Black Student Admission Pathways in Health Sciences Higher Education: A Scoping Review of Canadian and United States Pathways

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I. Abstract

The underrepresentation of Black students and healthcare professionals in Health Sciences is a consequence of historic and ongoing systemic discrimination. Research highlights that diversifying Health Sciences student representation in clinical programs empowers inclusive healthcare workforces, fosters intercultural collaboration, enhances culturally safe and relevant care, and reduces health disparities for equity-deserving populations. Rationalizing the need for inclusive admissions, this scoping review first identifies barriers to Black student representation and explores recommendations for improving access to Health Sciences programs in Canada and the United States. The review then rigorously evaluates both peer-reviewed and grey literature to identify key inclusive admissions themes, facilitators, and barriers of implementing successful and sustainable Black student admission pathway (BSAP) initiatives. Actionable strategies are discussed to enhance Black student representation across diverse Health Sciences programs, including medicine and allied healthcare teams. Key admissions interventions identified included longitudinal, community-centred recruitment and retention supports, such as mentorship, financial aid, holistic admissions review, and psychosocial support. Additionally, this review highlights best practices in BSAP implementation to inform the development of admissions guidelines and strategies for employing BSAP initiatives across Queen's Health Sciences (QHS) programs. Overall, this review aims to empower more diverse representation across Health Sciences workforces to better reflect and serve patient populations from equity-deserving and intersecting backgrounds.

II. Statement of Positionality

I am privileged to learn and grow on the traditional lands of the Anishinaabe, Huron-Wendat, and Haudenosaunee Indigenous Peoples. I recognize my intersectional positionality as a settler ally living in Kingston, Ontario and studying at Queen's University. While I do not identify as a Black person, I am committed to critical allyship, cultural humility, and intercultural collaboration to promote health equity.

III. Glossary of Key Definitions and Acronyms

Equity: A "guarantee of fair treatment, access, and opportunity. Goes beyond formal equality; differential treatment according to need may be required. Redressing unbalanced conditions is needed to achieve equality of opportunity for all groups" (Queen's Health Sciences [QHS], 2022).

Diversity: "Any dimension that can be used to differentiate groups and people from one another. It means respect for and appreciation of differences" (QHS, 2022).

Inclusion: "The active, intentional, and ongoing engagement with diversity, where each person is valued and provided with the opportunity to participate fully in creating a successful and thriving community. It means creating value from the distinctive skills, experiences, and perspectives of all members of our community" (QHS, 2022).

EDIIA: Equity, Diversity, Inclusion, Indigeneity, Accessibility.

Health Sciences Programs: Educational programs designed to train students for the healthcare workforce, including fields such as medicine, nursing, and dentistry, among others.

Black Student Admission Program or Pathway (BSAP): Optional application streams for student applicants who self-identify as Black. The University of Toronto defines eligible applicants under their medical application BSAP as Black African, Black Caribbean, Black North American, and multi-racial students (Temerty Faculty of Medicine, University of Toronto [UofT], 2019).

QHS: Queen's Health Sciences.

BMSAC / BMSA: Black Medical Students' Association of Canada.

IV. Introduction

IV.A. The Underrepresentation of Black Health Sciences Students and Healthcare Professionals

The 1910 Flexner report, which transformed medical school education, unjustly discriminated against and terminated under-resourced United States (U.S.) Black medical schools. The Black Medical Students' Association of Canada (BMSAC) highlights how this has intergenerational and ongoing impacts on the underrepresentation of Black healthcare professionals across North America, with resulting health inequities for Black patient populations (Black Medical Students' Association of Canada [BMSAC], 2020; Grubbs, 2023). Within Canada and the U.S., systemic discrimination has contributed to enduring legacies of racial exclusion in Health Sciences higher education (Khan et al., 2020; Morris et al., 2021). The Queen's University 1918 ban on Black medical student enrollment, which was not officially repealed until 2018, highlights the long-standing and urgent need for reforming institutional admissions practices to promote inclusion (Vogel, 2019). While Black persons represent 6.4% of the general

population in Canada, 2020 survey data found Black students comprise 1.7% of enrollment at Canadian medical schools (Khan et al., 2020). Institutional racism is further evidenced by the frequent experiences of discrimination reported by Black medical students, with 59% indicating at least one experience, as highlighted in a BMSAC survey. Low diversity in medical education was reported as a contributing factor (Mathieu et al., 2022). Beyond medicine, Black students are underrepresented within allied Health Sciences programs, including nursing and dentistry (Ardenghi et al., 2024; Luhanga et al., 2023).

IV.B. The Importance of Diverse Black Healthcare Workforce Representation

There is an urgent need to address the underrepresentation of Black students admitted into Health Sciences higher education, who comprise the future healthcare workforce. Studies show underrepresentation within the healthcare workforce limits culturally informed care and creates health disparities for equity-deserving patients (Laurencin et al., 2017; LaVeist et al., 2003; Merchant et al., 2010). Conversely, diverse healthcare workforces enhance interprofessional collaboration, providing comprehensive culturally safe and relevant care to equity-deserving patients (Laurencin et al., 2017; LaVeist et al., 2003; Merchant et al., 2010).

Enhancing social accountability and health equity, the U.S. and Canada have made commitments to diversifying healthcare workforces, strengthening I) patient-physician relationships; II) patient satisfaction and trust; III) compliance to recommendations and patient-related healthcare outcomes; and IV) healthcare access (Association of American Medical Colleges [AAMC], n.d.; Association of Faculties of Medicine in Canada [AFMC], n.d.; Joy, 2022). While many medical schools and allied Health Sciences programs have increased commitments to diversifying student representation from equity-deserving backgrounds (Simone et al., 2018), Black students in the U.S. (Morris et al., 2021) and Canada (Khan et al., 2020) remain underrepresented.

A study in Ontario, Canada identified barriers for medical school applicants from equity-deserving backgrounds, including Black students and those from low-socioeconomic backgrounds: (I) social (lack of connections or mentorship within the healthcare discipline); (II) identity-related (concerns about ‘fitting in’ with peers with greater privileges); (III) economic (financial burdens); (IV) structural (systemic exclusion and discrimination); and (V) informational (insufficient support navigating admissions requirements) (De Freitas et al., 2021). Addressing these barriers highlights the urgent need for accessible and inclusive admissions practices, supported by evidence-based and equity-informed Black Student Admission Pathway (BSAP) initiatives.

IV.C. Legal Shifts and the U.S. Affirmative Action Bans

Following the initiation of the 2020 Black Lives Matter movement, academic and Health Sciences institutions globally were restructured to implement equity and anti-racism initiatives, including race-conscious admissions strategies (Alan et al., 2024). While this scoping review does not impose specific limitations on publication date, the U.S. Supreme Court rulings, *Students for Fair Admissions v. Harvard* (2023) and *Students for Fair Admissions v. University of North Carolina* (2023), which declared affirmative action, and thus race-conscious admissions strategies, unconstitutional, were acknowledged. Research suggests affirmative action bans are associated with significant reductions in the enrollment of students from underrepresented and equity-deserving

groups, including Black students, in U.S.-based medical schools (Ly et al., 2022). With a focus on inclusive Health Sciences admissions for Black students, this scoping review investigates how these legal shifts may influence the evaluation and development of equity-based admissions pathways globally.

