



**The conditional inclusion of Muslims in medicine:
Intersectional experiences of Muslim medical students at the
University of Toronto's Faculty of Medicine from 1887-1964**
**L'inclusion conditionnelle des musulmans en médecine :
expériences intersectionnelles des étudiants musulmans en
médecine à la Faculté de médecine de l'Université de Toronto
de 1887 à 1964**

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Article abstract

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Methods: This is an exploratory case study with no clear, single set of expected outcomes. We consulted the UofT's Archive & Record Management Services and looked for students who self-identified as Muslim in primary documents from the FoM between 1887-1964, including admissions applications, correspondences from the Dean's Office, photographs, and yearbooks. We analysed the archival data for emerging themes.

Results: We found six medical school applicants who self-identified as Muslim (n = 6) and were admitted between 1945 and 1961 and graduated between 1948 and 1966. We also found four (n = 4) postgraduates from one South Asian country who may have been Muslim, and who were granted fellowships from the Canadian government.

Conclusions: Self-identified Muslim students were first admitted to the UofT's FoM in 1945 and continued to be admitted infrequently until 1964. These early students' experiences included financial hardships despite having privileged backgrounds; discrimination due to being foreign; and conditional inclusion while in medical school. We discuss the study's continuing contemporary relevance, limitations, and directions for future research.

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The conditional inclusion of Muslims in medicine: intersectional experiences of Muslim medical students at the University of Toronto's Faculty of Medicine from 1887-1964

L'inclusion conditionnelle des musulmans en médecine : expériences intersectionnelles des étudiants musulmans en médecine à la Faculté de médecine de l'Université de Toronto de 1887 à 1964

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Abstract

Background: Archival research has unearthed processes of exclusion impacting the experiences of Black, female, and Jewish communities at Canadian medical schools. However, the history of Muslim medical students is little known. Our research is the first known study to examine when Muslim medical students with varying identities were first admitted to the University of Toronto's (UofT) Faculty of Medicine (FoM) and their experiences. Knowing this history can contribute to ongoing equity, diversity, and inclusion efforts in medical school admissions and curriculum development.

Methods: This is an exploratory case study with no clear, single set of expected outcomes. We consulted the UofT's Archive & Record Management Services and looked for students who self-identified as Muslim in primary documents from the FoM between 1887-1964, including admissions applications, correspondences from the Dean's Office, photographs, and yearbooks. We analysed the archival data for emerging themes.

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Résumé

Contexte : La recherche archivistique a mis la lumière sur des processus d'exclusion ayant un impact sur les expériences des communautés noires, féminines et juives dans les facultés de médecine canadiennes. Cependant, l'histoire des étudiants en médecine musulmans est peu connue. Notre recherche est la première étude connue à évaluer quand les étudiants musulmans en médecine avec des identités variées ont été admis pour la première fois à la Faculté de médecine de l'Université de Toronto (UofT) et quelles ont été leurs expériences. Connaître cette histoire peut contribuer aux efforts continus en matière d'équité, de diversité et d'inclusion dans les admissions aux facultés de médecine et dans l'élaboration des programmes d'études.

Méthodes : Il s'agit d'une étude de cas exploratoire dont les résultats de recherche attendus ne sont pas clairement définis. Nous avons consulté les services d'archivage et de gestion des dossiers de l'Université de Toronto à la recherche des étudiants qui s'identifiaient comme musulmans dans les documents primaires de la Faculté de médecine entre 1887 et 1964, y compris les demandes d'admission, les correspondances du bureau du doyen, les photographies et les annuaires. Nous avons analysé les données d'archives pour y déceler des thèmes émergents.

Résultats : Nous avons trouvé six candidats à la Faculté de médecine qui se sont déclarés musulmans ($n = 6$), qui ont été admis entre 1945 et 1961 et qui ont obtenu leur diplôme entre 1948 et 1966. Nous avons également trouvé quatre ($n = 4$) diplômés de troisième cycle d'un pays d'Asie du Sud qui pourraient avoir été musulmans et qui ont reçu des bourses du gouvernement canadien.

Conclusions : Des étudiants musulmans auto-identifiés ont été admis pour la première fois à la Faculté de médecine de l'UofT en 1945 et ont continué à être admis de façon peu fréquente jusqu'en 1964. Ces premiers étudiants ont connu des difficultés financières en dépit de leurs antécédents privilégiés, une discrimination due au fait qu'ils étaient étrangers, et une inclusion conditionnelle au cours de leurs études de médecine. Nous discutons de la pertinence contemporaine de l'étude, de ses limites et des orientations de la recherche future.

Introduction

Archival research has demonstrated how processes and structures of exclusion have impacted the experiences of marginalized communities at Canadian medical schools. Thomas' research uncovered the 1918 Queen's University Senate vote to ban Black students from medical school.^{1,2} The ban, enforced until 1965, led to the exclusion of half of the cohort of 15 Black medical students that had attended Queen's Faculty of Medicine in 1918.^{1,2} The ban was only repealed in 2018 thanks to Thomas' work, which prompted an official apology from Queen's University in 2019.³ Krongold's research reported historical quotas that restricted the admission of Jewish students to the University of Toronto's (UofT) Faculty of Medicine.⁴ This research led to an apology from the Dean of the Temerty Faculty of Medicine in 2022.⁵ Women's quotas and their exclusion from medical school have also been well-documented, highlighting the multiple, intersecting forms of exclusion faced by historically marginalized groups.^{6,7}

These examples demonstrate how archival research has been instrumental in exposing the systemic nature of historical exclusions and their continuing contribution to the profession's lack of diversity – particularly with regard to the low enrolment rates of Black and Indigenous students in medical schools.⁸ Archival evidence of historical exclusion prompted the School of Medicine at Queen's University to create a number of ongoing equity, diversity and inclusion (EDI) initiatives aimed at redressing the persistent low enrollment of Black and Indigenous medical students. These included: a Commission on Black Medical Students,³ admission scholarships for Black Canadian medical students; mentorship programs; curriculum content that addresses how historic bans impact the profession's lack of diversity;⁹ and revamping the Queen's University Accelerated Route to Medical School pathway to dedicate 10 seats to high school graduates who identify as Black or Indigenous.¹⁰ Proponents of EDI have encouraged medical educators to work with historians and archivists in their institutions to “examine their own history, support the pursuit of historical justice for those affected by policies at a particular school, and develop relevant content for their students.”⁹

