

Reckoning with the Truth, Working Together for a Better Future

The UBC Faculty of Medicine Response to the Truth and Reconciliation Commission of Canada Calls to Action



THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Medicine

Acknowledgement of the Land

With gratitude, we acknowledge that the University of British Columbia Faculty of Medicine and its distributed medical programs, which includes four university academic campuses, are located on traditional, ancestral, and unceded territories of a number of Indigenous Peoples around the province.

- The UBC Vancouver-Point Grey academic campus is located on the traditional, ancestral, unceded territories of the Musqueam.
- The UBC Okanagan academic campus is located on the traditional, ancestral, unceded territories of the Syilx Okanagan Nation.
- The University of Northern BC is located on the traditional territory of the Lheidli T'enneh, who are part of the Dakelh First Nations.
- The University of Victoria is located on the traditional territory of the Lekwungen-speaking Peoples-the Songhees and the Esquimalt, and the WSÁNSĆ Peoples.

Preface

The Truth and Reconciliation Commission of Canada (TRC) was launched in 2008 with the aim of learning the truth regarding the Indian Residential School System and its consequences, with the ultimate intention of laying the foundation for and facilitating the critically important issue of reconciliation. The Indian Residential School System represents but one part of Canada's colonial settler history and the government of Canada's efforts to assimilate Indigenous¹ Peoples and destroy their cultures. The resultant deleterious effects on self-governance, self-determination, and identity² have contributed to present-day inequities in housing, employment opportunities, and income, and access to social services, education, and health care, as well as the overrepresentation in rates of incarceration and child apprehension.

This history has also led to the entrenchment of persistent negative stereotypes and racist attitudes and actions that marginalize and discriminate against Indigenous Peoples, and the UBC Faculty of Medicine (Faculty) has regrettably not been immune to this. Racial bias continues to drive the unfair treatment of Indigenous Peoples in Canada in ways that diminish and fundamentally threaten their health and wellness. The Faculty is a part of Canada's colonial history, the impact of which continues to the present day. We commit to taking responsibility for this truth and enacting the steps needed to make things right, however challenging this might be.

In 2015, the TRC released its findings together with 94 Calls to Action, a number of which are linked to academic institutions. Calls to Action 18 through 24 relate specifically to Indigenous health and therefore have the most direct relevance to this Faculty. Calls to Action 22, 23 and 24, in particular, which advocate for the value of traditional Indigenous health systems to be recognized; for increasing the recruitment and retention of Indigenous health care practitioners; and for providing cultural sensitivity and humility training for all current and future health care professionals, provide guidance in developing actionable items and long-term objectives where the Faculty has the greatest opportunity to bring about change.

This formal response from the Faculty has taken significantly longer than we had hoped. While it has taken us much time to get here, we believe the result, informed and enriched by

¹ In this document, the term "Indigenous" is used to encompass First Nations, Métis, and Inuit people. However, we understand that not every individual or Nation might identify with this descriptor.

² First Nations Health Authority and BC Cancer, *Cancer and First Nations Peoples in BC: A Community Resource* (Vancouver: First Nations Health Authority, 2017),

<https://www.fnha.ca/WellnessSite/WellnessDocuments/Cancer-and-First-Nations-Peoples-in-BC.PDF>.

consultation and considered revision in response to feedback received, is better for it. In 2019, the Association of the Faculties of Medicine of Canada (AFMC) issued a position paper, *Joint Commitment to Action on Indigenous Health*³, which listed 10 separate possible actions that Canadian medical schools could undertake to advance Reconciliation efforts, each accompanied by potential indicators by which performance in these areas might be assessed. The Faculty fully endorses the AFMC paper and we have used it as a guide to build upon our earlier work that began as a working group in 2017. In doing so, our response has expanded and evolved substantially. We view this response as alive and fully expect it to change further as additional insights and contributions are gained that expand our understandings.

Reconciliation is the act of making amends. In developing this document, we have been heavily influenced by this statement from the TRC: **“for [reconciliation] to happen, there has to be awareness of the past, acknowledgment of the harm that has been inflicted, atonement for the causes, and action to change behaviour.”**⁴. The title of our response was purposely adapted from the title of the executive summary of the TRC final report to reflect this intent: to reckon with a past that continues to exert its influence over our society and the Faculty, and to find a way forward, working collaboratively with Indigenous Peoples for a better future. Knowing that truth is a necessary pre-requisite and that many who read this document may not be fully aware of Canada’s colonial history and its impact on Indigenous Peoples, we have briefly summarized relevant aspects of that history in the introductory sections. We also recognize and acknowledge the foundational significance of the *United Nations Declaration on the Rights of Indigenous Peoples*⁵, which B.C. has now adopted as law and which the TRC recognizes as the framework for Reconciliation. We have tried our best to ensure that our response comports with the word and spirit of the Declaration as well.

As with the AFMC position paper, our response is divided into several major thematic areas. These include, but are not limited to: building meaningful mutually respectful relationships with Indigenous Peoples, communities and organizations based on the spirit of reciprocity; creating learning and work environments that are free of racism and discrimination, where

³ Marcia Anderson et al., *Joint Commitment to Action on Indigenous Health* (Ottawa: The Association of Faculties of Medicine of Canada, 2019),

https://afmc.ca/sites/default/files/pdf/AFMC_Position_Paper_JCAIH_EN.pdf.

⁴ National Centre for Truth and Reconciliation, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (Winnipeg: National Centre for Truth and Reconciliation, 2015), http://nctr.ca/assets/reports/Final%20Reports/Executive_Summary_English_Web.pdf.

⁵ UN General Assembly, *United Nations Declaration on the Rights of Indigenous Peoples: adopted by the General Assembly*, 2 October 2007, A/RES/61/295, available from <https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>.

every learner, staff and faculty member can feel safe, respected, included and valued⁶; redressing the demographic imbalances in the learning and work environments in the Faculty by enhancing our recruitment and admissions processes to more effectively attract Indigenous students, faculty, and staff; decolonizing curricula for medical and health professional students and developing foundational educational content that enables our students to provide culturally-safe and -appropriate care as future practitioners; expanding upon that foundation for learners in our graduate, post-graduate, and professional medical education programs, and for all faculty and staff working in all health related disciplines. We have included an additional thematic area related to Indigenous health research, in which we discuss notable research projects that have been established to advance Indigenous health and well-being. We also reflect upon the reasons why many Indigenous Peoples regard research, particularly that arising outside their communities, with continuing mistrust or apprehension.

Each thematic area is accompanied by a number of Action Statements, the majority of which are aligned with the AFMC position paper. The Action Statements are purposely written broadly as we felt that all actions require consultation with those whose lives they would affect the most. Specific goals, implementation steps and performance indicators required for these Action Statements will thus be developed in partnership with Indigenous Peoples, communities, and organizations in the days ahead building on the AFMC framework.

Creation of the response has been assisted and informed by input and feedback from Indigenous students, alumni, faculty, staff, and leaders at UBC, from Indigenous community representatives and organizations external to UBC, and from others within the Faculty. We are extraordinarily grateful for the time and effort they devoted to providing enlightening, insightful, thought-provoking and challenging suggestions, and critiques.

The Faculty and its distributed medical and health professional programs are located on the traditional, ancestral, and unceded territories of many First Nations in British Columbia, which are also home to Métis and Métis Chartered Communities. In recognizing and acknowledging this, it is clear that we must broadly engage and have dialogue with Indigenous Nations, Peoples, and communities across the province in the days to come. This will allow a diversity of perspectives to be heard that will enhance and sustain our response.

What is written here is not the endpoint. Rather, it represents the beginning of a journey to be taken together and whose course is not yet fully known. We present this response as a dynamic, living, ever-changing document, that will evolve and adapt, alongside the Faculty's programs and initiatives in response to Indigenous input at all levels. It is an unequivocal

⁶ *ibid.*

affirmation of the Faculty's dedication to Truth and Reconciliation, and serves as a starting point for deeper conversations on how to move forward and deliver on the pledges we have made here. This is a process that will take time and we know that, **"Achieving reconciliation is like climbing a mountain—we must proceed a step at a time. It will not always be easy. There will be storms, there will be obstacles, but we cannot allow ourselves to be daunted by the task because our goal is Just and it also necessary."**⁷ We are committed to putting in the effort to see that it happens and we expect to be held accountable as we make our way forward to a better future together.

Respectfully submitted on behalf of the UBC Faculty of Medicine,

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⁷ Justice Murray Sinclair, Chief Commissioner of the Truth and Reconciliation Commission of Canada. In Truth and Reconciliation, one step at a time. Laura Payton, Maclean's, December 15, 2015.

<https://www.macleans.ca/news/canada/truth-and-reconciliation-one-step-at-a-time/#:~:text=%E2%80%9CAchieving%20reconciliation%20is%20like%20climbing,also%20necessary%20for%20our%20children.%E2%80%9D>.

Laying the Foundation⁸

The Canadian Indian Residential School system was a central component in the government of Canada's plan to eliminate Indigenous Peoples as distinct legal, social, cultural, religious, and racial entities⁹ and which was, effectively, a program of cultural genocide. Under it, Indigenous children were

“for [reconciliation] to happen, there has to be awareness of the past, acknowledgement of the harm that has been inflicted, atonement for the causes, and action to change behaviour”.¹⁰

forcibly removed from their families and placed in boarding schools and day schools that were funded by government and/or religious orders all over the country as a means of weakening—or breaking—their ties to their culture in order to assimilate or indoctrinate them into the Eurocentric Christian culture of Canada. These schools existed for more than 100 years and housed over 150,000 Indigenous children from successive generations of families across a multitude of communities. These children were maltreated and abused, suffering enormously, and thousands died as a result. There were 18 Residential Schools in BC alone (these are listed in Appendix A of this document)¹¹, with the longest-running of these, St. Mary's Mission Indian Residential School in Mission, opening in 1861, and closing in 1984¹². However, the final Residential school in Canada, the Gordon Residential School in Punnichy, Saskatchewan, remained open until 1996¹³. There were also a total of 112 known federal Indian Day Schools operating in BC at various times and in various forms between 1877 and 1994¹⁴.

The tragic experiences of these children were not widely known to the general public until their stories of neglect and abuse were told through thousands of court cases filed by the Survivors of the Indian Residential School system. These cases ultimately resulted in the

⁸ National Centre for Truth and Reconciliation, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (Manitoba: National Centre for Truth and Reconciliation, 2015), http://nctr.ca/assets/reports/Final%20Reports/Executive_Summary_English_Web.pdf.

⁹ Ibid.

¹⁰ Ibid.

¹¹ “Residential School Locations,” Truth and Reconciliation Commission of Canada, accessed October 19, 2020, <http://www.trc.ca/about-us/residential-school.html>

¹² “List of Indian residential schools in Canada,” Wikipedia, accessed October 19, 2020, https://en.wikipedia.org/wiki/List_of_Indian_residential_schools_in_Canada

¹³ “Residential Schools in Canada,” The Canadian Encyclopedia, published October 10, 2012; last revised September 2, 2020, <https://www.thecanadianencyclopedia.ca/en/article/residential-schools>

¹⁴ “Schedule K – List of Federal Indian Day Schools,” Federal Indian Day School Class Action, accessed October 19, 2020, <https://indiandayschools.com/en/wp-content/uploads/schedule-k.pdf>

Indian Residential School Settlement Agreement¹⁵, which was signed on May 8, 2006 by the Government of Canada, churches, and First Nations and Inuit representatives. Notably, Métis representatives were not signatories on the Agreement. Representing the largest class-action settlement in Canadian history, the agreement was implemented by the government beginning in 2007. A key element of this settlement was the formation of the Truth and Reconciliation Commission (TRC) of Canada, whose mandate is outlined in Schedule N of the Agreement. A separate settlement agreement regarding Day Schools was approved on August 19, 2019, providing compensation for those attending these schools in the period following January 1st, 1920¹⁶.

The TRC was launched with the aim of learning the truth regarding the effects and consequences of the Indian Residential School System, with the ultimate intention of laying the foundation for and facilitating the critically important issue of reconciliation. After hearing from more than 6000 witnesses over a period of six years, the majority of whom were Survivors of the Indian Residential School system, the final 6-volume report of the Commission was released in December 2015¹⁷. It contains 94 “Calls to Action,” a number of which have direct or indirect linkage to academic institutions. Heeding these Calls is an imperative for the UBC Faculty of Medicine, and this document—whose creation was guided by the idea that “for [reconciliation] to happen, there has to be awareness of the past, acknowledgement of the harm that has been inflicted, atonement for the causes, and action to change behaviour,”¹⁸—represents our response.

¹⁵ “Settlement Agreement,” Residential Schools Settlement Official Court Notice, Official Court website for the settlement of the Residential Schools Class Action Litigation, accessed November 14, 2019,

<http://www.residentialschoolsettlement.ca/settlement.html>.

¹⁶ “Federal Court approves Federal Indian Day Schools Settlement,” Crown-Indigenous Relations and Northern Affairs Canada, Government of Canada, last revised August 19, 2019, <https://www.canada.ca/en/crown-indigenous-relations-northern-affairs/news/2019/08/federal-court-approves-federal-indian-day-schools-settlement.html>

¹⁷ “Reports,” National Centre for Truth and Reconciliation, accessed November 14, 2019, <http://nctr.ca/reports.php>.

¹⁸ National Centre for Truth and Reconciliation, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (Winnipeg: National Centre for Truth and Reconciliation, 2015), http://nctr.ca/assets/reports/Final%20Reports/Executive_Summary_English_Web.pdf.

Truth: A Necessary Prerequisite¹⁹

Reconciliation is the act of making amends, but the process cannot begin without first being aware of the past and the wrongs committed and apologizing for the harms

“Without truth, justice is not served, healing cannot happen, and there can be no genuine reconciliation.”²⁰

caused. The UBC Faculty of Medicine acknowledges the imposed colonial policy of the Canadian Indian Residential School system, the suffering that it brought, and its enduring impact on the individuals, families, and communities touched by it. We formally apologize to all those affected for the role we have played in causing and perpetuating the damage done by this system, whether through direct or indirect means or by our silence. We also acknowledge that the health inequities suffered by Indigenous Peoples today are a consequence of this egregious history and its continuing legacy.

The Faculty likewise acknowledges the detrimental impact of Canada’s Indian Hospital system²¹, and formally apologizes for any role that we played in causing and perpetuating its harms. These Hospitals, which first opened in the late 1800’s and early 1900’s, were built with modest Federal funds provided to Christian missionaries to support establishment of limited Missionary Hospitals that were often affiliated with Indian Residential Schools. A substantial expansion of the system took place following the Second World War; by 1960, the government operated 22 hospitals, accounting for more than 2200 beds. These institutions were originally justified as a means to contain outbreaks of tuberculosis among Indigenous populations. In actuality however, they functioned as racially-segregated general hospitals designed to support goals of assimilation and replace traditional healing with western style medicine. Not only were Indigenous medicines, midwives, or holistic notions of health and wellness completely absent, patients were left alone, often far from home for long periods of time, suffered mistreatment and abuse, and received poor, substandard care in over-crowded, under-equipped hospitals by improperly trained, overworked and underpaid staff who understood little of their needs, cultures and languages. Moreover, patients in Indian hospitals were subjected to medical experiments without consent. BC had three such hospitals: Miller Bay Indian Hospital in Prince Rupert, Coqualeetza Indian Hospital in Sardis, and the Nanaimo Indian Hospital²². A \$1.1B class action suit was filed on Jan 25, 2018 by

¹⁹ Ibid.

