



Hosted by  
Association of Faculties of Medicine of Canada  
And  
Indigenous Physicians Association of Canada



**AFMC-IPAC Strategic Planning Workshop**  
***Increasing the Number of Aboriginal Physicians in Canada***

**March 17 – 18, 2006**  
**Winnipeg, Manitoba**

**Proceedings**

## **ACKNOWLEDGEMENTS**

Workshop participants gratefully acknowledge the funding support of:

Health Canada: First Nations and Inuit Health Branch

This workshop was planned and implemented under the guidance of the  
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## **AFMC-IPAC Workshop**

Increasing the Number of Aboriginal Physicians in Canada

March 17-18, 2006, Winnipeg, Manitoba

### **Executive Summary**

#### **Meeting Objectives**

The Association of Faculties of Medicine of Canada (AFMC), the Indigenous Physicians Association of Canada (IPAC) and Health Canada invited representatives from the medical schools, Aboriginal stakeholder organizations, and government to attend a workshop to develop strategies for increasing the number of Aboriginal physicians working in Canada. The workshop was held in Winnipeg, Manitoba from March 17-18, 2006.

The objectives of the workshop were:

- ◆ Review Aboriginal physician and medical student demographics
- ◆ Discuss issues and strategies to double the number of Aboriginal physicians in ten years
- ◆ Provide opportunities for information exchange and working together to understand and address barriers to post-secondary education, especially programs leading to health careers, among Aboriginal people

The outcomes sought were:

- ◆ Strategic directions that we are committed to and willing to put our personal efforts towards.
- ◆ Next steps that assign the “whats and the whos”.
- ◆ A common understanding of the resources and tools we will need to be successful.

#### **Meeting Outcomes**

These outcomes were achieved, and more. In hallway, table and plenary conversations, individuals shared their experiences and stepped up as leaders, offering to work together to fulfill the ideas developed at the session. Commitments were made, and a deep sense of confidence in the future emerged.

Most important, meeting participants overwhelmingly agreed that a steering committee be formed immediately, through the existing joint AFMC - IPAC Aboriginal Health Task Group (AHTG), to lead and coordinate activities resulting from the recommendations made at this workshop. It was agreed to seek to launch their initiatives through existing organizations and programs. A key operating principle will be to work with stakeholder groups to build upon their successes and to avoid costly duplication throughout the information gathering,

planning and implementation stages of each recommendation. At the same time, participants agreed that new funding for some initiatives will be required. In this regard, they agreed that building relationships and exploring mutual interests among governmental and non-governmental stakeholders will be a critical success factor.

## **Summary of Key Recommended Directions and Actions**

### **Commitments**

Workshop participants emphasized that developing partnerships across NGOs, governments and universities is key to the success of the directions developed at this workshop. The AFMC-IPAC Aboriginal Health Task Group (AHTG) agreed to take leadership in going forward by identifying priorities for action, identifying and pursuing strategic partners, and developing and implementing a strategy that supports the directions developed here.

### **Actions:**

1. The AFMC-IPAC Aboriginal Health Task Group (AHTG) will form a Subcommittee on Recruitment and Retention that identifies priorities for action, identifies and pursues strategic partners, and develops and implements a strategy for graduating more FN/I/M physicians, beginning at the elementary and high school levels. AFMC-IPAC will continue to provide leadership in seeking collaborative funding from federal government departments (FNIHB, SHRDC, Heritage Canada, Industry Canada) to support strategies for recruiting FN/I/M students. The group should develop a communications strategy to keep current and potential partners informed about developments.

### **Kindergarten to Grade 12**

#### **Key Direction:**

Stakeholder organizations should develop educational and promotional tools that reach into Aboriginal communities and present health careers as feasible and desirable options for Aboriginal students. These tools could include better curricula, improved teaching techniques, and extra-curricular experiences, such as participation in science camps that build interest in science.

#### **Actions:**

2. A video about Aboriginal doctors should be produced for use in elementary and high schools to build interest in health care careers among FN/I/M students.

3. AFMC and IPAC will send a letter to the ministries of education and health in support of a strategy to increase the number of students who pursue science degrees, and ultimately medical degrees.
4. AFMC will invite faculties of medicine to contribute expertise and funds to Aboriginal outreach programs such as science camps, exposure to role models, which target elementary and high school students. The faculties should build relationships with the Aboriginal communities and invite their input for these outreach programs.

### **Undergraduate Students**

#### **Key Direction:**

Curriculum committees, university and medical school deans, health-science students, and Aboriginal teachers and physicians need to collaborate to develop outreach strategies for recruiting high school students to health science. These students also need assurance that once they are in university, they will receive academic, social, and financial support.

#### **Actions:**

5. Universities should develop programs for recruiting, mentoring, and supporting FN/I/M pre-med and medical students. The effort should begin at the level of university pre-medical school curriculum committees and involve university leaders, FN/I/M educators and doctors, health science students, and undergraduate medical students. Adequate core funding is essential for this work.

### **Students Enrolled in Professional Schools**

#### **Key Direction:**

Students already enrolled in career-track faculties face added financial and personal burdens when they transfer to medical school. Recruiting them will require enhanced funding to cover the additional years of training they will need, credit for prior learning, services to ease the transition to medical school, and the option to take more than four years to complete medical school. Guaranteed seats for those students who qualify for medical school should be considered.

6. Medical schools should develop a system that allows the transfer of credits from professional programs other than medicine.
7. Universities and medical schools should develop an extended program to allow students to take more than four years to complete their medical training.