IV.D. The Need for Black Student Admission Pathways across Queen's Health Sciences

The 2020 recommendations from the BMSAC call on the Association of Faculties of Medicine of Canada (AFMC) to act to address systemic discrimination. Specifically, the BMSAC advocates for the Future of Medical Education in Canada (FMEC) report and Future of Admissions in Canada Think Tank (FACTT) to prioritize the representation of Black learners within Health Sciences higher education. The BMSAC advocates for Health Sciences faculties to re-evaluate their admissions policies on: (I) the impacts of medical school application commercialization and associated financial barriers to admission; (II) opportunities for pipeline and mentorship programs enhancing diversity (e.g., BSAP); and (III) admissions data-informed evidence of inherent bias and opportunities for faculty anti-racism and anti-oppression training; among other recommendations (BMSAC, 2020).

The first Canadian medical program to establish a BSAP was University of Toronto (UofT) in 2017. Alongside a mentorship initiative called "Community of Support" (CoS), UofT provides an optional opportunity for Black students meeting the general admissions requirements to self-identify and compose a personal essay to be evaluated by Black physicians and community members during the applicant's file review and interviews, with oversight from the Black Canadian Admissions Subcommittee (UofT, 2019). Other North American Health Sciences undergraduate and graduate programs are gradually implementing BSAP initiatives. While Queen's Health Sciences (QHS) modified their Queen's Accelerated Route to Medical School (QuARMS) program in 2020 to recruit Black or Indigenous applicants, the QuARMS final cohort was set in 2024. QHS has since transitioned to a lottery system for the medical school interview stage for all applicants who meet the Grade Point Average (GPA), Medical College Admission Test (MCAT), and Computer-Based Assessment for Sampling Personal Characteristics (CASPer) thresholds. While the QHS medical program has an Indigenous student admission pathway (ISAP), a BSAP has not yet been implemented (QHS, 2022). However, Dr. Peggy DeJong, Assistant Dean of Admissions for the QHS medical program, announced at the December 2024 QHS Equity, Diversity, Inclusion, Indigeneity, Accessibility (EDIIA) General Assembly that self-identifying Black students applying in the 2025 admissions cycle who meet the general academic criteria of GPA, MCAT, and CASPer will have the opportunity to apply through the BSAP (DeJong, 2024). This process includes composing a personal letter, participating in panel interviews conducted by Black faculty, residents, medical students, and community members, and receiving post-admissions mentoring. While this initiative aims to enhance Black medical student representation, it is crucial to adopt BSAP initiatives across all QHS programs and continuously monitor and adapt existing streams based on evidence-based and equity-informed best practices (QHS, 2022).

The QHS EDIIA Action Plan has an institutional goal of enhancing admissions of equity-deserving and historically underrepresented groups. It recommends the establishment of separate admission streams, including the implementation of BSAP initiatives, reserved seats, and transitional programs. The report also acknowledges the intersectionality of equity-deserving students, such as those who are from first-generation or low socioeconomic

backgrounds. It further recommends the implementation of mentorship and outreach admissions programs, financial assistance, and a holistic review of applicants. To minimize discrimination and biases experienced by equity-deserving students throughout the admissions process, the report advocates for diverse admissions reviewers, equity training for admissions personnel, and disclosure and feedback initiatives to enhance institutional social accountability. Informed by admissions data, BSAP initiatives across QHS programs represent a key targeted admissions strategy identified in the report (QHS, 2022).

V. Rationale

The objective of this scoping review is to synthesize peer-reviewed and grey literature that examines BSAP initiatives and supportive structures that increase Black student representation in Canadian and U.S. Health Sciences higher education. This review aims to identify best practices for promoting Black student inclusion in Health Sciences admissions, with an emphasis on guiding admissions pathway development at QHS, as recommended in the QHS EDIIA Action Plan. Specifically, the primary research questions addressed are:

1. What supports have been developed for inclusive BSAP initiatives in Health Sciences higher education in Canada and the U.S.?
2. What are the best practices for enhancing Black student representation in Health Sciences higher education?
3. Can these practices inform guideline development for QHS admissions?

Aligned with the BMSAC, this review acknowledges achieving health equity through a diverse healthcare workforce extends beyond admissions and requires addressing systemic racism across recruitment, retention, and clinical practice experiences of Black healthcare professionals (BMSAC, 2020).

VI. Methods

VI.A. Scoping Review Protocol

Following the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) extension for Scoping Reviews (PRISMA-ScR) guidelines, this scoping review adhered to a comprehensive methodological protocol, which was registered with the Open Science Framework (OSF). The search strategy, adapted to the specifics of each electronic database, explored the PCC framework: Black students (Population), Admissions (Concept), and Health Sciences (Context). Specifically, any intervention supporting the admission, recruitment, or retention for Black students entering or currently in Health Sciences higher education was examined for its implementation, facilitators, and barriers in advancing inclusivity, accessibility, and diverse representation.

VI.B. Defining Black Students as the Population and Health Sciences as the Context

Limiting the accuracy and comparability of research findings, there is currently no precise definition of Black persons, and generally refers to individuals self-identifying as Black with diverse origins, including African or Caribbean descent (Cénat, 2022). Thus, search terms were adapted to reflect varying iterations of Black person or student, as opposed to the diverse origins of Black persons. Admission pathways for Black students were investigated in a diverse array of undergraduate and graduate Health Sciences programs within QHS, including Bachelor of Health Sciences, Undergraduate Medicine, Undergraduate Nursing, Occupational Therapy, Physical Therapy, and Rehabilitation Therapy. Health Sciences programs outside of QHS, including Dentistry and Pharmacy, were also analyzed, with research emphasizing the importance of diverse representation across allied Health Sciences education for promoting health equity (Saizan et al., 2021).

VI.D. Peer-Reviewed Literature Search Strategy, Screening Process, and Thematic Analysis