²⁰ Ibid.

²¹ “Indian Hospitals in Canada,” The Canadian Encyclopedia, accessed July 30, 2020, <https://www.thecanadianencyclopedia.ca/en/article/indian-hospitals-in-canada#>

²² “Indian Hospitals in Canada,” Indian Residential School History and Dialogue Centre, The University of British Columbia, accessed October 19, 2020, <https://irshdc.ubc.ca/learn/indian-residential-schools/indian-hospitals-in-canada/#:~:text=At%20least%20three%20major%20Indian,the%20largest%20of%20these%20hospitals.>

former patients against the Canadian government, alleging negligence and breach of fiduciary duties owed to Indigenous People in the operation of Indian hospitals. The class action was certified in January 2020²³.

Education and research institutions have played a significant role in the oppression of Indigenous Peoples that includes the dismissal of Indigenous worldviews and approaches to knowledge, exclusion of Indigenous People from admissions and hiring, and extractive research practices that show little regard for Indigenous values, customs, cultures, and protocols, or for the priorities of Indigenous Peoples. We acknowledge our role in this and the deep distrust that has caused. The Faculty of Medicine is committed to righting these wrongs and establishing mutually respectful relationships with Indigenous Peoples and communities. We understand that this is a process that will take time and are committed to putting in the effort to see that it happens.

The Faculty recognizes that the effects of Canadian colonialism, including racism, continue to persist in the modern day, and that we are a part of the colonial structure responsible for the devastating impact our country's history has had on Indigenous health and wellness. We commit to acknowledging this truth and taking the steps needed to make things right, however challenging this might be. Our country's colonialism continues to lead to disconnection from culture; loss of ceremony, language, knowledge and traditions; disruption in relationships with family and community; and has dispossessed Indigenous Peoples of the land of their unceded territories. Colonial policies and legislation, as embodied within the Indian Act of Canada²⁴, were intended to commit cultural genocide by disempowering and assimilating Indigenous Peoples with resultant loss of self-governance, self-determination, and identity²⁵. These policies and legislation are in large part responsible for present-day inequities in housing, employment opportunities, and income, and access to social services, education, and health care, as well as significant overrepresentation in rates of imprisonment and child apprehension. The Indian Act, in itself, may be viewed as an Indigenous-specific determinant of health.

An egregious example of child apprehension was seen during the "Sixties Scoop"²⁶ which refers to the large-scale apprehension of Indigenous children from their homes, birth families,

²³ "Indian Hospitals Class Action," Koskie Minsky LLP, accessed July 30, 2020, <https://kmlaw.ca/cases/indian-hospitals-class-action/>

²⁴ Indian Act, Statutes of Canada 1985, c.1-5. <https://laws-lois.justice.gc.ca/PDF/l-5.pdf>

²⁵ First Nations Health Authority and BC Cancer, *Cancer and First Nations Peoples in BC: A Community Resource* (Vancouver: First Nations Health Authority, 2017), <https://www.fnha.ca/WellnessSite/WellnessDocuments/Cancer-and-First-Nations-Peoples-in-BC.PDF>.

²⁶ "Sixties Scoop," The Canadian Encyclopedia, published June 22, 2016, Last modified September 11, 2020,

and communities in the 1960's, extending to 1991. Their removal and adoption into mainly non-Indigenous families across North America occurred without consent of the parents or communities. The Sixties Scoop can be viewed as a result of the Canadian government's ongoing efforts to assimilate Indigenous people and culture and the devastating policies that so negatively impacted them. Notably, the TRC states that, Canada's child welfare system simply continued the assimilation that the residential school system started²⁷. A number of provinces have formally apologized for their roles in the Sixties Scoop (Manitoba 2015, Alberta 2018, Saskatchewan 2019) and the federal government announced a settlement with Sixties Scoop survivors in 2017. Of significance, is a lack of recognition in the settlement for the Métis children who were apprehended and who suffered similar experiences²⁸.

This history has also led to the entrenchment of racist attitudes toward Indigenous Peoples that persist in our society. Regrettably, this includes the UBC Faculty of Medicine. Racial bias continues to drive the unfair treatment of Indigenous Peoples in Canada today in ways that have diminished and continue to fundamentally threaten their health and wellness. It occurs, perhaps most egregiously, through programs ostensibly designed to safeguard their well-being, including the child welfare system, which is grossly overrepresented by Indigenous children and youth in care²⁹, as mentioned above. The prevalence of violence against First Nations, Inuit, and Métis women, girls, and Two-Spirited, lesbian, gay, bisexual, transgender, queer, questioning, intersex and asexual (2SLGBTQQIA) people is similarly a result of social conditions created by a combination of history and present-day racism³⁰. Systemic racism, where social, political, or institutional policies and practices disproportionately favour one societal group while disadvantaging others, is also a legacy of our colonial history. It is perpetuated by individual and interpersonal racism and has been identified as a significant

<https://www.thecanadianencyclopedia.ca/en/article/sixties-scoop>.

²⁷ National Centre for Truth and Reconciliation, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (Winnipeg: National Centre for Truth and Reconciliation, 2015), p138

http://nctr.ca/assets/reports/Final%20Reports/Executive_Summary_English_Web.pdf.

²⁸ "Selling the Sixties Scoop: Saskatchewan's Adopt Indian and Métis Project." Active History, last modified October 19, 2017. <https://activehistory.ca/2017/10/selling-the-sixties-scoop-saskatchewans-adopt-indian-and-metis-project/>

²⁹ "Interrupted childhoods: Over-representation of Indigenous and Black children in Ontario child welfare." Ontario Human Rights Commission, accessed March 30, 2020, <http://www.ohrc.on.ca/en/interrupted-childhoods#7.2.Racial%20disproportionality%20in%20admissions>

³⁰ National Inquiry into Missing and Murdered Indigenous Women and Girls, *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, Volume 1a*, (Quebec: National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019), https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a-1.pdf.

barrier to access to the health care system that serves to further widen the health and wellness gap between Indigenous and non-Indigenous peoples³¹.

It is for these reasons and more that the UBC Faculty of Medicine has implemented or intends to implement the actions described in this document. The Faculty deeply respects the important work of the Truth and Reconciliation Commission and recognizes the potential transformational power their Calls to Action hold. We stand ready to play our part in responding to these Calls, especially those which pertain to Indigenous health and well-being.

Call to Action 18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

Call to Action 19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

Call to Action 20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.

Call to Action 21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

Call to Action 22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them

³¹ The College of Family Physicians of Canada Indigenous Health Working Group, *Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada* (Canada: The College of Family Physicians of Canada), https://portal.cfpc.ca/ResourcesDocs/uploadedFiles/Resources/PDFs/SystemicRacism_ENG.pdf.

in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

Call to Action 23. We call upon all levels of government to:

- i. Increase the number of Aboriginal professionals working in the health care field.
- ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
- iii. Provide cultural competency training for all health-care professionals.

Call to Action 24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

Our future activities will be guided by these and other relevant³² Calls to Action, and particularly **Calls to Action 22, 23, and 24** where the Faculty has the greatest opportunity to bring about change. We will do our utmost to address them to the fullest extent possible in our work. We will endeavor to help develop a health care system that is accessible, equitable, effective, and culturally safe for Indigenous Peoples. The Faculty also commits to work with all relevant partners to find ways to overcome and address the factors responsible for the significant health disparities that exist between Indigenous and non-Indigenous peoples. These efforts will be supported by making Indigenous cultures and knowledge, developed with Indigenous faculty, leaders, Elders, and Knowledge Holders/Healers, a key part of our programming, and also by ensuring that Indigenous perspectives and narratives are fairly represented. All our actions will be guided by the principles outlined in the *United Nations Declaration on the Rights of Indigenous Peoples*, in concordance with **Call to Action 43** which stipulates the Declaration's use as the framework for reconciliation.

We recognize the central importance of the universal human right to self-determination³³, particularly as a determinant of health³⁴, and our clinical, educational, research, and administrative practices will be guided by this principle moving forward. As such, we commit

³² Other relevant Calls to Action include but are not limited to 3, 12, and 33, for example.

³³ UN General Assembly, United Nations Declaration on the Rights of Indigenous Peoples: adopted by the General Assembly, 2 October 2007, A/RES/61/295, available from <https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>.

³⁴ First Nations Health Council, Social Determinants of Health Discussion Guide, 2017 <http://fnhc.ca/wp-content/uploads/FNHC-Social-Determinants-of-Health-Discussion-Guide.pdf>.

to concrete actions based in real institutional change that have meaningful societal impact. Accountability processes will also be co-developed with Indigenous partners (as described in the sections that follow) to ensure we fulfil our commitments.

Building a Path to Reconciliation³⁵

The UBC Faculty of Medicine is dedicated to developing a comprehensive and meaningful response to the Truth and Reconciliation Commission of Canada's Calls to Action and commits to co-developing accountability

"Together, Canadians must do more than just *talk* about reconciliation, we must learn how to *practise* reconciliation in our everyday lives..."³⁶

processes and indicators of performance with Indigenous Peoples, Nations, communities, and organizations to ensure the Faculty delivers on its commitments to action. We fully endorse the 2019 Association of the Faculties of Medicine of Canada (AFMC) position paper, *Joint Commitment to Action on Indigenous Health*³⁷, and have used it as a guide to develop our formal response to the Calls to Action.

Our response is divided into **six sections**:

- Indigenous Relationships;
- Learning and Work Environment;
- Admissions;
- Curriculum;
- Graduate, Post-Graduate, and Professional Medical Education and;
- Indigenous Health Research.

Each section is accompanied by a number of **Action Statements**, the majority of which are adapted from those in the AFMC position paper. The Action Statements are purposely written at a broad conceptual level that are meant to clearly convey our intentions and commitments. The specific goals and implementations steps required to achieve them are to be developed in partnership with Indigenous Peoples, communities, and organizations. Notably, the Faculty's response to the TRC is best viewed as fluid and alive that will iteratively adapt as needed to support our efforts along the path to reconciliation.

³⁵ National Centre for Truth and Reconciliation, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (Winnipeg: National Centre for Truth and Reconciliation, 2015),

http://nctr.ca/assets/reports/Final%20Reports/Executive_Summary_English_Web.pdf.

³⁶ Ibid.

³⁷ Marcia Anderson et al., *Joint Commitment to Action on Indigenous Health* (Ottawa: The Association of Faculties of Medicine of Canada, 2019),

https://afmc.ca/sites/default/files/pdf/AFMC_Position_Paper_JCAIH_EN.pdf.

Additionally, the **ten guiding principles** delineated in the TRC Report³⁸, summarized in Appendix B, will further inform and influence our actions in moving forward on our path to truth and reconciliation. This work will also be aligned with the University's Strategic Plan³⁹, TRC Action Plan⁴⁰, and new Indigenous Strategic Plan⁴¹. We also acknowledge the foundational significance of the *United Nations Declaration on the Rights of Indigenous Peoples*⁴², which the TRC recognizes as the framework for reconciliation and B.C. has now adopted as law, and will do our best to ensure that our programs comport with the spirit and contents of the Declaration, as detailed in Appendix C of this document.

Potential indicators of performance, also adapted from the AFMC position paper, that can form part of a future accountability framework that we will co-develop with Indigenous Peoples, communities, and organizations are summarized in Appendix D.

³⁸ National Centre for Truth and Reconciliation, *Canada's Residential Schools: Reconciliation. The Final Report of the Truth and Reconciliation of Canada*. Volume 6 2015 (Manitoba: National Centre for Truth and Reconciliation, 2015), http://www.trc.ca/assets/pdf/Volume_6_Reconciliation_English_Web.pdf

³⁹ University of British Columbia, *Shaping UBC's Next Century: Strategic Plan 2018-2028* (Vancouver: University of British Columbia, 2018), https://strategicplan.ubc.ca/wp-content/uploads/2019/09/2018_UBC_Strategic_Plan_Full-20180425.pdf.

⁴⁰ "Province mandates UBC develop action plan in response to Truth and Reconciliation Commission," The Ubysey, last modified November 1, 2018, accessed March 30, 2020, <https://www.ubyssey.ca/news/ubc-comprehensive-action-plan-in-response-to-trc-undrip/>.

⁴¹ "Indigenous Strategic Plan," University of British Columbia Indigenous Portal, last modified February 25, 2020, accessed March 30, 2020, <https://indigenous.ubc.ca/indigenous-engagement/indigenous-strategic-plan/>.

⁴² UN General Assembly, *United Nations Declaration on the Rights of Indigenous Peoples: adopted by the General Assembly*, 2 October 2007, A/RES/61/295, available from <https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>.

Driven by our Contract with Society⁴³

The UBC Faculty of Medicine is committed to helping reduce the significant geographic, socio-economic, and cultural disparities that exist in the province, especially those relating to access to education and health care, as part of our contract with society.

“...transforming health for everyone is deeply connected to our contract with society – and it starts with ensuring everyone in BC has equitable access to the health care they need.”⁴⁴

Our distributed medical education program was established with the specific intention of alleviating the geographic maldistribution of health care practitioners that had led to chronic shortfalls in rural, remote, and Indigenous communities, and to address inequities in health care access that arose as a consequence. Notably, 13% of individuals in rural and remote areas of BC identify as Indigenous, First Nations, or Registered/Treaty Indians⁴⁵, as compared to 3% in metropolitan areas⁴⁶. Of the former, approximately 30% are Métis. The distributed program also sought to attract students from rural, remote, and Indigenous communities seeking careers in medicine and other health professions, while allowing successful applicants to complete their training in these historically-underserved communities, which, as research has suggested, “...can make a positive contribution to addressing gaps in rural family practice”⁴⁷. Importantly, it can help address gaps in other disciplines that are in short supply in these areas of BC as well. The distributed model has also allowed for us to connect more directly with Indigenous communities, a key component in our efforts to establish and maintain mutually respectful relationships.

The UBC MD Program is comprised of four programs, each representing distinct geographic areas: the Island Medical Program (IMP), the Northern Medical Program (NMP), the Vancouver Fraser Medical Program (VFMP), and the Southern Medical Program (SMP). There are now 288 openings for incoming students in every year: 32 each in the IMP, NMP, and SMP,

⁴³ “Pathways Issue 3--Homegrown Health,” UBC Faculty of Medicine, accessed November 15, 2019, <https://pathways.med.ubc.ca/>.

⁴⁴ Ibid.

⁴⁵ Personal Communication, First Nations Health Authority, February 18, 2020.

⁴⁶ Based on Canada 2016 Census data for British Columbia census metropolitan areas (Lower Mainland, Victoria, Kelowna and Abbotsford).

