



Brief: Improving Cultural Safety in Curriculum

The National Consortium of Indigenous Medical Education (NCIME) Improving cultural safety in curriculum working group developed three main products to fortify their work. The working group is composed of experts in curriculum development and delivery, with specific expertise in Indigenous studies and medical education. The first task was to identify existing gaps in Indigenous medical education across the country. The second was to provide a framework with steps to prepare a predominantly non-Indigenous faculty to deliver a comprehensive Indigenous medical curriculum with the goal of learners achieving proficiency in the updated Core Competencies originally developed by IPAC-AFMC in 2009. The IPAC-AFMC Core Competencies are updated to 2023 which was the third deliverable for the working group.

Identifying Gaps in existing Medical Education

A thorough review based on working group experience and knowledge enabled the identification of gaps within current medical education in Indigenous studies. Gaps include general frameworks like anti-racism, safety and the usage of local First Nations, Inuit, and Métis community members and voices, to more specific knowledge gaps surrounding Inuit and Métis contexts and experiential learning opportunities. The document provides an overlay for institutions to begin to localize where their curriculum could be strengthened.

Updated Core Competencies

The IPAC-AFMC core competencies in Indigenous medical education with graduated outcomes in mind have been updated to include more recent movements in First Nation, Inuit and Métis contexts. Since the release of the original Core Competencies in 2009, there has been the release of the Truth and Reconciliation Commission's Final Report, the Final Report on the National Inquiry for Missing and Murdered Indigenous Women, and Joyce's Principle. Seven core competency archetypes exist for learners to be measured and assessed in terms of their knowledge, and ability to provide culturally safe care. It is through these core competencies that medical educators can address the gaps in existing medical education.

Faculty Development for Indigenous Medical Education Delivery

This report provides a basic road map and three frameworks to create a robust and successful Indigenous Initiatives Office to work with a majority of non-Indigenous faculty to deliver or co-deliver a comprehensive Indigenous medical curriculum. Concurrently actioning the physical, mental and First Nation, Inuit and Métis framework will help to create a positive and benign environment. Such an environment develops physicians who can provide culturally safe care wherever, and whatever they practice through Indigenous allyship and engagement.