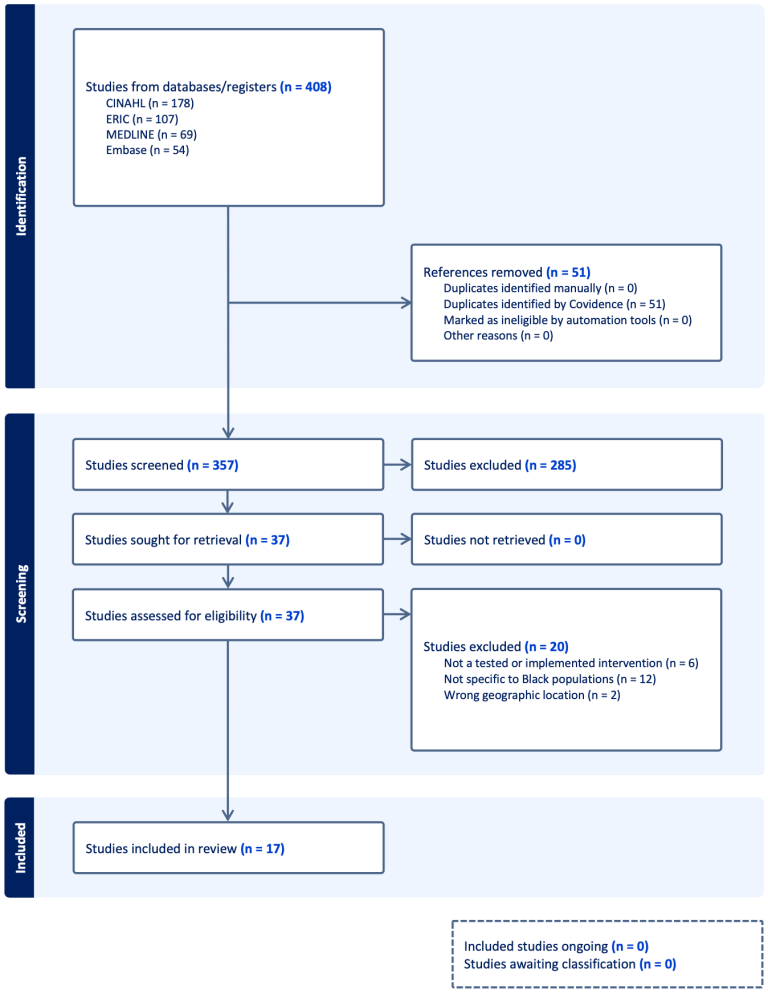
A comprehensive and rigorous search of healthcare discipline peer-reviewed electronic databases was conducted through Ovid Excerpta Medica Database (Embase), Ovid Medical Literature Analysis and Retrieval System Online (MEDLINE), and Cumulative Index to Nursing and Allied Health Literature (CINAHL). Education Resources Information Center (ERIC) was utilized for literature in the education discipline. After importing 408 studies from the specified electronic databases and removing 51 duplicates, 357 studies were screened using Covidence software. Title and abstract screening led to the exclusion of 285 studies, while full text screening excluded 20 studies due to reasons such as not discussing a tested or implemented intervention, not focusing on interventions with Black populations, or not being based in Canada or the U.S. This resulted in 17 peer-reviewed studies being included in the final analysis, as seen in *Figure 1*. To reduce bias inherent in single reviewer screening, titles, abstracts, and full texts were screened by two reviewers: the research student and one co-supervisor. If discrepancies occurred during screening, a third reviewer, the other research co-supervisor, was consulted to ensure adherence to inclusion and exclusion criteria. Literature containing derogatory terminology was excluded to ensure the integrity and relevance of findings. Non-English texts were excluded due to reviewer capacity.

Thematic analysis was employed to review the included studies, with a focus on identifying recurring themes related to the facilitators and barriers to implementing BSAP initiatives within Health Sciences higher education. A custom coding framework was developed to guide data extraction and analysis, applied systematically to each study using a structured table. This table captured descriptive characteristics, such as geographic location and Health Sciences discipline, to contextualize the findings. Additionally, the table highlighted thematic dimensions aligned with equity-informed principles and best practices in inclusive admissions for Black students. Key coding fields included admission strategies, incorporation of Black community perspectives, use of evidence-based frameworks, program accessibility, student engagement and retention, inclusion of intersecting identities, and long-term program sustainability. Adapted from the QHS EDIIA Action Plan guidelines on monitoring separate admission streams to advance EDIIA-informed admissions, key evaluation metrics for BSAP initiatives included acceptance, matriculation, retention, and graduation rates of Black students in Health Sciences programs (QHS, 2022). The extracted data were reviewed iteratively to identify common patterns, gaps, and promising practices, ultimately

informing key admissions intervention themes to advance the representation of Black students in Health Sciences higher education.

Figure 1

PRISMA-ScR Diagram of Covidence Screening Process



VI.C. Grey Literature Review: An Environmental Scan Across Canadian Medical Schools

A grey literature review of BSAP initiatives across Health Sciences was conducted, with a particular focus on diverse stakeholder organization perspectives, notably the BMSAC. Specifically, an environmental scan of English-language Doctor of Medicine programs across Canada was conducted to assess publicly available information on BSAP initiatives. This approach I) addressed the disproportionate representation of U.S-based peer-reviewed literature; II) acknowledged that medicine remains the only Health Sciences discipline in Canada with implemented BSAP initiatives; and III) aimed to identify best practices relevant to QHS's Canadian context. Institutional and program-specific admissions webpages were reviewed to assess the accessibility, transparency, and cultural responsiveness of supports available for Black applicants. The scan focused on the general applicant experience navigating institutional webpages, including I) the visibility of BSAP information; II) the presence of

culturally safe and relevant language; and III) references to collaboration with Black communities during the planning, development, implementation, and evaluation of BSAP initiatives. Grey literature, which refers to evidence not published in commercial or peer-reviewed journals, enhances the comprehensiveness and timeliness of research by addressing evidence gaps, particularly from equity-deserving perspectives. This approach is especially relevant in global health research, where funding inequities and the underrepresentation of equity-deserving groups in peer-reviewed literature contribute to publication bias (Brugulat-Panés et al., 2022; Paez, 2017).