⁴⁷ Lovato CY et al. “The regional medical campus model and rural family medicine practice in British Columbia: a retrospective longitudinal cohort study.” CMAJ OPEN 7, no. 2 (2019):E415-E420, doi: 10.9778/cmajo.20180205

and 192 in the VFMP⁴⁸. The Faculty of Medicine, in collaboration with UBC Vancouver and Okanagan, our academic partners the University of Victoria and the University of Northern British Columbia, the health authorities in the province, including the First Nations Health Authority, and the Government of BC, has more than doubled enrolment since the start of the distributed medical education program in 2004. The diversity of learning environments and teacher/educators enriches the program that is supported in part by a robust information technology system that allows instructors and students in many disparate locations to interact in real time, taking learning beyond classrooms and into clinics and hospitals in both urban and rural settings.⁴⁹

Our range of Health Professional and health sciences programs also grants us the opportunity to respond to the maldistribution of health disciplines beyond the field of medicine, encompassing undergraduate, graduate, and post-graduate health sciences in the following fields:

- Audiology & Speech Sciences
- Biomedical Engineering
- Biomedical Sciences
- Genetic Counselling
- Medical Laboratory Sciences
- Midwifery
- Occupational Therapy
- Physical Therapy
- Population and Public Health

In 2020, the Master of Physical Therapy (MPT) program has expanded to include 20 seats as a distributed program in the North at UNBC (MPT-North), while the Master of Occupational Therapy (MOT) program now offers a Northern Rural Cohort for clinical placements. In 2022, the Occupational Therapy program will shift from a Northern Rural Cohort to a fully distributed program, with an additional 16 seats, also at UNBC (MOT-North).

⁴⁸ "Program Sites," MD Undergraduate Program, UBC Faculty of Medicine, accessed November 15, 2019, <https://mdprogram.med.ubc.ca/about/distributed-program-sites/>.

⁴⁹ Ibid.

Indigenous Relationships⁵⁰

The UBC Faculty of Medicine has made it a priority to develop meaningful ties with Indigenous Peoples, communities, and organizations. We intend to develop these

“Reconciliation is an ongoing process of establishing and maintaining a mutually respectful relationship...”⁵¹

relationships based on the spirit of reciprocity where we work together in a collaborative manner to achieve common goals. Such relationships are critically important not only because of our contract with society, but also because they will reflect the interconnected and interdependent reality within which we interact. The formalized structures and initiatives that the Faculty of Medicine and the University have put in place, or will put in place, to facilitate the development of meaningful, respectful relationships with Indigenous Peoples, communities and organizations are summarized below.

First Nations Health Authority

The *First Nations Health Authority* (FNHA) was established as part of a Tripartite agreement among BC First Nations, the Province of BC, and the Government of Canada with recognition that the significant health disparities affecting the First Nations Peoples of BC were not acceptable and would no longer be tolerated⁵². The FNHA, which became operational in 2013, is unique as the first province-wide health authority of its kind, serving as the health and wellness partner to more than 200 First Nations communities in the province. The FNHA is now responsible for the planning, management, delivery, and funding of health services and programs previously provided by Health Canada's First Nations and Inuit Health Branch--Pacific Region. In doing so, it works to identify and address gaps in service delivery and health programs that impact health outcomes in First Nations communities in BC. Importantly, the FNHA plays a key role in promoting and embedding cultural safety and humility within the entire health system.

The FNHA is an integral part of a provincial First Nations health governance structure that works in partnership with First Nations of BC and which is guided by 7 *Directives* developed through a broad-based community engagement process⁵³. This governance structure also

⁵⁰ National Centre for Truth and Reconciliation, *Canada's Residential Schools: Reconciliation. The Final Report of the Truth and Reconciliation of Canada*. Volume 6 2015 (Manitoba: National Centre for Truth and Reconciliation, 2015), http://www.trc.ca/assets/pdf/Volume_6_Reconciliation_English_Web.pdf

⁵¹ Ibid.

⁵² “FNHA Overview,” First Nations Health Authority, accessed May 11, 2020, <https://www.fnha.ca/about/fnha-overview>

⁵³ “Directives,” First Nations Health Authority, accessed August 23, 2020, <https://www.fnha.ca/about/fnha-overview/directives>

includes the *First Nations Health Council* (FNHC) that provides political leadership for implementation of Tripartite commitments and supports health priorities for BC First Nations, the *First Nations Health Directors Association* that acts as a technical advisory body to the FNHC and the FNHA on research, policy, program planning and design, and the implementation of health plans, and the *Tripartite Committee on First Nations Health* which is the forum for coordinating and aligning programming and planning efforts between FNHA, BC Regional and Provincial Health Authorities, the BC Ministry of Health, and Health Canada. The purpose of the Tripartite Committee serves to highlight the fact that the FNHA works with partners to collaboratively build, coordinate, and integrate health related programs and services that ultimately lead to better health and wellness for the First Nations Peoples of BC.

The importance of our partnership with the FNHA is clearly evident within the Faculty of Medicine. As outlined in the sections that follow, many Faculty programs and initiatives, including the Centre for Excellence in Indigenous Health, have been developed and established either through collaboration with the FNHA or depend on FNHA for their success by way of funding or in other ways. Building upon and strengthening our existing relationship with FNHA is central to successfully realizing the Actions to which the UBC Faculty of Medicine has committed.

Métis Nation British Columbia

Approximately one-third of the Indigenous population in BC identifies as Métis. As such, it is critically important that we develop meaningful and respectful relationships with the Métis Nation and Métis communities. *Métis Nation British Columbia* (MNBC) is the political organization representing the political, legal, social, and economic interests of almost 90,000 Métis persons in BC⁵⁴ to all levels of government, as well as funding bodies and other organizations. The MNBC also advocates, coordinates, and works to develop policy on behalf of Métis persons on matters related to federal and provincial programs and services. Moreover, the MNBC is committed to the protection and promotion of Métis culture and heritage, language, and improving the well-being of Métis. As well, the MNBC is dedicated to the security of Métis children and families and the advancement of Métis Rights, as outlined in Section 35 of the Constitution Act (1982). The Faculty therefore considers the MNBC to be a valuable partner, and we shall work together to achieve mutually agreed-upon objectives and help the Faculty realize its commitments to action with the ultimate goal of improving the health and wellness of the Métis and other Indigenous Peoples in BC.

⁵⁴ "MNBC Leadership," Métis Nation British Columbia, accessed August 23, 2020,

<https://www.mnbc.ca/about/mnbc-at-a-glance>

Advisory Councils in the Faculty of Medicine

The **Joint Advisory Council with the First Nations Health Authority** (FNHA), which was created for the exchange of ideas relating to issues of mutual interest, including health care, health professional education, research, and community service, is a key element in facilitating and formulating our collaborative efforts. This partnership between the FNHA and the UBC Faculty of Medicine aims to bring transformative change to the health care system through a health and wellness ecosystem approach that focuses on our mutual commitments to excellence in research, health professional training and development, and the quality and sustainability of programs and services for First Nations persons. This relationship, which is currently being finalized, will be guided by the following principles:

- Reciprocal accountability
- Mutually respectful collaboration
- Cultural safety and humility
- Innovation
- Continuous shared learning
- Support for inclusive, holistic interdisciplinary team-based (collaborative) models of health education, research and services
- Respect for First Nations health governance

Joint Advisory Councils have similarly also been established with the other Health Authorities in BC. These venues provide an opportunity for the Faculty to work with health system partners on mutual objectives with respect to Indigenous health and wellness in different regions of the province.

The **Indigenous Health Advisory Council** is a community-based resource that was established to represent the health care interests, concerns, and needs of the broader Indigenous community. Formed as a result of consultations carried out with communities residing on Vancouver Island, and in the Lower Mainland, Northern British Columbia, and Interior British Columbia, the Council is intended to be an open, practical forum for discussing the strategic initiatives and goals of the Faculty of Medicine as they relate to Indigenous communities in rural and urban settings in BC, and provides guidance to the Dean, and subsequently to the Faculty.

The **Dean's Advisory Council on Rural and Remote Health** seeks to engage a broad range of stakeholders, including Indigenous communities, in providing strategic direction to the Dean on issues relevant to British Columbians living in rural and remote settings, such as access to care, the recruitment and retention of physicians, the training of general practitioners, enhanced skills training, health care human resource planning, health systems and policy

research, and others. The Advisory Council's overall aims and objectives are aligned with those of the Doctors of BC's Joint Standing Committee on Rural Issues and the BC Ministry of Health. The Council also provides advice to the UBC Chair on Rural Health, whose overall goal is to work with relevant parties to apply new and existing knowledge in the creation of practical solutions to challenges faced by rural health professionals and the patients and communities that they serve.

University-Wide Initiatives

The Faculty of Medicine operates within the context of the broader university. The University of British Columbia has long sought to advance Indigenous rights and interests as a central part of its responsibilities as an institution of learning. Beginning in the 1970's, the University has taken a series of steps intended to facilitate this process and ensure that the strength, breadth and depth of Indigenous knowledge and culture is reflected and celebrated on its campuses to the fullest extent possible. These include the establishment of the Indigenous Teacher Education Program for elementary education in 1974 (later expanded in 2004 to include secondary education), the Indigenous Legal Studies Program in 1975, the First Nations Longhouse and the First Nations House of Learning in 1987, the First Nations and Indigenous Studies Program in 2001, the signing of the Musqueam Memorandum of Affiliation and the UBC-Okanagan Nation Alliance Memorandum of Understanding in 2006 and 2015, respectively, the installation of nsyilxcən and hənqəmihəm road signs at the Okanagan and Vancouver campuses in 2010 and 2018, and the permanent raising of the Musqueam and Okanagan flags at these respective locations in 2019 and 2018, among the many other initiatives mentioned within this document and elsewhere.

The creation of the Aboriginal Strategic Plan, now renamed the **Indigenous Strategic Plan** stands as a critically important act among these. Created in 2009, and most recently, revised and released in 2020 after extended periods of consultation, including BC's Indigenous leaders and communities. The Plan represents UBC's long-term commitment to the process of Reconciliation and provides a foundation that ensures that all actions taken by the University, as well as every Faculty and School within it, will be consistent with the objective of furthering the principles embedded within the Calls to Action of the TRC and the United Nation Declaration on the Rights of Indigenous Peoples. The intention is to bring about real and enduring change in our relationships with Indigenous students, faculty, staff, and partners, and the Indigenous communities at large. Its most current iteration establishes the foundation upon which the University and all its units will be guided in moving forward.

A clear understanding of how we arrived at where we are today is a critically important component to establishing the relationships that will be central to the reconciliation process, as well as a common foundation from which to move forward together. Here, we focus on two relatively recent inter-related University-wide initiatives that seek to illuminate the

shared history of Indigenous and non-Indigenous Canadians and facilitate further dialogue between them.

The first is the **Indian Residential School History and Dialogue Centre**^{55,56}. Officially opened on April 9, 2018, the IRSHDC was built in order to provide a place for former students and survivors, as well as their families and communities to access the records of the Truth and Reconciliation Commission (housed at the National Centre for Truth and Reconciliation Archives), and to provide information resources from partner institutions in support of education, public information, research, and dialogue on the Indian Residential School System and its legacies. Centre staff are on hand to assist with this process, and the Elders Lounge is available for viewing records in private, for cultural and health support or to spend time with family and friends.

The Centre continues to gather and integrate stories, records, information, and conversations about the residential school system into its collections, which include digital copies as well as original records donated to the Centre. The IRSHDC brings together community-based experts, researchers, and educators to discuss the ongoing impact of the schools and their ties to issues such as economic development and the health and sustainability of Indigenous communities. As part of this, the Centre strives to provide collaborators with platforms designed to support the formation of partnerships intended to improve understanding and facilitate meaningful dialogue.

The Centre also provides a place to develop advanced curricular materials for classes at UBC and other post-secondary and K-12 institutions, using interactive technology that can be replicated in many other places throughout Canada and elsewhere. Another purpose of the Centre is to provide public information for students from UBC and other universities and schools, and guests, who have the option of visiting the Centre either in person or online. It is hoped that learning more about Indigenous Peoples and the history of the interactions that have shaped our country will help place them in a much better position to reflect on the past and begin the work of addressing the contemporary issues surrounding Indigenous health, community resiliency, economic development, and many other concerns

⁵⁵ "Indian Residential School History and Dialogue Centre," Aboriginal Portal UBC Vancouver, UBC, last modified August 16, 2018, <https://aboriginal.ubc.ca/indian-residential-school-centre/>.

⁵⁶ "Indian Residential School History and Dialogue Centre," The University of British Columbia, accessed August 27, 2020, <https://irshdc.ubc.ca/>.

The other is the **Reconciliation Pole**⁵⁷, raised in partnership with the Audain Foundation at our Vancouver campus, situated on the ancestral and unceded territory of the Musqueam, on April 1, 2017. Created over a period of two years by Haida master carver and Hereditary Chief 7idansuu (Edenshaw) James Hart, with the assistance of a number of carvers and painters, the Pole recounts the story of the Canadian Indian residential school system and is a reflection of UBC's desire to raise awareness on this issue.

The Pole is comprised of three sections; one illustrating the profound connection between Indigenous Peoples and the natural world prior to the institution of the Residential School System, a second, showing the disruption of that order the System brought, and a third, demonstrating the reunion of the Indigenous families and the revitalization of Indigenous cultures following its dismantling. The middle (second) section holds a depiction of a residential schoolhouse into which Survivors of the System and their families have driven thousands of copper nails, each of which commemorates and honors a child who perished in the many residential schools across the country.

The installation ceremony was attended by well over 3000 people, some of whom lent their strength to the Pole's raising, pulling together on the ropes that moved it into its current position in an inspiring symbol of unity. Among the distinguished attendees were the chiefs of the Haida and Musqueam Nations, who spoke powerfully on the impact of the Residential School System and their hopes for Reconciliation.

Looking to the Future

Moving forward, the Faculty of Medicine intends to build upon what has been or is being established to further the development of meaningful, mutually respectful relationships with Indigenous Peoples, communities and organizations, find new ways to work together, and to act in accordance with our social accountability mandate with them. We commit to the following actions.

ACTION STATEMENTS SUPPORTING INDIGENOUS RELATIONSHIPS:

1. The UBC Faculty of Medicine will focus on the development of meaningful relationships with the Indigenous Nations, Peoples, communities, and organizations being guided by the principle of reciprocity in the co-creation of the terms of the relationship. This includes a commitment to co-develop performance indicators and

⁵⁷ "Reconciliation Pole Raising: Honouring a Time Before, During and After Canada's Indian Residential Schools," Morris and Helen Belkin Art Gallery, accessed November 15, 2019, <https://belkin.ubc.ca/events/reconciliation-pole-raising-honouring-a-time-before-during-and-after-canadas-indian-residential-schools/>.

accountability mechanisms. Potential indicators are listed in Appendix D.

2. The UBC Faculty of Medicine will work with Indigenous Nations, Peoples, communities, and organizations to provide opportunities and resources needed to participate in all relevant activities, including the admissions processes, teaching, hosting learners, research and scholarship, and faculty development, among others. The Faculty will adequately compensate Indigenous Elders, knowledge keepers and other consulted experts for their knowledge, wisdom, and time in supporting this shared mandate.
3. The UBC Faculty of Medicine is committed to its social accountability mandate with respect to Indigenous Peoples and will work collaboratively with them and their Nations, communities, and organizations to develop specific and achievable Indigenous health, education, and research goals and to co-establish regular reporting mechanisms on progress.