## **Adults in the Workforce (mature students)**

### **Key Directions:**

People already in the workforce have the maturity and confidence to succeed in medical school and are already a source of Aboriginal physicians. To recruit them, a comprehensive communications strategy needs to be developed, but only after an environmental scan to determine best practices has been done. A subcommittee spearheaded by the AFMC-IPAC Aboriginal Health Task Group will be established to oversee the initiatives.

### **Actions:**

8. An environmental scan should be conducted to identify best practices for recruiting mature students.
9. A comprehensive communications strategy for recruiting mature students should be developed. Support could come from NAAF and NAHO, which have communications and production expertise.
10. The Subcommittee on Recruitment and Retention of the AFMC-IPAC Aboriginal Health Task Group, which includes representatives from the medical schools, and Aboriginal physicians, students, residents, educators and NAHO, should lead a medical school recruitment strategy. To avoid any duplication of effort, the committee should collaborate with other stakeholder groups.

## **Medical Schools**

### **Key Directions:**

Medical schools should develop a process to assess the application-readiness of students or graduates, and a corresponding pre-admission support program that matches their needs. Students would fall into one of four pre-admission categories: students who are application-ready, students who may need another year of university to improve their GPAs or to fulfill course requirements, students who need substantial additional education, from one to three years, before they will be ready to apply, and students who are unlikely to succeed in medical school. AFMC-IPAC AHTG should take the lead in seeking core funding to develop an assessment tool, implement it across 17 medical schools, and evaluate the program for its ability to meet its objectives.

### **Actions:**

11. A medical school pre-admission program should be developed to assess the application-readiness of students who are applying for admission to medical school. Universities and medical schools should then create a corresponding pre-admission support program that matches support with the student's level of readiness. AFMC-IPAC AHTG should take the lead in seeking core

funding to develop the assessment tool, implement it across 17 medical schools, and evaluate the program for its ability to meet its objectives. The AFMC-IPAC Aboriginal Health Task Group, the AFMC Admissions and Student Affairs Committee, the AFMC Faculty Development Committee, Health Canada, FNIHB, INAC, AFN, NAAF, NAHO should be involved.

12. AFMC-IPAC AHTG should provide leadership in seeking opportunities for collaborative funding; in advocating for social accountability measures included in accreditation standards, and in working with stakeholders.

### **AFMC-IPAC Workshop Increasing the Number of Aboriginal Physicians in Canada March 17-18, 2006, Winnipeg Manitoba**

On March 17–18, 2006, representatives from medical schools and colleges; First Nations, Inuit, and Métis organizations; Health Canada; and the B.C. Ministry of Health met to develop concrete strategies for increasing the number of Aboriginal physicians working in Canada. The meeting was jointly organized by the Association of Faculties of Medicine of Canada (AFMC) and the Indigenous Physicians Association of Canada (IPAC) and was supported by Health Canada. Participants are listed in Appendix B.

Four speakers were invited to describe the strategies their organizations have developed to increase Aboriginal participation in higher education. They included:

- ◆ Ms. Wendy Johnson, Director, Taking Pulse, National Aboriginal Achievement Foundation
- ◆ Ms. Danielle Soucy, National Aboriginal Health Organization, ‘Lead Your Way’ Role Model Program
- ◆ Professor Jacinta Elston, Assistant Dean, Faculty of Medicine, Health and Molecular Sciences, Indigenous Health Unit, James Cook University, Australia
- ◆ Mr. Peter Garrow, Director of Education, Jurisdiction and Governance, AFN Education Directorate: AFN Education Directorate, Current Initiatives

### **Summaries of Presentations**

#### **Ms. Wendy Johnson, Director, Taking Pulse, National Aboriginal Achievement Foundation**

In 2001, the National Aboriginal Achievement Foundation launched Taking Pulse, a program designed to increase Aboriginal participation in the workforce and address the 70% dropout rate among Aboriginal students. NAAF’s other projects include a scholarship/bursaries program that disburses over \$2 million annually, the annual National Aboriginal Achievement Awards, and a series of one-day national career fairs for youth called *Blueprint for the Future*.

***Industry in the Classroom***, a career-information curriculum, is one arm of the Taking Pulse strategy. It is grounded in the belief that Aboriginal students have the capacity to attain careers in growth industries if they receive appropriate support and if the doors to those opportunities are opened to them.

In creating *Industry in the Classroom*, NAAF set out to develop an engaging, interactive, and relevant video and supporting curriculum material. Since they understood that adults and teens may have completely different ideas about entertainment, they first took their pilot product to the target audience: students. The kids told them what worked, what was boring, what was funny, what the actors should wear, what music to use, and what they wanted to know (e.g., salary levels were important).

NAAF revamped the pilot, and then returned to the audience for more feedback. The result is a set of four fast-paced, television-ready modules that star Aboriginal kids and actors: *Railway in the Classroom*, *The Circle of Justice*, *Health Careers in the Classroom*, and *Transportation in the Classroom*. The railway, health and justice modules have already been delivered in classrooms across the country with great success. A module on Inuit health care, *Inuit Health in the Arctic*, will be completed in June 2006 and will be delivered beginning in October 2006. The modules are delivered to high schools across Canada by national role models and industry experts contracted by NAAF.