Muslim Canadian communities have only recently begun to develop their own archives such as the Muslims in Canada Archive (MiCA), which recently received funding from the Canadian government to help address Islamophobia.¹¹ This funding was precipitated by tragic acts of violence including

the 2017 Quebec City Mosque Attack, “one of the deadliest mass shootings in Canadian history,” as well as the 2021 vehicular attack on a Muslim family in London, Ontario.^{12,13} These devastating events are symptomatic of rising Islamophobia in Canada, which includes “racism, stereotypes, prejudice, fear or acts of hostility directed towards individual Muslims or followers of Islam in general,”⁸ that underpin hate crimes, racial profiling, and perceptions and treatment of Muslims as “a greater security threat on an institutional, systemic and societal level.”¹⁴ Archival research can help document meaningful contributions of Muslims to Canadian history, which may disrupt harmful stereotypical portrayals that are also prevalent within medicine and medical education.^{15,16} It can also help to understand systemic factors that contribute to the continued marginalization of Muslims' lived experiences in Canadian institutions, like at UofT's Faculty of Medicine, and society at large.

It is within this context that we undertook archival research into the history of Muslim medical students at the UofT's Faculty of Medicine. Our research questions were:

- (1) When were students with varying Muslim identities admitted to the UofT's Faculty of Medicine (FoM)?
- (2) What were their experiences as Muslim medical learners within this academic setting?

We limited our study's scope to between 1887, when the FoM was first established as part of the UofT, and 1964, when the university stopped requiring applicants to reveal their race and religious denomination on application forms.⁴ Our study is important because the history of Muslim students at the FoM and at Canadian medical schools in general is little known. Data from the Canadian census showed that between 1887 and 1964, self-identified Muslims accounted for only a minuscule fraction of the Canadian population, numbering only 13 in 1871 and 5,800 in 1961 (see Table 1). As Canada did not change its exclusionary immigration policies until the mid to late-1960s and mid-1970s with the 1976 Immigration Act, significant numbers of Muslims only started to arrive in Canada in the late 1970s.^{17,18} Although some research has been conducted around the early experiences of Muslim students at the UofT, our study is the first to explore the early historical presence and lived experience of Muslim medical students at a Canadian medical school, and at the FoM specifically.¹⁹

Table 1. Population of Muslims in Canada, adapted from Hogben (2021) and Hamdani (2015) and updated with data from 2021 Census

Population of Muslims in Canada ^{18,17,60}	
1854	3
1871	13
1901	47
1911	797
1921	478
1931	645
1951	1,800
1961	5,800
1971	33,430
1981	98,165
1991	253,260
2001	579,640
2011	1,053,945
2021	1,775,715

This study is located within intersectionality literature and EDI initiatives in medical education institutions. Intersectionality was coined by legal scholar Kimberlé Crenshaw and refers to the idea of overlapping and interconnected systems of oppression, such as race and gender, that result in inequality and discrimination for those who are at the intersections of these systems.²⁰ Intersectionality provides a framework to understand these overlapping systems of oppression simultaneously and not in isolation, in order to fully address and begin to dismantle systems of power and exclusion within institutions and political movements.²¹ In this paper, we understand Islamophobia as an intersectional form of oppression, because Muslim individuals may inhabit multiple intersectional categories of race, religion, gender, class, sexuality, ability, nationality, and citizenship, among others.²² Specific forms of discrimination may also intersect to render some Muslims' experiences invisible (e.g. gendered Islamophobia and anti-Black Islamophobia).^{15,23} Relatedly, EDI initiatives have been criticized for not recognizing individuals' intersectional identities and placing them into single categories that do not acknowledge the inequalities and overlapping power structures that produce those categories in the first place.²⁴ This single-category framing disadvantages individuals with intersectional identities, such as Muslims, who may inhabit multiple racial, gender, class, and nationality categories alongside religion.^{22,25}

Our study approaches the experiences of Muslims in medicine using an intersectional lens that recognizes the multiple intersecting identity categories of such individuals, acknowledging other forms of oppression they may be subject to simultaneously.^{15,22,23} Our study

objective was to take an intersectional approach to exploring the early presence and experience of Muslim medical students in the UofT's FoM, which contributes to the broader history of Muslims in Canada. Understanding who they were and their experiences may contribute to ongoing EDI efforts to address systemic inequalities that Muslims (and other equity-deserving groups) currently face within medicine.^{15,16,26}

Methods

Study design and setting

This is an exploratory case study examining the historical presence and experience of Muslims at UofT's FoM with no clear, single set of expected outcomes.²⁷ We determined the scope of the study to take place between 1887 (when the FoM was first established) and 1964 (when the university stopped requiring applicants to reveal their race and religious denomination on application forms). We consulted the UofT's Archive & Record Management Services (UTARMS), as their holdings include the earliest records from the FoM. We also approached FoM's Medical Society to consult medical student yearbooks, but their collection began in 1988, which was outside the scope of our study. Some student records are also kept at FoM's Enrolment Services for Undergraduate Medical Education, but access to these were restricted under the Freedom of Information and Protection of Privacy Act (FIPPA).²⁸ We also approached MiCA, but as they are still a new community archive (as of this writing), they did not hold records related to Muslims students at medical schools in Ontario.²⁹ Therefore, UTARMS was the primary resource for our study.

Sample size & sampling methods

We determined the sample size by consulting a UTARMS archivist who provided finding aids that detailed holdings from the FoM (see Appendix A). All of the holdings contained primary documents from the FoM between 1887 and 1964, which included student record cards; admissions application forms; supplemental student questionnaires; letters, reports, and memos from the Dean's office; photographs; yearbooks, etc. All of the issues of the *Torontonensis* (UofT's first yearbook) were consulted online via the Internet Archive website.³⁰ We also consulted holdings from the UofT International Student Centre, which was previously called Friendly Relations with Overseas Students (FROS).

The sampling method took into account previous research that was conducted regarding the admission of Jewish

students to the UofT's FoM.⁴ We approached the sampling method similarly by consulting primary documents that were likely to contain information about medical students' religious affiliation. Krongold's research demonstrated that information about an applicant's "religious denomination" was required on the FoM's admission forms prior to 1964.⁴ There was also reference to the religious identity of students in documents from the Office of the Dean.⁴ Therefore, we used this previous research to guide us toward the specific UTARMS documents to include in our sample.