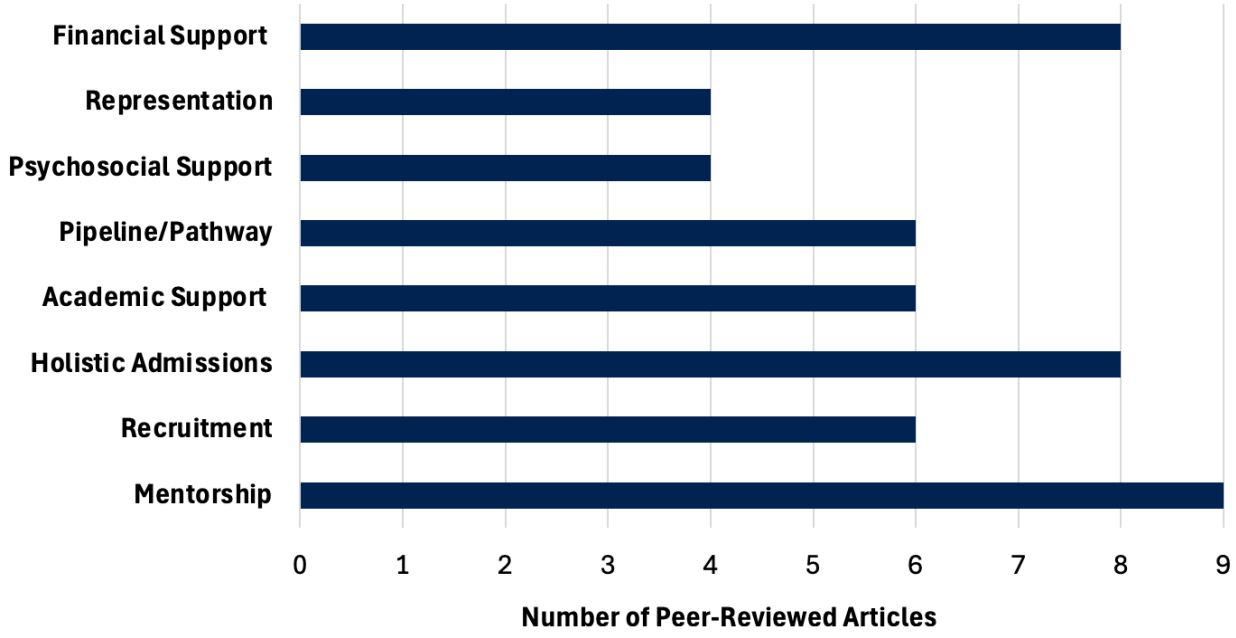
VII. Results

VII.A. Peer-Reviewed Literature Search and Identified Admissions Interventions

A total of seventeen studies met the inclusion criteria during the peer-reviewed literature search on admissions interventions for Black Health Sciences students. Of these, fourteen were from the U.S., with three focusing on the South (Norfolk, Virginia; Georgia; Memphis, Tennessee) and another three from the bordering Mid-Atlantic / South regions (Delaware, Maryland). The other three articles from Canada specifically addressed the UofT medical program, including the BSAP and associated CoS initiatives (Egbedeyi et al., 2022; Orrell et al., 2022; Saddler et al., 2021). In terms of Health Sciences related disciplines, nine articles focused on medicine, with two addressing medical residency programs (Egbedeyi et al., 2022; Williams et al., 2020). Six articles focused on nursing and two focused on dentistry. Five articles defined their populations as underrepresented minorities (URMs), while one specifically focused on underrepresented minorities in medicine (URiMs), all emphasizing the need to support Black students. The date range for the included articles was 1986 to 2024, with thirteen published after 2010 and 11 published after 2015. A diverse range of admissions interventions for Black Health Sciences students were identified, spanning both pre-application and post-application stages. Key themes included mentorship, financial support, and holistic admissions, as seen in *Figure 2*.

Figure 2

Frequency of Admissions Intervention Themes in Canadian and U.S. Health Sciences Programs for Black Students in Peer-Reviewed Literature (n=17)



VII.A.1. Culturally Relevant Mentorship and Evolving Academic Support Models

Mentorship programs were a prominent intervention associated with BSAP initiatives (n=9), providing platforms for professional development, networking with Health Sciences professionals, and peer-based support systems that foster trust, accountability, and belonging (Brooks Carthon et al., 2014; Egbedeyi et al, 2022; Hesser et al., 1998; Johnson et al., 2024; Lacy et al., 2012; National Academics of Science et al., 2022; Orrell et al., 2022; Randolph et al., 2023; Saddler et al., 2021). Some studies underscored the importance of racially concordant mentorship (n= 2), highlighting the value of culturally relevant relationships and shared lived experiences between Black learners and Black mentors (Egbedeyi et al., 2022; Johnson et al., 2024). These studies advocated that racially discordant mentorship risks unconscious bias, cultural mistrust, and reluctance to discuss racial barriers within healthcare environments. Upstream engagement is emphasized in the Brandywine School District (BSD) Lifesavers Program, which engaged Black youth, parents, and community members as early as middle school. The program aimed to enhance awareness of and access to nursing careers prior to high school, a critical period when students select prerequisite courses and begin building their academic profiles for post-secondary applications (Randolph et al., 2023). At the application stage, the CoS mentorship program, founded at UofT, offers longitudinal and collaborative supports throughout the medical school application process. The program includes free preparatory resources for the MCAT and CASPer, as well as interview preparation, providing structured mentorship to Black students and other underrepresented applicants (Egbedeyi et al., 2022). To support retention and success beyond admission, the Black Physicians of Canada (BPC) Nationwide Mentorship Program became the first racially concordant mentorship initiative for Black medical residents in Canada in 2021. The program facilitates mentor-mentee pairings based on

race, gender, and medical speciality to foster deeper connections rooted in shared lived experience (Egbedeyi et al., 2022). Beyond academic and professional navigation, the BPC Nationwide Mentorship Program also addresses aspects such as financial literacy, work-life balance, career development, and community and patient advocacy, as identified through a needs assessment survey (Egbedeyi et al., 2022).

Academic enrichment and supports for prospective Black applicants were identified as a BSAP intervention in several studies (n=6); however, a large portion of this literature (n=3) was published between 1986 and 1998 (Hesser et al., 1998; Taylor et al., 1990; Thurmond et al., 1986). These earlier initiatives often focused on curriculum-based enrichment programs within Health Sciences education. For example, the Medical College of Georgia Summer Academic Enrichment Program (SAEP) offered a multi-year, multi-institutional educational continuum aimed at increasing exposure to medical school environments and equipping Black students with academic and learning skills needed to succeed in medical education (Hesser et al., 1998). More recent BSAP initiatives reflect a shift away from purely academic enrichment models, towards holistic approaches that recognize and respond to systemic barriers faced by Black applicants (Hampton et al., 2022; Robinett et al., 2021; Saddler et al., 2021). While earlier interventions focused on academic performance and preparation, recent initiatives are increasingly emphasizing the need to foster spaces for sharing lived experiences, building community, and navigating systemic inequities within the admissions process and larger Health Sciences education field.

VII.A.2. Recruitment and Representation as Upstream BSAP Initiatives

Recruitment emerged as a foundational component of BSAP initiatives (n=6), serving as an upstream strategy to increase outreach and early exposure of Black youth to Health Sciences higher education (Brown & Marshall, 2008; Formicola et al., 2010; Johnson et al., 2024; Lacy et al., 2012; Robinett et al., 2021, Taylor et al., 1990). These initiatives created platforms to disseminate information on admission requirements, program offerings, scholarships, and financial aid. Community partnerships played a central role, often involving health fairs and outreach services designed to engage prospective applicants early in their academic journeys. One notable example included the “Operation Grow-A-Nurse” Kindergarten to Grade 12 (K-12) Summer Program developed by the Department of Nursing at Norfolk State University (NSU), which specifically aimed to increase exposure to nursing careers among Black students from diverse and intersectional equity-deserving backgrounds, like those with first-generation or low socioeconomic status (Brown & Marshall, 2008). While there is limited public documentation on its long-term impact, the program underscores the importance of early exposure in fostering interest and representation in Health Sciences among Black students. Additionally, several studies (n=4) highlighted the importance of partnerships with Historically Black Colleges and Universities (HBCUs) in the U.S. as a recruitment strategy (Brown & Marshall, 2008; Johnson et al., 2024; National Academies of Science et al., 2022; Robinett et al., 2021). These collaborations were designed to strengthen pathways for Black students into higher Health Sciences education.

Representation was also emphasized as a critical enabler of successful BSAP implementation. Numerous studies (n=4) advocated for the intentional inclusion and visibility of Black Health Sciences students, faculty, and healthcare professionals (Randolph et al., 2023; Robinett et al., 2021; Saddler et al., 2021; Taylor et al., 1990).

Institutional commitments to diverse representation, through formal statements and structural changes, were key metrics of social accountability towards diversity (Robinett et al., 2021). For instance, cross-institutional partnerships with HBCUs were a reported strategy to enhance recruitment and retention of Black faculty at predominantly white institutions (PWIs) (Johnson et al., 2024). Recruitment and representation strategies both play integral roles in enhancing admissions for Black Health Sciences students among Health Sciences higher education.