The second arm of the NAAF strategy is ***Rivers to Success***, a program to bring Aboriginal high school dropouts back to school and/or work. The focus is on young people, aged 15-19, who have been out of school for up to three years. Whereas programs like this are typically framed in terms of the high cost and high needs of this group, Rivers to Success focuses on a youth's achievements. Its goal is to help young people attain skills to succeed (e.g., life skills, literacy, team skills, health and nutrition awareness) within a supportive community setting.

The program proposes to be run by NAAF in collaboration with a number of community and national partners, the key being to work with existing services and not recreate new ones. The program offers three entry options: an on-site leadership camp that lasts from two days to two weeks; a universal access community-based program where youth participate in full-day projects; and a regional success centre where youth participate in an extended program (from three to nine months) in a home-like environment. Young people begin the program in the environment in which they are most likely to be successful. NAAF proposes to deliver this program by collaborating with existing community-based and national partners. Their existing services would be shared by the NAAF program, increasing the impact of all programs and reducing the need to recreate or duplicate services under a new name.

**Ms. Danielle Soucy, Research and Policy Analyst, Policy and Communications, National Aboriginal Health Organization**

The National Aboriginal Health Organization has developed a role model program, called *Lead Your Way* that highlights the accomplishments of First Nations, Inuit and Metis youth. Its goal is to inspire Aboriginal youth to follow their dreams; its method is to share the stories of First Nations, Inuit and Métis role models from a range of professions and disciplines with whom they can identify. This year, NAHO will add a future doctor to the list, a young man who was once told he would never finish high school.

NAHO is also stimulating dialogue about cultural competency and cultural safety in Aboriginal health education by providing a knowledge base through which interlocutors can engage towards bringing about change.

A further NAHO objective is to increase the participation of youth in both traditional and western healing practices. It sponsors the *Indigenous Elders and Youth Council* and maintains relationships with the *Amazon Conservation Team*. NAHO is also developing an Aboriginal Health Learning Institute.

NAHO recommends a number of measures to support Aboriginal students:

- ◆ Provide a culturally safe and culturally competent learning environment by hiring more First Nations, Inuit and Metis professors and teaching doctors and culturally competent teachers. Consider making “Indigenous Studies 101” a course requirement.
- ◆ Recognize Indigenous knowledge and traditional health and healing as valid knowledge systems. Financially support access to Elders and knowledge keepers.
- ◆ Provide financial, cultural, and intellectual support to help First Nations, Inuit and Métis students pursue training and research.
- ◆ Ensure that the NAHO role models and First Nations, Inuit and Métis Peoples’ have bright futures by making sure they are employed and in positions where they have wage equity.

**Professor Jacinta Elston, Assistant Dean, Faculty of Medicine, Health and Molecular Sciences, Indigenous Health Unit, James Cook University, Australia**

The medical school at James Cook University (JCU) in Queensland, Australia was established in 2000 with a mandate to address rural health issues. Half the medical students come from rural communities. To increase the number of Indigenous physicians in a country where there are just 90 Indigenous doctors among an Indigenous population of 48,119; five seats each year are reserved for Indigenous students. Between one and six Indigenous students have been admitted to the program each year, and two have graduated. The retention rate is 75%.

The Indigenous Health Unit was established to recruit and support these students. Dr. Elston described some of its activities, as well as the elements she believes are essential for successful recruitment and retention:

**Core Funding:** Dedicated funding is critical for supporting an office, staff, recruitment road shows, and partnerships. Relying on temporary grants puts a school in the position of having to constantly seek new funding to cover grants that are about to expire. Nor is it sufficient to let a volunteer university committee oversee the program. An effective program requires an office and a staff to support students and partnerships such as JCU's important relationship with the Australian Indigenous Doctors Association.

**Recruitment and Promotion:** JCU sends teams on road trips each year to meet and recruit potential students by visiting schools and attending community events such as croc fests. Follow-up reviews have revealed that in years when recruitment was low, the recruitment effort was weaker than usual. As a consequence, students who may have been good candidates for medical school moved on to something else. Dr. Elston stressed the importance of keeping the community grapevine in mind; it is often the incidental event—the brochure picked up at a picnic and passed on to a friend—that makes the connection with a potential student. As much as possible, JCU tries to involve mentors and role models because there is no better inspiration for potential medical students.

**Pre-admission Program:** From the outset, the JCU selection committee had to think about and agree to admission standards for indigenous students. Committee members' opinions were sometimes surprising. For instance, one member believed that the school should only accept indigenous students who were motivated to work in an Aboriginal community after graduation.

At JCU, Indigenous applicants are interviewed by a doctor, and on the basis of that interview, the school reviews the application. Some students are accepted, and some are advised to reapply after they have taken additional courses and improved their GPAs. The school recognizes that students can take different routes to medicine and may face different barriers, but if they have the right motivation and can meet admission criteria, the school will do all it can to support them.

**Cultural competence:** Teachers and tutorial leaders must demonstrate cultural competence or they risk unwittingly taking an approach that Indigenous students may find insulting.

**Family Relationships:** At the beginning of a student's first term at JCU, their families are invited to attend two weeks of campus events. Family support during this orientation period can make a big difference to a student's success.

**Mr. Peter Garrow, Director of Education, Jurisdiction and Governance, AFN Education Directorate**

**AFN Education Directorate, Current Initiatives**

Currently, just 30 percent of Aboriginal students in Canada who enter grade nine go on to graduate. Experience has shown that necessary educational changes can't wait for approval from various levels of government; it must come from Aboriginal communities themselves. Mr. Garrow gave as examples the Ahkwesahsne Mohawk Board of Education, which introduced standardized testing in each grade, twice per year, because the testing mandated by the Ontario government in grades 3, 6, 9, and 10 was considered inadequate for tracking their students' progress. The same board developed a language immersion program for its students.

