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Association of Faculties of Medicine of Canada
And
University of British Columbia's Faculty of Medicine



**AFMC/UBC WORKSHOP ON ADMISSIONS &
SUPPORT OF ABORIGINAL STUDENTS IN MEDICINE**

UBC LONGHOUSE, STY-WET-TAN HALL

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Proceedings

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SUMMARY

BACKGROUND

The Aboriginal Health Task Group was formed in December 2004 to develop recommendations for presentation to the Council of Deans of Canadian medical schools which could be implemented to improve how medical schools address Aboriginal health in Canada. Two of the eight recommendations address the need to increase the number of Aboriginal medical graduates.

Rationale

Aboriginal Peoples are significantly underrepresented in the medical profession. In 2001, fewer than one in 100 (0.7% of 981 first year medical students surveyed) self-identified as Aboriginal, while 4.5% of Canadians of a similar age group identified as Aboriginal in the national Census.¹ Based on survey results from all 17 Canadian medical schools in 2005, 1.5% of first year students in 2004-05 were Aboriginal. In order to attain a representative workforce the removal of systemic and institutional barriers is necessary.

The benefits of increasing the number of Aboriginal physicians may include:

- ◆ more physicians willing to work in rural/remote communities;
- ◆ positive changes in the medical culture similar to the changes that occurred with the increased participation of women;
- ◆ a generation of physicians equipped to bridge between the western European scientific paradigm of the medical schools and the ways of knowing and being of Aboriginal cultures; and
- ◆ capacity building within Aboriginal communities on the path to self-determination, which includes control of health services.

An increase in Aboriginal participation in health professions is a priority of both the federal government and Aboriginal governments and organizations.

Approaches to increasing the number of Aboriginal students graduating from medical schools should include pre-admissions programs focused on recruitment and development of eligible applicants, admissions policies that seek to identify qualified (though not necessarily “competitive”) applicants, and ongoing post-admissions support.

PRE-ADMISSIONS PROGRAMS

In order to successfully recruit Aboriginal applicants it is vital to build respectful and meaningful partnerships with Aboriginal communities. Partnerships may be sought with

¹ Dhalla, Irfan A. et al., Characteristics of First Year Students in Canadian Medical Schools, *Canadian Medical Association Journal*, 2002, 166(8):1029-35.

First Nations band councils, Inuit hamlet councils and Métis community councils; Aboriginal-controlled health and education organizations; and urban organizations such as Friendship Centers or Youth Lodges. Partnerships with other faculties within the university that have pre-existing outreach programs could also be developed. Possibilities for outreach include career fairs, science camps, mentorship experiences, and widely distributed promotional materials that recognize the need for appropriate use of Aboriginal role models. Sites for distribution may include urban, rural and reserve senior elementary and secondary schools, health centers in Aboriginal communities, adult education centers, Aboriginal educational institutions and distance learning centers such as Nunavut Arctic College.

ADMISSIONS POLICIES AND PROCEDURES

In order to increase the number of successful Aboriginal applicants to medical school, institutions must examine their policies and remove structural barriers. The goal of a separate admissions policy might be to identify and admit all Aboriginal applicants deemed capable of successfully completing medical school, regardless of whether they possess the highest academic scores, or are "competitive" by the traditional standards of the medical school.

Two identified barriers are the Medical College Admissions Test (MCAT)² and Grade Point Average (GPA) requirements. While a high MCAT score has been shown to predict success in passing Part I of the Licentiate of Medical Council of Canada (LMCC) exam (which evaluates overall medical knowledge and problem-solving skills), it has been argued whether success on either the MCAT or the LMCC exam indicates a skilled clinician. The MCAT may represent a systemic bias, as it is known that non-Caucasian, non-English speaking and low-income individuals fare worse than their counterparts. It is also often a financial barrier through direct costs for the exam, travel to an exam center, and cost for preparation materials or courses. Not all schools in Canada require the MCAT, and some that do offer financial support for preparatory courses and/or tutoring to address this barrier.

Similarly, there is no evidence that one needs to meet a certain GPA cutoff to be a good doctor, although it is a reflection of one's ability to meet the academic rigor of higher education. One option might include "weighting" of the GPA to exclude first year marks, as this can be a difficult transition time for Aboriginal students. Another option is a flexible GPA requirement that allows for more consideration of individual context. An example is the single mother who works part time while studying, or the individual who is heavily involved in the community. These other activities may either diminish the time one has available to study, or may give the person experience that will be extremely useful as a member of the medical school class or as a community physician.

² The Medical College Admission Test (MCAT) is a standardized, multiple-choice examination designed to assess problem solving, critical thinking, and writing skills in addition to knowledge of science concepts and principles.

Other policies to consider include:

- ◆ the use of targets or designated seats based on local demographics to achieve appropriate representation of Aboriginal Peoples in medical schools;
- ◆ Aboriginal student selection sub-committees which include Aboriginal representation and can ensure a culturally safe and appropriate application process; and
- ◆ support programs for applicants which may include practice interviews and address other concerns applicants may have that are unique to Aboriginal applicants, for example, finding an affordable place to stay while traveling for interviews.

POST ADMISSIONS SUPPORT

The experience of Aboriginal medical students often is very different from their non-Aboriginal counterparts, and can include isolation, family and financial stressors, academic pressure, and racism that may be personally directed or encountered in Aboriginal health curriculum or in clinical settings. As such, ongoing post-admissions support is necessary. This may include facilitated meetings with other Aboriginal students in the health disciplines to help build community; mentorship's; designated program coordinators; access to scholarships, bursaries or related employment opportunities; tutoring; and support to attend meetings of the Indigenous Physicians Association of Canada (IPAC), of which the medical student organization Canadian Aboriginal Leaders in Medicine (CALM) is a part.

CONCLUSION

This is a brief summary of the main findings from the Workshop on Admissions and Support of Aboriginal Students in Medicine, with the intent of highlighting the rationale and key points discussed at the Workshop, for consideration and application at each Canadian medical school. The full proceedings of the workshop can be found on the AFMC website (http://www.afmc.ca/pages/sa_aboriginal_health_needs.html).

It is anticipated that the following information will be found on the AFMC website at a later date:

- ◆ summaries of:
 - ◆ Canadian examples of Aboriginal admissions policies,
 - ◆ International examples of targeted admissions policies, focusing on the Maori and Pacific Islander Admissions Scheme at the University of Auckland; and
- ◆ a literature review on building community partnerships.

Marcia Anderson, MD
Co-Chair, Aboriginal Health Task Group
Association of Faculties of Medicine of Canada

SUNDAY JUNE 12

OPENING PRAYER AND INTRODUCTIONS

Mr. James Andrew opened the meeting by introducing himself as moderator of the workshop. Mr. Andrew is from the Mount Currie Band, Lil'wat Nation in British Columbia and has been the Aboriginal Programs Coordinator for the Faculty of Medicine, University of British Columbia since 2002. He warmly welcomed workshop participants to the first Canadian workshop on admissions and support of Aboriginal students in medicine, co-hosted by the Association of Faculties of Medicine of Canada and the Faculty of Medicine, University of British Columbia. He noted that this indeed was a historic occasion – the first time that representatives of all 17 Canadian medical schools have met to discuss Aboriginal admissions and student support needs. More than 60 participants registered for the workshop, including faculty and staff working in admissions and student affairs, as well as Aboriginal medical students, residents and physicians.

Ms. Rose Point, Elder from the Musqueam Nation in British Columbia, provided an opening prayer. Ms. Point spoke in Musqueam and wished us well in our three days of discussions, hoping that we have come to the meeting with open hearts and minds.

WELCOMING ADDRESSES

Mr. Larry Grant, Musqueam Nation Elder

Mr. Larry Grant, also an Elder from the Musqueam Nation, spoke in Musqueam and English, welcoming workshop participants to the traditional territory of the Musqueam people, who have lived on the land now called Vancouver for over 3,000 years. He spoke of a previous meeting of the AFMC Aboriginal Health Task Group that he attended, mentioning that these are important initiatives for Aboriginal Peoples.

Ms. Madeline MacIvor, Acting Director, First Nations House of Learning

Ms. MacIvor began by acknowledging the land and people of the Musqueam Nation, as well the work being undertaken by the workshop on behalf of Aboriginal Peoples. She then described the development of the First Nations House of Learning and Sty-Wet-Tan Hall in which the meeting was held. Realizing that the House of Learning would serve Aboriginal students from the four directions, the four carved wooden house posts in the hall represent different Nations. The circular floor in the room represents the teachings from many cultures and their equal value. Ms. MacIvor reminded the audience that there is creative potential in us all, and wished us a productive meeting. She concluded by inviting Tim Michel of the Secwepemc Nation to sing an honour song.

Dr. Gavin Stuart, Dean, Faculty of Medicine, University of British Columbia

Dr. Gavin Stuart, Dean of the Faculty of Medicine, formally welcomed us to the University of British Columbia. He noted that due to recent expansion of the Faculty of Medicine, its program is now being delivered at three campuses throughout the province. As a dean of a faculty of medicine committed to increased enrollment of Aboriginal students, and as Chair-Elect of the Board of Directors, Association of Faculties of Medicine of Canada, Dr. Stuart is very supportive of this initiative.

Dr. Marcia Anderson, Co-Chair, AFMC Aboriginal Health Task Group

Dr. Marcia Anderson, on behalf of co-chair Dr. Lindsay Crowshoe and herself, extended greetings from the Aboriginal Health Task Group at the Association of Faculties of Medicine of Canada. (See Appendix B for a list of members.) Dr. Anderson noted that participation on the Task Group, which was formed only last December, has been both rewarding and challenging – a great deal has been accomplished in a short period of time. She thanked the Musqueam Nation for its warm welcome, and noted that our host university, the University of British Columbia, is dedicated to “excellence, equity, and mutual respect.” Dr. Anderson challenged participants to strive for this ideal as they address the issues before them.

Dr. Anne-Marie MacLellan, Chair, AFMC Steering Committee, Social Accountability Initiative

Dr. Anne-Marie MacLellan extended greetings and appreciation to workshop participants on behalf of the Steering Committee, Social Accountability Initiative, Association of Faculties of Medicine of Canada. Efforts to address Aboriginal admissions, student support and curriculum needs fall within the mandate of social accountability for medical schools. (See Appendix C for a description of the AFMC Social Accountability Initiative.)

Dr. MacLellan provided some background on AFMC’s social accountability initiative, mentioning two documents for reference:³

- ◆ *Social Accountability: A Vision for Canadian Medical Schools* (2002); and
- ◆ *Inaugural Meeting of Partners’ Forum on Social Accountability of Canadian Medical Schools* (2004).

The *Vision* document and the Partner’s Forum led to the creation of a Steering Committee on Social Accountability, as well as the formation of two task groups: the Aboriginal Health Task Group and another on public health. Recommendations by the Aboriginal Health Task Group to the Council of Deans of Medical Schools in May 2005

³ These and other documents on social accountability and Aboriginal health are available on the AFMC web site – www.afmc.ca.

have been accepted and endorsed. (See Appendix D for the Aboriginal Health Task Group recommendations.)

PROGRAMME OVERVIEW

Dr. Francis Chan, Associate Dean, Admissions and Student Affairs at the Schulich School of Medicine and Dentistry, University of Western Ontario; and Chair, Workshop Organizing Committee, provided some introductory remarks and an overview of the workshop programme. Dr. Chan noted that the idea for this workshop came out of the first meeting of the Aboriginal Health Task Group in January 2005. The work of the Task Group is underscored by the fact that Aboriginal people are under-represented in medical school. This workshop addresses one of the recommendations to the Council of Deans:

Recommendation 3: AFMC should host a national forum to share strategies to increase Aboriginal enrollment in medical schools.

However, each medical school also needs to implement this recommendation:

Recommendation 2: Drawing on the knowledge and resources available through AFMC, medical schools should develop and implement each of the following to increase the number of Aboriginal medical graduates, and report their models and approaches to AFMC for sharing with others:

- a. a strategy and policies to increase enrollment of Aboriginal medical students, including outreach to Aboriginal students at early stages of education (junior high, high school and undergraduate university);*
- b. an Aboriginal student selection sub-committee;*
- c. a strategy and policy on Aboriginal community partnerships;*
- d. programs to provide support and encouragement to Aboriginal students;*
- e. ways to explore and address institutional bias/barriers to Aboriginal admissions; and*
- f. linkages to other institutions and Aboriginal organizations in order to understand and address barriers to post-secondary education, especially programs leading to health careers, among Aboriginal people.*

This workshop has been designed to assist schools in being proactive in this area; for example, the University of British Columbia will describe the considerable progress it has made in Aboriginal admissions in just five years. Dr. Chan then reviewed the agenda for the meeting, reminding participants that we can only take away what we have put into the following two and a half days.

