



Joint Commitment to Action on Indigenous Health 2020 Review

**RESPONSE TO RECOMMENDATIONS ACROSS
CANADIAN FACULTIES OF MEDICINE**

OVERVIEW

In 2019, AFMC released the [Joint Commitment to Action on Indigenous Health \(JCAIH\) Report](#). This report, which was prepared by an Indigenous working group on behalf of the AFMC Indigenous Health Network, provides a roadmap for concrete institutional change that will best enable Canadian medical schools to respond to the TRC Calls to Action and fulfill their social accountability mandates with respect to Indigenous health.

The 17 Deans of Medicine unanimously endorsed the report and are committed to enacting the ten recommendations which focus on building meaningful relationships with Indigenous communities, increasing the number of Indigenous physicians, fostering a better learning environment for Indigenous people as well as developing Indigenous health curriculum.

The JCAIH report recommendations serve as a benchmark for which all Canadian medical schools can measure their progress. They are meant to provide a strong foundation that will empower the medical schools to do their part in closing the health gaps that Indigenous peoples experience.

This year, AFMC surveyed our members to identify the actions taken to date by medical schools to address the recommendations in the JCAIH report. Each medical school was asked to identify the progress their school has made in implementing the 10 report recommendations as well as the resources dedicated in support. All 17 Canadian medical schools provided responses and are included in this progress update.

This is a summary and compilation of that review. The full responses of schools are accessible here: <https://afmc.ca/en/priorities/indigenous-health>.

FACULTY RESPONSE

17 OF 17 FACULTIES ARE ACTIVELY RESPONDING TO THE TRC CALLS TO ACTION

\$11M IS SPENT ANNUALLY ACROSS ALL SCHOOLS TO RESPOND TO CALLS TO ACTION

12 OUT OF 17 FACULTIES OF MEDICINE HAVE DEDICATED INDIGENOUS HEALTH OFFICE / STRUCTURES IN PLACE

12 OF 17 SCHOOLS HAVE DEDICATED INDIGENOUS HEALTH POSITIONS

SCHOOL	LINK TO ACTION PLAN/STATUS REPORTS (WHERE AVAILABLE)
Northern Ontario School of Medicine	https://www.nosm.ca/our-community/indigenous-engagement/reconciliation/
Temerty Faculty of Medicine, University of Toronto	https://md.utoronto.ca/TRC_response
University of Alberta Faculty of Medicine & Dentistry	Indigenous Health Initiatives Program: https://issuu.com/tibethakemblem/docs/nah_indighealth_journeysbook_v13 Report Card: https://www.ualberta.ca/medicine/about/social-accountability/ihi/jcaih/index.html 2019 Annual Report: https://www.ualberta.ca/medicine/media-library/aboutus/social-accountability/communities/communityengagement/ihip/2019-ihp-annual-report.pdf
University of Calgary, Cumming School of Medicine	https://cumming.ucalgary.ca/sites/default/files/teams/12/indigenous-projects/IHDFinalReport_Nov%203.pdf
University of Manitoba, Rady Faculty of Health Sciences	https://umanitoba.ca/faculties/health_sciences/indigenous/media/TRC_Action_Plan_Full.pdf

JCAIH RECOMMENDATIONS

INDIGENOUS COMMUNITY RELATIONSHIPS

1. ACCOUNTABILITY

Medical schools focus on the development of meaningful relationships with the Indigenous communities that they serve using rights-based approaches to the co-creation of the terms of the relationship. This includes the development of accountability mechanisms. Indigenous communities are recognized as expert resources for the medical school and are provided with the opportunity and resources needed to participate in all aspects of the admissions process, teaching, hosting learners, research and scholarship, and faculty development.

Faculty Trends in addressing this recommendation:

Progress in the area of structural integrations

Faculties are developing a formal written response to the TRC Calls to Actions and have placed emphasis on Indigenous Health in their strategic plans. In addition, some schools have in place formalized partnership with Indigenous communities they serve.

Admissions to medical school is a key area of focus and includes Indigenous pathways and admission advisory boards that have representation from Indigenous communities.