He stressed that his mandate in the AFN is to secure stable, long-term funding to support continuous education from preschool on. Interviews with university-bound students have shown that they begin thinking about higher education early, so educators cannot wait until high school to motivate them.

Finally, Mr. Garrow warned of the dangers of funding silos: when funding ends because a pilot project is over or because it is the end of the fiscal year; everything in the educational continuum linked to that program suffers.

## **SMALL GROUP DISCUSSIONS**

Participants were divided into five groups to discuss how to increase the number of Aboriginal physicians working in Canada from one of five perspectives:

- ◆ Children from kindergarten to grade 12
- ◆ Undergraduate university students
- ◆ Students in health-care or professional faculties
- ◆ People in the workforce (Mature Students)
- ◆ Medical schools

**Process:**

The groups were first asked to think about **what activities should be happening to encourage more First Nations/Inuit/Métis (FN/I/M) people to become doctors**. In the case of medical schools, the group was asked to think about what medical schools should be doing to support applicants and students.

Each group was then asked to consider their ideas and **choose the most compelling one as its focus**. They were asked to develop that idea further by considering:

- ◆ What is happening now that supports that idea?
- ◆ What is missing that is required for that idea to succeed?

- ◆ What barriers stand in the way of that success?
- ◆ What could be done to overcome those barriers?
- ◆ What are the critical next steps for moving forward?

## Kindergarten to Grade 12

### Summary

The group felt that early exposure to science and health science would foster a view of a career in health science as attractive and feasible for FN/I/M students. To spark interest and keep it high, communities will need programs both inside and outside schools. Students should have opportunities to participate in science that entertains, such as science camps and discovery days. They need exposure to role models and culturally appropriate curriculum materials.

There was some discussion about the quality of science teaching, which can vary among schools, particularly in remote communities. Teachers may need support to improve their techniques and knowledge base. Although there was disagreement about how much science and which sciences, if any, students should study, it was generally agreed that without a foundation in math and science, a student in medical school will be at a disadvantage. Finally, to promote and sustain programs, communities will need “champions”. Medical schools and universities must reach into communities and schools to find and support them.

Targeting elementary and high school education will require human resources (mentors, role models, educators, community supports) and financial resources to develop outreach programs, support mentors, and create curricula and teaching tools. Existing resources, such as the *Health Careers in the Classroom* program produced by NAAF, can be built upon.

The most critical **barrier** to doubling the number of students who go on to pursue careers as physicians is the high drop out rate among FN/I/M children; only 30% of FN/I/M students are graduating from grade 12. Boys are particularly vulnerable.

### Details of the Discussion

#### What Is Missing? What Are The Barriers?

- ◆ Age appropriate messaging.
- ◆ More role models in all parts of the system.
- ◆ Educational programs about medical procedures that will grab the attention of young people.
- ◆ Presence of Aboriginal physicians and medical students in television programs, magazines, and other media.
- ◆ Relationships between medical schools and faculties of education

- ◆ A limited number of Aboriginal doctors and medical students are available to serve as mentors and role models. Moreover, language and distance barriers can make it impossible for them to visit remote communities.
- ◆ There are few classroom tools about medical procedures.
- ◆ Communities may have a limited capacity to take on education and mentoring projects.
- ◆ The high dropout rate, especially among boys, is a significant barrier and the approach to improving outcomes is disjointed.

### **The Way Forward**

- ◆ Science education must be fun. Over the short term, organize science camps, discovery days, and simulated medical procedures using instruments such as intubation simulators, to keep interest high. Over the long term, improve science teaching and the curriculum in partnership with educational bodies, government departments, and health care organizations, such as St. John's Ambulance.
- ◆ Provide early exposure to role models.
- ◆ Bring more cultural meaning to the curriculum. Integrate indigenous pedagogy in the maths and sciences.
- ◆ Support educators to improve the quality of science education. Where there are deficiencies, either because a school is too remote to offer enough science courses, or because teaching skills are weak, take advantage of tools such as e-learning, which has been improving in recent years.
- ◆ Find and support champions and advocates among teachers in local schools. However, communities may have a limited capacity to take on education and mentoring projects.
- ◆ Offer a career-studies course in school and use it to introduce students to the health sciences.
- ◆ Have government, universities, and medical schools collaborate to find ways to keep students in school. Attend to all the students, both the bright ones who are going to succeed in school and the students with less potential. Narrowing the focus to K-6 may achieve "more bang for the buck".
- ◆ Create age-appropriate messages that promote the health sciences and encourage Aboriginal youth to stay in school. Messages must be scripted for boys, who drop out of school at a higher rate than girls.
- ◆ Advocate for a greater presence of Aboriginal physicians and medical students in television programs, magazines, and other media.
- ◆ Develop relationships between universities and Aboriginal communities, and between medical schools and faculties of education.

### **Undergraduate Students**

#### **Summary**

The universities and medical schools should engage in a recruitment effort to encourage FN/I/M students to enroll in health science. In developing their outreach programs, universities should build relationships with FN/I/M

communities and invite their input. They have a stake in seeing their children succeed, and they constitute the students' support networks.

Bridging programs and upgrading options are needed to help students adjust to the demands of university. Students also need on-campus support services, such as mentoring, tutoring, housing, child care, and peer support. They need to know before they enroll that a support system will be in place.

