NCIME
THE NATIONAL CONSORTIUM
FOR INDIGENOUS MEDICAL EDUCATION

CNFMSA
LE CONSORTIUM NATIONAL
POUR LA FORMATION MÉDICALE EN SANTÉ AUTOCHTONE

# Short and Long-Term Plans to Attain the Critical Masses

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Short and Long-Term Plans to Attain the Critical Masses



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The then National Consortium for Indigenous Medical Education (NCIME) received funding from the Health Care Policy and Strategies Program, Health Canada. With the leadership and support of the NCIME, national medical education organizations are fulfilling their responsibilities to respond to the Royal Commission on Aboriginal Peoples, the Truth and Reconciliation Commission's Calls to Action, and the Inquiry on Missing and Murdered Indigenous Women and Girls in Indigenous Medical Education through supporting Indigenous leadership; aligning and collaborating on strategic priorities; and maximizing available resources.

Copies of this report in English are accessible at www.ncime.ca

Des exemplaires de ce rapport en français sont accessibles à www.cnfmsa.ca

The National Consortium for Indigenous Medical Education (NCIME)

A Virtual Organization

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## Our Logo

The Logo is based on circles of concentrically valuing the Four Directions wellness (physical, mental, emotional, and spiritual), Inuit and Métis harvesting practices to nurture, and pass practices on to younger generations from Knowledge Keepers, Medicine Peoples, Language Speakers and Elders. It has Mushkiki filled feather hands that protect, nurture and guide cultural safety in care, uplifting the sophistication of First Nations, Inuit and Métis knowledge translation and land-based healing practices to enrich biomedical education. The Ulu meets the centre of the fire that must be maintained with integrity, responsibility and dedication to creating joyful, community centered environments. This firekeeping work is highly valued in our urban and homeland related communities.

The plants represented in the left/right feather hand imagery are ginseng, willow, plantain, penny-cress, horsetail fritillaries and saskatoon berry.

## Acknowledgments

We, the NCIME Staff, Chair, and Co-Chair of the Indigenous faculty recruitment and retention Working Group, are responsible for publishing the Short and Long-Term Plans to Attain the Critical Masses and would like to express our gratitude to all those who contributed to this important work.

First and foremost, we acknowledge and honour the Indigenous physicians, medical learners, Elders, Knowledge Keepers, and community members who shared their wisdom, knowledge and lived experiences with us. Their guidance and leadership were essential in shaping the report and ensuring it reflects Indigenous Peoples' realities in Canada.

We also appreciate our non-Indigenous allies who participated in the working group. Your commitment to learning, listening, and taking action to dismantle systemic racism is vital to creating meaningful change.

We thank the scholars, researchers, and health leaders who contributed their expertise and time to this project. Your insights and perspectives were invaluable in shaping the recommendations and ensuring they are evidence-based.

Finally, we would like to thank the Health Care Policy and Strategies Program, Health Canada, for supporting this work. Your investment in

anti-racism initiatives demonstrates a commitment to creating a more equitable and just society.

We hope that this report will serve as a tool for medical educators and policymakers, healthcare providers, and others committed to addressing anti-Indigenous racism in medical schools in Canada. May we continue to work together towards a future where Indigenous Peoples are respected, valued, and treated with dignity and equity.

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## Background

In 1993, the Royal Commission on Aboriginal Peoples stated the need for the recruitment of more Indigenous physicians in Canada as a means of improving health disparities for Indigenous Peoples. Despite this, limited progress was made until the release of the Truth and Reconciliation Commissions of Canada's (TRC) Calls to Action in 2015, which resulted in the development of strategies (Ward, 2020). These approaches primarily focused on the admissions process without the consideration of a longitude physician life cycle, neglecting to consider Indigenous students' experiences in medical school, minimal support for Indigenous learners in residency, instructors equipped to teach Indigenous curriculum, and the creation of a critical mass of Indigenous Faculty (Reily et al., 2023). The oversight of a multi-pronged holistic approach that addresses these gaps has reduced retention rates of Indigenous medical learners and, therefore, potential future Indigenous medical faculty (Arkle, 2015). Often a result of the lack of ongoing support and understanding at the institution of Indigenous learners' experiences throughout their medical education trajectory. This is largely due to the lack of representation of Indigenous or racialized people in senior leadership positions in medical schools, thus preventing institutions from responding to social justice issues in a meaningful way (Kalifa et al. 2022; Cukier 2021; Reily et al. 2023).
A 2023 study found 10–25% of Alberta physicians hold explicit anti-Indigenous bias, highlighting the need for the development of "strategies within their admissions, hiring and promotion policies to recognize and remediate physicians with explicit anti-Indigenous bias" (Roach et al. 2023). Beyond this, the Indigenous population continues to be the fastest-growing population in Canada, growing at nearly twice the rate of the non-Indigenous people (Statistics Canada, 2023).