Faculty spotlights:

- Elder recognition for their expertise as teachers (Université de Montreal);
- Indigenous Health website for Faculty-wide information (McMaster University);
- Aiming to deliver annual report of activities and formal feedback tool for transparent communication (University of Toronto);
- Selection criteria into medical school includes Indigenous epistemology (University of Saskatchewan);
- Principles of Engagement for increased accountability and transparency and guide to inform a rights-based, respectful relationship between Indigenous people and all others within medical school (University of Alberta)

Progress in the area of engagement

Many Faculties are regularly meeting with the Indigenous communities they serve and discussing as well as developing Indigenous health goals. Youth outreach is another key area of focus across all faculties and includes Indigenous health medical student interest groups and youth outreach programs within communities. Indigenous communities and organizations are engaged with admission processes, medical education curriculum about Indigenous health as well as research projects focused on Indigenous Health.

Faculty spotlights:

- All four Quebec schools have established the Programme des facultés de médecine pour les Premières Nations et les Inuits au Québec (PFMPNIQ) which is set up by la Commission

de la santé et des services sociaux des Premières Nations du Québec et du Labrador (CSSSPNQL);

- In community experience referred to as CBM 106 involves 1st year med students spending 1 month in Indigenous community (Northern Ontario School of Medicine);
- Saskatchewan Center for Patient-Oriented Research (SCPOR) evaluating level of Indigenous community and Indigenous people with lived experience in research grant evaluation (University of Saskatchewan)

Gaps

- Not all schools have formalized partnerships with Indigenous communities
- The schools' responses to TRC Calls to Action are still in development

2. INDIGENOUS HEALTH GOALS

Medical schools respond to their social accountability mandate with respect to Indigenous communities by jointly developing specific Indigenous health goals and reporting regularly on progress within the medical school and to the Indigenous communities they serve.

Progress toward co-developed Indigenous Health goals

Faculties have integrated Indigenous Health goals in their strategic plan and are meeting

regularly with Indigenous communities and with Councils of Elders. Furthermore, there is integral involvement of Advisory committees, tasks forces or governance models that include Indigenous Communities, organizations, Faculty and learners.

Faculty spotlights:

- Indigenous Health Learning Lodge to be developed and governed through Indigenous Advisory Council (McMaster University)
- Co-development of specific indicators of performance and accountability against the Faculty's Indigenous health goals are defined by and mediated through joint advisory councils (University of British Columbia)
- Held a joint strategic planning session with multiple partners to define the approach to strategic goals on Indigenous Health and relationships with Indigenous communities (Université Laval).
- Created the Strategic Plan in Indigenous Health which evolved from extensive meetings and interviews with Indigenous students, faculty, staff and community partners (University of Toronto).

Progress toward approaches to regular reporting

There is specific focus on responding to TRC Calls to Action which includes developing reporting mechanisms, raising awareness and action-oriented plan development. Faculties are also producing progress and impact reports as well as implementation strategies.

Faculty spotlights:

- TRC Council of Ontario Faculties of Medicine jointly striving to meet accountability mandate across Ontario;
- Indigenous Gathering reports since 2003 (Northern Ontario School of Medicine);
- Integrating meaningful reciprocal accountability mechanisms into partnership agreements with Indigenous communities and partners in Indigenous Health (University of Alberta)

Gaps

- Not all faculties have set school-specific Indigenous health goals
- Depth and breadth of Indigenous community representatives involved in process varies from faculty to faculty

THE LEARNING ENVIRONMENT

3. INDIGENOUS LEADERSHIP

Medical schools invest in the development of a critical mass of Indigenous Faculty and Staff with the appropriate supportive infrastructure to lead all aspects of Indigenous medical education including admissions, student recruitment and retention, curriculum development and implementation, and with structured presence on key decision-making committees within the medical school.

Progress on recruitment of Indigenous Faculty and Staff

Faculties are regularly surveying departments on diversity. They are actively recruiting Indigenous faculty and staff and have established target goals. Indigenous faculty are present in formal roles. Faculties are also developing targeted recruitment and retention strategies as well as implementing mentorship programs.