ABORIGINAL PHYSICIANS PANEL

Three Aboriginal physicians were asked to speak about their personal experiences in medical school, including the challenges and barriers they faced, as well as advice they would give on ways that medical schools could overcome these barriers and better support Aboriginal students.

Dr. Marcia Anderson, Resident, Department of Internal Medicine, University of Saskatchewan

"Aboriginal medical students' experience of medical school is often as one of the 'marginalized other.'"

Dr. Marcia Anderson is Cree-Saulteaux and grew up in Winnipeg, Manitoba. She completed her undergraduate medical degree at the University of Manitoba and currently is a resident in internal medicine at the University of Saskatchewan. She plans to continue her education with a Master's degree in public health.

Dr. Anderson began by saying that it is hard to talk to a non-Aboriginal audience about something as personal as her experiences in medical school. While she was academically well prepared to study medicine, and her family was very supportive, the two biggest challenges she encountered were financial and cultural. As a government-defined "Non-Status Indian", she did not qualify for Band support for her education, and had to work part-time while in school. Culturally, she went from being "one of many" in the large Aboriginal community in Winnipeg to "one of a few" Aboriginal students on campus. She felt very little acceptance of her culture and had her first direct experiences of racism when she started medical school. She was a "marginalized person." The medical profession and health care staff often relate to Aboriginal Peoples as "different," or "other" than themselves, reinforcing real divisions between Aboriginal and non-Aboriginal people. In Dr. Anderson's experience, there seldom was acknowledgement of the strengths of Aboriginal Peoples or of the effects of colonization and systemic racism on Canada's Indigenous Peoples. She often witnessed attitudes to Aboriginal patients in clinical settings that were stereotypical and derisive, and there was general tolerance of racist attitudes in students and faculty members. It was not a "safe place" to challenge the system.

The national organization Canadian Aboriginal Leaders in Medicine (CALM) provided invaluable support to Dr. Anderson. It was a place where those "walking the same road" could share experiences and insights, and learn from older Aboriginal physicians. She would advocate for financial support of CALM and other Aboriginal student organizations.

Other ways to provide better support to Aboriginal medical students are:

- ◆ disseminate information on financial aid, the admissions process and student support services;
- ◆ provide ongoing support to students (not just at admission) throughout their careers at university;
- ◆ develop policies that prevent racism and implement safe procedures for dealing with racist encounters; and
- ◆ develop local networks of Aboriginal students from different disciplines.

In conclusion, Dr. Anderson encouraged participants to look at the University of Auckland's Maori and Pacific Islander Admissions Scheme (MAPAS).⁴ It now crosses almost all health sciences fields, and in the medical school this program fills 25 of its 125 seats, or 20%, with Indigenous students. MAPAS is considered an international model for successful integration and support of Indigenous medical students.

Dr. Rose Lenser, Family Physician, Victoria, British Columbia

“As a child, when I told my family physician I wanted to be a doctor, he laughed. I never told anyone else and basically gave up on my dream.”

Dr. Rose Lenser is from the Wet'suwet'en Nation near Terrace, British Columbia. Currently, she practices family medicine in Victoria, B.C., and is president of Indigenous Physicians Association of Canada (IPAC).

Dr. Lenser began her presentation by relating how she came to be a physician. As a child, she loved biology and the sciences, and always wanted to be a doctor. When she told her own physician that this was her dream, he laughed at her. She never told anyone else. She spent a year in community college, then enrolled in sciences at Concordia University in Quebec, and was the first person in her family to attend a university. The experience was very foreign to her.

Dr. Lenser attended a Quebec university shortly after the Oka Crisis (an armed resistance by the Mohawk Nation), so she experienced a lot of racism against Aboriginal people. Then she met a Native American doctor at a women's conference, and this rekindled her interest in medicine. She eventually was accepted at the Faculty of Medicine at UBC.

She found that medical school was very similar to being in college, but the year in college gave her the confidence to go on with her education. Dr. Lenser got a great deal of support from the (former) Native Physicians Association in Canada and different Native American physicians' networks, and doesn't believe she would have succeeded in medical school without this contact. She also received support and encouragement from the First Nations House of Learning at UBC.

⁴ For more information, see www.health.auckland.ac.nz/mpih/department/mapas.htm.

Like Dr. Anderson, Dr. Lenser experienced racism in medical school. Hearing derogatory comments from physicians was shocking to her, as she believed medical doctors to be caring people. She now thinks that one of the ways to overcome barriers for Aboriginal students is to actively recruit Aboriginal faculty who can act as role models and also instruct others in subtle and not-so-subtle forms of racism.

Dr. Shannon Waters, Family Physician, Duncan, British Columbia

"I felt a great deal of responsibility to live up to the expectations of the Band that provided financial support for my medical education, even though the Band itself didn't put any pressure on me at all. It was my own expectation that was sometimes overwhelming."

Dr. Shannon Waters is a recent UBC graduate who has just begun to practice family medicine in Duncan, British Columbia. She is from Chemainus First Nation on Vancouver Island.

Dr. Waters first spoke about her family's experience with the Indian residential schools. During the time when First Nations children were being forcibly removed from their families and sent to residential boarding schools, her grandfather took her mother away from her community so she wouldn't have to go to residential school and be separated from her family. For a time they lived in their car to escape the authorities. Eventually, the pair was discovered, and the family lost custody of their daughter to Child and Family Services.

As a youth, Dr. Waters had no idea what the field of medicine was – she didn't personally know anyone who was in a health profession. She did have the support of her family to attend the University of Calgary where she enrolled in sciences. When she decided to go into medicine, she applied to nine schools and was invited to interviews at several schools. During this process, Anne-Marie Hodes, coordinator of the Aboriginal Health Care Careers Program at the University of Alberta, was very helpful and supportive.

Dr. Waters accepted the offer to attend the University of British Columbia, where she met James Andrew, who as Aboriginal Programs Coordinator at the Faculty of Medicine was equally as supportive. Dr. Waters credits these individuals with really making a difference in her education. Her first year in medical school was very difficult. She missed her family and felt out of place among students whose parents were physicians and who had been to private schools. Attending a Native physicians' conference in North Carolina had a positive impact, and she was fortunate to have Band funding to complete her studies, although she sometimes felt an overwhelming sense of responsibility to the Band, even though they put no pressure on her.

Dr. Waters also found her hospital experiences difficult – there were some "not very nice situations" in which she found herself, and there were good and bad instructors, some of whom were openly racist. Family medicine residency was better, but still, not all

of her community placements were positive. Like her colleagues, Dr. Waters found the greatest support in other Aboriginal students and medical residents.

Panel Discussion

“If I could wave a magic wand, I would have everyone respect and value our ways.”

Young Aboriginal physician

The following points were raised during discussion and questions.

- ◆ Several audience members thanked panel members for their honesty and candidness, and expressed dismay that these types of experiences continue in the present day.
- ◆ Clearly, collegial and cultural support is key to a successful educational experience for Aboriginal medical students – national organizations such as CALM and campus-based Aboriginal students’ groups and meeting places should be supported and provided with stable funding.
- ◆ Faculty development is also a critical component. Unfortunately, many stereotypical attitudes are still propagated, either consciously or unconsciously, by educators themselves.
- ◆ It will take several decades until there are enough Inuit, Métis and First Nations medical students and faculty to adequately support each other and have a visible presence in the schools. Until then, we must be careful not to demand too much of Aboriginal students and faculty in terms of educating others and providing support to others.
- ◆ An effective Aboriginal admissions policy must also include ongoing student support. You can’t recruit Aboriginal students and expect them to do well on their own in the current environment.
- ◆ There is a misconception that all Aboriginal students receive adequate funding support from Band Councils and other Aboriginal organizations. Non-Status First Nations, Inuit and Métis students often fall between the cracks. Better financial assistance should be offered, and existing scholarships, bursaries and awards should be more widely promoted among Aboriginal students.
- ◆ More effective means of addressing both subtle and overt forms of racism need to be developed. Medical schools need to be “culturally safe” for all who attend.
- ◆ Better curriculum content related to Aboriginal Peoples is another form of support for Aboriginal students. Both Aboriginal and non-Aboriginal students need to be exposed to positive case studies and curriculum should address Aboriginal traditional knowledge and healing methods.
- ◆ Some of the barriers to Aboriginal student success in medical school could be addressed through:
 - ◆ establishing schools closer to home communities, or finding ways for students to complete some of their schooling in or near their home community (distance from family is a key barrier to attending medical school for many Northern and remote students);

- ◆ re-assessing rigid admissions criteria; and
- ◆ using an Aboriginal admissions panel to interview Aboriginal candidates.

“When we older Aboriginal physicians went to medical school, we didn’t have role models. It was hard. Now I tell the students, ‘I’m a normal guy; you can do what I did.’”

Older Aboriginal physician

MONDAY JUNE 13

WELCOME

Ms. Rose Point, Musqueam Nation Elder, opened the meeting with a prayer and also recited *Mother Teresa's Poem*.

Mother Teresa's Poem⁵

**People are often unreasonable, illogical
and self-centered;
Forgive them anyway.**

**If you are kind, people may accuse you
of selfish, ulterior motives;
Be kind anyway.**

**If you are successful, you will win some
false friends and some true enemies;
Succeed anyway.**

**If you are honest and frank, people
may cheat you;
Be honest and frank anyway.**

**What you spend years building,
someone could destroy overnight;
Build anyway.**

**If you find serenity and happiness,
they may be jealous;
Be happy anyway.**

**The good you do today, people will
forget tomorrow;
Do good anyway.**

**Give the world the best you have, and
it may never be enough;
Give the world the best you've got anyway.**

**You see, in the final analysis, it is
between you and God;
It never was between you and them anyway.**

⁵ Author unknown. The poem was used by Mother Teresa, and may have been written by her.

Dr. Vera Frinton, Associate Dean of Admissions, Faculty of Medicine, University of British Columbia, introduced herself as moderator for the second and third days of the workshop. She expressed her appreciation for Drs. Anderson, Lenser and Waters who spoke on Sunday evening as a part of the Aboriginal physicians' panel, and reviewed the remaining agenda for the workshop.

MESSAGE FROM THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA

Dr. John McDonald, immediate Past-President of the Royal College of Physicians and Surgeons of Canada (RCPSC), offered greetings and good wishes from the Royal College, and expressed his admiration for this gathering and the changes in medical education it will support.

Dr. McDonald noted that the mandate of RCPSC is to promote "the best health for Canadians," but that Aboriginal Peoples do not have comparable health status with other citizens. He recalled that he didn't learn anything about Aboriginal Peoples in medical school, and the only reference to an Aboriginal patient was a negative one. He reminded participants that racism crosses the generations, but he does see some progress being made.

Law and police services education seem to have had greater success in graduating Aboriginal professionals. Perhaps we could learn from their example, especially a recent one in which the Government of Nunavut developed a law program specific to its needs and has just graduated 10 students in Iqaluit who will practice law in the North. Dr. McDonald reiterated the need for organizations such as the Association of Faculties of Medicine of Canada, National Aboriginal Health Organization and the Royal College of Physicians and Surgeons of Canada to continue to work together to achieve further gains in Aboriginal health.

PRE-ADMISSIONS PROGRAMS AND POST-ADMISSIONS SUPPORT PANEL

Panel members presented on Aboriginal pre-admissions programs and post-admissions support services at the Universities of British Columbia, Alberta and Manitoba. Discussion followed.

Mr. James Andrew, ABMED Pre-Admissions Program, University of British Columbia

"Our vision for the program is at least 50 Aboriginal medical graduates in the Province of British Columbia over the next 20 years."

Mr. Andrew described the Faculty of Medicine's Aboriginals Into Medicine (ABMED) program, which is now in its third year. Each August, 15–20 pre-medical students, including Grade 12 students, participate in a two-day visit to the UBC campus. Students

are provided with a combination of presentations, workshops and social events to acquaint them with the Faculty of Medicine and its admissions process. The program provides all meals and accommodation on campus.

The vision for the program is at least 50 Aboriginal medical graduates in the Province of British Columbia over the next 20 years. The goal of the program is

to provide Aboriginal students with the necessary tools to be successful in their application process into and completing the undergraduate MD program at UBC.

Many organizations are involved in delivering the program:

- ◆ the dean of medicine's office;
- ◆ the university president's office;
- ◆ university admissions;
- ◆ Faculty of Medicine undergraduate education;
- ◆ university student affairs;
- ◆ First Nations House of Learning;
- ◆ First Nations Elders; and
- ◆ medical students and residents.