Learning and Work Environments⁵⁸

The Faculty is committed to creating learning and work environments that are free of racism and discrimination, where every learner, staff and faculty member can feel safe (both physically and culturally), respected and valued⁶⁰ with a sense of

“[Indigenous Peoples] have a right to access a health [or educational] system that is free of racism and discrimination and should feel safe when receiving health care [or education].”⁵⁹

belonging⁶¹, and are equipped to behave with respect towards each other, our various partners, and the public, exemplifying the highest levels of professional conduct.

Students

The Faculty of Medicine has implemented a number of culturally appropriate and relevant services and activities that are intended to help meet the needs and expand opportunities of Indigenous medical students across a broad spectrum of domains throughout their studies. The Faculty’s **Indigenous Student Initiatives Manager**, Mr. James Andrew, a member of the Lil’Wat Nation, plays a critically important role in this regard for the Undergraduate Medical Education Program. Mr. Andrew has been leading the development and management of Indigenous medical student support programs, in addition to working with medical students and residents who have an interest in Indigenous health, and advising Indigenous medical student representatives. Of note, Mr. Andrew travels to each of the distributed program sites several times a year to ensure that the academic and community needs of Indigenous students in the MD program are being met. He is also a member of the Indigenous Student Engagement and Pathways Working Group (described in the Admissions section below). Staffing in the Indigenous MD Admissions Program has been increased to allow him to more fully focus on assisting Indigenous medical students.

A summary of activities, services, and events established by the Faculty to support Indigenous medical students follows below.

⁵⁸ First Nations Health Authority, *#itstartswithme--FNHA’s Policy on Cultural Safety and Humility* (West Vancouver: First Nations Health Authority, accessed November 15, 2019), <https://www.fnha.ca/documents/fnha-policy-statement-cultural-safety-and-humility.pdf>.

⁵⁹ Ibid.

⁶⁰ UN General Assembly, *United Nations Declaration on the Rights of Indigenous Peoples: adopted by the General Assembly*, 2 October 2007, A/RES/61/295, available from <https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>.

⁶¹ Building Inclusive UBC: An Inclusion Action Plan <https://equity3.sites.olt.ubc.ca/files/2020/01/UBC-IAP-Web-Jan2020.pdf>

During the first week of class at UBC's Vancouver campus, Indigenous health professions students can elect to participate in the **Indigenous MD Student Orientation** program at the First Nations Longhouse that includes a drum-making workshop led by Elder Old Hands of the Shoshone First Nation. A traditional feast occurs at the end of the day where Indigenous students will have the opportunity to connect with Indigenous faculty members and senior students from their respective programs. Indigenous students may also choose to attend the **Annual Sweat Lodge Ceremony**, which gives them a further opportunity to open their educational experience at UBC in a safe ceremonial space.

Mentorship is a central component of our efforts to create a sense of community for Indigenous students. Through the Faculty's **Medicine Cousins** program (which also provides help for prospective recruits at the preadmission stage, as described in the following section), junior students are paired with senior students, who are in turn paired with practicing physicians with the intention of providing Indigenous learners with a reliable source of guidance in navigating their careers while at UBC. The **Indigenous Leadership and Mentorship Seminar** seeks to provide an additional venue where relationships between students and practicing physicians can be formed. A wide gamut of topics is discussed at these seminars, ranging from traditional healing methods to career development.

The **Indigenous MD Graduation Celebration** that takes place at the First Nations Longhouse on campus each spring marks the completion of the undergraduate careers of Indigenous students in the MD program and represents a commemoration of the graduating class' achievements over their time at UBC. Graduates enter the Longhouse through a ceremonial door in procession, guided again by Elder Old Hands, in a ceremony symbolising the start of their journeys as future practitioners.

The Faculty is also working to expand support for Indigenous students in its health professional programs. This may include dedicated personnel in the form of Student Support Advisors and Indigenous Program Coordinators. We are also in the process of streamlining online support, so that all resources relevant to Indigenous students are available in one easily accessible and clearly presented webpage.

Faculty and Staff

The Faculty of Medicine is committed to ensuring diversity amongst our faculty and staff, and we are exploring how our programs and approaches can better attract and retain Indigenous faculty and staff, including recognizing the value of the lived experiences of Indigenous applicants. As illustrated in the adjacent table⁶², much work remains to be done, including attracting and retaining more Indigenous faculty and staff in leadership and senior positions across the Faculty.

Roles in the UBC Faculty of Medicine	% of Respondents Self-Identifying as Indigenous
University Faculty	0.5
Senior Managers	0.0
Middle and Other Managers	2.9
Professionals	2.9
Semi-Professionals + Technicians	2.1
Supervisors	0.0
Admin. + Senior Clerical	1.1
Clerical Personnel	6.7
Intermediate Sales + Service	0.0

The role and impact of faculty in the learning and work environments and the effect they have on Indigenous health care is a major focus for us with continuing professional and faculty development as key priorities (see the section on Graduate, Post-Graduate, and Professional Medical Education below). We intend, in conjunction with partners and being mindful of FNHA’s Cultural Safety and Humility framework and MNBC’s Cultural Wellness model, to make certain that all our educational activities (see Curriculum section below) provide consistent instruction with respect to cultural safety and humility. We will also work to ensure that their education is not undermined by a “hidden curriculum” that reinforces individual and systemic racism, and which serves to perpetuate health care inequities.

A number of initiatives aimed at supporting the development of optimal learning and work environments are being undertaken within the Faculty.

Initiatives

In order to fulfil our Faculty’s vision of “transforming health for everyone”, we must work individually and collectively to eradicate racism and discrimination in all its forms⁶³. We also recognize that there remains a need for significant improvement and have taken and plan to

⁶² Courtesy of The Office of Planning and Institutional Research, University of British Columbia; Includes data up to October 31, 2019; Respondents means Faculty and Staff at UBC who have returned the UBC Employment Equity Survey; University Faculty means clinical faculty; tenure stream, research and teaching; tenure stream, teaching; term, part-time or other faculty appointments

⁶³ Community Update from Dean Dermot Kelleher; <https://mednet.med.ubc.ca/office-of-the-dean/monthly-updates/Pages/Community-Update-from-Dean-Dermot-Kelleher-June12.aspx>

take steps to improve the way we approach incidents of racism, discrimination, harassment, and unprofessional behaviour.

The **Dean’s Task Force on Respectful Environments**⁶⁴ played a key part in developing a proactive approach to dealing with these issues more broadly. This Task Force was charged with identifying problems and recommending solutions that will help ensure creation and maintenance of respectful work and learning environments for everyone in the Faculty. Recommendations from the Task Force collectively provide a roadmap of specific actions that we can take to actively create and sustain more respectful and inclusive working and learning environments. Shifting organizational culture takes time and requires us all to do our part. These recommendations can be achieved if all members of the community are aligned in support of more respectful environments that are free from racism and bias.

We have also been developing and refining **processes and online tools** that provide mechanisms to report and address complaints or concerns regarding occurrences of mistreatment, including disrespectful or discriminatory behavior, harassment, bullying, assault, lapses in professionalism, and deficiencies in the learning environment that will complement our other efforts. We have set up a webpage for use by all learners enrolled in the Faculty of Medicine’s various programs that provides them with clarifying information regarding mistreatment in the learning environment, as well as a means for reporting complaints or concerns that may be done anonymously if desired. This reporting process will be expanded to include faculty and staff.

Of great relevance to optimizing the working and learning environments and addressing anti-Indigenous racism, discrimination, and bias is the recent establishment of the **Office of Professionalism and Respectful Environments**. The Office will take the lead on implementing recommendations arising from the Dean’s Task Force on Respectful Environments, ensuring processes and tools are operational, relevant and meet the needs of our students, faculty, and staff. The Office will provide guidance and support for the development of respectful, culturally safe, and racially unbiased work and learning environments across the Faculty.

We will be culturally sensitive when responding to reports made by Indigenous students of racism, learner mistreatment, or unprofessional conduct that adversely affect the learning or work environment. The Office of Professionalism is committed, whenever appropriate, to engage relevant Elders, or other cultural consonant supports identified by the student, in the processes to address concerns or complaints. A respectful and educative approach will be followed that is designed to raise awareness, provide tools to change behaviour, and to

⁶⁴ “Task Force on Respectful Environments,” UBC Faculty of Medicine, accessed May 11, 2020, <https://med-net.med.ubc.ca/office-of-the-dean/Pages/Deans-Task-Force-on-Respectful-Environments.aspx>

evaluate to ensure change in behaviour occurs and that individuals are accountable for their actions.

The above measures are in addition to the various University- and Faculty-level policies and guidelines that clearly define expectations relating to discrimination and racism.

The Faculty of Medicine is also committed to ensuring diversity among our faculty and staff, and we are exploring how our programs and approaches can better recruit and retain Indigenous faculty and staff members. The appointment of an **Assistant Dean, Equity, Diversity, and Inclusion** will provide leadership to ensure the Faculty's processes and systems promote diversity, as well as support an equitable and inclusive working environment. Use of an online course on equity, diversity and inclusion, developed by the UBC Equity and Inclusion Office, will be of great assistance in achieving this. The online course is mandatory for all members of search committees for faculty and academic leaders.

Looking to the Future

The Faculty of Medicine is dedicated to attracting and retaining more Indigenous faculty and staff. We are committed to eradicating racism and discrimination in all its forms and to implementing changes accompanied by sufficient supportive services that will have the greatest positive impact on the learning and work environment for Indigenous persons in the Faculty. The Faculty commits to the following actions as we work towards this goal.

ACTION STATEMENTS ON LEARNING AND WORK ENVIRONMENTS:

4. The UBC Faculty of Medicine commits to attracting and retaining more Indigenous faculty and staff, including those in leadership positions, with the appropriate supportive infrastructure, and ensure that Indigenous perspectives are embedded within all of our work. This will include but not be limited to key aspects of Indigenous education in the Faculty such as admissions, student recruitment and retention, curriculum development and implementation, and meaningful presence on key decision-making committees.
5. The Faculty of Medicine commits to enact robust policies and processes for identifying and addressing anti-Indigenous racism/sentiment experienced by Indigenous students/learners, staff and faculty in classroom, clinical and university environments. We will implement strong benchmarks and measures to ensure changes occur and that we can hold ourselves and our colleagues accountable. This includes co-development of relevant outcome measures that are regularly reported on to the Faculty and to the Indigenous Peoples, communities and organizations.

6. The Faculty of Medicine commits to developing safe work and learning environments for Indigenous students/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 and will be done in conjunction with health system partners.

7. The Faculty of Medicine commits to dedicating sufficient resources to enable full implementation of these Actions. The resource needs will be defined in conjunction with Indigenous Peoples, communities, and organizations, faculty, staff and students and will support action in all three domains of research, education, and service.

Admissions⁶⁵

Socio-economic challenges, stemming from the enduring effects of colonialism and the residential school system, continue to negatively affect the health, wellness, and quality of life of many Indigenous Peoples in Canada⁶⁷. While education may present a means by which some of these challenges could be addressed⁶⁸, Indigenous Peoples have had a painful history with Canadian educational

“...initiatives must address the deeply rooted social and economic challenges faced by [Indigenous] people and communities that act as barriers to student learning and educational attainment.”⁶⁶

systems. When socio-economic marginalization, poverty, racism, discrimination, and inequities in access to educational, health, and social services are considered alongside this, it is not surprising that educational attainment remains significantly lower for Indigenous Peoples compared to non-Indigenous peoples⁶⁹. The UBC Faculty of Medicine is committed to playing its part in reversing this by developing the ways and means to train more Indigenous physicians and other health professionals in BC. The Faculty will also participate in efforts to attract Indigenous students and trainees into our undergraduate, graduate and post-doctoral programs. We have enacted or are in the process of enacting plans across all programs to help achieve this goal and in the years ahead will continue working to find ways to address and overcome the barriers to educational attainment currently faced by Indigenous Peoples.

MD Undergraduate Program

The Faculty of Medicine has had its current **Indigenous MD Admissions Program** since 2002. It was established after a year-long consultation period with medical schools in the United States that had instituted similar programs, as well as other UBC faculties, the Medical Students Alumni Association, Indigenous medical students, and local First Nations and Métis community members and Elders, with the objective of improving educational opportunities and health care access for Indigenous communities. As part of this program, the Faculty has

⁶⁵ National Collaborating Centre for Aboriginal Health, *Social Determinants of Health—Education as a Social Determinant of First Nations, Inuit And Métis Health* (Prince George: National Collaborating Centre for Aboriginal Health, 2017), <https://www.ccsa-nccah.ca/docs/determinants/FS-Education-SDOH-2017-EN.pdf>.

⁶⁶ Ibid.

⁶⁷ Ibid.

⁶⁸ Ibid.

⁶⁹ Ibid.

set aside at least 5% of all available seats each year to qualified self-identified Canadian Indigenous applicants, approximating the proportion of BC's Indigenous population⁷⁰.

The admissions process for Indigenous applicants is similar to the regular stream but has several additional elements. For instance, applicants are invited to demonstrate their Indigenous Ancestry (proof of ancestry must be submitted within one week of the application deadline), and submit an essay discussing connections to their communities and culture. Their applications are reviewed by the *Indigenous Admissions Subcommittee*, whose terms of reference mandates that it draws the majority of its membership from the First Nations and Métis communities, and includes an Indigenous Elder. The Subcommittee recommends appropriate candidates for the Indigenous Panel Interview, which usually lasts 30-45 minutes. Upon completion of the interview process, the Indigenous Admissions Subcommittee performs a holistic evaluation of each candidate, taking into account the value of their worldviews and lived experiences, and forwards their recommendations to the *MD Admissions Selection Subcommittee*, who will then consider applicants under both the Indigenous and regular admissions streams. Successful Indigenous candidates are given the opportunity to choose which of the four sites they wish to attend.

The Faculty has implemented a number of **recruitment and pre-admissions support initiatives** over the years to stimulate interest and enhance awareness of our programs among Indigenous youth, and to assist them through the application process.

The Faculty's *Indigenous Student Initiatives Manager*, along with the *Indigenous Initiatives and Admissions Coordinator*, carry out a number of **outreach activities** each year around the province. They attend numerous career fairs and community events and travel to colleges and post-secondary institutions to connect with potential Indigenous students and provide them with information on the MD Admissions process.

Young people who are interested in a career in medicine are encouraged to take part in the Faculty's **Medicine Cousins** program. This is a mentorship program that pairs them with volunteer junior students who will help walk them through the admissions process and provide any other related assistance when needed.