Faculty spotlights:

- Search committees for academic positions partake in Equity, Diversity and Inclusion training (McGill University);
- Retention focused activities for medical students (Université de Montreal);
- Looking to formalize Indigenous 'Circle' of physicians who can contribute to Indigenous Program as academics, teachers and mentors (University of Ottawa);
- Development of short, medium, and long-term Indigenous faculty recruitment strategy with a sustainability plan (McMaster University).

Progress on supportive infrastructure for all aspects of Indigenous medical education including presence in key decision-making

There are university-wide policies and recruitment approaches for hiring of Indigenous faculty and staff in place. Faculties of medicine have developed guidelines and policies for EDI. They are working on increasing representation of Indigenous faculty at governance level, implementing team building and leadership development as well as securing dedicated funding to support Indigenous activities.

Faculty spotlights:

- Structured representation on key leadership committees within medical school (Manitoba);
- Online course on equity, diversity and inclusion mandatory for search committees for faculty and academic leaders (University of British Columbia).

Gaps

- Recruitment success rates for Faculty and staff identified as challenge across schools

4. RESOURCE SUPPORT

Medical schools dedicate sufficient resources to enable full implementation of its Indigenous health goals. The resource needs should be defined with the Indigenous communities, faculty, staff and students and should support action in all three domains of research, education and service.

Progress on sufficient resources to enable implementation of Indigenous Health goals supporting all three domains of research, education and service

The funding across many schools comes from multiple areas, with cross-team involvement across Social Accountability, UG and EDI offices, etc. Research projects, interest group funding and a supportive infrastructure is present in most faculties of medicine. Current investments are in curriculum, coordination for recruitment, funding research and student supports. There is a commitment from the Deans of Medicine to dedicate further resources as needs are identified and as faculties plans to respond to the TRC are formalized.

Faculty spotlights:

- Indigenous community partners report their medical staffing realities and needs; faculty considering environmental scan of physicians providing community care (University of Ottawa);
- Identifying budget requirements with Indigenous community involvement that are involved in research (Northern Ontario School of Medicine);

- Identifying budget requirements with Indigenous community involvement that participate in student placements (University of Saskatchewan)
- Hosting Indigenous Community Health and Research Conference for ongoing discussion with local and regional organizations to understand community health priorities (McMaster University);
- Elders Wisdom Council includes Elders, Knowledge Keepers, Indigenous physicians and students to assess priorities and allocate resources to ensure they are meeting needs of communities served (University of Alberta)

Gaps

- Formalized and strategic funding is dependent on completion of Faculty responses to TRC Calls to Action, which are under development
- Not all schools have centralized, dedicated Indigenous Health offices to oversee progress across all medical schools
- Lack of a cohesive plan across all three domains (education, research and service)
- Working with Indigenous community partners to determine financial requirements not strongly reported outside of research domain

5. ANTI-RACISM

Medical schools have robust policies and processes for identifying and addressing anti-Indigenous racism/ sentiment experienced by Indigenous learners, staff and faculty in classroom and clinical environments. This includes institutional measures of the effectiveness of the policy that are regularly reported on.

Progress on robust policies and processes for identifying and addressing anti-Indigenous racism/sentiment experienced

Anti-racism policies in place or in development across many schools. There are mechanisms to have harassment concerns or events reported and addressed in place. The policies are human rights, harassment and anti-discrimination focused. Furthermore, supports are offered through the student affairs and/or professionalism office or via faculty members. Exit surveys are conducted to better understand gaps.

Progress on measures of policy effectiveness

Formal reporting mechanisms are in place across all faculties and surveys on racism and mistreatment experiences are conducted with faculty members, learners and staff. Schools report on the number of complaints received.

