

Racism in Medical Education Roundtable: *Key Priority Areas*



**Prepared by IPAC
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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 Racism in Medical Education Roundtable December 16, 2020. This document outlines the key priority areas identified at this meeting.

Roundtable Objective

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 this roundtables was to identify the gaps (key priority areas) in responding to the TRC Calls to Action 23 & 24, and work collaboratively on strategies that will bring Canadian medical schools, students and residents closer to reconciliation and creating medical learning environments free of racism.

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.

Next Steps

This document will be circulated to all participants and be posted on the IPAC website. The Racism in Medical Education Roundtable will convene early March 2021 to create an action plan for addressing the key priority areas.

Key Priority Areas

- 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.