Despite efforts to include more Indigenous-specific curricula in medical education, medical students in Canada still need to feel prepared to meet the needs of the Indigenous population (Yeung et al. 2018). For future physicians to feel adequately prepared for the growing needs of Indigenous Peoples within Canada and adequately address anti-Indigenous racism, medical schools across Canada need to recruit and maintain a critical mass of the Indigenous medical faculty to aid in the development and delivery of much-needed anti-racist curriculum rooted in Indigenous ways of knowing and strives for cultural humility. Indigenous Peoples are best positioned to lead the creation, delivery, and evaluation of the needs of Indigenous Peoples in addition to offering support and providing strategic recommendations to address barriers in medical education (Cukier, 2021). To adequately achieve and maintain a critical mass of Indigenous medical faculty, the NCIME's Indigenous Faculty Recruitment and Retention Working Group created a list of short- and long-term goals to act as benchmarks for medical school administrations to work towards.

## Introduction

Many medical schools have created leadership and administrative positions to lead Indigenous initiatives to respond to the TRC Calls to Action. Due to the small number of Indigenous physicians working in Canada, the 2016 census suggests that Indigenous physicians represent less than 1% of physicians practicing in Canada (Statistics Canada 2016; Dhont et al. 2022); many early career physicians have been tasked with leading these portfolios (Povery et al., 2021). Inadequate leadership development opportunities to address the unique realities of Indigenous Peoples working within academic medicine have contributed to decreased retention and higher burnout

rates for the Indigenous physicians and faculty who undertake this work (Reily et al. 2023). To address this, NCIME's Indigenous Physician Recruitment and Retention working group developed a leadership program for early to mid-carrier physicians to provide emerging Indigenous medical education leaders with the tools required to navigate academic medicine spaces.

Recruiting Indigenous Peoples in medical education leadership requires an understanding that this is a long-term investment that requires extensive sponsorship (Ayyala et al. 2019) embedded in relationality (Reily et al. 2023). This also means acknowledging that Indigenous Peoples have a unique connection to places, specifically their traditional territories or those they have made connections to despite dislocation. Therefore, there is a unique need for academic institutions to recognize and reflect Indigenous distinct relationships to places in their policies and procedures.

For medical schools to reach and retain a critical mass of Indigenous medical faculty (physicians and non-clinical), merely increasing the number of Indigenous Peoples will not be enough but will also require critical investments to support the achievement of the short-term (3–5 years), long-term (5–10 years) (Gaudy & Lorenz 2018; Louie 2019). While goals outlined in this document are directed towards the medical faculties, they contribute more extensive strategic plans outlined in the *"Indigenous Faculty Recruitment and Retention Working Group: Strategy to promote the adoption of the leadership program."* For the medical faculty to reach these goals, it will require longitudinal investment through:

- A dedicated Indigenous budget consisting of core funding and an operational budget that is self-determined and overseen by

senior Indigenous leadership should be devoted to Indigenous initiatives to ensure their sustainability and growth.

- A comprehensive review of medical faculty and staff human resource policies.
- A commitment from each medical school for Indigenous cohort hires.
- A commitment from each medical school toward Indigenous cultural safety to assist with recruiting and retaining Indigenous faculty and staff.

Though this document is geared to target medical faculty (clinical and non-clinical), the Indigenous Faculty Recruitment and Retention Working Group also calls upon the institutions to incorporate these goals for senior Indigenous staff in leadership roles. Indigenous staff are critical in advancing Indigenous initiatives within the medical education ecosystem, supporting Indigenous learners, faculty, and the broader medical school.

This document uses a wise practices framework that counters the dominant culture's concept of "best practices" often used in reference to effective procedural approaches. Indigenous scholars Brain Calliou (Sucker Lake First Nation) and Cynthia Wesley-Esquimaux (Chippewa of Georgina Island Frist Nations) disagree with this philosophy as it promotes universality (i.e., positivism), which counters the need for diverse experiences and approaches in leadership development (2010). This document's content is guided by Calliou and Wesley-Esquimaux's suggested seven Wise Practice Elements to outline the short-term and long-term goals required to achieve a critical mass of Indigenous faculty and to implement the early career Indigenous leadership development program (Voyageur et al. 2015).