Faculty spotlights:

- All students have access via the school's website to practical tools on all forms of harassment, discrimination and racism (Université de Sherbrooke);

- Anti-racism practice lead hired; anti-racism educational initiatives started in 2019 (University of Manitoba)
- Cultural safety courses offered to faculty, staff and learners (University of Saskatchewan)
- Mistreatment survey conducted in 2019 to all learners, faculty and staff which led to establishing Professionalism and Mistreatment Research Working group to analyze the data and create dissemination plan for results; data to be used to inform decision making processes and contribute to evaluation of policies (will be bi-annual survey) (Memorial University)
- Online reporting tools for access across the medical school enable collation and reporting of complaints on annual basis (University of British Columbia)

Gaps

- Some schools reported formal policies or processes are not yet in place to identify and address anti-Indigenous racism/sentiment experienced

6. CULTURAL SAFETY TRAINING

Medical schools commit to developing a safe work and learning environment for Indigenous learners, faculty and staff by supporting leadership and faculty change through focused and strategic professional development activities based in anti-racism, cultural safety and decolonization. This will include a specific focus on clinical preceptors across all clinical learning sites.

Progress on professional development activities on anti-racism, cultural safety and decolonization

Course development is underway across many schools. Several schools are tracking and reporting faculty, staff and learner engagement in courses and events. Faculties are using or have adapted externally created frameworks and courses including Indigenous-themed CanMEDS-FM competencies from CPFC Indigenous Health Working Group and the San’Yas Indigenous Cultural Safety Training seats, and an Indigenous Health Primer from the RCPSC.

Progress on professional development for clinical preceptors across all clinical learning sites

Some schools, where the course and content are in development, also include a focus on clinical preceptors and are collaborating with local health networks to offer cultural sensitivity training to clinical faculty. It is important to note that some schools identified no plans to disseminate faculty development to clinical preceptors.

Faculty spotlights:

- Certificate in Local and Global Health Equity Programs (12 online learning modules) including module on Providing Equitable

Health Care for Indigenous Peoples of Canada: honouring the Medicine Chest which focuses on social injustice and its adverse impacts on Indigenous populations (Memorial University);

- Woodland Cultural Centre and Kayanase experiential learning tour facilitated for faculty members and senior administrators (McMaster University);
- 2-day event with Dr. James Makokis including public lecture, medical grand rounds and interaction with students at a feast (Queen’s University)
- Task force struck to focus on anti-racism to improve health, safety, and well-being of all students (University of Alberta)
- Development of an online module for all clinical learners and faculty on culture safety entitled “providing Culturally Safe Health Care to Indigenous Patients in Newfoundland and Labrador (Memorial University)

Gaps

- Most activities are learner focused and have only begun in the area of faculty development;
- Demonstrated reach to clinical preceptors not emphasized in reporting

THE LEARNING ENVIRONMENT

7 . INDIGENOUS RECRUITMENT

Medical schools will work towards admitting a school specific minimum number of First Nations, Métis and Inuit students each year by employing distinctions-based approaches and practicing holistic file reviews. Robust data collection with appropriate data stewardship agreements will allow for review of progress towards goals at the individual school, provincial and national level.

Progress on targeting and supporting admissions of First Nations, Métis and Inuit students using distinctions-based approaches and practicing holistic file reviews

There are admissions pathway programs, streams and reserved seats across most schools. Indigenous community representatives are included on Admissions and Interview committees. For applicants within an Indigenous stream, there are holistic file reviews including a biographical sketch and panel interview that includes Indigenous representatives and non-academic elements for consideration. Faculties are conducting recruitment activities within Indigenous communities served.

Progress on robust data collection with data stewardship agreements at school, provincial and national level

Faculties are reporting annually on Indigenous applicants, interviewees and acceptances at UG and PG admissions with several reporting a move to using a distinctions-based approach. They are providing these reports and updates to Indigenous community partners. Furthermore, Faculties are undertaking critical reviews of their admissions processes based on reported results.

Faculty spotlights:

- PFMPNIQ holistic assessment of application including a self-biographical note and interview with panel comprised of 50% Indigenous membership (all 4 Quebec schools);
- Indigenous Recruitment and Student Support Coordinator hired to work with programs to revise all admissions policies and processes (Queen’s University);
- Support provided to applicants prior to interviews from traditional elders, and current Indigenous medical students and Indigenous Leader in Residence (The University of Western Ontario);
- Pre-admissions workshop for Indigenous applicants and one-on-one advising/info sessions to support applicants throughout the admissions process (University of Calgary)
- Tracks Indigenous student enrollments and graduation rates including place of practice and specialties (University of Saskatchewan)

Gaps

- Lack of data stewardship agreements with Indigenous communities

8. ASSESSING CULTURAL SAFETY

Medical schools will add assessment of knowledge of Indigenous studies, cultural safety, anti-racism or related discipline in the consideration of admission for all candidates through pre-requisite courses, creation of new tools, or modification of existing tools, such as MMI stations that are developed and assessed by Indigenous people.