Study protocol & data analysis

Information about undergraduate medical students' religious denomination was readily available in the consulted documents. To address the first research question, the first author (RAJ) scanned thousands of medical school application forms that required applicants to self-identify their "religious denomination" (see Figure 1). We looked for students who explicitly wrote "Muslim" (any spelling), "Islam," "Islamic Canadian," or "Mohammedan" (any spelling) as their religious denomination on application forms, as these were common ways that Muslims either self-identified or were identified in Canada in the nineteenth to early twentieth century.^{18,31} We did not look for students who may have been hiding their religious identities or attempting to pass as a different religious identity; this was beyond the scope of our study as it would require additional corroboration from outside sources or possibly other archives.

We did not specifically look for postgraduate learners (e.g. residents) who identified as Muslim, as they were accepted to the FoM on the basis of recommendations. This meant that they did not have to self-identify their religious denomination on application forms, unlike undergraduate medical students. However, we did look for special scholarships / fellowships that may have been given to Muslim students. In these cases, we considered the possibility that coming from a Muslim-majority country made it likely that an individual identified as Muslim. This was the case for certain countries, such as Pakistan, whose 1947 partition from India led to the creation of a Muslim-majority country and the displacement of approximately 12 million Muslim refugees across their shared border.³² Scholars have argued that given this specific history around the partition of India and Pakistan, it is likely that after 1947 someone coming from Pakistan may have identified as Muslim.³³ We took this into consideration with

postgraduates, as there was no other documents to confirm their religious identity.

To address the second research question, the first author (RAJ) searched through hundreds of documents to cross-reference whether the names of students that had previously self-identified as Muslims on FoM application forms were mentioned elsewhere. These documents included supplemental student questionnaires; student record cards; letters, reports, and memos from the Dean's office; photographs; and yearbooks, as these may include information that would reveal the experiences of previously self-identified Muslim medical students. We used thematic analysis to code and analyse archival documents for emerging themes.³⁴ Thematic analysis is an appropriate method to use when searching for common or shared experiences, thoughts, or behaviours across a data set, rather than for single or unique experiences.³⁵ As previously mentioned, our analysis used an intersectionality framework that took into account multiple forms of discrimination that Muslim students may have experienced due to their race, gender, class, or citizenship-status, in addition to their identities as Muslims. We understood that their Muslim identities may not have been the most salient factor shaping their experiences, but that it could be a complicating factor that may render their experiences different from their peers.

According to Article 2.2 of the 2022 Tri-Council Policy Statement, archival research is exempt from Research Ethics Board review.³⁶ The first author (RAJ) signed a formal research agreement with UTARMS, which is legally required to restrict access to personal information under FIPPA.²⁸ The research agreement allows researchers to access relevant selections of otherwise restricted records under FIPPA for academic research purposes, while at the same time protecting the disclosure of personally identifiable information within those records. Personal information includes, "recorded information about an identifiable individual, including, (a) information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the individual."²⁸ Restrictions under FIPPA do not apply to information about an individual who has been deceased for longer than 30 years or who has consented to its disclosure.²⁸ Barring these exceptions, only aggregate data may be reported.³⁷ We confirmed with archivists at UTARMS that the data reported in this study "does not disclose personally identifiable information about individuals that may exist in records in the holdings of the

UTARMS, aside from information that is already publicly available.”³⁸

Results

Medical students (undergraduates):

After scanning through thousands of FoM application forms from 1887-1964, we found only six medical school applicants who self-identified as Muslim ($n = 6$), the first being identified in 1945 (Table 2). All were admitted between 1945 and 1961 and graduated between 1948 and 1966.

Table 2. Self-Identified Muslim medical applicants admitted to FoM between 1945-1964

Years Admitted	Self-Identified Muslim Medical Applicants
1945-1949	2
1950-1954	0
1955-1959	2
1960-1964	2

Five of the six students identified as male ($n = 5$), and one as female ($n = 1$). In answering the application form’s question on religious denomination, one student identified as “Mohammedan,” ($n = 1$), three as “Muslim/Moslem” ($n = 3$), and two simply wrote “Islam” ($n = 2$). Some students may have been of mixed religious parentage, as one student identified as both “Mohammedan” and “Anglican” in brackets (see Figure 1). Another student indicated in a supplemental questionnaire that one of their parents was Muslim and the other was Jewish (Figure 2). Four of the students were international students ($n = 4$) and two were Canadian applicants ($n = 2$). The application forms indicated that the students and/or their parents came from the following regions: South Asia, Eastern Europe, West Africa, the Middle East, and the Caribbean, in which many countries were still under British colonial control.

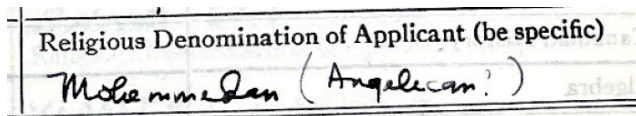


Figure 1. University of Toronto Faculty of Medicine application form, 1945. University of Toronto Archives. Office of Admissions. A1969-0008/193 1945

After finding the names of the six self-identified Muslim students on FoM application forms, the first author (RAJ) then examined hundreds of additional documents to gain insight into their medical school experiences. Several types of documents mentioned the names of these self-identified Muslim medical students (Table 3). There were correspondences about or from four of the students to the Dean’s Office, including some from their parents and

siblings. These correspondences, which included twelve letters to and seven responses from the Dean, revealed some of the challenges these students experienced prior to and during their enrolment in the FoM. Several of the students were mentioned in the Torontonensis yearbook, where they were found to be active in extracurricular activities ($n = 3$), including sports teams (soccer), theatre productions (Daffidyl), and a fraternity (Alpha Kappa Kappa). Others did not participate in formal school clubs but maintained hobbies such as badminton and music. A few indicated their post-graduation plans: one student intended to return to their home country to practice medicine, another intended to do an internship and complete postgraduate studies, and another intended to become a general practitioner. Supplemental questionnaires were filled out by two of the students upon admission, which revealed additional demographic information about them including their parents’ religious denomination (see Figure 2). The documents in Table 3 were included in our analysis as they gave insight into the students’ experiences during medical school.