## Identity and Culture

Both identity and culture play pivotal roles in leadership, including how leaders perceive and define themselves (de Santibañes et al. 2023). From an Indigenous perspective, identity also requires a connection to traditional values, land, and community (de Santibañes et al. 2023). To maintain these traditional connections and relationships with their culture and identity, Indigenous Peoples will attend cultural events and ceremonies that are seen as outside of their professional roles. Furthermore, while institutions offer Elder and Knowledge Keeper support to the students, this is often not extended to support staff and faculty. As Littlebear (2000) suggests, higher education institutions, and in this case medical schools, who have hired an individual based on their Indigenous identity have a responsibility to ensure that their cultural responsibility is considered in their agreements (CAUT, 2023). In recent years, there have been several high-profile academics across Canada who have fraudulently identified as Indigenous, calling on medical faculty and academic institutions to create processes that prevent Indigenous identity fraud.

### Short-Term Goals (3 to 5 years):

- Every school of medicine has developed a policy for Indigenous medical faculty to observe and participate in cultural events and ceremonies.
- Every school of medicine develops an implementation plan in consultation with local Indigenous communities on an Indigenous identity policy for Indigenous medical faculty.
- Every school of medicine will ensure that all Indigenous medical faculty members have access to Elders and Knowledge Keepers to support their well-being and work.

- Each school of medicine will develop policies to acknowledge the need for Indigenous medical staff self-care that accounts for the effects of minority tax.

Long-Term Goals (5 to 10 years):

- Every school of medicine will recognize travelling to traditional territories, water, and communities and participating in the ceremonies as a critical aspect of professional development and wellness for Indigenous faculty (clinical and non-clinical) as part of academic appointments.

## Leadership

Indigenous Peoples in faculty and administrative roles face systemic barriers as they often lack cultural capital, providing insight into the implicit norms and systems that dictate their success within the institution (de Santibañes et al. 2023). Additionally, their roles also call upon them to practice "courageous leadership" to invoke cultural and systemic change (Calliou & Wesley-Esquimaux 2010, p.47), which contributes to the significant minority tax Indigenous and other structurally oppressed people face, often leading to burnout (Reily et al. 2023). Institutions will consider how they will recruit, prepare, and provide opportunities for Indigenous individuals to fill these leadership positions and support them when undertaking them.

Short-Term Goals (3 to 5 years):

- Each school of medicine will support financially and administratively one early or mid-career Indigenous medical educator to attend the NCIME's Early and Mid-Career Indigenous Physician Leadership Program (1 per academic year).
- Each school of medicine will establish a policy that budgets additional funds for Indigenous medical faculty or

administrators, allowing them to participate in high-calibre professional development opportunities, including executive coaching and other leadership courses.

- All schools of medicine should prioritize facilitating medical faculty and emerging leaders' participation in comprehensive mentorship and sponsorship network programs such as the one led by the IPAC.

Long-Term Goals (5 to 10 years):

- A policy should be developed for teaching medical faculty to obtain at least fifty Continuing Medical Education Units (Mainpro + or Maintenance of Certification [MOC]) on a topic pertaining to anti-racism and anti-oppressive medicine per cycle (five years).

## Strategic Vision and Planning

One key factor in systems changes is the development of strategic vision and planning through these goals, guiding the process. Each institution will have the opportunity to inspire and motivate change (Calliou & Wesley-Esquimaux, 2010). The development of comprehensive strategic plans informs decision-making, possessing the power to create environments where Indigenous learners, faculty, and staff feel safe.

Short-Term Goals (3 to 5 years):

- Each school of medicine will implement the NCIME's Admission and Transmissions Toolkit.
- Each school of medicine will have developed a strategic plan implementing the NCIME's recommendations, the Royal Commission of Aboriginal Peoples's Recommendations, the Truth and Reconciliation Commission of Canada's Calls to Action, and the National Inquiry MMIGW2S Inquiry's Calls to Justice. The

strategic plan is co-developed by Indigenous and non-Indigenous faculty members, medical school leadership, and the local Indigenous communities served by the medical school. This should be reviewed and updated every five years.

- Each school of medicine ensures core funding is in place for early and mid-career Indigenous medical educators to participate annually in NCIME's Early and Mid-Career Indigenous Physician Leadership Program.

