc C., O'Hearn S., McLeod R., MacLeod A., MacLeod T. (2019). Beneath the Surface: Gender Equity in Academic Medicine Leadership at Dalhousie. Medical Education Research and Innovation Showcase. Dalhousie University Faculty of Medicine. Halifax, NS.

## APPENDIX A

### Recruitment, Tenure and Promotion of Designated Group Members

July 1, 2018 to June 30, 2019

Faculty of Medicine

#### Recruitment<sup>3</sup>

- DG members among successful academic recruitments (overall): 42%
  - DG members among successful Dept Head / AA Dean recruitments: 33%
  - DG members among successful research chair recruitments: 100%

#### Tenure and/or Promotion<sup>4</sup>

Appointment type	# Applicants (submitted to Faculty level)	# DG members among applicants	# Successful applicants	# DG members among successful applicants
Tenure Stream (for Tenure and/or Promotion)	5	13/28 <sup>5</sup> (46%)	5/5 (100%)	- <sup>6</sup>
Continuing Appointment Stream (for Promotion)	23		19/23 (83%)	8/19 (42%)

<sup>3</sup> Includes all faculty members recruited via the Dalhousie academic recruitment process with start dates within the relevant period.

<sup>4</sup> Includes all faculty members granted promotion and/or tenure within the relevant period.

<sup>5</sup> Response rate = 16/28 (57%).

<sup>6</sup> For privacy reasons, groups of less than five respondents are not reported.

Human Resources		
1	Monitor the recruitment, retention, promotion and roles in leadership of faculty members from designated groups and provide an annual report on progress in these areas to the Dean and to Faculty Council	
2	Design improved recruitment and retention strategies focused on actively seeking, attracting and retaining diverse faculty, staff, students, and administrators	
3	Ensure interim appointments for Department Head, Division Head and other leadership development roles (i.e. Assistant Deans, survey/search committee chairs, heads of major Faculty Committees) are actively used as a mechanism to enhance leadership diversity. For example, when these positions are being filled, potential (qualified) candidates from designated groups should be considered first and evidence of this process should be provided to the Dean	
4	Ensure Department Executive Committees and similar bodies always include designated group members, using similar representation rules to those required for survey and search committees. These committees should strive to have maximal representation across all designated equity-seeking groups and reflect the diversity of the community.	
5	Ensure that all policy and program development and delivery decisions carefully consider diversity, equity and inclusion	
6	Imbed EDI competencies and metrics in performance evaluation processes for Department Heads and senior leadership	
7	Establish an oversight process to ensure that highly ranked designated group members are actively pursued and provided similar offers during negotiations for faculty recruitments as other search committee approved candidates.	
Administrative Structures		
8	Establish Advisory Committee on EDI reporting to Faculty Council to proactively identify and address issues and opportunities in the Faculty	
9	Collaborate with other faculties (especially Health, Dentistry and Law) on larger events related to diversity and inclusion. Participate in university events that celebrate diversity to enhance the visibility of the Faculty commitment to these activities	
10	Continue to enhance social accountability through broad inclusion and feedback from a diverse group of engaged stakeholders. For example, development of a community engagement toolkit through DalMedForward	
11	Ensure that mechanisms are developed to enhance engagement and opportunities for designated equity-seeking groups. For example, there should be a regular review of membership on Faculty committees to address any gaps.	
Accountability		
12	Ensure Annual Faculty Review process includes explanation of delay for any Faculty member who is greater than 5 years in rank of assistant or associate professor (excluding parental leaves) and identification of measures put in place to enhance opportunities for promotion including but not limited to mentorship	
13	Ensure annual reporting of diversity, equity and inclusion goals and progress within the FoM is tracked and communicated across the Faculty in alignment with 2016 FOM guidelines for diversity, equity and inclusion. Designate an individual to monitor and account for diversity, equity and inclusion goals of the FoM and submit annual reports provided to the Dean, Faculty Council and the Committee of Diversity and Inclusion	
14	Ensure diversity, equity and inclusion are included in the annual risk assessments completed by each unit and align with the 2016 FOM guidelines for diversity, equity and inclusion	
15	Ensure diversity, equity and inclusion details are included as part of the departmental survey reports and are provided to the survey committee by the department head in line with 2016 FOM guidelines for diversity, equity and inclusion	

Training		
16	Develop a diversity, equity and inclusion training program that is provided on an annual basis and is mandatory for department and division heads. This training must be completed prior to taking on a senior leadership role in the FoM	
17	Ensure all members of survey and search committees complete diversity, equity and inclusion training or an alternate and equivalent on-line training module (including unconscious bias training) prior to serving in this capacity	
18	Ensure leadership training be made available to members of designated equity-seeking groups on an annual competitive basis	
19	Develop an evaluation strategy to assess the effectiveness of training interventions and include results in the annual report to the Dean and Faculty Council	
Supportive Environments		
20	<p>Improve access to established mentors from designated groups who are external to the departments of new faculty members and develop an additional peer mentorship program focused on designated group members within their first five years</p> <ol style="list-style-type: none"> <li>1. Recognize that as individuals move into leadership roles with increasing levels of responsibility and scope that additional opportunities for leadership development may require different forms of support (e.g., access to different mentors or resources).</li> <li>2. Encourage proactive discussions with faculty and staff about their interest in leadership, upcoming leadership opportunities, and supports for leadership roles within Faculty units and departments</li> </ol>	
21	Develop mechanisms to ensure diversity of viewpoints and inclusion of designated group members on Academic Tenure and Promotion and similar committees within Departments and the Faculty	
22	Encourage inclusion of visiting speakers from designated groups in seminar series and as guest speakers. Through Dean's Office, a speaker support fund and advertising assistance provided to Departments (and units)	
23	In preparing for FoM's 150th Anniversary events ensure planning incorporates EDI	
Communications		
24	Develop a set of guidelines to support the Faculty in planning and promoting events that are consistent with EDI goals. Distribute these guidelines to all unit and department heads	
25	Develop an engaged communication plan to enhance awareness, recognition and commitment in relation to EDI across the Faculty	
26	Identify champions for diversity, equity and inclusion and publicize examples of success to acknowledge and celebrate advances	
27	Develop and support already existing campaigns around observances recognizing EDI with high-impact communications and education	
Research		
28	Continue research with designated groups, building on the Task Force's first phase which focused on women in leadership	