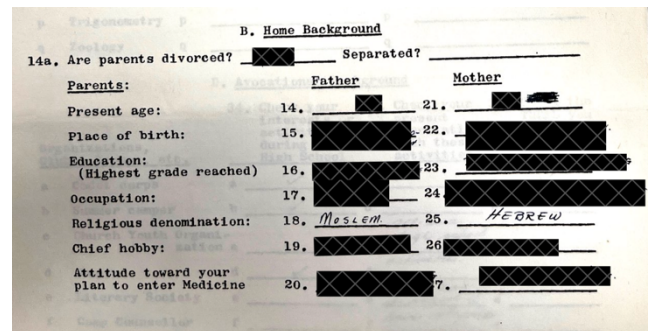


Figure 2. University of Toronto Faculty of Medicine Student Record Files, 1960. University of Toronto Archive. Student Record Files (Medical Graduates, 1966). A1977-0006 1966

Table 3. Archival material used in qualitative analysis

Type of Document	Number of Documents	Number of Pages
Applications to FoM	10	24
Correspondences to/from the Office of the Dean	-	-
- From students/relatives	12	21
- From Dean’s Office to students/relatives	7	8
- Internal correspondence about students	9	9
- From Dean’s Office to Third Party about students	6	6
- From Third Party to Dean’s Office about students	4	5
Supplementary Questionnaire	2	10
Torontonensis Yearbook Entry	4	4
Photographs	9	-
Total	63	87

Medical residents (postgraduates)

Correspondence to the Office of the Dean from the Department of National Health and Welfare mentioned that four Colombo Plan fellows from Pakistan would be admitted to the FoM in 1954 (Figure 3). We surmised, due to their country of origin (Pakistan), that the four postgraduates named in the correspondence may have been Muslim ($n = 4$). These postgraduates were mentioned in several correspondences between the Dean's Office and the Office of the Deputy Minister of National Health, in Ottawa, with regards to Colombo Plan Medical Fellowships for postgraduates from South and South-East Asia. These postgraduates, however, did not remain in Canada after training for one-year as they were required to return to their countries of origin to contribute to the development of medical education in their respective societies.³⁹ These four Colombo Plan fellows, as they were known, were included as part of our results because information about them may further help us understand the experiences of the six undergraduate Muslim medical students.

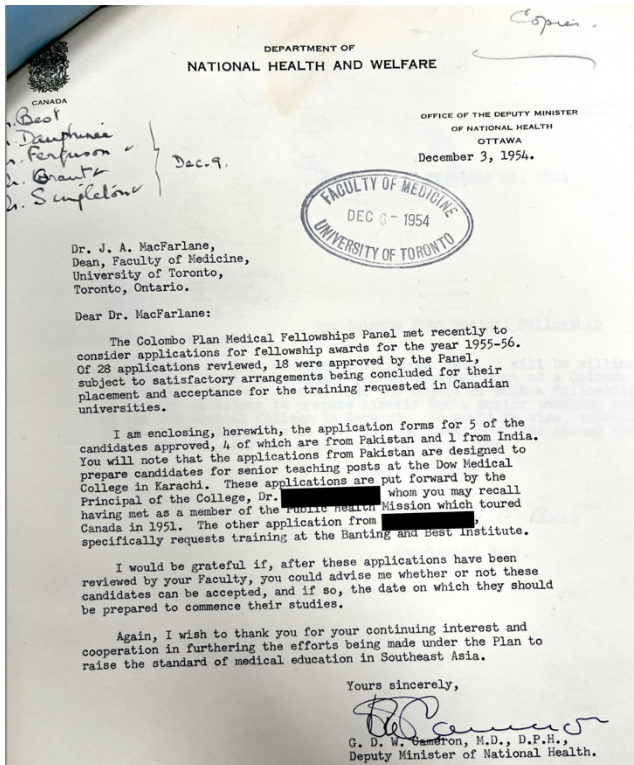


Figure 3. University of Toronto Faculty of Medicine Correspondences from the Office of the Dean. University of Toronto Archive. Office of the Dean. A1976-0044/093 (29)

Thematic analysis

We followed the standard procedure outlined by Braun and Clarke for thematic analysis.³⁴ The first author (RAJ) generated initial codes manually by reading through all of the documents listed in Table 3 (excluding the photographs). From these initial codes, we looked for patterns and common codes that appeared in documents related to at least two different students or between the students and postgraduates. We then combined codes to create common themes and all authors reviewed the data associated with each theme to ensure that they were both internally coherent and distinct from one another. We identified the following themes.

1) Financial hardship despite scholarships or privileged background in country of origin

Many of the Muslim students attending FoM between 1945-64 came from privileged backgrounds, either upper or upper-middle class, in their countries of origin. Application forms required students to state their father's occupation (there were no similar requests for the mother's occupation before the late 1950s). Some students had fathers or close relatives who were medical doctors and who had also studied abroad. A few students had previously studied at other universities in the U.S. or Canada before coming to study at the UofT. Despite their privileged circumstances, most students still faced financial hardship, and some either went into debt or found creative ways of funding their education. For example, one student had taken a loan from a North American Alumni Association and could no longer pay it back. A representative of the association wrote a letter to the President of the Banting Institute, UofT, asking to give the student a job so that they could pay back their debt.⁴⁰ The amount owed was \$206, the equivalent of approximately \$3,500 today.^{24,25} Another student explained in a letter to the Dean that they had previously accepted admission to another medical school in Canada, "only because expenses were less," but ultimately had to cancel their admission in favour of their older sibling, who had also been accepted into medical school that year.⁴² The same student wrote that they were able to work for a year and secure funding for FoM admission in the subsequent year, as "at present I am assured of a handsome support financially from a prominent lawyer...who is willing to pay all bills (with no strings attached) while I am a student at the Medical Faculty of the UofT."⁴² These correspondences show that there was clearly a financial burden for overseas students attending Canadian medical schools, especially if they had

other family members who might also be studying abroad at the same time.

2) *Discrimination toward foreign students*

Some medical students faced discrimination even prior to being admitted to the FoM. One student who had completed a B.Sc. degree in their home country was informed in a letter from the Dean's office to his parent that he must take, "oral examinations in chemistry, physics and biology, as well satisfying his examiners as to his knowledge of English, before he could be admitted officially."⁴³ The authors inferred that these additional requirements may have been put in place to prevent foreign students from applying to the FoM, as many of them spoke and wrote perfect English, having been educated under a British colonial school system for many decades.