Presentations and activities during the two days include:

- ◆ welcoming addresses from First Nations Elders, the UBC President and the Dean of Medicine;
- ◆ presentations on preparing a medical school application, preparing for the Medical College Admission Test (MCAT)⁶, medical school curriculum, financial resources for medical students, student support services, and student protocols and the importance of identity;
- ◆ practice interviews conducted by faculty members;
- ◆ tours of a family medicine clinic, the UBC Longhouse and the Life Sciences Centre; and
- ◆ lunches with Aboriginal medical students and residents.

Participants are followed over time and provided with additional support when they apply to the school. To date, 34 students have participated in the program, resulting in three successful applications and one deferred acceptance to the Faculty of Medicine. Total direct costs of the program are about \$5,000 each year, not including staff time and in-kind use of facilities.

⁶ The Medical College Admission Test (MCAT) is a standardized, multiple-choice examination designed to assess problem solving, critical thinking, and writing skills in addition to knowledge of science concepts and principles.

Mr. Andrew concluded his presentation by highlighting two strengths of the program:

- ◆ using multiple speakers and sites to maximize exposure of students to the environment and people on campus; and
- ◆ presentations by current students and residents who make the school “real” to prospective students.

Ms. Anne-Marie Hodes, Aboriginal Health Care Careers Program, University of Alberta

"Enough U.S. research has shown that MCAT results have little bearing on actual performance in medical school. Our own data on Aboriginal graduates confirms this. Therefore, although we do look for a minimum MCAT score of 7 among applicants, exceptions are made on an individual basis."

Ms. Anne-Marie Hodes is the Coordinator of the Aboriginal Health Care Careers (AHCC) program at the Faculty of Medicine and Dentistry, University of Alberta. The AHCC program has been in operation since 1988. The program assists Aboriginal students to gain admission and graduate from the Faculty of Medicine and Dentistry, and the other professional health sciences faculties at the University of Alberta.⁷

Aboriginal admissions policies at the University of Alberta are geared to improving access to medical school admission. The University uses the *Canadian Charter of Rights and Freedoms'* equality rights section to justify offering designated positions in the MD Program that are limited to Aboriginal applicants.

***Canadian Charter of Rights and Freedoms
Equality Rights***

15.(1) Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

(2) Subsection (1) does not preclude any law, program or activity that has as its object the amelioration of conditions of disadvantaged individuals or groups including those that are disadvantaged because of race, national or ethnic origin, colour, religion, sex, age or mental or physical disability. (83)

The Faculty of Medicine and Dentistry has undertaken a national recruitment strategy for Aboriginal health careers, combined with a program of student advocacy and support. To date the Faculty has graduated 37 Aboriginal physicians and has 22

⁷ For more information, see www.med.ualberta.ca/education/aboriginal.cfm.

Aboriginal students registered in the MD Program for 2005-06. The AHCC Committee, which is chaired by an Aboriginal faculty member, determines the Aboriginal admissions policy for the school, and makes admissions decisions for Aboriginal applicants on behalf of the Admissions Committee. Ms. Hodes, as coordinator of the program, reports to the Committee.

The Aboriginal admissions policy is printed in the university calendar, and Aboriginal students can self-identify on the medical school application form by checking a box. All self-identified Aboriginal applicants must submit proof of Aboriginal status as outlined in the university calendar.

Provincial residency requirements are waived for Aboriginal applicants; however, priority may be given to Albertans. There are three positions in addition to the regular positions available in the MD Program for Aboriginal applicants. Aboriginal positions that aren't filled in a given year cannot be filled from the general pool, but can be carried over to the following year. Aboriginal applicants must meet all requirements as outlined in the calendar, and applicants who are competitive in the general pool are admitted through the general application process. Remaining applicants compete among themselves in the Aboriginal pool. The school does use MCAT scores to evaluate students – the minimum pass mark is 7; however, exceptions are made on an individual basis. All potentially eligible Aboriginal applicants are given an interview, and one member of the interview team must be Aboriginal.

Current students and graduates have come from across Canada and represent First Nations, Métis, Non-Status and Inuit communities. Promotional methods for recruitment include posters sent to Aboriginal schools, tribal councils, health centres, etc.; media coverage in the press, TV, and radio; and the university web page. The program also actively networks with other University of Alberta Aboriginal committees and programs, Aboriginal health organizations, and post-secondary Aboriginal programs at other Canadian universities and community colleges. Students are recruited through federal and provincial government Aboriginal programs; Aboriginal organizations; and Aboriginal communities (educational counselors, health directors, board members, physicians and individuals). Aboriginal students and graduates also provide information and act as role models at youth conferences and career fairs.

To build up the applicant pool at the pre-university level, the program also operates an annual Summer Science Camp, which provides an on-campus experience for high school students. It is held in partnership with the Health Careers Coordinators from Alberta's three First Nations Treaty areas. The camp provides a positive, informative, enjoyable and culturally appropriate experience, in which Aboriginal medical students, university staff, Elders and physicians serve as role models.

Ms Hodes reminded workshop participants that most Aboriginal students represent the first generation in their families and communities to attend a university so they require more support and encouragement than other students. Pre-medical student support at the University of Alberta includes:

- ◆ advocacy for admission;
- ◆ personal, academic and financial counseling and referral;
- ◆ program planning;
- ◆ assistance with relevant summer jobs; and
- ◆ referral to other faculties and programs.

The key to post-admission support is to "be available," insofar as possible – student crises and concerns do not have a regular timetable. Support also must be delivered respectfully, and counselors need to be aware of individual cultural differences and be able to refer to other appropriate helpers when needed. Post-admissions support also should build a strong peer group by encouraging student meetings and social activities including student-run retreats, sweats lodge ceremonies, and encouragement to attend Aboriginal gatherings and conferences.

A new component to the undergraduate curriculum added in 2004 includes an annual compulsory one-day orientation in Aboriginal health as part of the Patient Centered Care course for all incoming medical and dental students. It is intended to increase students' understanding and respect for Aboriginal Peoples' historical and traditional health-related values, beliefs and behaviour; increase their awareness of the disparities of health care and health outcomes of Aboriginal peoples; and provide an introduction to potential cross-cultural challenges in clinical encounters with Aboriginal patients. The session is held off-campus in an Aboriginal setting with Aboriginal Elders, physicians and community health providers as teachers.

Ms. Hodes concluded by summarizing AHCC program strengths:

- ◆ a personalized, individualized approach;
- ◆ ability to stay in touch with students for several years before admission;
- ◆ strong student advocacy and personal support; and
- ◆ a clearly-defined admissions policy.

Ongoing program challenges include:

- ◆ inadequate infrastructure and core funding for the program (it's basically a one-person office);
- ◆ lack of Aboriginal clinical faculty at the school;
- ◆ difficulties incorporating Aboriginal health content into the curriculum; and
- ◆ difficulties in maintaining the individualized approach as student numbers increase.

"The key to post-admission support is to 'be available,' insofar as possible – student crises and concerns do not have a regular timetable."

Dr. Peter Nunoda, Access and Special Pre-Med Program, University of Manitoba

“Equality of condition means more than mere access to the institution – it means that access must be accompanied with the kinds of supports that give students who are motivated, but poorly prepared and under-resourced, with a realistic opportunity to succeed.”

Dr. Peter Nunoda is the Director of Access and Special Pre-Med Programs at the University of Manitoba. Access Programs at the University of Manitoba were founded in 1975 on the principle of “equality of conditions.” Equality of condition means more than mere access to the institution – it means that access must be accompanied with the kinds of supports that give students who are motivated, but poorly prepared and under-resourced, with a realistic opportunity to succeed.

The University of Manitoba operates three health-related access programs:

- ◆ Special Pre-Medical Studies Program (SPSP);
- ◆ Nursing Access Program (NAP); and
- ◆ Professional Health Program (PHP).

The goals of the Access programs in general include:

- ◆ providing effective student-centred support services;
- ◆ increasing student success through systematic recruitment, selection and retention strategies; and
- ◆ fostering the development of independent and autonomous decision-making among students.

Student support services include: a one-month orientation program for first year students; advice on academic issues and student loans; personal counseling; financial aid (Access bursaries); and tutoring.

Recognizing the need for more Aboriginal health professionals, the University made recruitment and training Aboriginal health care providers a strategic priority. It established the Special Pre-Medical Studies Program in 1979 as a partnership among the Northern Medical Unit, the Department of Education and the Continuing Education Division. Since then, a number of experts and commissions have advocated for programs to increase the number of Aboriginal health care providers, including the Royal Commission on Aboriginal Peoples, the Commission on the Future of Health Care in Canada, and the University of Manitoba Task Force on Strategic Planning.

The Special Pre-Medical Studies Program is directed exclusively to Aboriginal residents of Manitoba interested in preparing for admission to a professional health program (dentistry, dental hygiene, medicine, medical rehabilitation or pharmacy). The program

offers intensive physics and chemistry credit courses for students who do not have a strong science background. It also offers enrichment seminars in the health fields as well as supervised summer field experiences. Current enrollment in SPSP is 52 students. Since 1979, SPSP has graduated 90 Aboriginal students, including 30 who subsequently completed the MD program.

The Nursing Access Program was established in 2001 and supports students in pre-nursing and nursing. Preference is given to Aboriginal candidates, Northern residents and/or low income earners. Current enrollment is 50 students.

The Professional Health Program was established in 1984 and supports Aboriginal students in the faculties of dentistry, medicine and pharmacy, and the schools of medical rehabilitation and dental hygiene. Current enrollment is 18 students.

Dr. Nunoda commented that post-secondary institutions need to get “further upstream” in recruiting students (that is, reach them at a younger age), and that early engagement with Aboriginal communities in the delivery of any program is absolutely critical. While summer science programs are valuable, they are of short duration (three weeks). Dr. Nunoda posed the questions: “How do we engage Aboriginal students for the other 49 weeks of the year? Should we offer conditional acceptances? Should we underwrite tuition, since post-secondary funding for First Nations students is shrinking, and funding for Métis students is virtually non-existent?”

Dr. Nunoda concluded with these suggestions:

- ◆ education transition programs should be offered in or near Aboriginal students’ home communities;
- ◆ we need to expose students to a range of health care careers;
- ◆ we should target not just the high achievers but a broader cross-section of students; and
- ◆ we need to take seriously the responsibility to work with partners.

“Post-secondary institutions need to get ‘further upstream’ in recruiting students (that is, reach them at a younger age), and early engagement with Aboriginal communities in the delivery of any program is absolutely critical.”

Panel Discussion

Below are the main points made during discussion of pre-admissions programs and post-admission support.

- ◆ Funding of Aboriginal pre- and post-admissions programs is an issue. The annual budgets of the three programs described this morning range from \$97,000 and \$400,000 per program and are funded by their respective provincial governments. One argument for better funding is that Aboriginal community needs are distinct

from “disadvantaged students” in general and their needs have long been unaddressed.

- ◆ There are a number of misconceptions to be addressed, for example, an Aboriginal admissions policy is not a quota system and does not lower standards.
- ◆ There are two groups of students that can be recruited: those who are university-based and likely already competent to compete at the university level; and those outside university, possibly in college programs, who need additional support to enter university. One solution is to partner with Aboriginal organizations and communities to take programs to “where students are.”
- ◆ More research is needed into the outcomes of access programs, including which aspects of programs give the “biggest bang for the buck.”
- ◆ Early engagement of students at the community level is the key to success. However, we also need to act on the current generation of older students who have the potential to succeed at medical school.
- ◆ We must not underestimate the power of medical schools to advocate on behalf of Aboriginal programs. Universities need to create pressure on provincial governments for more funding for Aboriginal post-secondary education. Health Canada, the Association of Faculties of Medicine of Canada, the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada, and the Canadian Medical Association also are potential allies.
- ◆ Medical schools should be encouraged to apply for federal Aboriginal Health Human Resources Strategy funding.

Small Group Discussions

Workshop participants met in six small groups to further discuss pre- and post-admissions issues. Below is a synthesis of their remarks.

General Comments

- ◆ We need political will for change. It is important to work with the decision-making structures within the faculty and the university, as well as at the provincial government level, to promote change. Information needs to flow “up” from medical schools to government ministries to create pressure for change. Partnerships with Aboriginal organizations to lobby for change can be very effective.
- ◆ We need sustained funding at all levels – secondary school, college, pre-medicine and medicine.
- ◆ Strategies should be multi-faceted, and involve 1) educational institutions, 2) the health care system, and 3) the community. Medical schools and Aboriginal communities need to work together to develop appropriate policies and programs.
- ◆ We need to build in real accountability within the university and between the university and Aboriginal communities.
- ◆ We should use the collective power of the Royal College of Physicians and Surgeons of Canada to move these issues ahead.
- ◆ Nationwide Aboriginal physician recruitment strategies are needed, involving organizations such as AFMC, the Canadian Medical Association, Royal College of

Physicians and Surgeons of Canada and the College of Family Physicians of Canada.