Ideally, an undergraduate curriculum that supports and integrates Aboriginal core values should be delivered in an institution that reflects those values. Schools should develop programs that integrate Western science with traditional Aboriginal beliefs.

Adequate core funding is essential. It will be needed to recruit Aboriginal faculty and mentors, fund undergraduate recruitment drives, establish bridging and pre-admission programs, and maintain student support services.

## **Details of the Discussion**

### **What Is Missing? What Are The Barriers?**

- ◆ A clear push to attract Aboriginal students to health science.
- ◆ Enough Aboriginal role models, mentors and instructors.
- ◆ Facilitated admissions and transfers at the undergraduate level.
- ◆ Ways to extend funding beyond the four-year cap for students who receive band funding.
- ◆ Aboriginal faculty members and admissions-committee members.
- ◆ A student support system that Aboriginal students use.
- ◆ Aboriginal community engagement and input.
- ◆ Programs tailored to the student, rather than the other way around.
- ◆ Bridging programs to fill in what students may have missed in their community schools.
- ◆ Buy-in of faculty and administration to recruit Aboriginal students.
- ◆ Four-year limit on post-secondary funding for students.
- ◆ A shortage of Aboriginal role models and mentors.

### **The Way Forward**

- ◆ Develop a curriculum that supports Aboriginal core values and reflect those values in the university setting.
- ◆ Establish linkages between universities and Aboriginal communities.
- ◆ Establish connections between medical schools and other faculties (including arts and science faculties), and between medical schools and those universities that do not have medical schools.
- ◆ Understand that there is diversity among Aboriginal communities. Uncover the assumptions that are taken as truths.

- ◆ Focus on all the sciences, not just health science. Can the universities have generic science programs that allow Aboriginal students to enter any health-care discipline?
- ◆ Provide core funding for recruitment, retention, and program support.
- ◆ Provide pre-admission support, counseling, and mentoring. Develop bridging programs to fill in what students may have missed in their community schools. Tailor programs to the student, rather than the other way around.
- ◆ Increase the number and visibility of Aboriginal faculty and mentors.
- ◆ Hire great Aboriginal teachers, not just average teachers. Right now there are too few Aboriginal role models, mentors and instructors. Appoint Aboriginal faculty members and Aboriginal admissions-committee members.
- ◆ Integrate Western science with traditional Aboriginal beliefs.
- ◆ Allow facilitated admissions and transfers at the undergraduate level.
- ◆ Find ways to extend funding beyond the four-year cap for students who receive band funding. Provide multi-year scholarships so students will know there is continued funding as they move on.
- ◆ Buy-in of faculty and administration is needed to recruit Aboriginal students.
- ◆ Organize health-science road shows to recruit students.
- ◆ Develop bridging, upgrading, and pre-admission support options to help students improve their knowledge base. Don't wait until they are enrolled in university and struggling.
- ◆ Provide a broad system of student support that includes mentoring, peer support, tutoring, social outlets, housing, child care, and counseling. Establish a Health-Science Mentoring office.

## **Students Enrolled in Professional Faculties**

### **Summary**

Enhanced funding should be in place to support students who have already invested financial resources in professional school. Since these students are taking a risk by changing programs mid-degree, and since they may have exhausted their resources, medical schools should guarantee them seats if they meet the stated entry requirements. Students must see that medical school is a feasible option and that there will be seats for them if they take the risk of changing programs, particularly if they have to make up missed courses. To ease the financial and academic burden, credit should be given for prior learning.

Recruiting these students will require universities to sponsor outreach programs to establish connections with able students who are outside health-care faculties and may consider a career change. A system that recognizes and gives credit for prior learning, an extended program that allows students to earn a medical degree over a longer period than usual, and scholarships and bursaries to support an extended program would contribute to recruitment success. Schools should explore options for enhanced funding to support the extra years of

education for these students. Look to bands, government, and bursary and scholarships programs. Consider regional as well as national funding sources.

## **Details of the Discussion**

### **What is Missing? What are the Barriers?**

- ◆ Role models to inspire these students and mentors to support them as they make the transition to medical school.
- ◆ Extended programs to allow students to take more years to complete medical school.
- ◆ Sources of new funding.
- ◆ Band policies and politics. Who receives funding sometimes depends on who you know who is in power.
- ◆ Shortage of mentors and role models.
- ◆ Faculty concerns regarding poaching students

### **The Way Forward**

- ◆ Develop an outreach program to find students who are thinking of changing career tracks. How do we help these students make the transition from one faculty to another? Medical schools have to make it clear that they are not poaching students; they are offering an alternative.
- ◆ Keep in mind that students from non-science faculties may need additional coursework, which will add to their expenses.
- ◆ Provide pre-admission support, including MCAT preparation, resume-writing help, and mock interview experience.
- ◆ Ease the transition to medical school by providing mentors, information packages, and exposure to role models.
- ◆ Hold an orientation day for students.
- ◆ Require cultural sensitivity training for admissions panel members.
- ◆ Increase the drive to attract male students.
- ◆ Provide more funding for student support such as day care, housing, travel.

## **People Already in the Workforce (Mature Students)**

### **Summary**

People who are already in the workforce have the maturity and confidence to succeed in medical school. This group is already a significant source of FN/IM physicians. To attract mature students to medical schools supports such as day care, extended financial support, peer support, flexible learning modules, and credit for prior learning and experience must be in place. Schools will have to develop strategies for finding and recruiting mature students who are already settled in careers. The group recommended that a comprehensive communications strategy be developed to reach this group.