VII.A.3. Holistic Admissions Review

Several studies (n=8) advocated for the implementation of holistic admissions review processes, particularly by increasing the weight of 'non-cognitive' factors during the applicant file review stage (Egbedeyi et al., 2022; Hampton et al., 2022; Houlahan et al., 2022; Lacy et al., 2012; Orrell et al., 2022; Robinett et al., 2021; Saddler et al., 2021; Taylor et al., 1990). These approaches aim to mitigate the influence of systemic privilege and bias in admissions. One referenced framework is the EAM model, which evaluates applicants based on their Experiences, Attributes, and Metrics. This model aims to dismantle structural barriers by considering academic performance within the broader diverse lived experiences and interpersonal qualities relevant for healthcare professionals, related to ethics, leadership, communication, and service orientation (Houlahan et al., 2022). Holistic admissions review was considered especially important given that traditional academic indicators, including GPA and standardized test scores, can be disproportionately impacted by systemic economic inequities and grading bias, involving system-level school funding deficits and health disparities in Black communities (Hampton et al., 2022). Numerous studies (n= 3) evaluated the UofT medical program BSAP and highlighted the importance of including Black students, faculty, healthcare providers, and community members in the admissions process, particularly during file review and interview stages, to support equity-informed decision-making (Egbedeyi et al., 2022; Orrell et al., 2022; Saddler et al., 2021). Additionally, several studies (n= 4) recommended the removal or reduced weighting of standardized tests, such as the MCAT, U.S. Medical Licensing Exam (USMLE), and Dental Aptitude Test (DAT) (Lacy et al., 2012; Robinett et al., 2021; Thurmond et al., 1986; Williams et al., 2020). These studies acknowledged the disproportionate barriers standardized tests pose, particularly for Black applicants with intersectional positionalities, including low-income or first-generation backgrounds.

VII.A.4. Longitudinal Financial and Psychosocial Support Structures

Several studies (n=8) highlighted the importance of sustained financial support across the pre-application, admissions, and post-admissions stages (Egbedeyi et al., 2022; Brooks Carthon et al., 2014; Brown & Marshall, 2008; Houlahan et al., 2022; Johnson et al., 2024; National Academics of Science et al., 2022; Saddler et al., 2021; Taylor et al., 1990). For instance, the Leading to Equitable Access to Health Professions (LEAHP) Program provided stipends to financially support Black youth during the summer mentorship program, a critical time when many students may otherwise need to work to support household or educational expenses (Johnson et al., 2024). In Canada, the "Price of a Dream" program, identified as a need by the CoS at UofT in 2022, became the first medical school application fee waiver program in the country (Orrell et al., 2022). Additionally, improved awareness of and access to scholarships and grants remains a key financial support strategy. However, programs like the Tennessee

Conditional Grant Program (TCG), which required recipients to practice in underserved areas or risk their grant converting to an interest-bearing loan, were limited in effectiveness due to these restrictive terms (Taylor et al., 1990).

Psychosocial and mental health support throughout and beyond the admissions process were emphasized across numerous studies (n=4) (Brooks Carthon et al., 2014; Johnson et al., 2024; National Academics of Science et al., 2022; Saddler et al., 2021). Upstream interventions that equip URM students, including Black students, with well-being resources were seen as essential. These supports help students balance academic demands with family and work responsibilities, factors that can impact retention and graduation rates (Brooks Carthon et al., 2014). Furthermore, community-building initiatives that foster connection among Black Health Sciences learners, faculty, and community members were key to enhancing belonging, strengthening peer support, and creating safe spaces to address and discuss experiences of racial bias or mistreatment – for example, through the work of the multi-institutional Black Medical Student's Association (BMSA) (Saddler et al., 2021).

VII.B. Environmental Scan of BSAP Initiatives at Medical Programs in Canada

An environmental scan of publicly available institutional webpages was conducted to identify BSAP related initiatives at medical programs in Canada. While the literature review largely focused on peer-reviewed academic sources, this environmental scan provided insight into the current landscape and available supports for Black students in Canada.

VII.B.1. Key BSAP Initiative Features Identified

Out of the fourteen English-language medical schools in Canada, ten have established a BSAP and QHS plans to implement a BSAP for 2025 applicants, as viewed in *Table 1*. The first medical program in Canada to implement a BSAP was UofT in 2017. The most recent adopters, as of 2024, include Western University and Northern Ontario School of Medicine University. All Canadian BSAP initiatives incorporate a holistic admissions review, including a personal statement or supplementary application to assess how an applicant's Black identity has shaped their lived experiences. All programs provide an optional opportunity for applicants to self-identify as Black, though some schools, such as McGill University and Dalhousie University, include regional preferences or distinctions, giving priority to Black applicants from their respective provinces. Eight medical schools explicitly state that applicants through the BSAP must meet the same general admissions requirements, such as thresholds for GPA, MCAT, and CASPer. Four of these schools clearly indicate that the BSAP does not involve fixed seats or quotas. Representation and inclusion of Black faculty, students, healthcare professionals, and community members within the admissions review process was noted by eight schools. Four institutions explicitly cited collaboration with their BMSA chapter as part of the implementation and delivery of the BSAP. Across institutional BSAP webpages, social accountability themes were commonly framed around commitments to EDIIA as well as the need to address the underrepresentation of Black students in medicine. Most BSAP webpages employed evidence-based and equity-informed language. However, Western University's BSAP webpage inconsistently capitalized the term Black when referring to racial identity, important in reflecting a shared sense of identity and community, which may

undermine the credibility of its equity-informed admissions statements (Laws, 2020). Examples of inter-institutional collaboration were also found. The University of British Columbia (UBC) and UofT stated that their BSAP initiatives were modeled after their pre-existing ISAP initiatives. Similarly, Dalhousie University's personal statement questions were adapted from the McGill University Black Candidate Pathway. Additionally, six medical schools reported partnerships with the UofT CoS mentorship program, further reflecting collective commitments to BSAP initiatives across institutions.

Table 1

Established BSAP Initiatives in Canadian Medical Schools and the Presence (Yellow) or Absence (Red) of Admissions Features as Explicitly Indicated on Publicly Accessible Institutional BSAP Webpages

Medical School in Canada with a BSAP Initiative	Established	Holistic Admissions Review	Optional Self-Identify as Black	Must Meet General Requirements	No Fixed Seats or Quotas	Inclusion of Black Communities within Admissions Review	Explicitly Mentions Collaboration with BMSA	Partnership with CoS Mentorship Program
University of Toronto Temerty Faculty of Medicine	2017							
University of Alberta Faculty of Medicine and Dentistry	2020							
University of Calgary Cumming School of Medicine	2020							
McGill University Faculty of Medicine	2021							
University of British Columbia Faculty of Medicine	2022							
McMaster University Michael G. DeGroote School of Medicine	2022							
University of Ottawa Faculty of Medicine	2022							
Dalhousie University Faculty of Medicine	2023							
Western University Schulich School of Medicine and Dentistry	2024							
Northern Ontario Medical School University	2024							
Queen's University School of Medicine (projected)	2025	n/a	n/a	n/a	n/a	n/a	n/a	n/a

VII.B.2. Gaps and Variability

The environmental scan revealed wide variation in the level of publicly accessible information available to Black applicants across Canadian medical schools, reflecting differing degrees of accessibility, transparency, cultural humility, and collaboration with Black communities. While most medical programs have an active BMSA chapter, only four institutions explicitly reference the BMSA on their BSAP webpages and describe its involvement in the planning, development, implementation, or evaluation of the BSAP. In contrast, UofT provides a strong example of accessibility and community engagement. The UofT BSAP webpage includes dedicated resources for Black students, such as scholarships, a comprehensive frequently-asked-questions (FAQ) section available in both written and video format, and visible representation of Black persons. The UofT Temerty Faculty of Medicine Diversity Mentorship Program is highlighted as a key support initiative, and the site explicitly encourages ongoing participation from Black community members in the admissions process, with an open call for volunteers via email. Furthermore, UofT clearly outlines its institutional commitments to EDIIA in admissions and a need for ongoing monitoring to ensure cultural relevancy of the BSAP. Despite progress in medicine, the environmental scan identified a notable absence of BSAP initiatives in other Health Sciences disciplines. For example, although Western University and the University of Alberta title their schools 'Faculty of Medicine and Dentistry', the BSAP is currently only available to medical school applicants, not those applying to dentistry programs.