- ◆ We can provide respectful support to Aboriginal communities through:
 - ◆ development of national standards for accreditation of medical schools that address Aboriginal admissions and curriculum needs;
 - ◆ applying the principles contained in *A Guide for Health Care Professionals Working with Aboriginal Peoples*,⁸
 - ◆ providing national Aboriginal health fellowships similar to those used by the Educating Future Physicians of Ontario (EFPO) project, as well as short-term fellowships of several months' duration; and
 - ◆ Health Canada support for Aboriginal admissions and student support "champions" to visit universities and provide advice, information, etc.
- ◆ Participants also were cautioned that it is quite difficult to change accreditation requirements at the undergraduate level, but is somewhat easier at the postgraduate level.
- ◆ Remember that these are not cookie-cutter solutions – each medical school and the Aboriginal communities it serves is different and requires a unique approach. We must listen to Aboriginal people in developing local policies and programs.

Community Engagement

- ◆ Medical schools have a responsibility to consult with Aboriginal communities as a part of their social accountability mandate.
- ◆ We need to stimulate a dialogue with Aboriginal communities on what is needed, what will work, what are the barriers to change as perceived by students, their families, teachers, etc.
- ◆ Engagement with Aboriginal communities requires information sharing. We must be open about our intentions.
- ◆ All faculties need a process to identify Aboriginal community health needs. "When we design courses on chemistry, we go to the chemists. When we design programs for Aboriginal admissions and Aboriginal curriculum, we need to go to Aboriginal people."
- ◆ However, it isn't just about consultation, it is about partnerships. The Faculties of Law can provide examples of sustained partnerships that have resulted in significant increases in enrollment of Aboriginal students in law over the last decade.
- ◆ Achieving "buy-in" and developing real trust with Aboriginal communities takes time. Not all previous experiences with universities have been positive ones.

"When we design courses on chemistry, we go to the chemists. When we design programs for Aboriginal admissions and Aboriginal curriculum, we need to go to Aboriginal people."

⁸ Society of Obstetricians and Gynaecologists of Canada, 2001. Available at : www.afmc.ca/pages/sa_aboriginal_health_needs.html.

Outreach and Promotion

- ◆ We need articulate spokespeople from medical schools who can inform and inspire prospective applicants. Whenever possible, Aboriginal people should be included in outreach teams.
- ◆ We need to engage communities to be partners in attracting students to the sciences and health care professions. Aboriginal organizations, Native friendship centres and Métis organizations can be important allies.
- ◆ Outreach programs were exhorted to “go out and go deep” into communities and to “be early and be often” in influencing students’ lives. We need to start outreach no later than the beginning of high school. There may also be geographic barriers, and therefore there is a need for outreach to cover a large geographic area.
- ◆ Ideally, outreach should include both elementary and high schools (e.g., Med-Quest, Let’s Talk Science, and sports clinics).
- ◆ Hands-on learning stimulates interest in science, e.g., science camps have been very successful.
- ◆ Contextual hands-on experiences can foster existing interest in the natural world; e.g., teach science using the immediate environment.
- ◆ There are a variety of models for university outreach to specific communities throughout Canada – we should draw on those models as well as on the experts within our universities.

Reaching Aboriginal Students

- ◆ Promotional materials need to be friendly and accessible. Be aware that too many “white faces” on promotional materials sends a subtle message.
- ◆ Both general and Aboriginal-specific university admission policies need to be explicit and well publicized.
- ◆ We need to understand the geography and demographics as well as the cultural diversity among the Aboriginal communities we serve. For example, some urban high schools have a very high proportion of Aboriginal students and would be good strategic targets for outreach.
- ◆ There has been some success in Africa and also in Nova Scotia within the Aboriginal community in using Aboriginal and non-Aboriginal students and medical residents as “teachers” in high schools.
- ◆ Job fairs can be useful, especially if they include Aboriginal role models such as practicing physicians or medical students.
- ◆ Drawing prospective students to the university for both “short stays” (visits, tours) and longer-stays (science camps, pre-admissions programs) have value.

Recruiting Medical Students

- ◆ Aboriginal student recruitment needs to be quite proactive and community-based.
- ◆ In areas with a small Aboriginal population, it is worth considering grouping students in one or two universities, in order to build capacity and support a critical mass of students.

- ◆ Role models in the school are very valuable – similar to efforts to support Francophone students outside Quebec.
- ◆ Distance education may be another vehicle for recruiting students, including mature students and those currently in other health professions.
- ◆ Sometimes we have to help Aboriginal students turn their dreams into realities – they may have a dream but they may not know how to make a plan, gather the resources that are needed, etc.
- ◆ It would be helpful to have targeted awareness campaigns within other disciplines.

Student Preparation

- ◆ Pre-medicine support programs and transition programs are still rare and more are needed.
- ◆ Preparatory courses, access programs and group or individual tutoring are useful.
- ◆ Perhaps pre-medicine programs could be delivered in part through distance education.

ABORIGINAL ADMISSIONS PROCEDURES PANEL

Dr. John Cairns, Former Dean, University of British Columbia – Leading Change in a Traditional School

Dr. John Cairns, former Dean of the Faculty of Medicine, University of British Columbia, added his words of welcome to workshop participants, and provided an overview of the context and process undertaken in making changes to the Faculty's Aboriginal admissions policies beginning in 1999. From the mid-1980s to the mid-1990s, UBC graduated only five Aboriginal physicians, even though Aboriginal Peoples comprise 5% of the population in the province. UBC's Faculty of Medicine was a "traditional" school with well-entrenched admissions procedures and curriculum. The low number of physicians per capita in British Columbia also placed a high premium on medical school spots. Then by the mid-1990s, severe budget constraints, the declining research stature at the school, a lack of interest by the provincial government in supporting Aboriginal admissions, and growing faculty tensions also contributed to a poor climate for change.

Leaders within the Faculty realized they needed the dean's and associate deans' support for change, as well as student support. Dr. Joanna Bates, then Associate Dean of Admissions, became a champion for change. As a democratic institution, faculty members as a whole decide on changes in policy, and they had to be convinced of the need for more proactive recruitment of Aboriginal students. A clear proposal for the policy change was required. Dr. Bates and others developed a rationale for a new policy, based on the needs of the Aboriginal community for better health care, and the need for greater social accountability to Aboriginal communities. They consulted widely and used international literature to support their case. The resulting proposal was used to support motions to the Faculty Executive Committee and the faculty membership as a whole.

The proposal generated considerable controversy, especially related to proposed “targets” for Aboriginal admissions. It was important to reassure faculty members that the proposed changes would not lower academic standards at the school. The term “targets” was better received than “quotas.” Advocates also realized they needed to facilitate successful graduation of high- quality candidates to ensure that the new policy resulted in positive outcomes for the school, so they developed a plan for an Aboriginal support program as well.

Luckily, they were able to garner support for change from the provincial government, allying budget concerns. Another factor in success was the simultaneous expansion of the school, with a planned doubling of enrollment between 2000 and 2010.

The Faculty did in fact agree to a 5% target for Aboriginal students in 2001, and the new admissions policy was approved in 2002.

Dr. Vera Frinton and Mr. James Andrew, Faculty of Medicine, University of British Columbia – Selection of Aboriginal Students for Admission to the Faculty of Medicine

Dr. Vera Frinton, Associate Dean, Admissions, and Mr. James Andrew, Coordinator, Aboriginal Programs, then described the current admissions policy and procedures at the UBC Faculty of Medicine. Mr. Andrew began by reviewing some of the rationale for an Aboriginal admissions policy.

Presently, Aboriginal Peoples comprise about 4% of Canada’s population. There are about 60,000 physicians in Canada, but only 100-160 Aboriginal physicians (.16 – .24% of all physicians). In British Columbia 4.4% of the population are Aboriginal Peoples. Of 8,000 physicians in British Columbia, only 8 – 10 are Aboriginal. Furthermore, doctor/patient ratios in the general population are one physician for 500 people; for Aboriginal communities, it is one Aboriginal physician for 30,000 people.

“One of the difficulties in graduating Aboriginal physicians is the low number of applicants. In 55 years since its inception, there have only been 15 Aboriginal graduates from the Faculty of Medicine at UBC, with an average of one to two applicants per year (some years there were none).”

One of the difficulties in graduating Aboriginal physicians is the low number of applicants. In 55 years since its inception, there have only been 15 Aboriginal graduates from the Faculty of Medicine at UBC. On average, there has been one or two applicants per year, and some years, there were none.

Consultations with other UBC First Nations programs, Canadian and American medical schools, medical students, residents and physicians, and Aboriginal communities prior to developing the policy provided these recommendations:

- ◆ a separate policy with different requirements for Aboriginal applicants;
- ◆ a separate selections committee or sub-committee;
- ◆ a separate or added interview; and
- ◆ designated seats and/or other selection criteria.

UBC did establish a separate Aboriginal Admissions Sub-Committee, comprised of:

- ◆ the associate dean of admissions as chair;
- ◆ the admissions manager;
- ◆ a Musqueam Nation Elder;
- ◆ representatives from the First Nations House of Learning and the Institute for Aboriginal Health;
- ◆ an Aboriginal medical student, resident, and physician;
- ◆ a representative from the Admissions Policy and Selection Committees;
- ◆ representatives from the Island Medical Program (IMP) and Northern Medical Program (NMP);⁹ and
- ◆ the Aboriginal Programs Coordinator.

At UBC, the Aboriginal Admissions Sub-Committee reviews all Aboriginal applications, proof of ancestry and essays; makes interview recommendations; reviews interview results during interview weekend; and makes recommendations for 1) offers, 2) rejections, or 3) deferrals of admission to the associate dean under the Aboriginal Admissions protocol.

Below are the admissions and selections eligibility requirements for all applicants:

- ◆ 90 university credits;
- ◆ overall GPA 70% or higher;
- ◆ Canadian citizenship;
- ◆ MCAT results (there is no minimum score for eligibility); and
- ◆ certain course prerequisites.

All applicants also must:

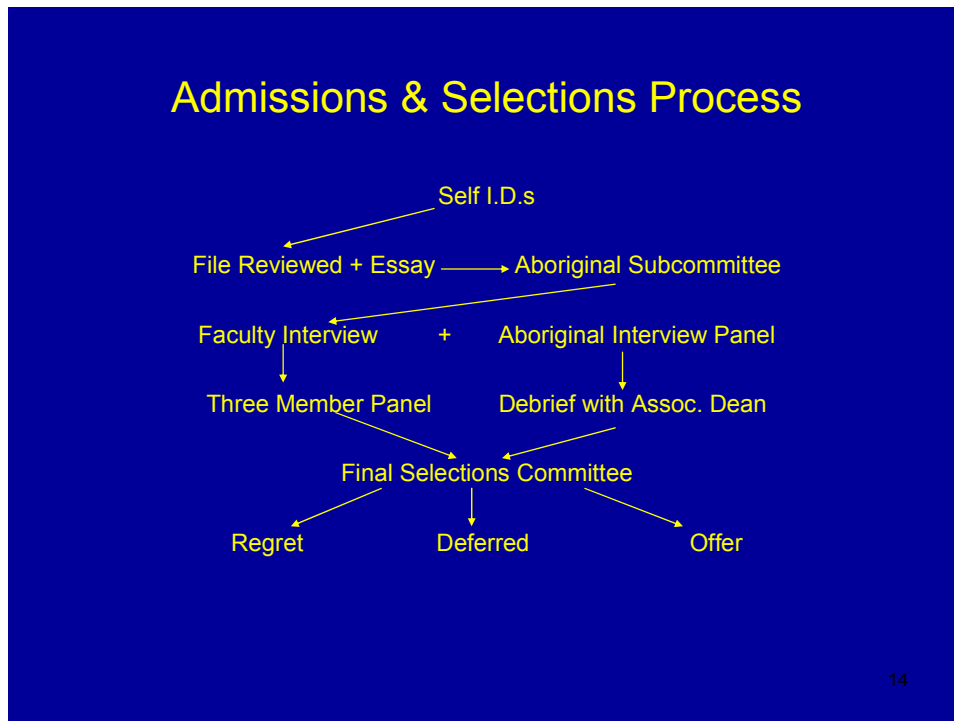
- ◆ submit a personal essay;
- ◆ provide a list of non-academic activities;
- ◆ participate in a panel interview, if invited; and
- ◆ supply reference letters on request.