Long-Term Goals (5 to 10 years):

- Each school of medicine will develop comprehensive strategies that commence before undergraduate education, including pathways programs (educational sessions and workshops) for Indigenous youth in high school and middle school that inspire youth to consider a career in medical education. This includes the development of iterative and ongoing evaluation of pathways and their success.
- Each school of medicine establishes scholarships and funding opportunities for Indigenous students pursuing medicine to develop and enhance their knowledge and practice academic medicine, offering financial incentives specifically for Indigenous learners interested in medical education to support their academic journey.

## Good Governance and Management

Retention of Indigenous senior leadership at academic institutions continues to be a barrier, often due to increased demands placed upon the individuals above to drive systemic change with limited resources (Povey et al. 2021; Cukier et al. 2021). Beyond this, often Indigenous Peoples and structurally excluded groups doing this work

encounter substantial pay gaps in comparison to their non-Indigenous counterparts (Cukier et al. 2021). This is particularly true for Indigenous staff in support roles whose work is under-recognized, causing increased burnout rates and reduced retention of people in roles to support Indigenous medical students and faculty. To address this, institutions are called to lead with openness and transparency regarding their decision-making processes, allocation of resources, and results achieved.

Short-Term Goals (3 to 5 years):

- Each school of medicine will ensure that decision-making concerning Indigenous, decolonization, or racism/antiracism initiatives will be conducted with transparency and due process, respecting Free, Informed, Prior Consent (FIPC) with representation from Indigenous staff, students, and community members.
- Each school of medicine will commit a minimum of 5%[1] (more may be required due to the absence of existing infrastructure) of their annual core funding devoted to faculty (exclusive of any Indigenous-specific funding) to the hiring of Indigenous faculty; this includes cohort hires, etc.
- Each school of medicine will ensure that when recruiting Indigenous faculty or senior staff roles, the new hire is connected formally and informally, who will be their sponsor and champion, assisting in institutional navigation and administrative advocacy. Specific expectations are to be set for this mentorship

[1] The minimum of 5% is derived from the most recent 2021 census, where the Indigenous population made up 5% of the population (Government of Canada 2022). This needs to account for the ongoing underrepresentation of Indigenous physicians or the considerable growth of the Indigenous population.

relationship, with regular feedback from the new hire regarding their mentorship and the program.

- Each school of medicine will support Indigenous faculty appointments and dedicate protected time to meet expected goals for the academic year to reach promotion and tenure.
- Each school of medicine will develop specific and tailored support for Indigenous faculty new to their systems to ensure they have adequate onboarding around key policies, processes, and procedures.

Long-Term Goals (5 to 10 years):

- If an Indigenous applicant is offered a tenured track Ph.D. position prior to completing their degree, the institution will provide at least one additional year, or as negotiated, to meet their tenure criteria.

## Accountability and Stewardship

The schools of medicine are accountable for creating and maintaining an anti-oppressive, inclusive, safe culture for Indigenous faculty, staff, and students. Current human resource and evaluation practices may occasionally be barriers by not acknowledging Indigenous faculty and staff's specific skill sets or needs. It may result in the prevention of Indigenous Peoples in leadership roles continuing to experience inequity when it comes to compensation and being exposed to hostile environments (Povey et al. 2021). Medical schools are called to ensure that they create processes that provide Indigenous faculty with autonomy, recognize diverse skill sets, and create safe environments.

Short-Term Goals (3 to 5 years):

- Each school of medicine will establish Indigenous hiring committees that include Indigenous faculty, community, staff,

and students, with final co-approval by the chair and the Indigenous hiring committee.

- Each respective school of medicine will develop policies to ensure funding packages offered to Indigenous medical faculty are clear and transparent and are commensurate with other senior leadership roles to recognize the value these members bring to the institution (CAUT 2023)
- Each school of medicine will create a human resources policy that recognizes Indigenous experience and knowledge, which includes but is not exclusive to (the development and sharing of Indigenous knowledge and languages, engagement with culturally appropriate research and publication venues, community service, and any other relevant considerations, including lived experiences within Indigenous communities)[2] as particular accreditation or expertise that requires compensation and recognition.
- Each school of medicine will commit to having all faculty and staff members undergo bystander training.

Long-Term Goals (5 to 10 years):

- Each school of medicine will develop a third-party reporting mechanism for racist or unsafe behaviour by faculty, students, or staff within their respective institutions. Particular attention should be given to ensure that any party involved in an incident also does not possess administrative power to determine outcomes for reporting (where parties will have a lower chance of experiencing retribution). Additional consideration should be

[2] Canadian Association of University Teachers. *Indigenizing the Academy* *https://www.caut.ca/about-us/caut-policy/lists/caut-policy-statements/indigenizing-the-academy*

made to ensure that there are mechanisms in place to ensure that those involved in the reporting process can also be reported. The creation of this process should include Indigenous students, individuals from the Indigenous initiatives offices (IIO), Elders, and Indigenous faculty.