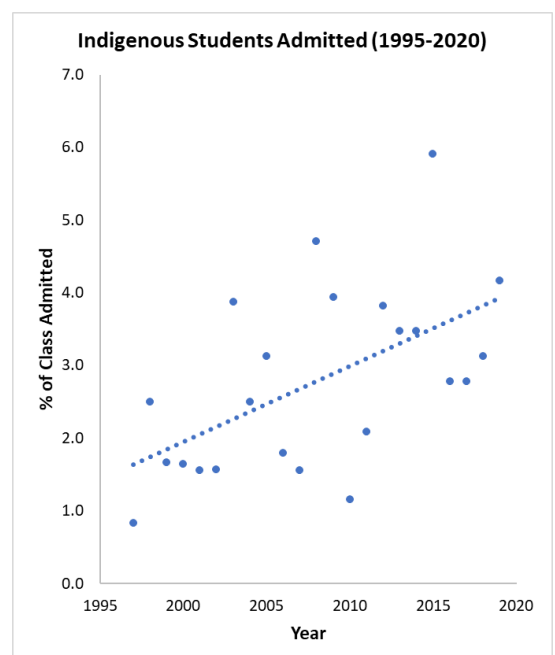
The **Indigenous MD Pre-Admissions Workshop** has been held every summer since 2002, with the location rotating between each of the four MD program sites in Vancouver-Fraser, Southern, Island, and Northern Medical Programs. The workshop is meant to encourage and support prospective Indigenous students, who are usually of university age and several years

⁷⁰ "Focus on Geography Series, 2016 Census—Province of British Columbia," accessed November 15, 2019, <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-PR-Eng.cfm?TOPIC=9&LANG=Eng&GK=PR&GC=59>.

away from submitting their applications. It is intended to provide them with an introduction to medicine and medical school as well as information on navigating the admissions and selection process. Seats for approximately 15 to 20 individuals are available each year. To reduce barriers in accessing the workshop, costs of accommodations and meals are reimbursed with limited travel funds provided for those visiting from farther locations.

Indigenous applicants also receive **admission process support** directly from the Indigenous Student Initiatives Manager and Coordinator who meet with, call, or email them to answer any of their questions. Prospective Indigenous students who have applied to the program are also invited to a special applicant’s luncheon where they can socialize with their peers and provide each other support through the admissions process. Recently, the MD Admissions Office has begun offering all Indigenous applicants who have been invited for interviews further support in the form of the **Multiple Mini Interview (MMI) Preparation Course**. This two-day course, which takes place each January, 3 weeks ahead of the actual interview, is intended help reduce a key barrier to success of qualified Indigenous applicants represented by the MMI and to help address specific cultural and social challenges uniquely experienced by Indigenous applicants. In addition to reviewing and practicing the MMI process, those attending also receive cultural support through an Elder who is present throughout the duration of the course and anxiety management training from an Indigenous counsellor. The course is complementary to the MD Admissions Office’s ongoing efforts to ensure that the content and delivery of the MMI is culturally appropriate and fair. Accommodations, meals, and partial travel support is provided to attendees.

These measures have been successful in attracting more Indigenous students to the MD Undergraduate Program, as illustrated in the adjacent figure. Notably, the Faculty was able to exceed its original goal of graduating 50 Indigenous students by 2020 and is now on course to have more than double that. These numbers, however, fall short of the unmet need of Indigenous physicians and are below the goal of having at least 5% of admission spots being filled by qualified, self-identified Canadian Indigenous applicants. Of all successful Indigenous applicants beginning in 2012, when the Faculty first started collecting distinctions-based information on a consistent basis, 56% have self-identified as Métis and 44% as First Nations, as compared with the most recent census data showing that of the Indigenous BC residents



who reported a single identity, 64% were First Nations, 33% were Métis, and 1% were Inuit⁷¹. It will be important to understand the reasons for the relative under-representation of First Nations people in order to take steps to address it.

Health Professional Programs

Lessons learned from the MD Undergraduate Program are being transferred and applied to other Health Professional Programs as well. The **Midwifery Program** interviews all Indigenous students who meet the interview criteria and holds two (or 10%) of its seats for Indigenous applicants. That is, all Indigenous applicants who are ranked in the top 20 are admitted and another two seats are held for Indigenous applicants each year who met admission criteria but were not ranked in the top 20 of applicants. However, the number of Indigenous applicants has been low and has not exceeded admissions capacity in past years. Spring 2020 saw the highest number of Indigenous applicants since the program opened, with 7 Indigenous applicants, 5 of whom began their studies in fall 2020. Since 2014, about 4.5% of graduates have self-identified as Indigenous. The Program employs a registered midwife who serves as a part-time Indigenous Midwifery Student Advisor. She participates in interviews, holds Indigenous student orientations and cultural events, works with students on Indigenous issues, and assists the Midwifery faculty in providing a curriculum that is culturally safe for Indigenous students.

The **School of Audiology and Speech Sciences** does not reserve seats for Indigenous applicants, but does give them special consideration, including waiving BC residency considerations in reviewing their applications, and providing them with preadmissions advising and financial support through entrance scholarships. The Program also considers providing a three-year program to Indigenous applicants, if for instance they are missing certain pre-requisites in cases where geography has made attainment of the requirements challenging. Between 2012 and 2019, about 1.4% of graduates from the Speech Language Pathology Program in the School have self-identified as Indigenous.

The **Master of Occupational Therapy Program** interviews all Indigenous applicants who are qualified, as compared with 35% of the non-Indigenous applicant pool. For the period between 2014-2018, 5% (11/239) of admitted students self-identified as Indigenous.

With the 2020 increase in cohort size to 100 seats, the **Master in Physical Therapy Program** now has 6 seats set aside for Indigenous students (equivalent to 6% of the cohort, representative of the proportion of Indigenous people in the BC population). Approximately 3% of graduates from the program between 2014 and 2019 self-identified as Indigenous.

⁷¹ Ibid.

Further work to support rural, remote, and Indigenous communities is taking place. Beginning in 2020, the Physical Therapy program expanded to include 20 seats as a distributed program in the north at UNBC, while the Occupational Therapy program began to offer a Northern Rural Cohort for clinical placements. In 2022, the Occupational Therapy program will shift from a Northern Rural Cohort to a fully distributed program with an additional 16 seats, also at UNBC. As part of the expansion, these programs will share an Indigenous Coordinator who will work closely with the Medical Undergraduate Indigenous Student Initiatives Manager.

An **Indigenous Health Sciences Pre-Admissions Workshop**⁷², administered by the Centre for Excellence in Indigenous Health (CEIH; described further in the Curriculum section below), has also been implemented. Running for three days each summer, the workshop is intended to introduce prospective Indigenous students, aged 18 years or more, to a range of health career options, team-based learning and the admissions processes used by health programs including the MMI used in many health sciences disciplines at UBC. Information related to financing their education is also provided. Additionally, attendees get the chance to familiarize themselves with the UBC campus, and with the various support programs that will be available to them during their education. To reduce barriers in accessing the workshop, costs of accommodations are provided for those attending from outside the Lower Mainland with meals provided for all. Limited travel funds are also available for attendees from other regions of the province.

Health Sciences Programs

While the Indigenous Health Sciences Pre-Admissions Workshop is designed for university-age learners, the Centre for Excellence in Indigenous Health (**CEIH) Summer Sciences Program**⁷³ is a cultural, health, and science program aimed at engaging younger (grade 9-12) Indigenous students. Running for two one-week sessions each year, the Program hopes to promote interest in health and sciences programs among Indigenous youth by providing them with personal experiences at the UBC Vancouver campus. Informing students of health and science career opportunities and providing information on pre-requisites, course planning, and admissions processes are key goals of the program. A holistic educational experience is offered with cultural practices and knowledge woven into daily activities. During their time in the program, attendees connect with Elders and other role models who work in health care and sciences fields. A program fee (\$200) to offset accommodation and meals is required although bursaries covering the cost of this fee are available upon acceptance and request.

⁷² "Aboriginal Health Sciences Pre-admissions Workshop," University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed March 30, 2020, <https://health.aboriginal.ubc.ca/events/2018-aboriginal-health-sciences-pre-admissions-workshop/>.

⁷³ "UBC Summer Science Program," University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed March 30, 2020, <https://health.aboriginal.ubc.ca/programming/summer-science/>.

All other expenses while at UBC are covered. Travel costs to and from Vancouver are not presently covered.

Due to the COVID-19 pandemic, in 2020 the Summer Science Program was offered virtually through **the Virtual Indigenous Science Experience (VISE)**. Given the success of this inaugural program, the CEIH is keen on keeping it running even after the on-campus Summer Science Program is reinstated following the pandemic.

The CEIH also maintains a **list of UBC health sciences programs**, identifying those with official or unofficial Indigenous admissions policies⁷⁴, to help guide those interested in these programs through the application process.

ICORD (International Collaboration on Repair Discoveries), a spinal cord injury research centre of the Faculty of Medicine and the Vancouver Coastal Health Research Institute, in partnership with the Faculty of Applied Science's School of Biomedical Engineering, also holds a **Summer Research Program for Indigenous Youth**⁷⁵. It is open to Indigenous high school students in Grade 10 or 11 residing in BC who are considering careers in biomedical research. Successful applicants will have the opportunity to participate in real-life lab projects under the supervision of leading researchers in the field, and it is hoped that this will encourage more learners to enroll in the science, technology, engineering, and math programs at UBC after graduating from high school. The Program is just one part of the School's larger planned initiative to create a more accessible educational pathway spanning its undergraduate and graduate programs for young people from Indigenous communities.

Other Initiatives

The Faculty of Medicine is committed to playing its part in helping to overcome the multiple barriers currently impeding educational access and attainment for Indigenous people in the health care professions and biomedical sciences, sciences, technology, engineering and math programs. The Faculty will seek to address some of these factors by working with Indigenous partners to build upon the resilience of Indigenous learners and to create more accessible pathways to higher education and by more carefully considering and addressing the financial challenges faced by Indigenous people⁷⁶.

⁷⁴ "Health Programs," University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed March 30, 2020, <https://health.aboriginal.ubc.ca/students/health-programs/>.

⁷⁵ "Indigenous Summer Student program," UBC Faculty of Medicine and VCH Research Institute ICORD, accessed March 30, 2020, <https://icord.org/issp/>.

⁷⁶ National Collaborating Centre for Aboriginal Health, *Social Determinants of Health—Education as a Social Determinant of First Nations, Inuit And Métis Health* (Prince George: National Collaborating Centre for Aboriginal Health, 2017), <https://www.ccsa-nccah.ca/docs/determinants/FS-Education-SDOH-2017-EN.pdf>.

With this in mind, the Faculty recently established the **Indigenous Student Engagement and Pathways Working Group**. The Working Group was established to study and make recommendations on approaches that could better attract, and provide subsequent support for, Indigenous students and prospective Indigenous applicants in the various programs of the UBC Faculty of Medicine, based on the principles of equity, diversity, and inclusion. A multi-pronged strategy to embed and expand Indigenous student engagement and pathways in all UBC Faculty of Medicine educational programs, with close alignment with the TRC Calls to Action, the United Nations Declaration on the Rights of Indigenous Peoples, and the UBC Indigenous Strategic Plan, is envisioned. Key elements of the approach include an expansion of Indigenous student engagement to raise awareness and stimulate dialogues as early as possible, development of a mentorship program to support Indigenous students from pre-admissions through their education, extension of the scope of existing and new initiatives across all educational programs in the Faculty, and development of a strategy to address financial barriers. The Faculty will collaborate with the First Nations Health Authority, other health authorities, and various Indigenous communities and organizations in implementing the approach. Certain Faculty of Medicine units, such as the Department of Physical Therapy, are also developing their own committees dedicated to improving Indigenous engagement and admissions.

A second group, the **Socioeconomic Status Working Group**, has also been established. Its mandate is to develop student-centred programs and initiatives based on the principles of equity, diversity and inclusion, and to better attract and provide support for students and prospective students of lower socio-economic status in all Faculty of Medicine educational programs.

Financial challenges are an important factor that limits access of many Indigenous people to higher education. Several steps are being taken to help address this significant issue. The CEIH administers a number of **scholarships and bursaries**⁷⁷ meant for prospective Indigenous students who are considering applying to a UBC health science program, or Indigenous learners already enrolled in our various undergraduate and graduate health sciences programs. To date, the CEIH has disbursed a total of nearly \$500,000 and almost 200 individual awards have been granted since its establishment. In addition, the Centre's **Indigenous Health Student Engagement Fund**⁷⁸ provides sponsorship for student-led

⁷⁷ "Student Awards," University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed March 30, 2020, <https://health.aboriginal.ubc.ca/students/student-awards/>.

⁷⁸ "Indigenous Health Student Engagement Fund," University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed April 20, 2020, <https://health.aboriginal.ubc.ca/students/indigenous-health-student-engagement-fund/>.

projects that focus on Indigenous health, intended to support extra-curricular learning on the subject. The MSc/PhD Program of the School of Population and Public Health has also earmarked **scholarship funds intended for incoming or continuing Indigenous fulltime students** who have demonstrated academic excellence, and distinction in research.

Looking to the Future

The Faculty of Medicine recognizes the need to do more and will continue to seek new ways to improve educational pathways for future Indigenous health care professionals, as well as for students interested in pursuing education in biomedical undergraduate, graduate and post-doctoral programs, including recognizing the intersection of the multiple factors affecting Indigenous applicants. The Faculty commits to the following actions as we work towards this goal.

ACTION STATEMENTS ON ADMISSIONS:

8. The UBC Faculty of Medicine will implement processes to assign at least 5% of all seats for Indigenous students each year in all health professional programs by employing distinctions- and intersectional-based approaches and practicing holistic file reviews, all while maintaining academic standards. Robust data collection with appropriate data stewardship agreements will be used to allow for review of progress towards these goals at the Faculty, provincial and national levels.
9. The Faculty of Medicine will add assessment of knowledge and understanding of Indigenous history and culture, cultural safety, and anti-racism to consideration for admission for all candidates through pre-requisite courses, creation of new tools or modification of existing tools, such as MMI stations that are co-developed and co-assessed by Indigenous Peoples.
10. The Faculty of Medicine will work with relevant partners, including Indigenous Nations, communities, and organizations to develop a multi-pronged strengths-based approach to expand and implement programs that enhance engagement of and improve educational pathways for Indigenous students in order to increase their enrolment and optimize their success in all our educational programs.

It is imperative that the province's future health care providers are well-informed on Indigenous history, particularly with regard to the detrimental impact of colonialism, racism and discrimination,

“Schools must teach history in ways that foster mutual respect, empathy, and engagement.”⁸⁰

the residential school system, and Indian hospitals on Indigenous health and wellness^{81,82}. An understanding on how colonialism has stifled Indigenous ways of knowing and seeing the world and suppressed holistic Indigenous views on health and wellness is vital. The concepts of Indigenous health and wellness are based on the interconnection of mind, heart, body, and spirit, and are all supported by a person's relationship to their culture, family, and the land⁸³. This is critically important for all health care professionals to understand. Learning these aspects of Indigenous history and the ongoing impact of colonialism as well as an appreciation of medicine's power and privilege, is essential for graduates of any UBC Faculty of Medicine educational program, including those who will be heading towards careers as educators, scholars, and researchers.