Progress on assessment of knowledge of Indigenous studies, cultural safety and anti-racism in consideration for admissions for all candidates

Faculties are working with the university administration on undergraduate requirements and inclusions. Many schools have identified this as not yet being addressed but that work is under development.

Progress on development and assessments by Indigenous people

There are currently panel interviews and assessments that include Indigenous representatives. MMI stations have been developed with Indigenous faculty. In areas where Indigenous representatives are involved, they are included as interviewers at MMI stations.

Faculty spotlights:

- Creation of Indigenous knowledge needs assessment survey for staff, faculty and

- leadership as well as for post-graduate medical education PY1 and PY2s (The University of Western Ontario);
- Faculty of Native Studies developed an Indigenous massive Open Online Course (MOOC) as a foundation for learning in Indigenous Health which the MD program implemented as a new requirement in 2019 for all incoming students. From an Indigenous perspective, this course explores key issues, facing Indigenous peoples today from a historical and critical perspective highlighting national and local Indigenous-settler relations (University of Alberta).

Gaps

- Admissions requirements assessing knowledge of Indigenous studies, cultural safety and anti-racism not reported as a requirement across many schools.

CURRICULUM

9. INDIGENOUS HEALTH CURRICULUM

Medical schools commit to the development and implementation of a longitudinal Indigenous health curriculum with anti-racism/ anti-colonialism as the core pedagogical approaches.

Progress on longitudinal Indigenous health curriculum

Many schools have devoted, mandatory curriculum hours toward Indigenous Health. The focus of schools is on building or renewing curricula and enhancing longitudinal teaching in this area. Supports are provided to better prepare learners for clinical training.

Progress on core pedagogical approaches of anti-racism / anti-colonialism

The focus of many schools is on Indigenous health, decolonization however anti-racism not predominant focus. More is needed to deeply explore anti-racism as a core pedagogical approach.

Faculty spotlights:

- Indigenous Health Vertical Theme across four-year program, starting with a Year One Term One anti-racism/anti-colonialism curricular approach in the Medicine and Society I course (University of Saskatchewan);
- 12-module course on Indigenous Health that addresses the history and legacy of Indian Residential Schools, the United Nations Declaration on the Rights of Indigenous Peoples and Aboriginal Rights, and Indigenous teaching practices (University of Alberta);
- Extra-curricular Indigenous Health Interest group activities address anti-racism,

residential school experiences, trauma-informed care facilitated by Indigenous patient/person interaction and teachings (University of Ottawa);

- 23-24 Indigenous Cultural Safety launched in 2017, required course for all first-year MD students among other students enrolled in other health professional programs; covers a range of topics including various levels of prejudice, Indigenous identity and diversity and Indigenous perspectives of Canadian history, the legacy of colonialism, the Indian Act, the residential school system in Canada and how these continue to impact Indigenous Health and wellness in the modern day, etc. UBC 23-24 represents a foundational learning experience meant to instill the concept of cultural humility in learners and equip them with the tools they will need to create safe spaces for care and bring about meaningful change in the healthcare system as future practitioners (University of British Columbia).

Gaps

- Lack of evaluation and assessment for effectiveness of curriculum
- Anti-racism notions introduced but may not be deeply explored; focus of many schools are on Indigenous health and anti-racism is not necessarily a predominant focus

POSTGRADUATE MEDICAL EDUCATION

10. CULTURALLY SAFE CLINICAL TEACHING

Medical schools commit to the development of Postgraduate Medical Education curriculum and associated tools in Indigenous health with a core focus on cultural safety, anti-colonialism and anti-racism. This curriculum will build on the undergraduate curriculum in Indigenous health and prepare physicians for anti-racist, culturally safe independent practice.