VIII. Discussion

Drawing on lessons from both peer-reviewed and grey-literature findings, the following discussion critically examines the key facilitators and barriers to effective BSAP implementation. Actionable strategies to enhance facilitators and address barriers are explored, informed by diverse stakeholder perspectives and a commitment to health equity.

VIII.A. Facilitators to Effective BSAP Initiatives

VIII.A.1. Community-Centred Collaboration

One critical pillar to ensuring the cultural relevance and long-term sustainability of BSAP initiatives is the prioritization of community-centred collaboration. This includes intentional inclusion of Black students, faculty, and community members in the planning, development, implementation, and evaluation of BSAP initiatives. Actively listening to and learning from Black communities is essential for understanding and addressing regional and systemic inequities in access to Health Sciences higher education. This is emphasized in capacity-building approaches to dismantling health disparities, such as community-based participatory research frameworks (Israel et al., 2010). For example, a substantial proportion of the peer-reviewed literature included in this scoping review originates from programs in the U.S. South, reflecting a need identified by Hampton et al. (2022) to evaluate the relationship between the underrepresentation of Black professionals in the nursing workforce and systemic barriers to Health Sciences higher education. BSAP initiatives must acknowledge historical and ongoing inequities, such as how colonial and racist practices led to the professionalization of nursing in the U.S., where many nursing schools excluded Black applicants and remained segregated in the South until the 1960s (Houlahan et al., 2022). Effective BSAP initiatives also consider the intersectionality of Black Health Sciences students, including those from low-income or first-generation backgrounds. Ike Okafor, who in collaboration with BMSAC has been a central figure in implementing the CoS and BSAP at UofT, has advocated for a humanist approach to addressing anti-Black racism that focuses on collective humanity and radical empathy. Central to this approach is the need to rebuild the social contract between Black communities and institutions, ensuring community members are included in every stage and that initiatives are responsive to evolving needs (Orrell et al., 2022). Beyond increasing the admission of Black students into Health Sciences programs, the success of BSAP initiatives should also be measured by institutional changes in culturally relevant curriculum and sustained community collaboration. For instance, partnerships between Black students and non-Black allies within the BMSA at UofT have led to curriculum adaptations that promote inclusivity, such as advocating for diverse representation in dermatological education (Saddler et al., 2021). Overall, consistent and intentional efforts to enhance the inclusion of Black community perspectives within BSAP initiatives are integral to their sustainability and long-term success.

VIII.A.2. Holistic Admissions

Holistic admissions review processes, including the EAM model, are essential to BSAP initiatives, as they provide a more comprehensive consideration of diverse experiences and attributes such as resilience, leadership, and

community involvement. These processes help address systemic barriers faced by Black applicants with intersectional identities, including those from low-income or first-generation backgrounds. Overreliance on standardized testing in Health Sciences admissions has increasingly come under criticism due to effects of "place, race, and class" on performance, and the broader "achievement gap" rooted in inequitable access to academic and extracurricular opportunities; thus, holistic processes also benefit other equity-deserving groups (Houlahan et al., 2022). Standardized tests have been shown to reflect inherent racial bias, contributing to performance disparities across racial groups and reinforcing systemic inequities (Robinett et al., 2021). There have been increased investments in promoting holistic admissions practices, including workshops and trainings offered by the American Association of Colleges of Nursing (AACN) (Houlahan et al., 2022) and the AAMC's *Roadmap to Diversity: Integrating Holistic Review Practices into Medical School Admissions Processes* (Robinett et al., 2021). However, inclusive admissions processes must extend beyond application review. To effectively diversify Health Sciences programs, there is a need to establish national standards and guidelines that address admissions supports beyond holistic review, especially as underrepresentation persists despite current efforts (Robinett et al., 2021). Biases also persist within holistic review processes. Admissions screeners and interviewers may hold unconscious biases about what experiences or attributes constitute a "strong" applicant, which can discriminate against Black applicants who may face inequitable access to conventional extracurricular experiences due to structural inequities. Strategies to mitigate these barriers include I) implementing mandatory implicit and unconscious bias training for admissions personnel; II) conducting blinded interviews that limit access to applicants' academic records; III) ensuring diverse representation across admissions committees; and IV) restructuring the evaluation criteria to value diverse experiences and attributes (Robinett et al., 2021). Inclusive models are essential for evaluating applicants, such as how UBC recognizes parenting responsibilities and employment to support one's household as relevant demonstrations of leadership. Collectively, holistic admissions review paired with intentional anti-racism and unconscious bias training can advance the representation of Black students in Health Sciences higher education.

VIII.A.3. Longitudinal Support

To ensure Black applicants and learners are supported throughout the admissions process, longitudinal support must be provided at all stages, including pre-admissions, during the application cycle, and post-admissions. The American Dental Education Association (ADEA) *Opportunities for Minority Students in United States Dental Schools* emphasizes the importance of sustained initiatives that engage students from elementary school through post-secondary education. These may include one-day career awareness events, multi-week summer enrichment programs, and year-long post-baccalaureate initiatives (Lacy et al., 2012). Internalized and systemic racism can reduce self-efficacy and confidence in applying to Health Sciences higher education, highlighting the need for community-centred upstream mentorship, targeted recruitment, and early awareness initiatives (Egbedeyi et al., 2022). Additionally, a focus group with URM dental students revealed a lack of social support from family, peers, and teachers – often due to differing cultural expectations, such as pressure to enter the workforce immediately after high school (Formicola et al., 2010). Post-admissions, retention efforts are crucial for fostering belonging and community. For example, the multi-institutional BMSA creates safe spaces for students to connect and address

experiences of mistreatment stemming from institutional and systemic racism (Saddler et al., 2021). Lessons from the environmental scan are summarized in *Table 2*, which presents evidence-based admissions interventions initiated at UofT that enhance Black student representation. These longitudinal interventions, widely adopted by BSAP initiatives across other Canadian medical programs, often integrate recruitment and retention supports such as mentorship, financial aid, holistic admissions, and psychosocial support.

Table 2

Evidence-Based Admissions Interventions for Black Students at UofT Medical Program

Time of Implementation	Admissions Intervention	Evidence-Based Practices at The University of Toronto Temerty Faculty of Medicine for Enhancing Black Student Admissions
Pre-Application (Recruitment)	**Mentorship & Financial Support**	**Summer Mentorship Program (SMP)** (est. 1994): 4-week program for Black and Indigenous high school students. **Community of Support (CoS) Mentorship** (est. 2015): Longitudinal program with MCAT/CASPer coaching. **Price of a Dream Fee Waiver** (est. 2022): Application fee waivers for underrepresented and equity-deserving students.
Application	**Holistic Admissions Review**	**Black Student Application Program (BSAP)** (est. 2017): Optional stream for Black applicants with holistic review (Experieces, Attributes, Metrics [EAM] model), additional essay, and Black reviewers/interviewers.
Post-Application (Retention)	**Psychosocial & Financial Support**	**Black Medical Students' Associaion (BMSA)**: Peer support, career building, mistreatment reporting, mental health support. **Black Physicians' Association of Ontario (BPAO)**: Resiliency and healing sessions, mentorship, and scholarships.