Since these mature students may have families to support, they will need financial and practical support such as day care and housing. Targeted funding and a funding mechanism are essential. Candidates will also need support packages, such as summer bridging programs and access to flexible learning tools such as e-learning and study modules to make it easier to complete some of their studies without leaving their communities for long periods. These potential candidates also need exposure to role models (FN/I/M physicians and medical students) to understand what medical school and medical practice will entail.

There was some discussion about designating a few medical schools as centres of excellence for FN/I/M medical education. As a benefit, they would bring a critical mass of Aboriginal students to one institution and thus encourage an environment that was culturally safe and comfortable. On the other hand, the rest of the Canadian medical schools would be relieved of their obligation to meet the needs of their Aboriginal students.

## **Details of the Discussion**

### **What is Missing? What are the Barriers?**

- ◆ Funding and a funding mechanism that targets mature students.
- ◆ Knowledge of best practices in recruiting mature students.
- ◆ Culturally competent educators and culturally safe environments.
- ◆ Support packages, such as summer bridging programs, and access to flexible learning tools such as e-learning and study modules.
- ◆ Exposure to Aboriginal role models (physicians and medical students) to understand what medical school and medical practice will entail.
- ◆ A comprehensive communications strategy to reach this group. Finances, credibility of the option, life issues (e.g., children, established homes) and geographic and cultural isolation are barriers to recruitment.
- ◆ Financial disadvantage for people who are already settled in careers.
- ◆ Credibility of the option
- ◆ Geographical and cultural isolation if students have to leave their communities.
- ◆ A capacity in universities to identify and recruit mature students

### **The Way Forward**

- ◆ Invite adults to promotional events and orientation programs that usually target youth. Create information packages and promote the profession through community grapevines, friendship centres, public service announcements, and the media (APTN).
- ◆ Identify role models who have gone to medical school as adults. Conduct a study to determine the qualities of successful Aboriginal medical students.

Ask those who have been through medical school what is needed to attract and support these students.

- ◆ Develop a scouting capacity within the medical schools. Develop a comprehensive communications strategy to reach this group. Build on recruitment strategies that are known to be successful.
- ◆ Provide more than four years of financial support.
- ◆ Sell the career, but sell it realistically.
- ◆ Reduce the burden of being away from community by offering learning modules, internet courses, or courses on satellite campuses, so students can stay close to home.
- ◆ Engage head hunters to find and recruit individuals who are likely to succeed in medical school. These professionals are skilled at matching people with employers.
- ◆ Guarantee salaries while students attend medical school.

## Medical Schools

### Summary

Medical schools should implement a comprehensive strategy that includes outreach and a **pre-admission system** to assess the application readiness of applicants.

A pre-admission program would recognize four levels of readiness:

- a. The student meets the minimum stated requirements for admission to medical school. The program would assist them with the application process by providing MCAT coaching, resume/letter-writing assistance, mentoring, and mock-interview experience. Deferred sitting of the MCAT exam to the spring following application was discussed and supported. These supports could also be offered to students interested in other post-baccalaureate programs such as dentistry, physiotherapy, occupational therapy, etc.
- b. The student is almost application-ready but needs specific academic enhancements, perhaps another year in university, to improve GPAs or to address academic deficits. These students would receive the same supports as those mentioned in 'a' above.
- c. The student needs from one to three years of additional university education. They should be mentored throughout and offered the same supports as in group 'a' above as they near the end of their studies.
- d. The student is unlikely to be successful in applying to medical school. Career counseling should be offered.

The system would facilitate recruitment by helping schools identify early those students who have the potential to succeed in medical school, then tailors the

level of support to their readiness. It is likely to be more effective than waiting to see who applies. Moreover, the pre-admission program would satisfy national recruitment goals and may therefore be eligible for federal, provincial, and band funding.

The program would require core funding to develop, test, and implement the assessment tool across 17 medical schools. Once an assessment tool is developed, further funding will be required by each of Canada's 17 medical schools to customize the tool and to implement the program, which includes expenditures for coaching and mentoring. Funds will also be needed to develop an evaluation instrument to assess the effectiveness of the program in meeting stated goals and to apply it at all 17 sites.

Parts of the proposed model are in use on an ad hoc basis at various medical schools and there is evidence from schools in Australia, U.S., University of British Columbia, University of Manitoba, and University of Alberta. Some Canadian schools have already developed grids to assess university courses taken at other universities

The program appears to be compatible with federal government goals and funding intentions. Funding of \$100 M for Aboriginal Human Health Resources was announced in 2004, and the Kelowna Accord (November 2005) committed to doubling the number of Aboriginal doctors in Canada within five years.

Development and implementation requires buy-in from the highest levels of our universities, including presidents and deans, to create culturally competent institutions. Change will require curriculum adjustments, faculty development and recruitment, and tailored admissions processes. The most likely barriers to implementation include a variable level of commitment on the part of medical schools, resistance among medical schools to new approaches, and an absence of pressure for change.

## **Details of the Discussion**

### **What is Missing? What are the Barriers?**

- ◆ Core funding, likely through grants to AFMC-IPAC AHTG, to develop the assessment program at a national level.
- ◆ Once an assessment tool is developed, significant further funding will be required by each of Canada's 17 medical schools to customize the tool and to implement the program. Expenditures for coaching and mentoring are included here. Funds will also be needed to develop an evaluation instrument to assess the effectiveness of the program in meeting stated goals, and to apply it at all 17 sites.
- ◆ Champions who will advocate for change must be recruited from FN/I/M communities and organizations, medical schools, universities and post-

secondary schools, student/resident associations, the media, professional associations, and political organizations.