The inequities in health and wellness between Indigenous and non-Indigenous people reflect the social, economic, environmental, and political realities of the lives of Indigenous Peoples and are an ongoing legacy of colonial history in BC and Canada⁸⁴. A thorough appreciation of the context within which health and wellness of Indigenous Peoples reside will be required to fully address these inequities⁸⁵. This necessarily also includes recognition and appreciation that Indigenous ways of knowing, seeing, and healing will have an important role to play in

⁷⁹ National Centre for Truth and Reconciliation, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (Winnipeg: National Centre for Truth and Reconciliation, 2015),

http://nctr.ca/assets/reports/Final%20Reports/Executive_Summary_English_Web.pdf.

⁸⁰ Ibid.

⁸¹ Ibid.

⁸² Marcia Anderson et al., *Joint Commitment to Action on Indigenous Health* (Ottawa: The Association of Faculties of Medicine of Canada, 2019),

https://afmc.ca/sites/default/files/pdf/AFMC_Position_Paper_JCAIH_EN.pdf.

⁸³ “First Nations Perspective on Health and Wellness,” First Nations Health Authority, accessed April 20, 2020, <https://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/first-nations-perspective-on-wellness>.

⁸⁴ Margo Greenwood, Sarah de Leeuw, and Nicole Lindsay, “Challenges in health equity for Indigenous peoples in Canada,” *Lancet* 391:1645-1647, 2018.

⁸⁵ Debbie H. Martin, “Two-Eyed Seeing: A Framework for Understanding Indigenous and Non-Indigenous Approaches to Indigenous Health Research,” *Canadian Journal of Nursing Research* 44(2):20-42, 2012.

this process. Conceptual approaches, such as “two-eyed seeing”⁸⁶, that serve to integrate both Indigenous and non-Indigenous ways of knowing, seeing, and healing and their appropriate use may be helpful in this regard.

The Faculty has undertaken a number of initiatives that are initial steps in a process that is intended to eventually lead to an effective Indigenous health curriculum that is free of stereotypes and bias across all our programs. The aim of this process is to facilitate development and implementation of a culturally appropriate and safe curriculum with curricular approaches that will result in an understanding of Indigenous histories and their impact, as well as appreciation of Indigenous ways of knowing, seeing, and healing. It will also be designed to promote Indigenous health and wellness by supporting a more holistic team-based approach to care that includes health care practitioners as well as others such as Elders and patient navigators. The curriculum will be intended to instill a sense of cultural humility among graduates that will serve as a key foundation for development of culturally safe practices for and respectful relationships with Indigenous Peoples. Central to many of the initiatives is the *UBC Centre for Excellence in Indigenous Health*, whose role and importance will continue to grow because much work remains to be done.

Centre for Excellence in Indigenous Health

As mentioned previously, the *Centre for Excellence in Indigenous Health* (CEIH) is housed in the School of Population and Public Health in the UBC Faculty of Medicine and was established in 2014⁸⁷. The Centre serves as a single coordinating point within the university for support, training and resources for Indigenous health-related matters and initiatives. It is also the primary conduit for Indigenous communities that want to connect with UBC, its programs, and health researchers. Working with Indigenous leadership across British Columbia and the country, the CEIH endeavours to improve wellness, health care, and outcomes for Indigenous Peoples, and generally advance their health and wellness through innovative thinking, research, and education.

The CEIH’s key goals are supporting recruitment and education of Indigenous students in the health professions to help address persistent health disparities, to promote self-determination by increasing Indigenous leadership in health and health care, and the provision of the training necessary for all health professionals to work more effectively with Indigenous Peoples and organizations. The CEIH provides leadership and participates in

⁸⁶ “Two-Eyed Seeing,” Institute for Integrative Science and Health, accessed April 20, 2020, <http://www.integrativescience.ca/Principles/TwoEyedSeeing/>.

⁸⁷ “New Centre for Excellence in Indigenous Health launched at UBC,” University of British Columbia Faculty of Medicine School of Population and Public Health, accessed April 13, 2020, <https://www.spph.ubc.ca/new-centre-for-excellence-in-indigenous-health-launched-at-ubc/>.

research with Indigenous scholars, communities and organizations to increase access to research opportunities for Indigenous Peoples in Canada. As well, the Centre offers strategic co-ordination and guidance to functions already operating in many UBC locations and provides help in developing initiatives that would otherwise be difficult to develop or maintain across units.

Curriculum Review and Advancement

The CEIH performed an **environmental survey** of all Indigenous health-related content used in UBC's various health sciences programs to identify opportunities for curricular renewal. **New case-based learning modules** which examine determinants of health in an Indigenous context have been developed, including six that were newly created by the Health Professional Programs. Further, **the MD examination question bank** is being reviewed on an ongoing basis to ensure that test questions do not reinforce negative and racist stereotypes of Indigenous Peoples. There is a plan in place to review all MD undergraduate program curricula (Case-Based Learning, lecture and lab materials) for negative or racist stereotypes. All outdated and/or culturally insensitive material is being replaced with appropriate content. This review and update was led by the Director of Curriculum with the Indigenous Faculty Theme Lead in partnership with the CEIH. A process to establish a set of **best practices for the creation of curricular elements** relating to Indigenous health that will be applied in a Faculty-wide fashion so that consistency across all programs can be achieved is also underway. The Undergraduate Medical Education Committee recently formed a **Curriculum Review Working Group** that is conducting a formal review of the mission and goals, exit competencies, and curriculum of the Undergraduate Medical Education Program. One of the lenses used by the Working Group is the First Nations, Inuit, Metis Health Core Competencies; a Curriculum Framework for Undergraduate Medical Education (2009) from the Indigenous Physicians Association of Canada and the AFMC⁸⁸. This opportunity will be used to make significant advances on the road to embedding Indigenous cultural safety competencies as well as those that assist in addressing systemic and structural racism in the MD Undergraduate curriculum and the Indigenous health curriculum described above.

Courses, Programs, and Community Practice Spaces

A number of courses and programs that facilitate student learning on issues important to Indigenous health and well-being are available, and an initiative to create a culturally safe community practice space has also been enacted, as described below.

⁸⁸ First Nations, Inuit, Metis Health Core Competencies; a Curriculum Framework for Undergraduate Medical Education (2009). Indigenous Physicians Association of Canada and the AFMC.

https://afmc.ca/sites/default/files/pdf/IPAC-AFMC_Core_Competencies_EN.pdf

UBC 23-24—Indigenous Cultural Safety: This course⁸⁹ was co-developed by the CEIH in close collaboration with partners from the Indigenous community in response to the Truth and Reconciliation Commission of Canada’s Calls to Action 23 and 24. Launched in 2017 and delivered in partnership with UBC Health, the course is required for all first-year students enrolled in UBC’s various health professional programs, including Audiology and Speech Language Pathology, Dental Hygiene, Dentistry, Dietetics, Genetic Counselling, Medicine, Midwifery, Nursing, Occupational Therapy, Pharmacy, and Physical Therapy, with only students in Social Work being exempt due to that program’s already comprehensive Indigenous cultural safety syllabus. Consisting of four online modules and two in-person workshops conducted in partnership with Indigenous and non-Indigenous facilitators, the course covers a range of topics. These include the various levels of prejudice, Indigenous identities and diversity and Indigenous perspectives of Canadian history, the legacy of colonialism, the Indian Act, and the residential school system in Canada and how these continue to impact Indigenous health and wellness in the modern day, the work of the Truth and Reconciliation Commission of Canada, the peculiarities of Canada’s health care system that affect health care access for certain groups, the determinants of health important to the health and well-being of Indigenous Peoples, and traditional Indigenous systems of medicine, among others. During the course, learners are asked to re-examine their own preconceptions and re-evaluate current systems of power and the validity of colonial patterns of thought with the intention of addressing the long-standing and mistaken pathologizing of Indigeneity⁹⁰. 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 health care system as future practitioners. Expansion of UBC 23 24 to provide mandatory cultural safety and humility education to all health professional and health sciences students, including graduate students and post-graduate learners (residents), at UBC is required to ensure the next generation of health and health-related professionals has the necessary foundation to establish culturally appropriate and safe practices and relationships.

Other Centre for Excellence in Indigenous Health Programs: The Faculty of Medicine offers additional programs designed to support and build health care capacity in Indigenous communities through the CEIH. The first, the **UBC Learning Circle**⁹¹, established in partnership

⁸⁹ “UBC 23 24 Indigenous Cultural Safety,” The University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed April 13, 2020, <https://health.aboriginal.ubc.ca/programming/ubc23-24/>.

⁹⁰ Allan, B. & Smylie, J., *First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada* (Toronto, the Wellesley Institute, 2015), <https://www.sac-oac.ca/sites/default/files/resources/Report-First-Peoples-Second-Class-Treatment.pdf>.

⁹¹ “UBC Learning Circle,” The University of British Columbia Faculty of Medicine Centre for Excellence in

with the First Nations Health Authority, is a community of practice for health care workers and professionals in First Nations communities. Its purpose is to provide a safe space where successful practices and traditional perspectives may be shared, as well as a venue where guest speakers, including researchers and other experts, can discuss their thoughts and findings. Participants attend via videoconferencing and webinars, which not only reduces barriers to access by eliminating travel and accommodation costs, but also serves the additional function of promoting the use of virtual technologies within rural communities. While a majority of these sessions are open to the general public, the primary audience are Indigenous community members, students, and health care providers. This program is supplemented further by the **Indigenous Speakers Series**⁹². Indigenous experts from a variety of backgrounds are invited to give lectures to the UBC community on topics relating to the well-being of Indigenous Peoples, including data governance, Indigenous research methodologies, Indigenous health policy, Indigenous identities and land relationships, as well as others.

The **Certificate in Aboriginal Health and Community Administration**⁹³, which was developed prior to the existence of the CEIH, is a course intended for Indigenous learners interested in building health care capacity in their communities. Consisting of online assignments and discussions, as well as in-person sessions taking place at UBC over five weekends, this year-long program has been supported and grown by the CEIH in close consultation with Indigenous communities and partners. The course is intended to give students the tools needed to develop and coordinate Indigenous health programs and promote the well-being of Indigenous Peoples and is taught by health practitioners with years of professional experience. Based on the success of this program, a new curriculum for the training of Health Directors may be added in partnership with the BC First Nations Health Directors Association.

Graduate Certificate in Indigenous Public Health⁹⁴ Housed within the School of Population and Public Health, this program was created and now is administered by the CEIH. It is

Indigenous Health, accessed April 13, 2020, <https://health.aboriginal.ubc.ca/programming/the-ubc-learning-circle/>.

⁹² "Indigenous Speakers Series," The University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed April 13, 2020, <https://health.aboriginal.ubc.ca/events/indigenous-speakers-series-2/>.

⁹³ "AHCAP—Aboriginal Health and Community Administration Program," The University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed April 13, 2020, <https://health.aboriginal.ubc.ca/programming/aboriginal-health-and-community-administration-program/>.

⁹⁴ "Vancouver Academic Calendar 2020/21—Graduate Certificate in Indigenous Public Health," The University of British Columbia, accessed August 23, 2020, <http://www.calendar.ubc.ca/vancouver/index.cfm?tree=12,291,1010,0>

designed for Indigenous community members, Indigenous and non-Indigenous health professionals, paraprofessionals, researchers, and students from the health sciences and other health-related disciplines with an interest in promoting Indigenous health interests (registration priority is given to Indigenous community members, health professionals, paraprofessionals and researchers who are working or who will be working with Indigenous communities). This 12-credit program, consisting of 8 courses taken 2 at a time over week-long sessions in the summer and winter terms, allows learners to share their expertise in an open classroom environment, and equip them with training in various aspects of public health, including research ethics, behavioural science, biostatistics/epidemiology, environmental health, health administration/policy and health education/promotion as they are applied in Indigenous contexts. An Elder-in-residence plays a central role this learning experience for students and faculty alike, with each week including a session with faculty and Elder(s) on the UBC Farm.

Surgical Care in Canada's Rural and Remote Indigenous Communities with Global Comparisons (SURG 518)⁹⁵ In this course, developed in partnership with CEIH leadership, students critique the provision of surgical care services to Indigenous communities in Canada and throughout the world, drawing on Indigenous perspectives to conduct a detailed examination of the specific challenges and opportunities facing clinicians, communities, and the health systems with the aim of enabling the learner to improve access to such services for Indigenous populations globally and at home. The course deals with subjects including the historical reasons influencing the health status indicators for Indigenous Peoples and the unique social circumstances that influence their health and well-being. Throughout the course, students will gain a deeper understanding of the various strategies designed to address the disparities in surgical care between remote Indigenous communities and urban communities, and learn how successful systems practised in low-income countries may be applied to high-income countries and vice versa.

Clinical Placements and Experiences

Various placement opportunities in Indigenous communities are available in certain Faculty of Medicine programs to help learners gain real-life experiences in these environments. A visit with local communities is arranged for MD Undergraduate students during the first week of their second term when they first move to **the traditional territories of the sites of their enrolment** in the distributed medical programs. In partnership with Carrier Sekani Family Services, an organization created more than 25 years ago with a mandate to establish a

⁹⁵ "Student Service Centre Course Schedule--SURG 518 Surgical Care in Canada's Rural and Remote Indigenous Communities with Global Comparisons," The University of British Columbia, accessed August 23, 2020, <https://courses.students.ubc.ca/cs/courseschedule?pname=subjarea&tname=subj-course&dept=SURG&course=518>

comprehensive infrastructure of social, health and legal programs in accordance with the needs, socioeconomic conditions, values and beliefs of the Carrier and Sekani Nations. Medical students have the further option of taking on **northern rural placements within Indigenous communities**, where they can learn first-hand about providing care in an atmosphere of cultural safety and humility. As well, the Department of Physical Therapy's **Northern Rural Cohort** (now the Masters of Physical Therapy-North Program) holds regular rotations in small Indigenous communities in Northern BC, many of which do not yet have on-site physical therapy services.

The School of Population and Public Health offered a course entitled **Topics in Indigenous Health: A Community-Based Experience (SPPH 408)**. Although currently not offered, we intend to re-start it in the future. This course is a practice-based Indigenous health elective intended for health sciences students and brings together learners from various health disciplines to live and work together in one of a number of BC First Nations communities for a month. This course provides an immersive experience for students that exposes them to a combination of western and Indigenous views on health and medicine, and stimulates reflection on local Indigenous health concerns, values, and culture, with the goal of enabling learners to provide culturally safe care to Indigenous Peoples in an inter-professional collaborative team environment.

Looking to the Future

The Faculty recognizes how critically important it is for our graduates to learn about and appreciate the impact of our colonial history, its legacy and the pervasiveness of its effects in society today, the context from which inequities in health and wellness of Indigenous Peoples arise and the resilience that shines through when students and faculty have the opportunity to learn from Indigenous Peoples. We will continue in our efforts to develop an effective Indigenous health curriculum for all programs in the Faculty and will work in partnership with Indigenous Peoples, Nations, communities, and organizations whose expertise and guidance we will seek, and who we will trust to hold us accountable for the following actions to which we commit.