VIII.A.4. Inter-Institutional Collaboration

Inter-institutional collaboration has been instrumental in the success and sustainability of many BSAP initiatives across Canada and the U.S. For example, partnerships between HBCUs and PWIs in the U.S. have enhanced the cultural relevance and community-centred focus of BSAP initiatives by fostering intercultural collaboration and mutual learning (Johnson et al., 2024). These collaborations contribute to the diversification of the Health Sciences faculty pipeline, which is essential for supporting racially concordant mentorship and ensuring diverse representation within admissions committees (Robinett et al., 2021). Furthermore, such partnerships can strengthen recruitment strategies aimed at raising awareness of Health Sciences pathways, particularly in regions with high proportions of Black communities. In Canada, many BSAP initiatives, such as those at UofT and UBC, have been modelled after successful ISAPs, demonstrating the value of adapting existing evidence-based and equity-informed frameworks to support timely and effective implementation, despite institutional resource limitations. Beyond being the first Canadian medical program to implement a BSAP in 2017, UofT has served as an unofficial national leader in community-centred admissions interventions aimed at enhancing diversity in medical education. Many Canadian medical programs have since adopted similar practices. However, further evaluations are needed to ensure the scalability and transferability of successful BSAP initiatives across Health Sciences disciplines and

institutions, especially considering regional variations in funding, resources, and community demographics. Ultimately, intercultural and interprofessional collaboration, both within and between institutions, is critical to advancing a collective commitment to health equity and diverse representation in Health Sciences higher education.

VIII.B. Barriers to Effective BSAP Initiatives

VIII.B.1. Institutional Systemic Racism

One of the primary barriers to the effectiveness of BSAP initiatives in enhancing Black student representation across Health Sciences higher education is institutional systemic racism. This is reflected in the timeline of many Canadian medical schools implementing BSAPs during or after 2020, following the heightened societal attention to the Black Lives Matter Movement after the murder of George Floyd (Orrell et al., 2022). This event catalyzed a broader societal shift, prompting institutions, including Health Sciences faculties, to engage more actively in discussions and initiatives addressing historical, systemic, and ongoing inequities faced by Black students in Canada. Alongside advocacy efforts by the BMSAC and the demonstrated improvements in Black student representation with the UofT BSAP, this shift helped initiate national conversations about BSAPs and related support structures (Orrell et al., 2022).

Despite this progress within medical schools, there remains a gap in allied Health Sciences disciplines, such as nursing, dentistry, and pharmacy, where literature and BSAP initiatives remain limited. Moreover, sustained and longitudinal support for Black Health Sciences learners is essential. While many BSAP initiatives currently focus on the undergraduate medical admissions stage, discrimination continues into residency, as highlighted by data from the Black Physicians' Association of Ontario (BPAO), which reports differential treatment of Black physicians by peers, supervisors, and patients (Saddler et al., 2021).

This underscores the need for transformative change towards health equity, where admissions reform is complemented by broader institutional efforts to dismantle systemic racism and unconscious bias. Culturally safe and inclusive environments are critical across all levels of Health Sciences education and practice. Improving institutional social accountability may involve mandating anti-racism, unconscious bias, and cultural safety training for admissions personnel. Monitoring the effectiveness of BSAP initiatives through community-centred approaches and disaggregated data collection will be important for understanding intersecting barriers faced by Black applicants, such as those from low-income or first-generation backgrounds. Ultimately, the sustainability and long-term success of BSAP initiatives will require active efforts to dismantle systemic and ongoing impacts of institutional racism.

VIII.B.2. Building a Critical Mass

One major challenge in supporting community-building and mentorship within BSAP initiatives is the difficulty in establishing a critical mass – defined by Maes et al. (2021) as the enrollment level needed to reflect the demographic representation of an institution's location and applicant pool. Enhanced representation of Black Health Sciences learners, faculty, and community members is essential not only for fostering belonging and retention, but

also for enriching the educational experience of all learners through increased interprofessional collaboration and the inclusion of diverse perspectives (Saddler et al., 2021). To build this critical mass, BSAP initiatives must extend beyond admissions to prioritize community-building through support structures, such as through multi-institutional BMSAs and mentorship from Black faculty and healthcare professionals. These initiatives enhance the effectiveness of admission, retention, and long-term success for Black Health Sciences learners (Saddler et al., 2021). However, the availability of racially concordant mentorship is limited by the current underrepresentation of Black faculty and healthcare professionals, creating a disparity between incoming Black students and potential mentors (Egbedeyi et al., 2022). As BSAP initiatives increase the number of Black Health Sciences students, an unintended consequence may be greater demand on the limited pool of Black mentors, contributing to burnout and the "minority tax" – defined as extra responsibilities individuals from underrepresented and equity-deserving groups face to achieve diversity (Egbedeyi et al., 2022).

While the success of BSAP initiatives in increasing Black student representation is essential for building a critical mass for future generations, institutions must also ensure current Black Health Sciences learners receive culturally relevant mentorship and support. One strategy to expand the pool of available Black Health Sciences mentors are intentional institutional commitments to faculty diversification. For example, Harvard Medical School implemented cluster hiring practices to recruit racially diverse faculty; however, these hiring practices must be complemented with robust retention strategies to ensure long-term success (National Academies of Science et al., 2022). Additionally, the BPC Nationwide Mentorship Program introduced a novel "reverse mentorship" model to address challenges in racially discordant mentorship, which can be hindered by unconscious bias, cultural mistrust, and reluctance to discuss race (Egbedeyi et al., 2022). Reverse mentorship involves Black students mentoring senior faculty by sharing lived experiences and perspectives of equity-deserving and underrepresented groups, aiming to build awareness of structural racism and unconscious bias within Health Sciences education systems. Overall, intentional institutional efforts in building a critical mass of Black Health Sciences learners and faculty are essential to ensuring sustainable BSAP initiatives.

VIII.B.3. Sustainability and Funding

A reality of longitudinal BSAP initiatives is that they require sustained funding and institutional resources to ensure long-term success in increasing Black Health Sciences learner representation through recruitment, admissions, retention, and graduation. Short-term programmatic funding is insufficient, as it limits the capacity to build and maintain sustainable BSAP initiatives (Formicola et al., 2010). There is an urgent need for ongoing attention, accountability, and institutional leadership to integrate BSAP initiatives and commit to EDIIA practices, viewing diverse representation as central to the overall excellence of the institution. BSAP initiatives are resource-intensive, as they require staffing to administer programs, develop partnerships, and create tailored materials (Lacy et al., 2012). These demands may be further challenged by pre-existing funding deficits across many post-secondary institutions. Therefore, BSAP initiatives must be prioritized in institutional strategic plans and budgets, with financial commitments from diverse sources, including federal, provincial/state, and private sectors, to ensure long-term sustainability (Lacy et al., 2012). Moreover, learning from and adopting evidence-based and equity-informed

admissions practices from existing programs, such as ISAPs, along with fostering inter-institutional collaboration, may help maximize the impact and efficiency of BSAP initiatives.