The four postgraduate students who were awarded one-year fellowships were among the first presumed-Muslims admitted into the FoM in 1954. Colombo Plan fellows was the name given to postgraduates who qualified for government scholarships or fellowships by the Colombo Plan for Co-operative Economic Development in South and Southeast Asia. The Colombo Plan, which was in place between 1951-1969, was a set of bilateral agreements between developed countries (initially, Australia, Canada, Britain, New Zealand, and South Africa) and newly independent countries of the Commonwealth such as India, Pakistan, and Ceylon (present-day Sri Lanka). It later included other countries like Indonesia, Malaysia, Thailand, and Vietnam. Although its stated aim was to improve the economies of the developing world, scholars argue that the Colombo Plan was predominantly a Cold War era containment policy aimed at preventing the spread of Communism in South and Southeast Asia.^{39,44} The Colombo Plan involved both capital assistance programs as well as technical cooperation and assistance, which involved bringing residents of South and Southeast Asia to Canada for training and education. Although the correspondences we found did not explicitly contain any information about the Colombo Plan fellows' experiences while in Canada, the discriminatory conditions they faced at Canadian medical institutions are well documented. As historian Campbell-Miller writes, "[t]hose who came to Canada were known as 'trainees' while those who travelled from Canada to South and Southeast Asia were known as 'experts,'" even though both "trainees" and "experts" were mid-level career professionals with advanced degrees in medicine, engineering and science-related fields.³⁹

This asymmetry in treatment was reflected in two letters from 1955, written by a prominent Professor of Surgery at the FoM to the Deputy Minister of National Health, about the conditions under which his department would be willing to accept Colombo Plan fellows from India. In one letter dated August 10, 1955, he writes, "I have looked over the applications of the three men...it does not seem to me that any of them have had a very good basic surgical training," even though the doctor he wrote about had been trained in England.⁴⁵ He continues further, "At any rate it is difficult to for us to give a senior position to people whose competence we have no proof."⁴⁵ In a follow up letter, dated October 25, 1955, the same professor writes, "After writing to you on the general principle involved in these people coming under the Colombo plan.../...we would be glad to have him here as an observer provided he understands that there would not be any opportunity to actually do operative work. I think there would be no difficulty at all about these people coming under those circumstances."⁴⁵ The professor's questioning of his colleagues' training and reluctance to give them a "senior position" without proof of their competence reflected the general disdain for those who came from what were considered "third world countries" at the time. The professor's reluctance to have Colombo Plan fellows participate in anything other than observation, as well as his disparaging use of the term "these people" when referring to his colleagues from foreign countries—who were practicing doctors in their own right—reflects the racial hierarchy within which formerly colonized foreigners were understood.

3) *Experiences of conditional inclusion in medical school*

We found only one female Muslim student, at a time when the admission of women was still subject to a "women's quota" that limited their numbers to approximately ten percent each year.⁷ This female Muslim student's first name was misspelled in the *Torontonensis* yearbook, an unfortunate error given that she was both the only international student and the only woman of colour out of a handful of other women to graduate that year.⁴⁶ Her positionality as a foreigner, racialized person, and a woman, all identities that were conditionally included based on the logic of "quotas," likely shaped her medical school experience.

Some students changed their names to sound more European or Christian; one student, used a European-sounding name throughout his time at the FoM despite a similar sounding but different name (common in his

country of origin) appearing on his admissions record.⁴⁷ Muslims at the time frequently tried to minimize or hide their religious identities in professional settings, knowing they were considered “heathens” in Christian-majority Canada and were frequently denied jobs.¹⁸ Other students’ Muslim identity may have been erased in favour of other, intersecting identities. One of the students mentioned earlier, who was written about by a representative of a North American Alumni Association, was described by the letter writer as, “not an American nor a Canadian just a poor Negro Boy trying to get an Education (sic).”⁴⁰ Aside from the blatantly racist and paternalistic description of a man in his twenties whom the letter writer may have wanted to help, it also suggests the letter writer’s erasure of the student’s Muslim identity, which may have been either intentional or due to what scholars have called anti-Black Islamophobia—the historical erasure of Black people’s Muslim identities.²³

Discussion

Muslim-identifying students were first admitted to the UofT’s FoM in 1945 and continued to be admitted infrequently until 1964. These early students’ experiences included financial hardships despite having privileged backgrounds; discrimination due to being foreign; and conditional inclusion while in medical school. Conditional inclusion refers to the idea that racialized people’s inclusion is based on the narrow conditions that they will contribute to the economy through hard work and good behaviour, and that they will remain loyal to the nation while also being religiously moderate or neutral.⁴⁸ These conditions particularly apply to immigrants and racial minorities who are seeking or have obtained citizenship, requiring them to always remain on guard in fear of the ever-present threat of either exclusion or the erosion of their citizenship rights.⁴⁸

Conditional inclusion can be used to frame both the historical and present struggles of Muslims within medicine. Writing about gendered Islamophobia in medicine, Khan et al. contend that Muslim women in health care professions in Canada face multiple systemic barriers, including overt discrimination by their superiors, colleagues and patients, leading them to having fewer learning opportunities and being denied for promotions.¹⁵ Many who wear visible markers of their faith (e.g. the hijab) experience “the paradox of being hypervisible and invisible,” standing out while simultaneously being excluded from professional opportunities, leading some to

leave their chosen fields or the medical profession altogether.^{49,50}

Other issues experienced by Muslim medical students historically, such as financial hardships despite having privileged backgrounds, may still be experienced by many International Medical Graduates (IMGs) who come to Canada as skilled workers (or through other immigration categories) and try to become certified independently.⁵¹ Although current IMG research does not specifically discuss the experiences of Muslim IMGs, we know that approximately ninety-percent of IMGs are born in other countries and that two-thirds are from underdeveloped or developing nations.⁵² Despite perhaps having privileged backgrounds in their home countries, many IMGs report major financial barriers to professional recertification, having to pay for application fees, courses, and exams while working in other jobs during the process.^{51,52,53} In our study, undergraduate medical students similarly funded their own studies independently of any school or government scholarships; the cost of travel, tuition, room and board for an overseas student in the mid-1950s was estimated at \$5000 a year, which today would be the equivalent of \$57,000.^{44,54} This would be an insurmountable cost for many, and would have limited access to other international students who may have wanted to apply to the FoM.

