Reviewer’s report

**Title:** What all students in healthcare training programs should learn to increase health equity: Perspectives on postcolonialism and health

**Version:** 4  
**Date:** 1 September 2015

**Reviewer:** Louise Racine

**Reviewer’s report:**

Discretionary Revisions

p. 3 I would suggest to use strategies of racialization because racism arises from the ideology of whiteness added to using race as a biological and social instrument of racialization. Minor discretionary change.

“The notion of competency in someone’s else culture is ridiculous” (p. 14). I understand that you present the participant’s viewpoint. I would suggest to write one or 2 sentences to transition to the next section. As well, I wonder if the authors could see if the notion of being culturally competent in multiple ethnocultural groups may be a bit stretched compared to the notion of being willing to be culturally competent. I do not see cultural competency and safety as opposing concepts but as complementary concepts. I would go with a less strong statement about the lack of usefulness of cultural competency. It is sure that only cultural competency cannot address issues of power and health inequities but rejecting the whole notion of cultural competency may need to be relativized. And see interview excerpt on page 18. “If you experience a health practitioner who seems to understand you, ….So here we may have an example of how cultural competency and safety are needed within health care encounters. Minor discretionary change

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare I have no competing interests.