- ◆ Institutional racism is the most significant barrier
- ◆ A variable level of commitment on the part of medical schools
- ◆ Resistance among medical schools to new approaches
- ◆ Absence of targeted core funding for this initiative
- ◆ Absence of pressure for change

### **The Way Forward**

- ◆ Within faculty of medicine establish an Aboriginal Admissions Subcommittee to review applications that have gone to the regular admissions committee and have been rejected, even though the applicant meets the stated entry requirements. Members of both the Admissions Committee and the Aboriginal Admissions Sub-committee require a high level of cultural competency.
- ◆ Every school must have an Aboriginal Advisory Committee and an Aboriginal program office, both appropriately funded.
- ◆ Champions who will advocate for change must be recruited from FN/I/M communities and organizations, medical schools, universities and post-secondary schools, student/resident associations, the media, professional associations, and political organizations.
- ◆ Make social accountability and cultural competency explicit, mandatory elements of the accreditation standards for medical schools. Standards should be developed by the accrediting bodies for undergraduate medical education (Liaison Committee on Medical Education) and post-graduate training (Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada).
- ◆ Provide mentorship and tutoring throughout medical school.
- ◆ Hold an orientation day for Aboriginal students only.
- ◆ Review and adjust the curriculum; ensure the cultural sensitivity of problem-based learning cases.
- ◆ Arrange clinical placements in Aboriginal communities.
- ◆ Organize road shows to recruit students and build linkages with communities.
- ◆ Create pre-admission information kits.

### **Concluding Remarks**

The meeting ended with general agreement that moving forward should come under the auspices of the existing AFMC-IPAC Aboriginal Health Task Group. It's new Subcommittee on Recruitment and Retention will recommend to the Task Group and Health Canada priorities for action, strategic partners to involve, and a work plan to address the priority activities. Dr. Nick Busing, AFMC President and CEO, noted that the AFMC is in the midst of a governance review, which among other things, will determine the AFMC committee structure. He

gave assurances that the reorganization will take into account the importance of having an Aboriginal Health committee to pursue the issues raised during this workshop.

Participants made the following remarks:

- ◆ We need data on Aboriginal physicians and their practice. Do they return to their communities? NAHO is pulling this information together. NAAF has data from the 2020 strategy.
- ◆ Don't romanticize Aboriginal physicians or expect them to devote their careers to Aboriginal and remote communities because they share an ethnic heritage. They may want to work in the mainstream to pursue their profession or to blend in.
- ◆ Medical schools need to engage other faculties in this endeavor.

## ***Appendix A: Background and Workshop Approach***

### **Background**

At the First Ministers meeting in November 2005, ministers targeted a doubling of the number of Aboriginal health professionals over the next 10 years. This workshop, organized by the Indigenous Physicians Association of Canada, the Association of Faculties of Medicine of Canada and Health Canada was launched to serve this target as an interim goal, but ultimately to have Aboriginal physicians comprising 4% of all Canadian physicians in practice.

### **Approach**

Participants met in small groups to discuss how to increase the number of Aboriginal physicians working in Canada from one of five perspectives:

- ◆ children from kindergarten to grade 12;
- ◆ undergraduate university students;
- ◆ students enrolled in professional schools;
- ◆ people in the workforce (mature students); and
- ◆ medical schools.

Each group was then asked to develop one idea for action, summarized below. A fuller discussion of the rationale for the recommendations, the elements required for success, and the barriers to success, are contained in the full report.

Participants represented key education constituencies, including medical schools, Health Canada, physicians, nursing, health, education and public sector Aboriginal groups. A full list of attendees is included under Appendix B.

## *Appendix B: Attendee List*

### **AFMC / IPAC Workshop WORKSHOP ON INCREASING THE NUMBER OF ABORIGINAL PHYSICIANS IN CANADA**

*The Fairmont Winnipeg, Wellington Ballroom  
Winnipeg, Manitoba - March 17-18, 2006*

<b>Representative</b>	<b>Name of Representative</b>	<b>Constituency</b>
<b>*AFMC</b>	Dr. Nick Busing	President and CEO AFMC
	Susan Maskill	Director of Administration AFMC
	Dr. James Andrew	Faculty of Medicine University of British Columbia
	Dr. Arlington Dungy	Associate Dean, Alumni & Student Affairs Faculty of Medicine University of Ottawa
	Dr. Lawrence Elliott	Faculty of Medicine University of Manitoba
	Dr. Richard M <sup>ac</sup> Lachlan	Faculty of Medicine Dalhousie University
	Dr. Alan Neville	Assistant Dean, MD Program Faculty of Medicine McMaster University
	Dr. David Rayner	Associate Dean, UGME Faculty of Medicine University of Alberta
	Dr. Roger Strasser	Founding Dean Northern Ontario School of Medicine
	Dr. Barry Ziola	Director, Student Affairs College of Medicine University of Saskatchewan
<b>**IPAC</b>	Dr. Marcia Anderson	College of Medicine University of Saskatchewan
	Dr. Irwin Antone	Indigenous Physicians Association of Canada
	Dr. Cheryl Barnabe	Indigenous Physicians Association of Canada
	Ms. Mandy Buss	Indigenous Physicians Association of Canada
	Dr. Thomas Dignan	Indigenous Physicians Association of Canada
	Dr. Karen Hill	Indigenous Physicians Association of Canada
	Dr. Barry Lavallee	Indigenous Physicians Association of Canada
	Ms. Alexandra Smith	Indigenous Physicians Association of Canada