⁹ The MD Program at UBC is now delivered at three campuses.

All Aboriginal applicants are considered as BC residents. In addition to the requirements above, Aboriginal applicants must:

- ◆ self-identify as First Nations, Inuit or Métis and provide proof of ancestry (a laser copy of Status, Métis, Treaty card or any other documentation, or a letter of support from an Aboriginal organization on official letterhead);
- ◆ provide a one-page essay on their connections to an Aboriginal community; and
- ◆ participate in an additional interview if their application is supported.

If there are no concerns after this process, Aboriginal applicants may be offered a position in the MD program at either the Vancouver-Fraser, Northern or Island Medical Programs.



Currently, 5% of new seats are targeted for qualified Aboriginal students, with those not able to be filled in a particular year carried over to the next year only. For example, in 2005, there is the potential of 11 seats out of 224 (5%), plus the five unfilled seats from 2004, equaling 16 seats available this year.

Aboriginal interviews take place in the UBC Longhouse board room. The interview panel includes an Elder, a community member, a physician, and a representative of the Division of Aboriginal People's Health. A luncheon is held for all Aboriginal applicants, with an address by the associate deans of the Northern Medical Program and the Island Medical Program.

Some reasons for an applicant to be refused entry include: incomplete prerequisites (may defer offer until they are completed); poor interview performance; lack of a community connection; and concerns about the ability of the applicant to succeed in the program.

Some key elements of the process are:

- ◆ the additional essay – this provides important insight into the motivations and experience of the applicant;
- ◆ the Aboriginal Programs coordinator position – it is instrumental in facilitating the process, providing information and encouragement to applicants, and judging their suitability for the program;
- ◆ proof of ancestry – proof is required because there have been instances of non-Aboriginal students trying to enter through this stream. Proof is carefully scrutinized, but very broadly defined.
- ◆ debriefing after the Aboriginal interview – it is important to immediately exchange impressions, clarify cultural assumptions, etc., among panel members; and
- ◆ creating a welcoming environment through lunch for all applicants, the Aboriginal orientation day, and meeting the associate deans and other Aboriginal program leaders.

Finally, the presenters cautioned workshop participants to expect media criticism, but to persevere anyway. They concluded the presentation by acknowledging some of the trailblazers for their program, including early faculty champions as well as Aboriginal students and recent medical graduates.

Dr. Jill Konkin and Ms. Orpah McKenzie, Northern Ontario School of Medicine – Policies and Procedures in a New Medical School

“It is a unique opportunity to design a brand new admissions policy. The Northern Ontario School of Medicine was established on a foundation of social accountability, and with a mandate to serve the communities in Northern Ontario, many of which are Aboriginal.”

Dr. Jill Konkin is Associate Dean, Admissions and Student Affairs, at the new Northern Ontario School of Medicine (NOSM). Ms. Orpah McKenzie is Director of Aboriginal Affairs at the School.

Dr. Konkin began the joint presentation by providing some background on the history and structure of the Northern Ontario School of Medicine. The School of Medicine is accepting its first students this September and delivers its MD program through the separate campuses of two universities: Lakehead University in Thunder Bay and Laurentian University in Sudbury, Ontario. Dr. Konkin observed that it is an amazing journey to get a new medical school up and running, and designing a brand new admissions policy is a unique opportunity. NOSM was established on a foundation of

social accountability, and with a mandate to serve the communities in Northern Ontario, many of which are Aboriginal. As a result of this mandate, there is a built-in advantage favoring Northern and remote community applicants to the School. For example, among the offers of admission extended so far this year, 90% of students have lived in Northern Ontario for more than 10 years, and 12% are Aboriginal. The School has established an Aboriginal Admissions Sub-Committee that is chaired by an Aboriginal physician.

Ms. McKenzie provided more information on the School's Aboriginal admissions procedures. An Aboriginal Reference Group was instrumental in designing the Aboriginal admissions policy. Members were adamant that Aboriginal applicants not be seen as second-rate, and should have to meet the same entry requirements as other applicants.

Since it is known that many Northern students have difficulties adjusting to first-year university, grades from that year are excluded from the Grade Point Average submitted for application to NOSM. The School uses the Canadian Constitution definition of Aboriginal ancestry as qualification as an Aboriginal applicant. Applicants also must submit a letter of support from an Aboriginal organization with their application, and are asked to describe their community experiences and connections in the short-answer questions on the application. The linkage to an Aboriginal community, be it a cultural organization, a Friendship Centre or a First Nations community, to name a few examples, is an important criterion for the Aboriginal Sub-Committee members.

The Northern Ontario School of Medicine does not yet have a dedicated Aboriginal programs coordinator, which limits how much outreach can be undertaken. However, the School had made connections to many Aboriginal communities through the consultations leading to formation of the School, which could be further expanded. The School also is eager to build stronger links to Native Support Services at both of its host universities, and would like to link students with practicing physicians in Northern communities.

Panel Discussion

Discussion after the admissions procedures panel addressed the value of MCAT scores in assessing applicants. It was suggested that UBC could provide its research findings on MCATs to the medical education community since continued use of MCATs is being debated in many institutions.

Workshop participants also questioned the requirement that Aboriginal applicants be able to prove a connection to an Aboriginal community, which is difficult for many Aboriginal Peoples who have lost touch with their ancestry or have moved to urban locations. The argument was made that previous ties to a community do not necessarily predict future commitment to serve an Aboriginal population. Panel members pointed out that this requirement originated in the Aboriginal community. Aboriginal communities

also are committed to not lowering standards for Aboriginal students – they wish Aboriginal physicians to be fully qualified to provide their medical care.

Small Group Discussions

Workshop participants broke into the same six groups to further discuss the desired qualities in Aboriginal applicants, how to assess admissibility, the value of designated seats, ways to address institutional barriers and to provide post-admissions support. The results of the group discussions are summarized below.

Qualities in Applicants

- ◆ We need to distinguish between “qualified” and “competitive” applicants.
- ◆ We desire the same qualities in Aboriginal candidates as in others, but they are more focused on a commitment to Aboriginal communities and Aboriginal health. We want all students to exhibit a sense of humanity and social responsibility, since the attributes they will carry through their careers are the ones they exhibit when they begin medical school.
- ◆ In terms of prerequisites, we should look carefully at the role of specific courses versus the number of credits versus years of school. There is a need to balance the benefits of a bachelor’s degree with course prerequisites, and prerequisite knowledge depends on the curriculum of individual schools. Unfortunately, many Aboriginal students still lack basic competence in science.
- ◆ Some schools favour fewer prerequisites, with a strong rationale for those that are retained.
- ◆ In some schools, an Aboriginal community connection is considered necessary, in others it is a factor that is taken into consideration with other applicant attributes.

Assessing Admissibility

- ◆ Some schools have struggled with the definition of “Aboriginal.” To what extent should Aboriginal applicants be able to self-identify only (i.e., not have to provide proof of Aboriginal ancestry) if the integrity of the selection process is to be respected?
- ◆ It is acceptable to have different criteria for Aboriginal applicants if you can justify them in terms of outcomes. The bottom line is “can this student succeed in medical school?” Australian and New Zealand experiences may be helpful here.
- ◆ Aboriginal communities should be asked how they would define “success” in medical school, and similarly how they would define a “good doctor.”
- ◆ A flexible admissions process is thought to be more appropriate for Aboriginal students than a fixed one, however, transparency is critical. Flexible policies attract more students in general, so flexible policies likely are better for all students.
- ◆ Aboriginal applicants need to be aware of what attributes and experiences will be assessed in the admissions process (for example, what types of extra-curricular activities are highly valued). On the other hand, selections committees may undervalue certain Aboriginal community experiences, so education among

committee members also is required. There needs to be better recognition of Aboriginal experiences in admissions assessments overall.

- ◆ The University of Western Ontario has recently made admissions criteria for local students more flexible in order to increase the number of candidates from the communities it is intended to serve (Southwestern Ontario).
- ◆ Flexible admissions policies can be used in combination with a specific Aboriginal selection procedure.
- ◆ We need both more Aboriginal applications and more selections. We need to ensure we aren't screening out qualified applicants through biases and barriers.
- ◆ One key factor in success is simply the number of Aboriginal students in the medical school. An outcome of a flexible admissions policy is that higher enrollment of Aboriginal students will also change the culture of medical school, making it more supportive and more likely for future students to succeed.
- ◆ Key factors in failure among Aboriginal students in medical school are more likely to be personal and social rather than academic.
- ◆ The methods used in interviews should be examined to ensure they are appropriate to Aboriginal applicants. Practice interviews also are useful.
- ◆ UBC now has a university-wide Aboriginal admissions policy.
- ◆ It would be extremely valuable for AFMC to collect and analyze data on the factors that predict success or failure in medical school, and any differences between Aboriginal and non-Aboriginal students.

Using Designated Seats

- ◆ Designated seats (as a floor for enrollment, not a ceiling) and specific admissions policies are generally considered useful in increasing Aboriginal enrollment. These policies need to be clearly articulated.
- ◆ Quebec is moving toward designated seats for Aboriginal students.
- ◆ Participants were reminded that there still is resistance to specific Aboriginal programs, and that some terms are more acceptable than others. For example, "targets" are better than "quotas." "Affirmative action" is a loaded term that is to be avoided.

Addressing Institutional Biases/Barriers

- ◆ The MCAT is a significant barrier to Aboriginal applicants and many other students as well. We need to question its value in predicting student success. The MCAT is used as a screening tool and may pose a financial barrier as well in terms of the cost of preparation in a highly competitive system. In the case of Aboriginal students, we do not want to exclude any students who may be qualified, and we need to aim for an inclusive rather than an exclusionary process.
- ◆ If MCAT scores are to be used, consider lowering the threshold.
- ◆ Caution also was expressed toward the use of Grade Point Average in admissions screening as it may create a bias against those who are less academically prepared. Many medical schools no longer use them, or use them with qualifications. Some argue that there are students with high GPAs who in fact are not good candidates for

the practice of medicine, and that there are other attributes that are more critical. For example, some schools consider GPA in conjunction with community service experience.

- ◆ “Weighting” the GPA score was considered a good idea, with removal of the first year’s grades since this is often a difficult transition year for Aboriginal students.
- ◆ Most importantly, we need to be aware of what the GPA and the MCAT are measuring specific to the capacities we are looking for in the medical student.
- ◆ However, in schools with a large number of applicants, screening tools are needed. In those cases, a careful and fair assessment of suitability is required.
- ◆ The biggest challenge in applying less rigid criteria is ensuring fairness. GPA and MCAT scores are very straightforward.
- ◆ Additional financial support for Aboriginal students may be needed, especially if they have dependents.
- ◆ In some cases financial barriers are in fact a lack of knowledge about what financial assistance is available. This can be overcome by thorough promotion of scholarships and bursaries, and opportunities for First Nation community support to students.
- ◆ We should acknowledge that racism, ignorance of Aboriginal cultures and insidious stereotypes still exist in society and in medical school. In some cases, there still is a lack of will at the faculty level for change.

Post-Admissions Support: The People

- ◆ Student support plays an important part in retaining students – collegial support is essential and organizations like Canadian Aboriginal Leaders in Medicine (CALM) fill a critical role.
- ◆ Ideally, role models should include both students and faculty members. Faculty members may need development and support to be effective role models to Aboriginal students.
- ◆ Mentors play a key role as well.
- ◆ Be careful not to overuse and burn out role models and mentors – use them wisely and strategically.
- ◆ We also need an institutional acknowledgment that proper support of role models takes effort and incurs some costs.
- ◆ Early exposure to the dean and associate deans can help to build understanding and instill confidence.

Post-Admissions Support: The Environment

- ◆ The goal of medical schools, once they have recruited Aboriginal students, is to provide an environment in which they have every opportunity to succeed.
- ◆ Support must be provided respectfully, with appreciation of the student’s strengths and the value that Aboriginal culture and knowledge can bring to the faculty.
- ◆ Student support and counseling at the undergraduate level is very important – they need both professional and academic support.

- ◆ We especially need to provide support for transition points on the education pathway.
- ◆ New students need to see and connect with other Aboriginal students on campus in order to develop a sense of community. At the beginning, this needs to be facilitated. Aboriginal students also benefit from a culturally safe place to meet and interact.
- ◆ Medical schools need to look at curriculum from a post-colonial perspective and identify and address subtle (and not so subtle) messages presented there.
- ◆ Faculty development to ensure that Aboriginal students experience a culturally-safe environment is key. Make it an expectation that faculty develops cultural competence.
- ◆ Schools could have special days that highlight Aboriginal health.