ACTION STATEMENTS ON CURRICULUM:

11. The UBC Faculty of Medicine commits to the development and implementation of a longitudinal Indigenous health curriculum across its programs, including its faculty and staff, that will lead to an understanding of Canada's colonial history and the enduring impact of this history on health and wellness of Indigenous Peoples. Anti-racism and anti-colonialism will serve as core pedagogical principles.
12. The UBC Faculty of Medicine commits to incorporate Indigenous perspectives on

holistic health and wellness and embed an appreciation of Indigenous ways of knowing, seeing, and healing in the curriculum of all its programs. The Faculty will develop curricular approaches designed to instill a sense of cultural humility among graduates that will serve as a key foundation for development of culturally safe practices for and respectful relationships with Indigenous Peoples.

Graduate, Post-Graduate, and Professional Education^{96,97}

The UBC Faculty of Medicine recognizes the need to ensure that the emphasis the undergraduate medical curriculum places on Indigenous health and wellness is carried over to all of its programs. This includes not only the later post-graduate

“[The RCPSC] endorses the need for Indigenous health to be recognized as a mandatory component of post-graduate medical training.”⁹⁸

phases of clinician training, but also to existing practitioners around the province. In addition, it will be important to extend the learnings to our graduate and post-doctoral training programs to ensure that these future educators, researchers, scholars, and possibly administrators also have the necessary knowledge, understanding, and competencies.

Post-Graduate Medical Education

Both the Royal College of Physicians and Surgeons of Canada⁹⁹ and the College of Family Physicians of Canada¹⁰⁰, who are responsible for setting the accreditation standards for all post-graduate training programs, share the Faculty’s view about education and learning on key aspects of Indigenous health and wellness. This includes making certain that learners acquire knowledge of Canada’s colonial history; build an appreciation of Indigenous ways of knowing, seeing and healing; develop the skills and competencies in addressing systemic and other forms of racism plus related matters; and are prepared to deliver respectful, culturally safe care during training and in their future practices. It also involves ensuring that all learning and work environments are culturally safe and free from racism or discrimination. The Faculty’s Family Medicine Residency Program has taken steps to ensure important competencies are incorporated in the curriculum across all sites. The Indigenous Family Medicine Program is one that focuses on providing care for Indigenous populations and communities.

⁹⁶ “Indigenous Health is a Priority for the Royal College,” Royal College of Physicians and Surgeons of Canada, accessed November 15, 2019, <http://www.royalcollege.ca/rcsite/health-policy/initiatives/indigenous-health-e>.

⁹⁷ College of Family Physicians of Canada, *Standards of Accreditation for Residency Programs in Family Medicine* (Mississauga: College of Family Physicians of Canada, 2018), <https://www.cfpc.ca/ProjectAssets/Templates/NewsItem.aspx?id=8684&terms=indigenous>.

⁹⁸ “Indigenous Health is a Priority for the Royal College,” Royal College of Physicians and Surgeons of Canada, accessed November 15, 2019, <http://www.royalcollege.ca/rcsite/health-policy/initiatives/indigenous-health-e>.

⁹⁹ “Indigenous Health is a Priority for the Royal College,” Royal College of Physicians and Surgeons of Canada, accessed November 15, 2019, <http://www.royalcollege.ca/rcsite/health-policy/initiatives/indigenous-health-e>.

¹⁰⁰ College of Family Physicians of Canada, *Standards of Accreditation for Residency Programs in Family Medicine* (Mississauga: College of Family Physicians of Canada, 2018), <https://www.cfpc.ca/ProjectAssets/Templates/NewsItem.aspx?id=8684&terms=indigenous>.

UBC Family Medicine Residency Program¹⁰¹ UBC has the largest Family Medicine Residency Program of all Canadian medical schools. Encompassing 19 sites in both rural and urban regions of the province, the highly-distributed nature of the Department of Family Practice's postgraduate program allows trainees to engage with a broad spectrum of local communities and develop their understanding of the specific determinants that affect health in diverse populations, under the guidance of preceptors with years of experience serving at those sites.

The real-life experiences in Indigenous health practice that the Family Medicine residents receive may be supplemented by the online *San'yas: Indigenous Cultural Safety Training Program*, developed under the leadership of Cheryl Ward of the Kwakwaka'wakw Nation and Leslie Varley of the Nisga'a Nation, and administered by the Provincial Health Services Authority's Indigenous Health Program. This program is available to all practicing health care providers in the province for whom the curriculum was created. Expansion of the UBC 23 24 is currently being considered in order to provide a unique yet complementary approach to embedding Indigenous cultural safety and humility in health care in BC. Such an expansion will not only help address capacity issues with the *San'yas* course, but will also ensure the curriculum is appropriately tailored to learners and students in clinical and academic learning environments. Furthermore, the UBC 23 24 curriculum provides the additional benefits of being delivered inter-professionally and incorporating an in-person component, which has been shown by experience to be an important element of Indigenous cultural safety education. Notably, extension of mandatory education to all health professional and health sciences faculty and staff at UBC, by further expansion of UBC 23-24, is also being planned. Doing so, will positively impact not only the work and learning environments for Indigenous students, faculty and staff, but also the clinical practice space because our clinical faculty, of which there are thousands, are medical and health professionals as well.

In 2017, the Family Medicine Residency Program sought out the guidance of **Elder Roberta Price** of the Snuneymuxw and Cowichan First Nations, who has since then served as the Indigenous Co-lead for the Residency Program. Elder Roberta is also Adjunct Professor in the Department of Family Practice and a community advisor and co-principal investigator for Critical Research in Health and Health Care Inequities for the UBC School of Nursing. The Family Medicine Program and the residents that she mentors, as well as other members of the Department, have all benefitted greatly from Elder Roberta's understanding of social justice since her joining, as well as from her expertise in traditional healing practices and in providing care to marginalised populations. Her counsel on matters relating to Indigenous health and wellness, and beyond, is a highly valued contribution.

¹⁰¹ "Department of Family Practice Postgraduate Program," The University of British Columbia, accessed August 23, 2020, <https://postgrad.familymed.ubc.ca/>

Indigenous Family Medicine Residency Program¹⁰² Established in 2002, and with Dr. Terri Aldred of the Tl’Azt’En Nation serving as its current Director, the Indigenous Family Medicine Residency Program is the first of its kind in Canada. It provides unique opportunities for Family Medicine Residents with specific interests in Indigenous health care to train in delivering culturally-appropriate holistic care using both modern and traditional healing approaches within Indigenous communities throughout the province. The program focusses in particular on developing sincere relationships with host communities and learning about their cultures, as well as traditional ways of knowing. On an internal review it was found that 78% of the program’s graduates work in urban Indigenous clinics as well as do outreach to rural and remote reserves. The program’s success has prompted discussions of expanding it to include other health professions as well.

Continuing Professional Development

The Faculty of Medicine’s Continuing Professional Development (CPD) Office is dedicated to providing BC physicians with the support they need to improve their knowledge and practice. CPD has worked extensively with the Indigenous community to offer a number of resources and services for practitioners to learn more about issues central to the Indigenous health care experience, some of which are summarized below.

Indigenous patient-mediated CPD: This CPD project, co-created and delivered in partnership with Indigenous patients and Elders, is aimed at assisting rural physicians in developing a greater level of cultural sensitivity and humility through experiential community-centred learning opportunities that seek to address systemic racism and cultural bias. It celebrates the strength of Indigenous ways of knowing and traditional healing practices, so as to enable these physicians to deliver culturally safe and -relevant care to the populations that they serve. It is hoped that this approach of basing training in mutually respectful partnerships between health care providers and Indigenous communities will promote a fundamental change in thinking and practice, as well as create an atmosphere of greater trust.

BC Cancer Primary Care Education: CPD has also worked with the First Nations Health Authority to create online training content to help primary care providers address the cultural sensitivity and humility concerns of Indigenous persons undergoing cancer care. Cultural safety is a central theme of this program, having been woven into the curriculum through case-based learning and post-module testing in ways that prompt physicians to reflect upon the experience of the patient through all stages of their journey, particularly where it involves

¹⁰² “Indigenous,” UBC Family Medicine Residency Program, accessed November 17, 2019, <https://carms.familymed.ubc.ca/training-sites/aboriginal-2-2/>.

discussions regarding the patient's goals of care. Detailed resources are also provided to guide further learning on the subject.

International Medical Graduate Licensing Processes: The **BC Physician Integration Program Orientation Conference**, which is meant for international medical graduates who have been provisionally licensed to practise in BC, contains two mutually reinforcing ninety-minute sessions on the subjects of cultural communication and Indigenous health as two of its four components. The material is not meant to be exhaustive but is designed to prime introspection and stimulate additional thinking. The **Practice Ready Assessment-British Columbia** program is likewise intended for those seeking licensure in BC, and similarly contains a ninety-minute session on culture, communication, and feedback, in addition to a two-hour session on Indigenous health, which serves to emphasise the vital importance of creating culturally-safe spaces for patient care.

Conferences: There has been a redoubling in efforts to ensure that Indigenous perspectives and identities are properly recognized as an integral part of the numerous professional development conferences that are held in BC. The **BC Centre for Substance Use Conference 2020, *Changing Practice, Changing Policy***, incorporated a number of changes designed to facilitate this, and provides a very good example of these efforts. Care has been taken to solicit opinions of First Nations Health Authority, Indigenous community leaders, researchers, and patients throughout the entire conference planning process to ensure that its content and direction are consistent with the respectful representation of Indigenous persons and viewpoints and that Indigenous interests are represented in the program. Indigenous input has also been sought in development of programming around culturally safe, trauma informed care for Indigenous people in relation to the opioid crisis, including participation of Indigenous speakers.

Further initiatives: The BC Centre on Substance Use (BCCSU), which is a designated Centre of the UBC Faculty of Medicine, launched an **Indigenous Cultural Safety Framework** in May 2019 as part of its commitment to Reconciliation. The Framework aims to facilitate the embedding of Indigenous cultural safety and the practice of cultural humility into the BCCSU by calling upon individuals to recognize this work as a lifelong developmental process, and to be accountable for shaping their workplace culture. The BCCSU is has also developed an **Indigenous Cultural Safety (ICS) Training Program** to support implementation of the Framework. This program aims to address institutional racism within academia and health care, with the ultimate goal of developing a racism-free environment at the BCCSU. The training program will educate their staff and faculty on the impacts of colonialism (past, current and ongoing), as well as provide an opportunity to celebrate Indigenous resiliency and acts of resistance in parallel to the Canadian narrative. The training program consists of three core modules, Foundational, Intermediate, and Advanced & Lifelong Learning, taken over the

course of 6 to 8 months.

CPD has also worked with BCCSU's Indigenous Cultural Safety Coordinator to develop visual updates for the introduction to the Addiction Care and Treatment Online Course, which emphasises cultural safety and trauma-informed practice. The latter aspect is quickly being integrated into other CPD training modules as well, including the Provincial Opioid Addiction Treatment and Support and the Perinatal Substance Use programs. Additionally, all CPD staff are offered training in Indigenous Cultural Safety and determining how their work can advance the Truth and Reconciliation Commission of Canada's Calls to Action. Finally, CPD was responsible for assessing 10 CPD programs on behalf of the Royal College of Physicians and Surgeons of Canada and College of Family Physicians of Canada over the past year, in part to help ensure that these programs meet stringent cultural safety standards.

Graduate and Postdoctoral Education

The Faculty of Medicine's Graduate and Postdoctoral Education Office works closely with UBC's Faculty of Graduate and Postdoctoral Studies in the administration of 28 health-related graduate programs, ranging from those that are research-based to ones that grant degrees in a variety of health professions, including audiology, genetic counselling, health administration, health sciences, occupational and environmental hygiene, occupational therapy, physical therapy, public health, and speech-language pathology. Included in these programs' portfolios are a number of courses specifically designed to address the subject of Indigenous health and well-being.

Courses:

The School of Audiology and Speech Sciences, for instance, offers **Approaches to Audiology and Speech Language Pathology for People of First Nations, Métis, and Inuit Heritage (AUDI 540)**. As mentioned previously, the online **Surgical Care in Canada's Rural and Remote Indigenous Communities with Global Comparisons (SURG 518)** course developed in partnership with CEIH leadership and 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. **Aboriginal People and Public Health: Ethics, Policy, and Practice (SPPH 536)**, run by the School of Population and Public Health, is a seminar course that looks at the enduring effects of colonization, and of policies and systems such as the Indian Act, as well as the residential school and child-welfare systems, on the health outcomes of Indigenous Peoples, from the standpoint of ethical public health practice, while seeking to inform students of the value of traditional healing practices.

Indigenous Public Health Training

The pioneering **Indigenous Public Health Training Institutes Program**¹⁰³ was created and is now administered by the CEIH. It was created primarily for Indigenous community members interested in pursuing course topics and/or certificate while also being open to current health care practitioners, trainees in a broad range of health disciplines and levels, and individuals with a background or interest in Indigenous health and well-being, regardless of educational credentials held. It may be taken as a non-credit certificate or put towards the completion of a **Graduate Certificate in Indigenous Public Health**. Structured as an intensive week-long, in-person experience with two courses running concurrently covering core disciplines of public health (biostatistics, research ethics, research methods, health policy and environmental health, to name a few) through an Indigenous lens, it is designed to teach students the leadership and research skills they will need to address particular health priorities in Indigenous communities.

Looking to the Future

The Faculty of Medicine will build upon existing work and will take further steps to ensure Indigenous health, wellness and other related issues continue to be a key component of our graduate, post-graduate, and professional educational programs across all units. These programs will be developed in partnership with Indigenous Peoples, Nations, communities and organizations. We commit to carried out efforts in accordance with the following action statement.

ACTION STATEMENT ON GRADUATE, POST-GRADUATE, AND PROFESSIONAL EDUCATION:

13. The UBC Faculty of Medicine commits to the development of curricula and associated tools in Indigenous health and wellness with a core focus on cultural safety, anti-colonialism and anti-racism in all graduate, post-graduate, and professional educational programs. These curricular approaches will build on the undergraduate medical curriculum and other activities in Indigenous health and wellness to prepare clinicians, educators, researchers, and scholars for anti-racist, culturally safe independent practice and work.

The Faculty views all preceding Action Statements (1-12) as being relevant to graduate, post-graduate, and professional education as well, and will endeavour to apply them to these programs to the same degree.

¹⁰³ "Indigenous Public Health Training," The University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed April 13, 2020, <https://health.aboriginal.ubc.ca/programming/indigenous-public-health-training-institutes/>.

Working Together to Advance the Health and Wellness of Indigenous Peoples Through Discovery and Innovation

Indigenous health research, which can be defined as research in any field or discipline related to health and/or wellness that is conducted by, grounded in, or engaged with Indigenous communities, societies, or individuals and their wisdom, cultures, experiences, or knowledge systems¹⁰⁶, was not *specifically* named in the TRC. However, research that leads to discovery, new understandings, and innovations can help address health disparities and drive self-determination in health care by improving approaches to care and practice and ultimately resulting in enhanced health and wellness of Indigenous Peoples and communities.