Progress on PG curriculum and tool development built on UG curriculum

This has been identified as not substantially ingrained in residency programming across schools. Some schools are conducting needs assessments and auditing curricula with goal of adopting new curricular elements that will build on UG curriculum, striking working group or task forces to identify action plans to address gaps and conducting further exploration to include Indigenous Health in core curriculum across PGME.

Faculty spotlights:

- Pilot training experiences in Indigenous health in Pediatrics and in family medicine – 1.5 hour course on Indigenous health for residents (Université de Montreal);
- Leverage Indigenous health curriculum within family medicine residency program as flagship project for PG programs (Université de Sherbrooke);
- Surgical Care in Canada’s Rural and Remote Indigenous Communities with Global Comparisons - This online postgraduate course administered by the Branch for International

Surgical Care is designed to critically-examine current and historical shortcomings in the provision of surgical care services to rural and remote Indigenous communities in Canada from a global perspective, with the aim of improving the availability of such services within these communities in the future (University of British Columbia).

- Use of San’yas: Indigenous Cultural Safety Training Program, which is administered by the Provincial Health Services Authority’s Indigenous Health Program. This program is widely available to all health practitioners in the province, including learners in post-graduate educational programs (University of British Columbia).

Gaps

- This area of work is in development for schools.
- Similar to recommendation 9, core focus on cultural safety, anti-colonialism and anti-racism not fully addressed in school responses



SUMMARY OF GAPS IDENTIFIED

There are a number of areas under development including formalized partnerships with Indigenous communities, school-specific responses to the TRC Calls to Action as well as establishing Indigenous Health Goals (Rec 1) with aligned financial resources (Rec 4). Recruitment of faculty continues to be a challenge across all schools (Rec 3). Faculties still need to incorporate assessment of knowledge of Indigenous studies, cultural safety and anti-racism in admissions (Rec 8) and across the continuum of medical education (undergraduate, postgraduate and continuing professional development) (Recs 9-10). A transformational change in culture will require that faculties reach across all learning environments (Rec 5-6).

The gaps below are a recap of identified gaps by recommendation.

Recommendation 1

- Formalized partnerships not yet set across all schools
- Responses to TRC Calls to Action still in development

Recommendation 2

- Setting school-specific Indigenous health goals not completed yet across all schools
- Depth and breadth of Indigenous community representative's involvement in process varies

Recommendation 3

- Recruitment success rates for Faculty identified as challenge across schools

Recommendation 4

- Formalized and strategic funding is dependent on completion of Faculty responses to TRC Calls to Action
- No centralized, dedicated "office" to oversee across all medical schools
- No cohesive plan across all three domains (education, research and service)
- Working with Indigenous community partners to determine financial requirements not strongly reported outside of research

Recommendation 5

- Some schools reported formal policies or processes are not yet in place to identify and address anti-Indigenous racism/sentiment experienced

Recommendation 6

- Most activities are learner focused and have only begun in the area of faculty development;
- Lack of reach into clinical training sites for clinical preceptors

Recommendation 7

- Lack of data stewardship agreements with Indigenous communities

Recommendation 8

- Admissions requirements assessing knowledge of Indigenous studies, cultural safety and anti-racism not reported as a requirement across many schools

Recommendation 9

- Evaluation and assessment possibly for effectiveness of curriculum
- Anti-racism notions introduced but may not be deeply explored; focus of many schools is on Indigenous health and anti-racism is not necessarily a predominant focus

Recommendation 10

- This area of work is in development for schools.
- Similar to rec 9, core focus on cultural safety, anti-colonialism and anti-racism not fully addressed in school responses

NEXT STEPS

With the information reported through this survey, Faculties of Medicine will be able to undertake a critical review and discussions around progress made and priorities to address moving forward – including with Indigenous communities served by schools. AFMC will also be advancing similar discussions at the national level and with National Indigenous Organizations.

AFMC with the support of the AFMC Indigenous Health Network will:

- refine the JCAIH Progress Survey and aim for an annual review for accountability reporting;
- establish shared metrics for all schools including the creation of a national dashboard of key indicators
- create a one-stop resource centre via AFMC website linking to this ongoing reporting and click off to access school-based reports on their progress in responding to the TRC Calls to Action and the JCAIH recommendations