Discrimination towards foreign students was another common theme throughout our data, one that still reverberates today. Although we found mention of only four Colombo fellows from Pakistan at the FoM in 1954, there were undoubtedly more who came to Toronto to receive training in subsequent years. Campbell-Miller estimates that between 884 and 1,088 fellows came to Canada to study in health care related fields between 1951-1969, and that most were placed either at McGill University or at the UofT.³⁹ Depending on their country of origin, their experiences while in Canada were both successful and challenging. The challenges were, not surprisingly, racism, language barriers, and culture shock.³⁹ For example, Dr. Philpott, the Chair of Obstetrics and Gynecology at McGill, contacted the government in 1953 to inform them that, “Colombo Plan students might have difficulty securing accommodation, because... ‘Boarding house landladies are inclined to regard them as negros and refuse them room.’”³⁹ The anti-Black racism of this period unsurprisingly also affected foreign students, including Muslims, some of whom may have similarly been discriminated against.

Many IMGs continue to face racism/discrimination, language barriers and culture shock during the initial period of commencing work within health care.^{53,52,55} Although research is lacking into the particular experiences of Muslim IMGs, several studies have noted the frequency with which IMGs reported experiencing racism/discrimination, especially from superiors, colleagues, and patients—making for a difficult adaptation period.^{53,52,26} Many IMGs nevertheless have adapted and contributed positively to their workplaces and societies—although this required significant skill and effort in networking, learning, and self-advocacy on their part, and despite frequently receiving inadequate institutional support.⁵⁶

Despite the challenges faced by Muslim students and postgraduates at the FoM, there is evidence that some may have contributed to or at least participated in the burgeoning Muslim community in Toronto during the late-50s to early-60s. Hogben documents the founding of Toronto's first official mosque in 1961 (called the Islamic Centre), and describes the community of Muslims that began to organize in the years before Canada had fully opened its doors to international immigration.¹⁸ In his book on early Canadian Muslims, Hogben interviews Khaliq Mohammed Khan, a postgraduate student who had come to Canada from Pakistan to study geology at the UofT. Khan recalls that, "All other Pakistanis were here on student visas. Among them ten were on one-year Colombo Plan visas... With these friends, things became much easier."¹⁸ Although there were only a handful of Muslim students at the FoM between 1945-1964, they may have connected with other Muslims from around the world through community spaces such as Toronto's first mosque or through the activities of the Association of Muslim Students of America (AMSA, a precursor to the Muslim Student Association) which was established in 1963 at the UofT.

Conclusions

The experiences of Muslim medical students at the FoM between 1945-1964 were undoubtedly challenging, as they were frequently the only Muslim or, at times, the only racialized person in their cohort. Although there may have been positive experiences alongside these negative ones, there was limited information about these students' experiences from the sources available.

Mainstream archives, especially those belonging to large institutions such as universities, do not have a specific

mandate to preserve student experiences.⁵⁷ No specific information about Muslim medical students was found even when we examined records on student centres and organizations (e.g., the International Student Centre), contributing to the paucity of data regarding Muslim medical students. Moreover, mainstream institutional archives are subject to FIPPA, which restricts the disclosure of personal information about an individual until thirty years after they have passed away.²⁸ As most of the individuals we identified as Muslim were either recently deceased or still living, it was not possible to identify them publicly or to display their photographs. Consulting community archives such as MiCA—where records are donated by individuals themselves—could be an important supplement to the information contained within mainstream archives.

One avenue for future historical research is Muslim postgraduate students from abroad, as such a study would yield interesting insights into the political dynamics and world events that influenced their acceptance into Canadian medical schools. For example, we found correspondences regarding Saudi Arabian postgraduate medical students from 1978-1980, who would be fully funded by their governments, in addition to inquiries about postgraduate students from Libya and Iran.⁵⁸ These correspondences were beyond the scope of our present study and were not included in the research findings. Future studies could delve deeper into the experiences of Muslim IMGs (International Medical Graduates) or postgraduates from Muslim countries.

Overall, there is a lack of research about the experiences of Muslims in medical education and health care today. In 2010, the Association of Faculties of Medicine of Canada recommended that Canadian medical schools recruit and select students who are representative of Canada's demographic population—especially in terms of demographic markers such as "ethnicity and religion, gender and sexual orientation, geographic origin, socioeconomic status."⁵⁹ However, more needs to be done to address current systemic barriers that have been identified for both Muslim women and IMGs in health care. One of the recommendations to dismantle gendered islamophobia within health care is to "encourage health care institutions to invest resources into understanding the roots of discrimination and systemic barriers that Muslim health care workers continue to face within medical institutions, with an emphasis on intersectional identities."¹⁵ Our study is a modest contribution to this

endeavour, with the aim of exposing the history of discrimination and systemic barriers that continue to affect Muslims with intersectional identities in Canadian medical education and health care.