TUESDAY JUNE 14

OPENING REMARKS

Ms. Rose Point opened the meeting with a prayer, and Drs. Vera Frinton and Marcia Anderson provided some opening remarks.

Dr. Frinton asked workshop participants to consider recommendations they would like to make to the Association of Faculties of Medicine of Canada to further support improvements to Aboriginal admissions policies and student support programs. AFMC will present these recommendations to undergraduate deans at the next meeting of the Admissions and Student Affairs Committee. She also reminded the audience that proceedings of the meeting would be distributed by the end of the summer.

Dr. Anderson, as Co-Chair of the AFMC Aboriginal Health Task Group, extended her thanks to participants for attending and actively participating in the workshop. She noted that AFMC is already acting on recommendations made to the Council of Deans (specifically, recommendations 1 and 2). Other recommendations might include formation of an Aboriginal Admissions Sub-Committee, or a position statement on the MCAT. Dr. Anderson also stated that we can hold each other accountable for increased Aboriginal enrollment in medical school. Each school has been asked to complete a survey on current policies and statistics, and this survey could be completed again in one year, with results shared among the schools and presented to the soon-to-be-formed AFMC Aboriginal Health Committee and the Standing Committee on Undergraduate Medical Education. Dr. Anderson urged those present to move beyond talk and on to sustained action.

COLLABORATION AND COMMUNITY INVOLVEMENT PANEL

The four panelists provided advice and addressed issues related to working with Métis, Inuit and First Nations communities, as well as collaborating with others within the university community.

Mr. Ian Peltier, Aboriginal Student Centre, Queen's University

“Nothing inspires like Aboriginal community member success, and recruitment is all about inspiration! Sadly, Aboriginal people have been discouraged from trying to succeed over the years, and many distrust institutions.”

Mr. Peltier is originally from Manitoulin Island and is now a Recruitment Officer with the Aboriginal Student Centre at Queen's University. He began his presentation on community collaboration by urging medical school faculty and staff not to reinvent the wheel – many universities now have an Aboriginal student recruitment strategy. Medical

schools can draw on this plan and the expertise to be found in recruitment offices and Aboriginal student centres to develop their own specific strategies.

To be effective, stakeholder involvement has to be ongoing and continuous in order to establish trust and respect. Dialogue with the Aboriginal community should engage career counselors, education directors, Chief and Band Council members and teachers. It is important to provide clear and concise information on student selection, the program of study, etc. Providing complete information allows people to make informed decisions. Nothing inspires like Aboriginal community member success, and recruitment is all about inspiration! Sadly, Aboriginal people have been discouraged from trying to succeed over the years, and many distrust institutions. However, we must be careful not to overburden a small number of students who can act as role models and mentors to others.

It is important to hire Aboriginal staff whenever possible. There is a natural rapport and level of comfort among Aboriginal people. It also is important to tool your recruitment strategy to the local community. Aboriginal and non-Aboriginal liaison staff must be well qualified to represent the program.

Recruitment can be a community-wide event, involving school children and adults (who might return to school as mature students, or simply encourage their children to attend university). Possible venues include consultations, career fairs, high schools, Pow Wows and other gatherings. By repeating our efforts over and over – returning to the same communities each year and broadening our reach – we eventually will identify a qualified student pool to draw from. Of course, once we have admitted Aboriginal students, it is equally important to provide them with the support they need to succeed in school.

In Ontario, there already is a large informal network of Aboriginal university and college recruitment officers who call themselves “The Road Warriors.” This network often collaborates on scheduled outreach activities and together can mount quite an aggressive recruitment campaign. Recruitment networks and individuals, as well organizations such as the Canadian Association of Colleges and Universities could be a valuable means of promoting a medical education.

Unfortunately, funding remains a challenge. We need to spend some money to get results. We have to continue to go out into the community and use as many networks as we can to get the information out there.

“In Ontario, there already is a large informal network of Aboriginal university and college recruitment officers who call themselves ‘The Road Warriors.’ Ontario medical schools could collaborate with this Network to reach a much larger audience.”

**Ms. Brenda Patterson, Aboriginal Health Initiatives, Faculty of Medicine,
Dalhousie University**

“If you ask people directly, often there is a willingness to help.”

Ms. Brenda Patterson is Director of Aboriginal Health Initiatives at the Faculty of Medicine, Dalhousie University, on an executive interchange from Health Canada. Her task is to develop a comprehensive Aboriginal program at the Faculty, including student recruitment, curriculum development and faculty development over the next two years. She sees her role as “making the system work for Aboriginal Peoples.” She considers herself a “new learner” in the field of Aboriginal medical education, but is happy to share some initial impressions and some knowledge gained over many years in working in a very collaborative atmosphere in the health field.

She has been working closely with Dr. Richard MacLachlan in Family Medicine, who has pioneered new ways of providing primary care in the Eskasoni First Nation community in Nova Scotia. Ms. Patterson believes in approaching people directly and engaging them in the task at hand. Her initial impression is that the Faculty of Medicine has not focused its efforts on partnering with community stakeholders, including Aboriginal Peoples, and runs the risk of being seen as isolated. She was surprised to learn that the Faculty hadn’t developed types of relationships with Aboriginal communities to address admissions and curriculum development, similar to other professional schools such as law and social work.

One of her first contacts at the university was with the Admissions Office. She also has met with the Dean of Science, who agreed to talk to his peers in the other Atlantic universities to see if there was a basis for a collaborative approach to encourage and support a greater number of Aboriginal youth to enter the fields of science. Ms. Patterson also intends to work closely with the other medical school in the region – Memorial University Faculty of Medicine.

She also is pursuing the idea of “buddying up” with a university with more advanced programs in Aboriginal health, such as the University of British Columbia. Dalhousie would benefit greatly from the help and advice of another university, and seeking out expert advice also lends credibility to the proposals she will make at Dalhousie. Ms. Patterson suggested that all medical schools across the country can benefit from sharing information and providing expertise to each other. This hopefully would reduce the sense of competition that now exists between schools.

Dalhousie is beginning to look at Aboriginal health curriculum, first by critically examining the content of case studies that involve Aboriginal patients, to ensure they are not reinforcing stereotypes. Another important area that is in the beginning stages is faculty development, to ensure that instructors are competent to deliver Aboriginal health curriculum in a knowledgeable and unbiased way. Other supportive developments at the faculty include the possibility of establishing a social accountability committee, a new Aboriginal Capacity and Development Research Environments

(ACADRE) Centre, and collaborative research with the Mik'maq Health Research Group.

Ms. Patterson is encouraged by the changes she is seeing in medical schools, and concluded her presentation by urging workshop participants to continue to collaborate rather than being “lone wolves,” and to be patient, since real change takes time.

Dr. Catherine Cook, Centre for Aboriginal Health Research, University of Manitoba

“University research has been a sore point with Aboriginal Peoples. This long history of exploitation may still colour Aboriginal community views of the university.”

Dr. Cook introduced herself as a Métis physician who was part of the first wave of Aboriginal medical graduates who remained involved in research and medical education. In addition to being a founder of the Centre for Aboriginal Health Research, she also is an Assistant Professor in the Department of Community Health Sciences, and the Director of Aboriginal Health Services at the Winnipeg Regional Health Authority.

She believes that the Faculty of Medicine at the University of Manitoba has been able to form reasonably good partnerships with Aboriginal communities. In general, partnerships with First Nations communities are stronger because they were developed first, however, there are now more relationships being developed with Métis organizations. Nevertheless, there is an ongoing need to raise awareness of the roles of Aboriginal and non-Aboriginal organizations in collaborative ventures, and to teach people how to collaborate effectively. Promoting community involvement in medical education is not yet a skill that has been acquired by universities.

It is important to remember that Aboriginal communities have long traditions and protocols, and universities need to meet them on their own terms – don't just select the approaches that are similar to your own. University research has been a sore point with Aboriginal Peoples who often have been used as research subjects with little involvement in or access to research results. This long history of exploitation may still colour Aboriginal community views of the university. Aboriginal community realities can affect collaboration, for example, in Manitoba, 23 of the 63 Aboriginal communities are fly-in only, making regular face-to-face contact a challenge.

The Department of Community Health Sciences at the Faculty of Medicine, University of Manitoba has two institutions that have worked hard to develop appropriate research relationships with Aboriginal communities: the Centre for Aboriginal Health Research and the J.A. Hilde Northern Medical Unit. Flexible, collaborative relationships are key here. Also, those involved in the new Centre for Aboriginal Health Education have been engaged in informal consultations with national and provincial Aboriginal organizations as well as the two Manitoba regional health authorities that serve a large number of

Aboriginal people. They have learned that consultation has to be meaningful to both parties in order to be effective. Other factors in developing effective relationships with Aboriginal communities are:

- ◆ openly sharing information from the beginning;
- ◆ getting fully informed consent for research; and
- ◆ being clear about the nature of the relationship.

Dr. Cook is optimistic that she and her colleagues are on the right track in undertaking more meaningful collaboration.

“Consultation has to be meaningful to both parties in order to be effective.”

Ms. Vivian Peters, First Nations Services, University of Western Ontario

“You must trust that what we have to say is true. Sit with us, hear us out.”

Ms. Vivian Peters was raised on her mother’s reserve – the Whitefish River First Nation on Lake Huron, and she is a member of Wikwemikong First Nation on Manitoulin Island. Ms. Peters currently works as Coordinator of First Nations Services at the University of Western Ontario. She spoke about the needs of Aboriginal communities in forming lasting relationships with universities.

It is important to remember that First Nations Peoples have a long history of disenfranchisement, which is embodied in educational institutions such as the University of Western Ontario. First Nations people want to get a post-secondary education, but there still is a lot of distrust. Nevertheless, many universities are working at building new relationships with the Aboriginal communities they serve. To build trust, it is important for the community to feel heard and valued, even if it takes time to achieve this. Faculties of medicine must “trust that what we have to say is true. Sit with us, hear us out.” You also have to ask the right questions of the right community representatives. Once community members voice their ideas and concerns in their own words, it is up to the university representatives to “translate” what Aboriginal people say into language that those in the university can understand.

Ms. Peters agreed with the other speakers that forming effective relationships takes time. It is especially useful to have good, strong Aboriginal people representing the university. Aboriginal people are very perceptive – they can sense when you are not open. In Ms. Peter’s words: “We can go through the motions, but we would rather bring the spirit of who we are to your institutions. Wouldn’t it be better if the spirit was true? Then things will continue to happen long after we are gone.”

“We can sense when you are not open. We can go through the motions, but we would rather bring the spirit of who we are to your institutions. Wouldn’t it be better if the spirit was true? Then things will continue to happen long after we are gone.”

Panel Discussion

Dr. Frinton thanked panel members for being so thoughtful and honest in their comments, then invited questions and comments from the audience. The main points arising in the discussion are described below.

- ◆ It is important to work with national and local Aboriginal organizations to ensure that traditional Inuit, First Nations and Métis approaches are integrated into medical education. AFMC is building this expertise, and the national Aboriginal organizations (e.g., National Aboriginal Health Organization) would be good partners in this endeavor. Anishnawbe Health in Toronto is a good example of a community health service that integrates traditional and Western medicine, placing the Aboriginal healer front and centre.
- ◆ Cultural competence and cultural safety are two very important concepts.
- ◆ The aims of the Aboriginal Health Human Resources Strategy being developed by Health Canada are to increase the number of students in the health sciences; improve retention of Aboriginal health care providers and promote curriculum change in the health disciplines. Therefore, the Strategy may be a future source of funds for medical school activities, as might the National Aboriginal Achievement Foundation.
- ◆ A representative from the University of Western Ontario mentioned two initiatives they have underway in partnership with Aboriginal communities. One is a two-day science camp for two students from each of the local First Nations communities, and the other is the Southern Ontario Medical Education Network, which has four out of 20 spots designated for Aboriginal students to “shadow” a community physician.

SCHOOL REPORTS AND PLANS

Each medical school was asked to speak briefly about its current policies and procedures related to Aboriginal student admissions and support, and also to indicate future plans.

Faculty of Medicine, Memorial University of Newfoundland

Currently, Memorial University has policies to address the needs of disadvantaged students, but not Aboriginal students in particular. Representatives are expecting to review the school’s approach in light of this meeting, and they look forward to collaborating with Dalhousie University in finding ways to jointly serve Aboriginal Peoples from the Atlantic region.