<b>Other Stakeholders</b>		
<b>***AFN</b>	Mr. Peter Garrow	Education Director Education Directorate Assembly of First Nations
<b>***ANAC</b>	Ms. Margaret Horn	Executive Director Aboriginal Nurses Association of Canada
<b>***CAP</b>	Ms. Audrey Lawrence	Congress of Aboriginal Peoples
<b>***CFPC</b>	Dr. Alain Pavilanis	Past-President College of Family Physicians of Canada
<b>Elders</b>	Ms. Mary Courchene	Winnipeg
	Ms. Margaret Lavallee	Winnipeg
<b>***Heath Canada</b>	Mr. André La Prairie	Health Canada
	Ms. May Toulouse	Health Canada, FNIHB
<b>**Provincial MOH</b>	Ms. Libby Posgate	BC Ministry of Health
<b>***ITK</b>	Ms. Melissa Nepton-Riverin	Inuit Tapirit Kanatami
<b>***MNC</b>	Invitee not able to attend	
<b>***NAAF</b>	Ms. Wendy Johnson	Director of 'Taking Pulse' National Aboriginal Achievement Foundation
<b>***NAHO</b>	Ms. Danielle Soucy	National Aboriginal Health Organization
<b>***RCPSC</b>	Dr. John M <sup>c</sup> Donald	Past-President Royal College of Physicians & Surgeons of Canada
<b>Vision 2020</b>	Ms. Tanis Hill	Programs and Service Manager
<b>Facilitator</b>	Mr. Alan Sobel	LEAP! Corporation
<b>Note Taker</b>	Ms. Miriam Sobel	

- \* AFMC Association of Faculties of Medicine of Canada
- \*\* IPAC Indigenous Physicians Association of Canada
- \*\*\* AFN Assembly of First Nations
- \*\*\* ANAC Aboriginal Nurses Association of Canada
- \*\*\* CAP Congress of Aboriginal Peoples
- \*\*\* CFPC College of Family Physicians of Canada
- \*\*\* HC Health Canada
- \*\*\* Provincial MOH BC Ministry of Health
- \*\*\* ITK Inuit Tapirit Kanatami
- \*\*\* MNC Métis National Council
- \*\*\* NAAF National Aboriginal Achievement Foundation
- \*\*\* NAHO National Aboriginal Health Organization
- \*\*\* RCPSC Royal College of Physicians & Surgeons of Canada

## ***Appendix C: Summary of Workshop recommendations***

1. The AFMC-IPAC Aboriginal Health Task Group (AHTG) will form a Subcommittee on Recruitment and Retention that identifies priorities for action, identifies and pursues strategic partners, and develops and implements a strategy for graduating more FN/I/M physicians, beginning at the elementary and high school levels. AFMC-IPAC will continue to provide leadership in seeking collaborative funding from federal government departments (FNIHB, SHRDC, Heritage Canada, Industry Canada) to support strategies for recruiting FN/M/I students. The group should develop a communications strategy to keep current and potential partners informed about developments.
2. A video about Aboriginal doctors should be produced for use in elementary and high schools to build interest in health care careers among FN/I/M students.
3. AFMC and IPAC will send a letter to the ministries of education and health in support of a strategy to increase the number of students who pursue science degrees, and ultimately medical degrees.
4. AFMC will invite faculties of medicine to contribute expertise and funds to Aboriginal outreach programs such as science camps, exposure to role models, that target elementary and high school students. The faculties should build relationships with the Aboriginal communities and invite their input for these outreach programs.
5. Universities should develop programs for recruiting, mentoring, and supporting FN/I/M pre-med and medical students. The effort should begin at the level of university pre-medical school curriculum committees and involve university leaders, FN/I/M educators and doctors, health science students, and undergraduate medical students. Adequate core funding is essential for this work.
6. Medical schools should develop a system that allows the transfer of credits from professional programs other than medicine.
7. Universities and medical schools should develop an extended program to allow students to take more than four years to complete their medical training.
8. An environmental scan should be conducted to identify best practices for recruiting mature students.

9. A comprehensive communications strategy for recruiting mature students should be developed. Support could come from NAAF and NAHO, which have communications and production expertise.
10. The Recruitment and Retention Subcommittee of the AFMC-IPAC Aboriginal Health Task Group, which includes representatives from the medical schools, and Aboriginal physicians, students, residents, educators and NAHO, should lead a medical school recruitment strategy. To avoid any duplication of effort, the committee should collaborate with other stakeholder groups.
11. A medical school pre-admission program should be developed to assess the application-readiness of students who are applying for admission to medical school. Universities and medical schools should then create a corresponding pre-admission support program that matches support with the student's level of readiness. AFMC-IPAC AHTG should take the lead in seeking core funding to develop the assessment tool, implement it across 17 medical schools, and evaluate the program for its ability to meet its objectives. The AFMC-IPAC Aboriginal Health Task Group, the AFMC Admissions and Student Affairs Committee, the AFMC Faculty Development Committee, Health Canada, FNIHB, INAC, AFN, NAAF, NAHO should be involved.
12. AFMC-IPAC AHTG should provide leadership in seeking opportunities for collaborative funding; in advocating to have social accountability measures included in accreditation standards, and in working with stakeholders.