One limitation identified in this scoping review is the limited peer-reviewed literature on BSAP initiatives in Canada beyond UofT in Ontario. This poses a gap in understanding regional variation and the unique needs of Black learners across different provinces. Additionally, many existing peer-reviewed studies tend to discuss admissions interventions targeting URM students more broadly, rather than those specifically designed to be culturally relevant to the unique experiences and systemic barriers for Black students. This trend was also observed in a previous scoping review focused on mentorship as an admissions intervention for Black socio-ethnic minority students in medicine (Kemzang et al., 2024). To ensure the long-term sustainability and effectiveness of BSAP initiatives, it is critical that admissions interventions are specifically adapted to support Black students, while also acknowledging intersectionality, such as Black students from low-income, first-generation, or other underrepresented backgrounds. Furthermore, the reliance on medical program webpages for the environmental scan constrains the analysis of long-term outcomes and potentially excludes the perspectives of diverse stakeholders, particularly those from Black communities. To promote transparency, accountability, and the building of a critical mass, Black community members must be intentionally and consistently included in the planning, development, implementation, and evaluation of BSAP initiatives.

VIII.B.4. Affirmative Action Bans in the U.S.

The 2023 U.S. Supreme Court rulings banning affirmative action, including race-based admissions interventions, may have implications for the sustainability of inclusive admissions practices and BSAP initiatives in Canada. This concern is particularly relevant given the peer-reviewed literature included in this scoping review is heavily biased towards studies evaluating U.S.-based admissions interventions. The current climate of resistance toward diversity, equity, and inclusion (DEI) initiatives poses a threat to the sustainability and impact of supports aimed at increasing representation of Black learners and faculty in Health Sciences higher education. The potential removal of compliance audits and reporting requirements in the U.S. weakens institutional accountability for monitoring and increasing representation, especially when institutions are no longer supported, mandated, or incentivized to proactively advance equity. Although QHS is situated in Canada, this international shift may influence Canadian institutions by reinforcing attitudinal barriers and creating concerns about legal liability, government funding, or job security for those advocating for inclusive admissions polices acknowledging racial barriers. This context further underscores the limited publishing of peer-reviewed literature on BSAP initiatives within Canada, a gap that must be addressed to strengthen inter-institutional collaboration and knowledge-sharing on evidence-based, equity-informed admissions practices. Without intentional efforts to hire and retain Black faculty, the development of a critical mass within Health Sciences is diminished. This in turn may limit the establishment of essential upstream supports for Black students, such as mentorship and psychosocial support through community-building spaces, that are integral for effective admissions and retention interventions. However, a potential “brain drain” may occur as professionals in health equity related roles migrate from the U.S. to Canada (Reimer, 2025). Canada’s ability to maintain or increase its commitments to EDIIA in Health Sciences will likely depend on

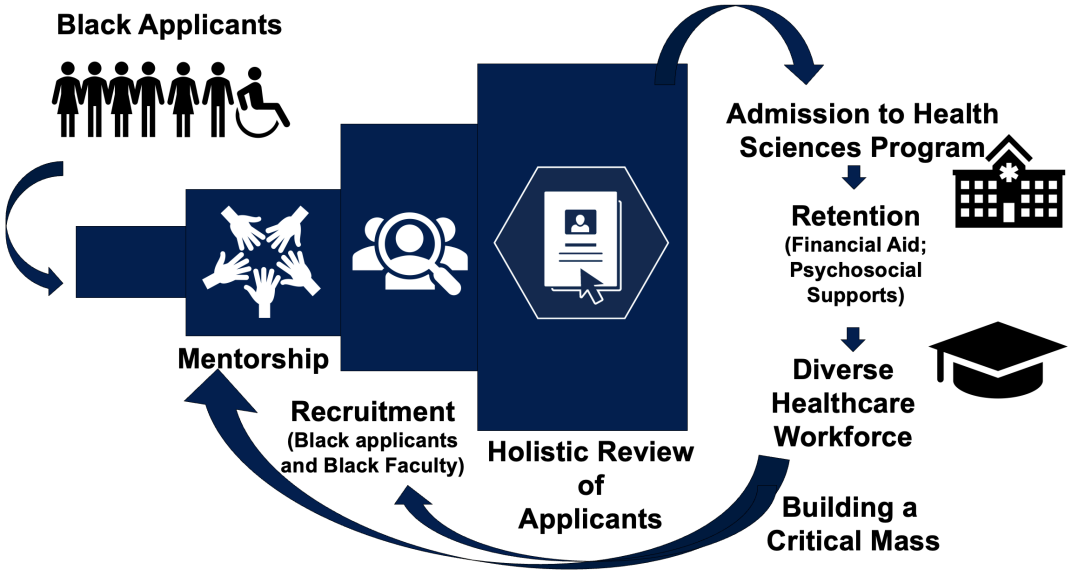
evolving political contexts and institutional priorities. To better evaluate the evolving impact of the U.S. legal and political landscape on Canadian BSAP initiatives, future research should explore the lived experiences and perspectives of Black Health Sciences applicants, students, and faculty in response to recent changes. Collaborating with Black communities, including organizations like the BMSAC, will be essential to ensuring BSAP initiatives remain community-informed, culturally relevant, and resilient in the face of external challenges.

VIII.C. Schematic of Evidence-Based Pathway for Enhancing Representation of Black Learners and Professionals in Health Sciences

Informed by the lessons learned through this scoping review, *Figure 3* presents a schematic of an evidence-based and equity-informed pathway to enhance the representation of Black learners and professionals in Health Sciences. Prospective Black applicants can receive upstream pre-admission support, such as mentorship and targeted recruitment initiatives, that acknowledge the intersectionality of diverse Black applicants. These supports can begin as early as middle school, as advocated by Randolph et al. (2023). Holistic admissions review processes can further enhance access to Health Sciences higher education by evaluating applicants beyond academic metrics and recognizing the value of diverse lived experiences and attributes, as highlighted by the EAM model (Houlahan et al., 2022). Additionally, this pathway acknowledges the importance of diversity across all Health Sciences disciplines for fostering health equity, including allied fields. The term ‘learner’ is intentionally used to reflect the need for longitudinal BSAP initiatives that support individuals across the full continuum of Health Sciences education – beginning upstream with early outreach to Black youth and extending through undergraduate, graduate, residency, and post-graduate training. Following admission, comprehensive financial and psychosocial supports can facilitate the retention and success of Black learners, ultimately contributing to a more diverse healthcare workforce. As Black Health Sciences learners transition into professional roles, they help build a critical mass of representation, which in turn strengthens racially concordant mentorship opportunities and fosters community-centred recruitment for future generations of Black Health Sciences applicants (Egbedeyi et al., 2022). Overall, this pathway aims to provide longitudinal, community-centred BSAP supports for Black learners to enhance diverse representation in Health Sciences and better reflect and serve diverse patient populations.

Figure 3

Schematic of Evidence-Based Pathway for Enhancing Representation of Black Learners and Professionals in Health Sciences



IX. Anticipated Impact

This scoping review aims to inform evidence-based and equity-informed best practices to empower institutional stakeholders to implement BSAP initiatives across QHS programs. By enhancing inclusive and accessible admissions for Black students, particularly those with intersectional equity-deserving positionalities, the findings aim to advance the body of knowledge on diversifying the healthcare workforce. Beyond QHS, this review can serve as a recourse for policymakers and educational leaders seeking to enhance inclusive admissions practices across Health Sciences programs in Canada, the U.S., and broader global health space. Ultimately, this work strives to address systemic discrimination within education and healthcare, aiming to improve health outcomes for equity-deserving patient populations.

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