

# **Roundtable Discussion on Anti-Indigenous Racism in Medical Education**

## *Next Steps*



Prepared by IPAC  
May 5, 2021

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## Background

Following the death of Joyce Echaquan, Indigenous Services Canada and Crown-Indigenous Relations and Northern Affairs Canada called an Urgent Meeting to Address Racism Experienced by Indigenous Peoples in Canada's HealthCare Systems. We heard from Joyce Echaquan's grieving family as well as Indigenous healthcare workers and medical students. As a result of the stories shared, The Indigenous Physicians Association of Canada (IPAC) was asked to organize and host a Roundtable Discussion on Anti-Indigenous Racism in Medical Education December 16, 2020.

IPAC circulated a document outlining the key priority areas identified at this meeting, and invited participants to a second roundtable for March 4, 2021. This meeting was postponed so that IPAC and NCIME could meet to discuss how we can work together for our common purpose.

January 27, 2021, the National Consortium on Indigenous Medical Education (NCIME) announced long term funding from the government of Canada. NCIME is a partnership between the Indigenous Physicians Association of Canada, the Association of Faculties of Medicine of Canada, the College of Family Physicians of Canada, the Medical Council of Canada and the Royal College of Physicians and Surgeons of Canada, and was formed to implement Indigenous-led work streams that will reform Indigenous medical education and contribute to the delivery of culturally safe care.

NCIME will provide leadership and support to partners as they fulfil their collective responsibilities to respond to the UN Declaration on the Rights of Indigenous Peoples, the Truth and Reconciliation Commission's Calls to Action, and the Missing and Murdered Indigenous Women and Girls Calls for Justice.

Moving forward, the Roundtable Discussions on Anti-Indigenous Racism in Medical Education hosted by IPAC, will focus on both the key priority areas identified at the December 16, 2020 roundtable as well as the six areas of common priority identified by NCIME. Both these lists can be found in this document.

## **Roundtable Objectives**

The seventeen Canadian medical schools have all variably responded to the TRC Calls to Action 23 & 24 and this has resulted in many positive changes for Indigenous Medical Students and Residents. Anti-Racism work and reconciliation is a process that requires on-going consideration, evaluation, reflection, and development. The objective of our next and future roundtables is to work collaboratively on strategies that respond to the priority areas identified at the December 16, 2020 roundtable which are shared by NCIME.

Our Roundtable Discussions on Anti-Indigenous Racism in Medical Education will take place quarterly, giving all participants the opportunity to be actively engaged.

## **Participants**

Invited participants for this Roundtable Discussion included: Indigenous Medical Students and Residents, Medical School Deans, Association of Faculties of Medicine of Canada, Government of Canada officials, Members of the National Consortium for Indigenous Medical Education, Indigenous Physicians, Partner Organizations, and IPAC Board Members and Staff.

## Key Priority Areas Identified at the December 16, 2020 Roundtable Discussion on Racism in Medical Education

- 1. Admissions Process for Non-Indigenous Medical Students**
  - Require a cultural safety course.
  - Incorporate cultural safety into interview questions/scenarios.
  
- 2. Support While in Medical School**
  - Getting in is not enough. Indigenous students have unique experiences and need support throughout medical school and into CaRMS.
  - Standardized support at all schools.
  - Safe, standardized system for reporting and addressing racism that prioritizes the needs and safety concerns of the student.
  
- 3. Support for Residents and Fellows**
  - Standardized support at all schools.
  - Safe, standardized system for reporting and addressing racism that prioritizes the needs and safety concerns of the student.
  
- 4. Wellness and Mentorship for Students, Residents, and Fellows**
  - Protected time to attend annual IPAC gathering.
  - Financial support for Indigenous medical students to attend annual IPAC gathering.
  - Protected time for regional/provincial Indigenous physician, resident, and student wellness gatherings. Ex. BC Indigenous Medical Education Gathering coordinated by the Rural Coordination Centre of BC, Rural Education Action Plan and the University of British Columbia.
  - IPAC Mentorship program.
  - An onsite Indigenous Liaison, specific to faculty of medicine, at each school with adequate funding to support Indigenous medical students and residents.
  - Readily available access to trauma informed Indigenous counsellors, healers and or Elders.
  
- 5. Improved Communication**
  - Schools are doing good work but the students are not always aware or feeling the benefits. Student feedback is based on what they know and experience. Encourage schools to communicate changes and improvements in a timely manner and follow up regularly for feedback.
  - Organizations like IPAC need to be able get information to Indigenous faculty, residents and students at each school in a consistent and efficient way.

**6. Increased Engagement with Local Indigenous Communities**

- Meaningful involvement and opportunities for partnership with Indigenous communities from years one through four.
- Access and opportunities to learn from Indigenous patients for clinical skills training.

**7. Indigenous Faculty Support**

- Increase amount of Indigenous faculty within medical schools to allow for role modeling and mentorship.
- Leadership and research training courses.
- Compensation for Indigenous health and cultural safety curriculum development that is supported with administrated resources and an embedded structure in the departments for implementation.
- Compensation for excess Indigenous-related committee work.
- Compensation for mentoring Indigenous residents and students.
- Protected time to attend annual IPAC gathering.
- Readily available access to trauma informed Indigenous counsellors, healers and or Elders.
- Safe, standardized system for reporting and addressing racism that prioritizes the needs and safety concerns of the faulty member.

**8. Equity and Safety in the CaRMS process**

- Reserved spaces for Indigenous applicants.
- Prioritizing Indigenous applicants for applications in their home community.
- Require cultural safety training.
- Incorporate cultural safety into interview questions/scenarios.

**9. Accreditation**

- The above priorities need to be part of the accreditation process.

## The National Consortium on Indigenous Medical Education (NCIME)

- The National Consortium on Indigenous Medical Education (NCIME) is a partnership between the Indigenous Physicians Association of Canada, the Association of Faculties of Medicine of Canada, the College of Family Physicians of Canada, the Medical Council of Canada and the Royal College of Physicians and Surgeons of Canada.
- The NCIME was formed to implement Indigenous-led work streams that will reform Indigenous medical education and contribute to the delivery of culturally safe care.
- The NCIME will provide leadership and support to partners as they fulfil their collective responsibilities to respond to the UN Declaration on the Rights of Indigenous Peoples, the TRC's Calls to Action, and the Missing and Murdered Indigenous Women and Girls Calls for Justice.
- The mandate of the NCIME focuses on six areas of common priority including:
  - Assessment of Indigenous studies, cultural safety and anti-racism
  - Anti-racism
  - Admissions/Transitions
  - Indigenous faculty recruitment and retention
  - Improving cultural safety in Curriculum
  - Indigenous physician wellness and joy in work
- The need for a safe health care system that responds to the needs of all who access it is clear, but given ongoing experiences of racism by Indigenous patients and Indigenous medical learners urgent action is needed so that the health and healthcare rights of Indigenous Peoples are fulfilled.
- Ensuring Indigenous Peoples access to care is high quality, culturally safe and free of racism begins with Indigenous-led systemic change in how medical professionals are instructed and evaluated.



**V. Roundtable Discussions Part Two (12:10-1:10pm)**

**1. Breakout Rooms (30 min)**

- Wellness and Joy in Work
- Improved Communication
- Increased Engagement with Local Indigenous Communities
- Learner Support and Mentorship (purposeful duplication)

**2. Report and Discuss (30 min)**

**VI. Next Steps (1:10-1:20pm)**

Waneek Horn Miller

IPAC President, Dr. Nel Wieman

**VII. Closing with Elder Syexwaliya (1:20-1:30pm)**