Faculty of Medicine, Dalhousie University

Dalhousie University serves the three Maritime provinces: Nova Scotia, New Brunswick and Prince Edward Island. Beginning in 1998, the Faculty of Medicine at Dalhousie

began examining its admissions standards in general, and now has implemented a two-year process to establish an Aboriginal program at the school. The three representatives attending the workshop were pleased to be returning home with new ideas, and intend to present a proposal for a new admissions policy based on discussions at the meeting as well as on the Aboriginal Health Task Group recommendations. They also will be working with Memorial University to develop a more comprehensive Aboriginal program for the Atlantic provinces as a whole.

Faculté de médecine et des sciences de la santé, Université de Sherbrooke

Faculté de médecine, Université de Montréal

Faculté de médecine, Université Laval

Faculty of Medicine, McGill University

Representatives from the three Francophone and one Anglophone schools of medicine in Quebec provided a joint report. They indicated they were very grateful for the opportunity to attend the workshop, and while here, had the opportunity to talk among themselves and to develop some joint plans for the future.

The Quebec schools of medicine do not currently identify Aboriginal students or provide specific programs for them. They intend to investigate ways to be more transparent in their university policies and procedures. Meeting participants saw a number of opportunities for change in Aboriginal medical education in Quebec. All four schools are looking at a unified admissions procedure, which would allow them to better meet the needs of Aboriginal students, possibly by concentrating them at one location.

Schulich School of Medicine and Dentistry, University of Western Ontario

The School of Medicine at the University of Western Ontario has an associate dean responsible for equity and gender affairs who meets weekly with the dean to discuss equity issues and policy change. Increased admissions of Aboriginal students remains a high-priority concern, and there is a need to keep the issue on the university agenda. Plans are underway for a more flexible admissions policy. The School currently receives about ten applications from Aboriginal students each year; last year, four to five applicants were invited for an interview and all were offered a spot but only one accepted.

The School works actively with the staff of First Nations Services, who know the Aboriginal community well. They have had good success with the two-week summer program Med-Quest, in which medical students act as mentors to visiting students (five of 25 spaces are allocated to Aboriginal students). The challenge, though, is to maintain links between the summer camp graduates and the school. A more formal outreach strategy is under development.

DeGroot School of Medicine, McMaster University

The School of Medicine at McMaster is currently trying to develop a new overall admission policy to deal with the now more than 4,000 applications they receive each year for 148 seats. With this number of applicants, minorities tend to get lost and flexible policies are more challenging to implement while also demonstrating fairness to all. Last year, there were 33 identified Aboriginal applicants and only four offers were made. An Aboriginal admissions policy was approved in 2002. If they meet basic screening criteria, all Aboriginal applicants receive an interview. Direct outreach to Aboriginal communities has been weak, however, there now is potential for a new partnership with Six Nations of the Grand River, the closest First Nations community, to develop a better recruitment strategy.

Faculty of Medicine, University of Toronto

The Faculty has no formal program to recruit Aboriginal students or other disadvantaged students. There is a Summer Mentorship Program for "hard-to-reach" youth aged 15-18, including those from Black and Aboriginal communities, which provides these students with an opportunity to visit the university. Faculty representatives would like to see more Aboriginal students involved in the program, and have begun outreach to some of the Toronto-area schools with a high First Nations population.

Aboriginal students are not routinely identified among the student population, however, there are six known Aboriginal students who entered in the last five years. Representatives plan to approach the newly-appointed dean to explore possibilities for change.

Faculty of Health Sciences, Queen's University at Kingston

The School of Medicine has an alternate process for Aboriginal admissions that was ratified in 1999. There is an Aboriginal admissions stream with four designated seats per year (unused seats go back into the general pool), or Aboriginal students can apply through the regular stream. Aboriginal-stream students require a letter declaring their Aboriginal ancestry and connection an Aboriginal community, and a letter of support. A panel including Aboriginal and non-Aboriginal members reviews applicant information, and qualified applicants are interviewed. Four offers were extended for the 2005-06 academic year. In some cases, offers are rejected, and there isn't always information on why (common reasons are distance from home and finances).

The School hopes to work more closely with the Aboriginal Student Centre to increase recruitment of Aboriginal applicants. There is a fairly small Aboriginal community in

Kingston so recruitment needs to extend farther afield. However, close proximity to home is an issue for many Aboriginal students.

Faculty of Medicine, University of Ottawa

This year, the University of Ottawa Faculty of Medicine received 23 applications from identified Aboriginal students, 14 interviews were granted, seven offers were made, of which six were accepted. Faculty believes that Aboriginal students apply to Ottawa because it is a good school and it does not use MCAT scores (they do use a minimum GPA).

Two Aboriginal members sit on the Admissions Committee, and school representatives have met with local Elders for advice and outreach. In reality, current Aboriginal medical students are their “best ambassadors.”

Northern Ontario School of Medicine

Northern Ontario School of Medicine, with campuses in both Sudbury and Thunder Bay, has a very engaged Aboriginal population. In fact, the School came about in part as a result of advocacy by Northern and Ontario provincial Aboriginal organizations, and consultation with them in the design of the School has been extensive. It has a very effective Aboriginal admissions sub-committee, which developed the School’s policies on Aboriginal admissions (described in an earlier presentation). One problem is that they have “too few people doing too much” and have to find a way to engage other community members in their work.

They believe they have a large number of Aboriginal applicants in part because of the very visible presence of Aboriginal health issues on the curriculum.

Now that the first teaching year is about to begin, the Northern Ontario School of Medicine is able to focus on widening its networks and reaching out to other Aboriginal communities in Northern Ontario, as well as maintaining an ongoing dialogue with communities that are already engaged.

Faculty of Medicine, University of Manitoba

While the University of Manitoba does not have formal policies for Aboriginal medical school admissions, it does have a long history of and success in recruiting and training Aboriginal physicians. The Faculty of Medicine does have a number of programs to support Aboriginal medical students such as access to tutors, counselors and a meeting space; and the Faculty has recently established an Aboriginal Centre for Health Education to further develop a range of professional and academic supports for Aboriginal students.

Representatives at the meeting plan to further consider the value of a formal admissions policy. In Manitoba, there still is some debate about the wisdom of using special criteria

for the selection of Aboriginal students, versus using the same process for selection but ensuring needed supports are in place for students.

College of Medicine, University of Saskatchewan

The Saskatchewan representative mentioned that even though she is the first point of contact for Aboriginal students at the College of Medicine, she is now more aware, after attending the workshop, of the types of barriers these students face. The College of Medicine currently is splitting responsibility for admissions and student affairs, and a new director of admissions is expected on July 1, so there will then be an opportunity to assess the need for changes to their policies. There is a recognized need for better coordination of activities within the College, and there is a desire to see more Aboriginal members on faculty committees.

Faculty of Medicine, University of Calgary

At the University of Calgary, all Aboriginal applicants who meet basic criteria are invited to an interview. The Faculty expects to graduate two Aboriginal physicians this year, five next year and four the following year. However, this year the Faculty received 10 Aboriginal applications, and only made one offer, which was declined. There currently is a proposal on the table for new Aboriginal admissions procedures, as well as changes to Faculty committees.

Faculty of Medicine and Dentistry, University of Alberta

The University of Alberta's Aboriginal Health Care Careers Program was described in an earlier presentation. Representatives see the need at the Faculty for additional Aboriginal health curriculum development and faculty development. They would like to have access to national statistics on Aboriginal admissions, and the school has a complete databank on its Aboriginal students that could contribute to research on the topic.

Faculty of Medicine, University of British Columbia

UBC Faculty of Medicine polices and programs for Aboriginal medical students have been showcased at the workshop. The school plans to continue with its present admissions policy and the summer ABMED Program. They also will continue to have a separate orientation day for Aboriginal first-year students and their families, in addition to the regular Faculty orientation day. They hope to expand the pre-admissions programs to the school's two new campuses in the near future.

Discussion

Participants raised the following issues during a brief discussion of the school reports.

- ◆ A participant noted the large number of unsuccessful Aboriginal applicants to medical schools each year, and encouraged Faculties of Medicine to look closely at the barriers that might be in place for those prospective students.
- ◆ Others mentioned that it would be very useful to track Aboriginal applicants and document the outcomes of both successful and unsuccessful applications over a period of time. It was suggested that AFMC could collect data on the total number of unique Aboriginal applications to Canadian medical schools each year (since multiple applications and in some cases offers are the reality), as well as support research on barriers to admission and effective means of supporting Aboriginal students.

WORKSHOP WRAP-UP

Recommendations for Follow-up at the National Level

Workshop participants provided ideas for follow-up to this meeting to ensure that faculties of medicine continue to share information and have access to resources and tools that would assist them in implementing more effective Aboriginal admissions policies and procedures, and student support programs.

- ◆ AFMC could produce a “tool kit” of information, resources and success stories to assist faculties just beginning to establish Aboriginal admissions policies and procedures.
- ◆ AFMC could create a repository of literature on topics related to Aboriginal policies and programs, for example, information on effective community engagement processes and ways of working collaboratively with Aboriginal communities.
- ◆ Participants requested a rapid turn-around of materials to come out of the workshop. Their order of priority was: 1) results of the school surveys on admissions procedures and student support programs, 2) a complete contact list of participants, 3) a report on the small group discussions at the workshop, and 4) the full proceedings. AFMC agreed to work as quickly as possible to distribute materials.
- ◆ There was interest in joint advocacy related to funding for Faculties of Medicine to consult adequately with their Aboriginal communities and implement changes to policies and procedures. A representative of the First Nations and Inuit Health Branch, Health Canada informed the meeting participants that the Aboriginal Health Human Resources Initiative funding for such initiatives would be through a formal request for proposals. The guidelines and request for proposals are expected to be developed in the fall but would depend on the AHHRI funding receiving final approval.
- ◆ There was discussion about the value and feasibility of a national policy or public statement on admissions and support of Aboriginal students in medicine. Since AFMC does not have the authority to develop policies for medical schools, alternately, a consensus statement could be considered. However, AFMC already has two recommendations on Aboriginal admissions and student support that may contain enough substance to support each school’s independent actions.

Concluding Remarks

Dr. Vera Frinton concluded the meeting by thanking participants, the Workshop Organizing Committee, AFMC staff, and colleagues at the University of British Columbia for making the gathering such a success.

APPENDIX A – WORKSHOP PARTICIPANTS

Representatives	Name	Organization
UBC	Mr. James Andrew	Aboriginal Programs Coordinator, Faculty of Medicine, University of British Columbia, and member, AFMC Aboriginal Health Task Group
	Dr. Vera Frinton	Associate Dean, Admissions, Faculty of Medicine, University of British Columbia
	Ms. Angelina Desjarlais	Admissions Manager, Faculty of Medicine, University of British Columbia
Alberta	Ms. Anne Marie Hodes	Coordinator, Aboriginal Health Care Careers Program, Faculty of Medicine & Dentistry University of Alberta
	Ms. Marlene Healey	Administrator, Admissions , Faculty of Medicine & Dentistry, University of Alberta
Calgary	Dr. Jocelyn Lockyer	Admissions Committee, Faculty of Medicine, University of Calgary
	Dr. Keith Brownell	Clinical Neurosciences, Faculty of Medicine, University of Calgary
	Ms. Sarah Jacobs	Student, Faculty of Medicine, University of Calgary
Saskatchewan	Dr. Barry Ziola	Director, Student Affairs College of Medicine – University of Saskatchewan
	Ms. Heather Mandeville	Administrative Coordinator, Admissions & Faculty Affairs, College of Medicine, University of Saskatchewan
	Dr. Peter Butt	Medical Director, Northern Medical Services, College of Medicine, University of Saskatchewan
Manitoba	Dr. Fred Aoki	Assistant Dean, Admissions, Faculty of Medicine, University of Manitoba
	Ms. Beth Jennings	Manager, Admissions & Student Affairs Faculty of Medicine, University of Manitoba
	Dr. Catherine Cook	Director, Centre for Aboriginal Health Research, University of Manitoba
	Dr. Leigh Fraser Roberts	Acting Associate Dean, Student Affairs Faculty of Medicine, University of Manitoba
Northern Ontario School of Medicine	Dr. Jill Konkin	Associate Dean, Admissions & Student Affairs, Northern Ontario School of Medicine
	Ms. Orpah M ^c Kenzie	Director, Aboriginal Affairs Northern Ontario School of Medicine
Ottawa	Dr. Richard L. Hébert	Assistant Dean, Admissions, Faculty of Medicine, University of Ottawa
	Dr. Arlington Dungy	Associate Dean, Alumni & Student Affairs, Faculty of Medicine, University of Ottawa
	Dr. Max Hincke	Professor, Department of Cellular & Molecular Medicine, Faculty of Medicine, University of Ottawa