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References

1. Thomas, Edward. *Ghosted legacies: Queen's black medical students: 1900-1922** African and Caribbean Students' Association; 2018 Feb 15; Queen's University. Available from: <https://sites.google.com/view/ghosted-legacies/presentations> [Accessed Apr 3, 2024].
2. Thomas, Edward. *Queen's ban of black medical students: statement of facts*. In Queen's University; 2018. Available from: <https://sites.google.com/view/ghosted-legacies/presentations> [Accessed Apr 3, 2024].
3. *Queen's University moves to right historic wrong*. Queen's Gazette. Available from: <https://www.queensu.ca/gazette/stories/queen-s-university-moves-right-historic-wrong> [Accessed Apr 6, 2024].
4. Krongold J. *In their own words: Jewish doctors, antisemitism, and the restrictive quota system at the University of Toronto's Faculty of Medicine*. 2022. Available from: <https://temertymedicine.utoronto.ca/media/6546/download?attachment=/download>
5. Temerty Faculty of Medicine "Oral histories are a powerful tool": *Temerty Medicine addresses historic antisemitic quotas*. Available from: <https://temertymedicine.utoronto.ca/news/oral-histories-are-powerful-tool-temerty-medicine-addresses-historic-antisemitic-quotas>. [Accessed Aug 23, 2023].
6. Shorter E. *New talent: Mount Sinai Hospital and Women's College Hospital*. In: Partnership for Excellence: Medicine at the University of Toronto and Academic Hospitals. University of Toronto Press; 2013. p. 597-634.
7. Duffin J. CSHM/SCHM Presidential address, discours presidentiel, 26 May 2001: the quota: "an equally serious problem" for us all. *Can Bull Med Hist*. 2002 Oct;19(2):327-49. <https://doi.org/10.3138/cbmh.19.2.327>
8. Dhalla IA, Kwong JC, Streiner DL, Baddour RE, Waddell AE, Johnson IL. Characteristics of first-year students in Canadian medical schools. *CMAJ*. 2002 Apr;166(8):1029-35. Available from: <https://www.cmaj.ca/content/166/8/1029> [Accessed Apr 14, 2024].
9. Joneja M, Patel S, Lawal S, Healey J. Anti-Black racism and medical education: a curricular framework for acknowledging and learning from past mistakes. *CMAJ*. 2022 Oct 24;194(41):E1425-8. <https://doi.org/10.1503/cmaj.220422>.
10. Queen's Alumni Review. *Queen's School of Medicine: confronting exclusion* Available from: <https://www.queensu.ca/alumnireview/articles/2020-07-17/queen-s-school-of-medicine-confronting-exclusion> [Accessed Apr 6, 2024].
11. Government of Canada D of F. *Budget 2022 - Chapter 8: promoting Canadian values*. Available from: <https://www.budget.canada.ca/2022/report-rapport/chap8-en.html> [Accessed Aug 24, 2023].
12. Zine J. *Muslim family killed in terror attack in London, Ontario: Islamophobic violence surfaces once again in Canada*. The Conversation. 2021. Available from: <http://theconversation.com/muslim-family-killed-in-terror-attack-in-london-ontario-islamophobic-violence-surfaces-once-again-in-canada-162400> [Accessed Aug 24, 2023].
13. Quebec City Mosque Shooting. Available from: <https://www.thecanadianencyclopedia.ca/en/article/quebec-city-mosque-shooting> [Accessed Aug 24, 2023].
14. Heritage C. *Building a foundation for change: Canada's anti-racism strategy 2019-2022*. 2021. Available from: <https://www.canada.ca/en/canadian-heritage/campaigns/anti-racism-engagement/anti-racism-strategy.html> [Accessed Aug 24, 2023].
15. Khan S, Eldoma M, Malick A, Najeeb U, Furqan Z. Dismantling gendered Islamophobia in medicine. *CMAJ*. 2022 May 30;194(21):E748-50. <https://doi.org/10.1503/cmaj.220445>
16. Khan AA. Encountering Islamophobia in the medical profession. *CMAJ*. 2022 Jun 13;194(23):E815-6. Available from <https://www.cmaj.ca/content/194/23/e815>. [Accessed Apr 13, 2024]
17. Hamdani D. *Canadian Muslims: a statistical review*. The Canadian Dawn Foundation; 2015. Available from: <http://muslimlink.ca/pdf/Canadian-Muslims-A-Statistical-Review-Final.pdf>. [Accessed Sep 14, 2023].
18. Hogben M. *Minarets on the horizon: Muslim pioneers in Canada*. Mawenzi House Publishers; 2021. Available from: <https://web-s-ebshost-com.myaccess.library.utoronto.ca/ehost/ebookviewer/ebook?id=cc3df1a9-34e8-4709-9e58-5e8d75e2d633%40redis&vid=0&format=EB>. [Accessed Aug 25, 2023].
19. Munir H. *The first MSA, est. 1946*. iHistory. 2021. Available from: <http://www.ihistory.co/first-muslim-students-association/> [Accessed Aug 24, 2023].
20. Crenshaw K. demarginalizing the intersection of race and sex: a black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *Univ Chic Leg Forum*