- Each school of medicine will evaluate, strategize, and implement human resource policies outlined in the short-term and long-term goals for all Indigenous staff working within medical schools.

## Performance Evaluation:

Evaluation of the effectiveness of initiatives is critical to practicing accountability and stewardship (Calliou & Cynthia Wesley-Esquimaux 2010). This requires the schools of medicine to not only evaluate their Indigenous initiatives but also do so using Indigenous methods and methodologies. In addition, particular attention must be directed to the current evaluation process for Indigenous faculty tenure and promotion (Reily et al. 2023). This includes the content that Indigenous Faculty are required to teach, often receiving poor student evaluation due to the content's perceived uncomfortable nature. Current processes need to consider the different requirements of Indigenous Peoples to provide lateral education to colleagues, maintain community relationships, and support learners, reducing what Eurocentric assessment standards would define as productive.

### Short-Term Goals (3 to 5 years):

- Each school of medicine will develop a policy for Indigenous academic medical faculty promotion criteria that will consider the additional time and resources required to engage in community work, research, and service appropriately.

- Each school of medicine will develop policies and pathways with indicators that consider emotional labour, including time and resources for Indigenous academic medical faculty to engage in additional service roles such as mentoring, supporting, and recruiting Indigenous students, staff, and faculty for tenure and promotion.
- Each institution will develop a policy that acknowledges Indigenous journals with the same rigour as those in increased impact factors. Failure to do so will continue the prioritization of Western epistemology over Indigenous ways of knowing, doing, or being. The DORA (DORA, 2023) provides an example of policy recommendations.
- Each school of medicine will develop policies and appeals processes that consider the nature of the course content as part of the faculty evaluation process, ensuring that courses with sensitive or uncomfortable subject matter (i.e., anti-racism, colonization, etc.) cannot solely rely on student evaluations.

Long-Term Goals (5 to 10 years):

- Each school of medicine will develop a comprehensive evaluation criterion that includes Indigenous faculty, students, and staff retention rates and experiences using Indigenous methods and methodologies.
- Each school of medicine will incorporate the benchmarks created by the NCIME, Truth and Reconciliation Commission of Canada, UNDRIP, forthcoming Anti-Indigenous Racism legislation, and National Inquiry into Missing and Murdered Indigenous Women and Girls into its existing implementation plans and will be required to report the results to the NCIME as part of its accreditation process.

## Collaborations, Partnerships, and External Relationships:

Indigenous community engagement is pivotal in effectively retaining Indigenous Peoples in medical faculty positions. Despite this, Indigenous medical faculty continues to carry this burden for institutions. Institutions will make strides to build relationships with local Indigenous communities to engage in this work appropriately. Identifying and fostering leadership starts early in this person's life, often stemming back to their respective community.

### Short-Term Goals (3 to 5 years):

- Each institution will implement recruitment strategies targeting Indigenous medical educators, such as job postings in Indigenous communities and networks.
- Each institution will establish strategic partnerships with Indigenous health organizations and communities to recruit potential educators.

### Long-Term Goals (5 to 10 years):

- Each institution will ensure they actively engage with local Indigenous communities to build relationships beyond those brokered and maintained through Indigenous faculty.
- Each institution will collaborate with Indigenous health organizations and communities to recruit potential educators.

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# Appendix A: Working Group Members

| Name | Position | Position/Organization |
|---|---|---|
| Lisa Richardson, MD, MA, FRCPC | Chair | Staff Physician, General Internal Medicine, University Health Network<br>Associate Dean, Inclusion and Diversity, Temerty Faculty of Medicine<br>Strategic Lead in Indigenous Health, Women's College Hospital<br>Education Researcher, The Wilson Centre<br>RSPSC Indigenous Health Lead |
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| Teresa Chan | Member | Associate Dean of Continuing Professional Development, McMaster University |
| Kara Paul | Member | Director of Health, Union of Nova Scotia Mi'kmaq |
| Kelle Hurd | Member | Vice-Chair, Indigenous Health, University of Calgary |
| Lindsey Fechtig | Member | Indigenous Health Office, University of Toronto |
| Lisa Abel | Former Member | Program Manager Strategic Planning and Implementation |

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| | | Faculty of Medicine<br>University of Ottawa |
| Cheryl<br>Barnabe | Former<br>Member | Canada Research Chair, Health<br>Sciences, University of Calgary |