Queen's	Dr. Michael Green	Dean's Delegate, Faculty of Health Sciences on the Aboriginal Council, Queen's University
	Mr. Ian Peltier	Recruitment Officer, Aboriginal Student Centre Queen's University
	Mrs. Anne Cumpson	Admissions Officer, School of Medicine Queen's University
Toronto	Dr. Maureen Shandling	Director, Admissions Faculty of Medicine, University of Toronto
	Dr. Anna D. Jarvis	Director, Student Affairs Faculty of Medicine, University of Toronto
M^cMaster	Ms. Wendy Edge	Admissions Coordinator DeGroote School of Medicine, M ^c Master University
	Ms. Shelly Turner	Student DeGroote School of Medicine, M ^c Master University
	Dr. Alan Neville	Assistant Dean, Undergraduate M.D. Program, DeGroote School of Medicine, M ^c Master University, and member, AFMC Aboriginal Health Task Group
Western	Dr. Francis Chan	Associate Dean, Admissions & Student Affairs Schulich School of Medicine & Dentistry University of Western Ontario, and member, AFMC Aboriginal Health Task Group
	Mrs. Darla M ^c Neil	Manager, Admissions & Student Affairs Schulich School of Medicine & Dentistry University of Western Ontario
	Ms. Vivian Peters	Coordinator, First Nations Services University of Western Ontario
	Ms. Kelly Nicholas	Counsellor, First Nations Services University of Western Ontario
Laval	Dr. Évens Villeneuve	Président, Bureau des admissions Université Laval
McGill	Dr. Anne-Marie M ^{ac} Lellan	Associate Professor, Department of Pediatrics M ^c Gill University, and Chair, AFMC Social Accountability Initiative Steering Committee
U de Montréal	Dr. Pierre Rousseau	Président du comité d'admission Faculté de médecine, Université de Montréal
	Mme. Francyne Poulin	Adjointe au Vice décanat aux études de 1er cycle Faculté de médecine – Université de Montréal
Sherbrooke	Dr. Pedro D'Orleans-Juste	Professeur, Fac. de méd. & des sci. de la santé, Université de Sherbrooke
	Dr. Stanley Vollant	Chicoutimi Campus – Faculty of Medicine & Dentistry, Université de Sherbrooke
Dalhousie	Ms. Sharon Graham	Director, Admissions & Student Affairs Faculty of Medicine, Dalhousie University
	Dr. Richard M ^{ac} Lachlan	Family Medicine Dalhousie University
	Ms. Brenda Patterson	Director, Aboriginal Health Initiatives Faculty of Medicine – Dalhousie University
Memorial	Ms. Janet M ^c Hugh	Admissions Officer Faculty of Medicine, Memorial University
	Ms. Mary Dray	Financial Aid Officer, Student Affairs Office Faculty of Medicine, Memorial University

Aboriginal Physicians	Dr. Marcia Anderson	Co-chair, AFMC Aboriginal Health Task Group, and Resident, Department of Internal Medicine University of Saskatchewan
	Dr. Rose Lenser	President, Indigenous Physicians Association of Canada, and Family Physician, Victoria, BC
	Dr. Tom Dignan	Regional Community Medicine Specialist First Nations & Inuit Health Branch, Health Canada
	Dr. Marcella Beaulieu	Chief Resident, Aboriginal Family Practice Program University of British Columbia
	Ms. Elaine Csupak	Student Faculty of Medicine, University of Manitoba
	Dr. Dana Winterburn	Family Medicine University of Western Ontario
	Dr. Shannon Waters	Family Physician Duncan, BC
Six Nations Polytechnic	Dr. Karen Hill	Six Nations Polytechnic Six Nations of the Grand River – Ontario
Elders	Mr. Larry Grant	Elder Musqueam Nation – British Columbia
	Ms. Rose Point	Elder Musqueam Nation – British Columbia
Speakers	Dr. John Cairns	Former Dean, Faculty of Medicine, University of British Columbia
	Dr. Peter Nunoda	Director, Access and Special Pre-Med Programs University Manitoba
	Dr. Gavin Stuart	Dean, Faculty of Medicine, University of British Columbia
Association of Faculties of Medicine of Canada	Ms. Susan Maskill	AFMC Social Accountability Steering Committee and Director of Administration, AFMC
	Ms. Dianne Kinnon	Project Manager, AFMC Social Accountability Initiative and Consultant, Kinnon Consulting
Royal College of Physicians and Surgeons of Canada	Dr. John M ^c Donald	Past-President, Royal College of Physicians and Surgeons of Canada
Health Canada	Ms. May Toulouse	Health Human Resources Strategy First Nations & Inuit Health Branch – Health Canada

Appendix B – Aboriginal Health Task Group Members

Dr. Linden (Lindsay) Crowshoe, Co-chair
Primary Care Research & Development Group
Department of Family Medicine - University of
Calgary AB

Dr. Marcia Anderson, Co-chair
PGY3, Department of Internal Medicine
University of Saskatchewan
Saskatoon SK

Dr. Evan Adams
Director, Aboriginal Health Division,
Family Medicine
Vancouver BC

Mr. James Andrew
Aboriginal Programs Coordinator
Faculty of Medicine
University of British Columbia
Vancouver BC

Dr. Francis Chan
Associate Dean, Admissions & Student Affairs
Faculty of Medicine & Dentistry
University of Western Ontario
London ON

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APPENDIX C – ABORIGINAL HEALTH TASK GROUP RECOMMENDATIONS

ASSOCIATION OF FACULTIES OF MEDICINE OF CANADA
SOCIAL ACCOUNTABILITY OF MEDICAL SCHOOLS INITIATIVE

Aboriginal Health Task Group

Recommendations to the Council of Deans of Medical Schools Concerning Social Accountability and Aboriginal Health

Accepted and Endorsed in Principle
May 1 2005

I. Background

The World Health Organization has defined the social accountability of medical schools as

the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public.¹⁰

Over the past five years, the Association of Faculties of Medicine of Canada (AFMC) has demonstrated its commitment to social accountability by: 1) collaborating on the development of a vision paper, *Social Accountability: A Vision for Canadian Medical Schools*; 2) forming a working group on social accountability; 3) hosting a Partner's Forum; and 4) establishing a Steering Committee and three task groups – an Aboriginal Health Task Group, a Public Health Task Group and a Young Leaders Vision 2025 Group. AFMC remains committed to supporting the efforts of Canadian faculties of health sciences and medicine to respond to community needs and priorities.¹¹

II. Aboriginal Health Task Group Purpose and Objectives

The Aboriginal Health Task Group was formed in December 2004 (Appendix A contains a list of members). The Task Group met in person on January 30 to February 1 and has held seven teleconferences to date. The purpose of the Aboriginal Health Task Group was to

provide recommendations to the deans of medicine that address the health needs of Aboriginal people. Identified core areas of action were education, research, Aboriginal professional training and community service.

The objectives of the Task Group were to:

¹⁰ World Health Organization, Department of Human Resources in Health, *Defining and Measuring the Social Accountability of Medical Schools*, 1995.

¹¹ For more information on the AFMC Social Accountability Initiative, visit www.afmc.ca.

- explore and define the health needs of Aboriginal people that must be addressed within the realm and scope of medical schools;
- explore and define methods, resources and strategies to increase the number of Aboriginal medical students, residents and physicians, and enhance the cultural competence of non-Aboriginal and Aboriginal medical graduates, to address these health needs;
- develop and prioritize a framework for recommendations;
- determine where, within the AFMC, ongoing Aboriginal health initiatives should be situated; and
- identify and provide input to the development of potential national collaborative projects.

III. Overarching Principles and Values in Addressing Aboriginal Health

The Aboriginal Health Task Group agreed on the following principles or values that should guide all activities to better address Aboriginal health in medical education.

- Academic institutions need to be flexible, culturally-responsive and innovative in their approaches to recruiting and then retaining their Aboriginal student body.
- Indigenous processes can be used in a consultative and integrated fashion with current western processes to effect change, with recognition of the value of each.
- Elders should be involved at each step of the development of an Aboriginal program.
- Medical schools need to take direction from and form ongoing relationships with local Aboriginal communities.
- Educational institutions should value First Nations, Inuit and Métis traditional and contemporary knowledge, and develop means of integrating this knowledge into medical education, as one way to foster mutual respect.
- Medical schools need to understand the impact of western assumptions about Aboriginal health for patients, communities, medical students and faculty.
- Efforts to maintain a high standard of medical education related to Aboriginal health need to be sustainable within the current resource base of the program, and not be dependent on project-based funding.

IV. General Recommendations

Recommendation 1: In order to better address the needs of Aboriginal communities, faculties of health sciences and medicine should:

- a. establish an Aboriginal Advisory Committee composed of representatives of local First Nations, Métis and Inuit communities, and Aboriginal leaders in education, health and community and economic development, who will provide ongoing consultation for the development, implementation and evaluation of culturally appropriate curriculum content and admissions policies;
- b. create an Aboriginal program office with administrative and financial support to: advise and support Aboriginal students; coordinate the development of admissions policies and programs; and develop, implement and evaluate curriculum related to Aboriginal issues;
- c. actively recruit and promote Aboriginal faculty members; and
- d. support Aboriginal faculty development by providing: 1) access to mentors; 2) capacity building related to research, admissions and curriculum development; 3) a culturally safe environment; and 4) the time and resources to network with other professional schools and Aboriginal colleagues at the national and international level.

V. ADMISSIONS AND STUDENT SUPPORT RECOMMENDATIONS

Recommendation 2: Drawing on the knowledge and resources available through AFMC, medical schools should develop and implement each of the following to increase the number of Aboriginal medical graduates, and report their models and approaches to AFMC for sharing with others:

- a. a strategy and policies to increase enrollment of Aboriginal medical students, including outreach to Aboriginal students at early stages of education (junior high, high school and undergraduate university);
- b. an Aboriginal student selection sub-committee;
- c. a strategy and policy on Aboriginal community partnerships;
- d. programs to provide support and encouragement to Aboriginal students;
- e. ways to explore and address institutional bias/barriers to Aboriginal admissions; and
- f. linkages to other institutions and Aboriginal organizations in order to understand and address barriers to post-secondary education, especially programs leading to health careers, among Aboriginal people.

Recommendation 3: AFMC should host a national forum to share strategies to increase Aboriginal enrollment in medical schools.

VI. CURRICULUM DEVELOPMENT RECOMMENDATIONS

Recommendation 4: Medical schools should undertake each of the following initiatives to enhance the cultural competence of non-Aboriginal and Aboriginal physicians in addressing Aboriginal health needs, and report their models and approaches to AFMC for sharing with others:

- a. make a commitment to increase content of undergraduate curriculum related to Aboriginal health;
- b. strive for Aboriginal health curricula that respects principles of cultural competence and particularly emphasizes skill-based and attitudinal themes;
- c. develop, implement and evaluate core and elective curriculum that has both discrete and integrated elements and is apparent within course and clinical teaching;
- d. recognize that Aboriginal health is a specialist area and requires experts such as Aboriginal faculty, local Aboriginal community members and national Aboriginal resources to develop and teach culturally appropriate Aboriginal curriculum content and context; and
- e. utilize appropriate teaching methods such as experiential and interactive methods to facilitate cultural competence.

Recommendation 5: Until additional Canadian resources are developed, medical schools should utilize the following documents as resources in the development of Aboriginal health curriculum:

- a. *A Guide for Health Care Professionals Working with Aboriginal Peoples*, Society of Obstetricians and Gynaecologists of Canada, 2001;
- b. *Indigenous Health Curriculum Framework*, Committee of Deans of Australian Medical Schools, 2004 (with the caution that the document is not reflective of the Canadian context); and

- c. *A Strategic Framework to Increase the Participation of First Nations, Inuit and Métis Peoples in Health Careers*, National Aboriginal Health Organization, (January 21, 2005 draft).

Recommendation 6: AFMC should support the development of a multi-stakeholder National Aboriginal Health Curriculum Framework to act as a guiding document for Aboriginal health curriculum in each medical school.

Recommendation 7: AFMC should further explore the use of accreditation standards and learning objectives in influencing curriculum.

VII. LONGER-TERM RECOMMENDATIONS

Recommendation 8: AFMC should develop an ongoing Aboriginal Health Committee to advise on and oversee activities related to Aboriginal health and medical education at the national level, including but not limited to:

- a. longer-term efforts to increase Aboriginal admissions and student support;
- b. longer-term efforts to create a national Aboriginal Health Curriculum Framework (see Appendix B for more information);
- c. implementation of a process to evaluate progress in admissions and curriculum initiatives;
- d. support for a network of Aboriginal program staff;
- e. development of resources for faculty development; and
- f. exploration of a “centres of excellence” approach to better integrate these strategies.