- 1989;8(1):139–67. Available from: <https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>
21. Crenshaw K. Mapping the margins: intersectionality, identity politics, and violence against women of color. *Stanford Law Rev.* 1991;43(6):1241–99. <https://doi.org/10.2307/1229039>
 22. Rahman M. *Islamophobia, the impossible Muslim and the reflexive potential of intersectionality*. In: Muslim Minorities, Workplace Diversity and Reflexive HRM. Routledge; 2017. p. 35–46. <https://doi.org/10.4324/9781315590004-4>
 23. Mugabo D. On rocks and hard places: a reflection on antiblackness in organizing against Islamophobia. *Crit Ethn Stud.* 2016;2(2):159–83. <https://doi.org/10.5749/jcritethnstud.2.2.0159>
 24. Rethinking diversity management: an intersectional analysis of diversity networks. Available from: <https://journals.sagepub.com/doi/epub/10.1177/0170840618800103?src=getfr>. [Accessed on Aug 24, 2023].
 25. Ramadan I. On achieving equality, diversity and inclusion: challenging Islamophobia across higher education. *Times Higher Education*. 2021. Available from: <https://www.timeshighereducation.com/campus/achieving-equality-diversity-and-inclusion-challenging-islamophobia-across-higher-education>. [Accessed Aug 24, 2023].
 26. Mushtaq S, Bhatti S. Understanding Islamophobia and Its Effects on Clinicians. In: Moffic HS, Peteet J, Hankir AZ, Awaad R, editors. *Islamophobia and Psychiatry*: Springer International Publishing; 2019; p. 183–92. https://doi.org/10.1007/978-3-030-00512-2_16
 27. Baxter P, Jack S. qualitative case study methodology: study design and implementation for novice researchers. *Qual Rep.* 2008 Dec 1;13(4):544–59. Available from: <https://nsuworks.nova.edu/tqr/vol13/iss4/2>
 28. Freedom of Information and Protection of Privacy Act, R.S.O, 1990, c. F. 31. C.F.31 1990. Available from: <https://www.ontario.ca/laws/statute/90f31#BK2>
 29. Muslims in Canada Archives. *Re: first medical faculty/students*. 2022.
 30. Torontonensis Collection. Available from: <https://archive.org/details/torontonensis>. [Accessed Aug 25, 2023].
 31. Rokay M. Archives as Tools to Combat Islamophobia. In: Emon A, editor. *Systemic Islamophobia in Canada: A Research Agenda*. University of Toronto Press; 2023. p. 165–76.
 32. Roy H. Introduction: partitioned histories, divided identities. In: Roy H, editor. *Partitioned Lives: Migrants, Refugees, Citizens in India and Pakistan, 1947–65*. Oxford University Press; 2013; p. 0. <https://doi.org/10.1093/acprof:oso/9780198081777.003.0001>
 33. Naqvi T. Migration, sacrifice and the crisis of Muslim nationalism. *J Refug Stud.* 2012 Sep 1;25(3):474–90. <https://doi.org/10.1093/jrs/fes026>
 34. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol.* 2006 Jan 1;3(2):77–101. <https://doi.org/10.1191/1478088706qp063oa>
 35. Kiger ME, Varpio L. Thematic analysis of qualitative data: AMEE Guide No. 131. *Med Teach.* 2020;42(8):846–54. <https://doi.org/10.1080/0142159X.2020.1755030>
 36. Government of Canada. *Tri-Council Policy statement: ethical conduct for research involving humans – TCPS 2 (2022) – Chapter 2: scope and approach*. 2022. Available from: https://ethics.gc.ca/eng/tcps2-eptc2_2022_chapter2-chapitre2.html#a. [Accessed on Apr 28, 2024].
 37. Klumpenhower T. *Fw: Question about online exhibit and FIPPA*. 2023.
 38. Klumpenhower T. *RE: draft article for review*. 2023.
 39. Campbell-Miller J. The Proving Ground: Colombo Plan Fellowships and the Changing Landscape of Health Education in Canada, 1951–69. *Can Bull Med Hist.* 2021 Apr;38(1):1–31. <https://doi.org/10.3138/cbmh.437-042020>
 40. University of Toronto Archives & Record Management Services. Faculty of Medicine Office of the Dean. A1976-0044/099(14).
 41. Inflation Calculator. *\$206 in 1945 → 2023. CPI Inflation Calculator*. Available from: <https://www.in2013dollars.com/us/inflation/1945?amount=206>. [Accessed Aug 30, 2023].
 42. University of Toronto Archives & Record Management Services. Faculty of Medicine. A1979-0056/001 (01-06).
 43. University of Toronto Archives & Record Management Services. Faculty of Medicine. A1977-0004/002.
 44. Canada and Asia: Participation in the Colombo Plan. *Round Table Commonw J Int Aff.* 1956;46(182). <https://doi.org/10.1080/00358535608451994>
 45. University of Toronto Archives & Record Management Services. Faculty of Medicine Office of the Dean. A1976-0044/093 (29).
 46. University of Toronto Archives & Record Management Services. *Torontonensis*. 1950.
 47. University of Toronto Archives & Record Management Services. Faculty of Medicine Office of the Dean. A1979-0056/002.
 48. Hackl A. Good immigrants, permitted outsiders: conditional inclusion and citizenship in comparison. *Ethn Racial Stud.* 2022 Apr 26;45(6):989–1010. <https://doi.org/10.1080/01419870.2021.2011938>
 49. Verdonk P, Leyerzapf H, Rifi H, Abma T. Veiled ambitions: Female Muslim medical students and their different experiences in medical education. In: *Scholarly Engagement and Decolonization Views from South Africa, The Netherlands and the United States*. SunMedia Publishers; 2020. p. 187–213. <https://doi.org/10.18820/9781928314578/07>
 50. Malik A, Qureshi H, Abdul-Razakq H, et al. 'I decided not to go into surgery due to dress code': a cross-sectional study within the UK investigating experiences of female Muslim medical health professionals on bare below the elbows (BBE) policy and wearing headscarves (hijabs) in theatre. *BMJ Open.* 2019 Mar 1;9(3):e019954. <https://doi.org/10.1136/bmjopen-2017-019954>
 51. Neiterman E, Bourgeault IL, Covell CL. What do we know and not know about the professional integration of international medical graduates (IMGs) in Canada? *Health Policy.* 2017 May;12(4):18–32. <https://doi.org/10.12927/hcpol.2017.25101>
 52. Rashid M, Nguyen J, Foulds JL, Djordjevic G, Forgie SE. International Medical Graduates' perceptions about residency training experience: a qualitative study. *Int J Med Educ.* 2023 Jan 27;14:4–10. <https://doi.org/10.5116/ijme.63c3.e6b3>
 53. Al-Haddad M, Jamieson S, Germeni E. International medical graduates' experiences before and after migration: a meta-

- ethnography of qualitative studies. *Med Educ.* 2022;56(5):504–15. <https://doi.org/10.1111/medu.14708>
54. CPI Inflation Calculator. *\$5,000 in 1955 → 2023 | Inflation Calculator*. Available from: <https://www.in2013dollars.com/us/inflation/1955?amount=5000> [Accessed on Aug 30, 2023].
55. Najeeb U, Wong B, Hollenberg E, Stroud L, Edwards S, Kuper A. Moving beyond orientations: a multiple case study of the residency experiences of Canadian-born and immigrant international medical graduates. *Adv Health Sci Educ.* 2019 Mar 1;24(1):103–23. <https://doi.org/10.1007/s10459-018-9852-z>
56. Marthyman A, Nimmon L. Exploring how immigrant international medical graduates successfully manage complex sociocultural challenges. *Can Med Educ J.* 2023 Dec 30;14(6):40–50. <https://doi.org/10.36834/cmej.76244>
57. Rokay M. Archives of Muslims in Canada: environmental scan. 2019 Sep. (Institute of Islamic Studies Occasional Paper Series). Available from: <https://tspace.library.utoronto.ca/handle/1807/96984>. [Accessed on Sep 1, 2023].
58. University of Toronto Archives & Record Management Services. Faculty of Medicine Office of the Dean. A1985-0026/013(47).
59. The Association of Faculties of Medicine of Canada. *The Future of Medical Education in Canada (FMEC): a collective vision for MD education*.
60. Government of Canada SC. *Religion by gender and age: Canada, provinces and territories* [2021 Census]. 2023. Available from: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=9810035301>. [Accessed Sep 14, 2023].

Appendix A. UTARMS Holdings with Accession Numbers

Accession Number	Holdings
A1969-0008	Department of Admissions
A1976-0044	Faculty of Medicine. Office of the Dean
A1979-0023	Faculty of Medicine. Office of the Dean
A1979-0056	Faculty of Medicine
A1981-0031	UofT International Student Centre
A1985-0026	Faculty of Medicine
A1986-0026	Faculty of Medicine. Student Affairs Office
Internet Archive	Yearbooks – Torontonensis