[Values, beliefs, practices, and customs of communities] are ‘factors’ to be built into research explicitly, to be thought about reflexively, to be declared openly as part of the research design, to be discussed as part of the final results of a study, and to be disseminated back to the people in culturally appropriate ways and in a language that can be understood.¹⁰⁵

Current Initiatives

The following describes a number of notable projects focusing on Indigenous health and wellness that the Faculty of Medicine is a part of.

The First Nations Health Authority Chair in Cancer and Wellness¹⁰⁷

Dr. Nadine Caron of the Sagamok Anishinawbek Nation, who is an Associate Professor in UBC’s Department of Surgery and founding co-Director of the UBC Centre for Excellence in Indigenous Health, was appointed the First Nations Health Authority Chair in Cancer and Wellness in January 2020. This position, co-created by UBC and the First Nations Health Authority, and based in both the UBC School of Population and Public Health and the FNHA, was established with the intention of improving cancer outcomes, to overcome disparities that exist

¹⁰⁴ Linda Tuhiwai-Smith. *Decolonizing Methodologies: Research and Indigenous Peoples*. 12th Edition; Zed Books London. 2008.

¹⁰⁵ Ibid.

¹⁰⁶ Canadian Institutes of Health Research, *Institute of Indigenous Peoples’ Health Strategic Plan 2019-2024* (Ottawa: Her Majesty the Queen in Right of Canada, 2019), https://cihr-irsc.gc.ca/e/documents/cihr_iiph_strat_plan_2019-2024-en.pdf.

¹⁰⁷ “FNHA and UBC create chair to prevent cancer and improve well-being,” The University of British Columbia Faculty of Medicine, March 17, 2017, <https://www.med.ubc.ca/news/fnha-and-ubc-establish-chair-to-prevent-cancer-and-improve-wellbeing/>.

between Indigenous and non-Indigenous people, and to enhance overall wellness among Indigenous communities. Strategies to prevent and manage cancer will be developed using a holistic approach which acknowledges that current disparities in cancer outcomes were brought about by colonization, racism, marginalization, and poverty. In collaboration with the Centre for Excellence in Indigenous Health, the Chair is working to facilitate research in areas pertaining to Indigenous health, foster the recruitment and retention of Indigenous students into health professions, and create Indigenous health-related curricular content. Dr. Caron currently resides in Prince George, where she provides surgical oncology care for those living in rural and remote regions in BC and is a faculty member within UBC's Northern Medical Program.

The Northern Biobank Initiative¹⁰⁸

The Northern Biobank Initiative is the first biobank project of its kind in the province. Biobanks are typically located in large research hospitals in metropolitan areas, and as such, they tend to capture population data that differ significantly from those of northern, rural, remote and Indigenous communities. By serving as a repository of blood and tissue samples from these communities, the Northern Biobank will form a key foundation for delineating specific genetic nuances of populations, which have until now been neglected and not understood. An aim is to embed a First Nations biobank within the Northern Biobank to enable Indigenous governance to partner with Western science. These research platforms will also enable Northern BC to better contribute to large-scale provincial and national research by allowing scientists to compare the genetic makeups of various populations throughout BC, and/or be included in the research that pertains to them; it aims to ultimately improve health outcomes for Indigenous populations. An important feature is that processes and procedures in the biobank include cultural protocols that respect and support First Nations cultures and values and reflect the sacredness of samples residing within it¹⁰⁹.

Led by Dr. Nadine Caron, this project is part of Genome British Columbia's User Partner Program, and is jointly funded by Genome British Columbia, the Northern Health Authority, the First Nations Health Authority, the Provincial Health Services Authority, and the BC Cancer Foundation. The University of Northern British Columbia serves as the lead academic institution managing the research administration for the project.

¹⁰⁸ "A biobank for northern BC takes shape," The University of British Columbia Faculty of Medicine, April 18, 2016, <https://www.med.ubc.ca/news/a-biobank-for-northern-b-c-takes-shape/>.

¹⁰⁹ Caron N Boswell B, Deineko V Hunt M. Partnering with Northern British Columbia First Nations in the Spectrum of Biobanking and Genomic Research: Moving Beyond the Disparities. Accepted on May 23, 2019, Published on January 13, 2020. DOI <https://doi.org/10.1200/JGO.19.00096>

Silent Genomes: Reducing Health Care Disparities and Improving Diagnostic Success for Indigenous Children with Genetic Disease¹¹⁰

Silent Genomes—led by Drs. Laura Arbour, Nadine Caron and Wyeth Wasserman, all of whom are faculty members at UBC—is a \$10.4M Large-Scale Applied Research Project funded through Genome Canada and Genome BC in collaboration with the Canadian Institutes of Health Research.

Genomic technologies are advancing health care by allowing medical treatments to be tailored to the specific needs of individual patients. However, the advent of these technologies has also had the unintended consequence of further widening health care disparities between Indigenous and non-Indigenous populations. Silent Genomes hopes to rectify this issue by lowering barriers to accessing tools for genetic disease diagnosis for Indigenous children. A key part of this project will be to obtain more complete background genetic variation data for Indigenous populations in Canada, the lack of which has hampered accurate diagnosis of genetic conditions in Indigenous children thus far. Conducted in partnership with Indigenous communities, organizations and leadership, this project will also establish processes for Indigenous Peoples to control and protect their own genomic data and lead to the establishment of guidelines that could be applied at the national and international levels¹¹¹. In doing so, Silent Genomes will lead to improvements in health outcomes in Indigenous communities by enhancing equitable access to diagnosis, treatment, and care, and advancing the effectiveness of precision medicine.

Cultural Agility in Northern BC's Health Care System: Increasing Indigenous Employment Participation and Responsiveness to Indigenous Well-being

This initiative is led by Sarah de Leeuw, a Professor in the Northern Medical Program and Research Director of the Health Arts Research Centre. The initiative focuses on ways that social sciences and humanities approaches to knowledge production and dissemination might be mobilized to inform or develop policies, models, tools, and interventions for strengthening and diversifying the work environment in Northern BC's health care system, especially for First Nations Peoples, in conjunction with the First Nations Health Authority and northern First Nations. The goal of this initiative is to improve the health sector employment environments, and the delivery of health care services, in northern BC and beyond by researching,

¹¹⁰ “Genomics Projects led by UBC Researchers get \$101M Boost,” The University of British Columbia Faculty of Medicine, accessed November 17, 2019, <https://research.ubc.ca/genomics-projects-led-ubc-researchers-get-101m-boost>.

¹¹¹ Hudson, M, Garrison, NA, Sterling R et al. Rights, Interests, and Expectations: Indigenous perspectives on unrestricted access to genomic data. *Nat Rev Gen* 21, 377-384, 2020. <https://doi.org/10.1038/s41576-020-0228-x>.

implementing, and evidencing “culturally agile” health care services, especially by using community-informed decolonizing critical humanities and social science methods and methodologies. Culturally agile health care services in northern BC would: 1) support people (especially Indigenous Peoples) from northern and rural places to join and remain in health care employment professions and 2) ensure the health care system is safer for all Indigenous Peoples, including employees and patients.

The **Indigenous Mentee Program**, which is part of this initiative, recruits mentees to work and learn alongside researchers, stakeholders, students, and emerging scholars. The role of the Indigenous Mentee program is reciprocal and multi-directional as incumbents are both a mentor and a learner. The Indigenous Mentee provides invaluable learning experiences for graduate and some undergraduate students, as well as other emerging scholars engaged in this research. Through this program, Indigenous Mentees can also expect to learn more about community consultation, qualitative arts-based research, grant writing, research dissemination, teamwork in a research context, and academic writing.

Bridging the cancer divide: Leveraging community strengths and optimizing technology use to improve screening for Indigenous women in northern BC through HPV self-collection

This project, led by Sheona Mitchell-Foster, who is an Assistant Professor in the Northern Medical Program and an Obstetrician Gynecologist, explores the acceptability and feasibility of an intervention to improve access to cervical cancer screening in rural Indigenous communities in Northern BC among women who do not regularly attend screening. The approach involves self-collected cervical cancer screening using mailed self-sampling kits for human papillomavirus (HPV) testing. Women can choose to self-collect at home and pick up and return kits to their local community health centre or can choose to self-collect in a private room at this centre. Women who test positive for high risk strains of HPV will be contacted and referred for further testing and care. The findings of this pilot program will be used to inform possible scale-up to other regions and populations. Partners include Carrier Sekani Family Services and Métis Nation BC.

Reflections on Indigenous Health Research

Indigenous health research can have a positive impact on Indigenous health and wellness as a consequence of initiatives such as those described above. However, many Indigenous Peoples regard research, particularly that arising outside their communities, with continuing mistrust or apprehension¹¹². This perspective exists for a number of reasons. Non-Indigenous researchers have primarily been responsible for defining and performing Indigenous health

¹¹² Secretariat on Responsible Conduct of Research, *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (Ottawa: Her Majesty the Queen in Right of Canada, 2019), <https://ethics.gc.ca/eng/documents/tcps2-2018-en-interactive-final.pdf>.

research with outcomes of the research generally not being shared or benefiting the Indigenous Peoples or communities involved¹¹³. There is therefore a need for Indigenous Peoples to set their own research priorities and lead research to ensure that they are able to address issues of their own interests and needs¹¹⁴. Furthermore, Indigenous health research performed by non-Indigenous researchers is often “deficit-based” in part due to its failure to frame results in appropriate historical contexts¹¹⁵. Current research and funding models are still viewed as reinforcing power imbalances that negatively impact the well-being of Indigenous Peoples¹¹⁶. Indigenous worldviews and approaches to knowledge are still often considered to be “not suitable for research” nowadays because of past efforts to diminish, ignore, or abolish them and because of the epistemological racism that continues to persist today¹¹⁷. Moreover, Indigenous Peoples have suffered significant harms from research carried out that included, for example, misappropriation of cultural elements, violation of community values regarding the use of human tissues and remains, and dissemination of information that misrepresented or stigmatized Indigenous Peoples or communities¹¹⁸.

Looking to the Future

The Faculty of Medicine recognizes and acknowledges the significant detrimental impact of the manner by which Indigenous health research was performed in the past. Moving forward, the Faculty of Medicine will build upon existing efforts while working to ensure all Indigenous health research performed is respectful, meaningful, patient-oriented, and culturally safe^{119,120} and is carried out in accordance with our social accountability mandate for Indigenous Peoples and communities. To achieve this, we commit to the following.

¹¹³ Ibid.

¹¹⁴ Ibid

¹¹⁵ Sarah Hyett, Stacey Marjessison, and Chelsea Gabel, “Improving health research among Indigenous peoples in Canada,” *Canadian Medical Association Journal* 190:E616-621, 2018.

¹¹⁶ Setting new directions to support Indigenous research and research training in Canada 2019-2022. Government of Canada https://www.canada.ca/content/dam/crcc-ccrc/documents/strategic-plan-2019-2022/sirc_strategic_plan-eng.pdf

¹¹⁷ Sarah Hyett, Stacey Marjessison, and Chelsea Gabel, “Improving health research among Indigenous peoples in Canada,” *Canadian Medical Association Journal* 190:E616-621, 2018.

¹¹⁸ Secretariat on Responsible Conduct of Research, *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (Ottawa: Her Majesty the Queen in Right of Canada, 2019), <https://ethics.gc.ca/eng/documents/tcps2-2018-en-interactive-final.pdf>.

¹¹⁹ Canadian Institutes of Health Research, *Institute of Indigenous Peoples’ Health Strategic Plan 2019-2024* (Ottawa: Her Majesty the Queen in Right of Canada, 2019), https://cihr-irsc.gc.ca/e/documents/cihr_iiph_strat_plan_2019-2024-en.pdf.

¹²⁰ Secretariat on Responsible Conduct of Research, *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (Ottawa: Her Majesty the Queen in Right of Canada, 2019),

ACTION STATEMENT SUPPORTING INDIGENOUS HEALTH RESEARCH:

14. The Faculty of Medicine will work to ensure that any research involving Indigenous Peoples is conducted in a manner that is respectful and culturally safe, comes from a perspective of cultural humility, is guided by the principles of reciprocity and the self-determination of Indigenous Peoples, meaningfully works with and supports Indigenous Peoples to develop questions asked, research outputs, and the approaches and assessment methods used, commits to returning findings, and demonstrates respect for Indigenous worldviews and knowledge systems, and appropriately recognizes values, customs, cultures and protocols, including those related to research ethics and governance.

APPENDIX A: BC RESIDENTIAL SCHOOLS

Name (Alternative Names) ^{121,122,123}	Location ¹²⁴	Opened ¹²⁵	Closed ¹²⁶	Denomination ¹²⁷
Ahousat Indian Residential School	Ahousaht	1904	1940	PB, UC
Alberni Indian Residential School (Alberni Girls Home)	Port Alberni	1900	1973	PB, UC
Anahim Lake Dormitory	Anahim Lake	1968	1977	RC
Cariboo School (Williams Lake Indian Residential School, Williams Lake Industrial School)	Williams Lake	1891	1981	RC
Christie Indian Residential School (Clayquot Indian Residential School, Kakawis Indian Residential School)	Tofino	1900	1973	RC
Coqualeetza Home (Coqualeetza Industrial Institute)	Chilliwack/Sardis	1889	1940	MD, UC
Kamloops Indian Residential School	Kamloops	1890	1978	RC
Kitimaat Indian Residential School (Elizabeth Long Memorial School for Girls)	Kitimaat	1908	1941	MD, UC
Kootenay Indian Residential School (St. Eugene's Indian Residential School, St. Mary's Indian Residential School)	Cranbrook	1890	1970	RC
Kuper Island Indian Residential School	Kuper Island	1890	1975	RC
Lejac Indian Residential School (Fraser Lake School)	Fraser Lake	1917	1976	RC
Lower Post Indian Residential School	Lower Post	1951	1975	RC

PB=Presbyterian Church; UC=United Church of Canada; RC=Roman Catholic Church; MD=Methodist Church; AN=Anglican Church

¹²¹ "Search the Collection," Indian Residential School History and Dialogue Centre, accessed October 19, 2020, <https://collections.irshdc.ubc.ca/>

¹²² "List of Indian residential schools in Canada," Wikipedia, accessed October 19, 2020, https://en.wikipedia.org/wiki/List_of_Indian_residential_schools_in_Canada

¹²³ "Residential School Locations," Truth and Reconciliation Commission of Canada, accessed October 19, 2020, <http://www.trc.ca/about-us/residential-school.html>

¹²⁴ Ibid.

¹²⁵ "Search the Collection," Indian Residential School History and Dialogue Centre, accessed October 19, 2020, <https://collections.irshdc.ubc.ca/>

¹²⁶ Ibid.

¹²⁷ Ibid.

APPENDIX A: BC RESIDENTIAL SCHOOLS

Name (Alternative Names) ^{128,129,130}	Location ¹³¹	Opened ¹³²	Closed ¹³³	Denomination ¹³⁴
Thomas Crosby Indian Residential School (Thomas Crosby Girl's Home Indian Residential School, Thomas Crosby Boy's Home Indian Residential School)	Port Simpson	1879	1950	MD, UC
St. George's Indian Residential School (Lytton Indian Residential School)	Lytton	1901	1979	AN
St. Mary's Mission Indian Residential School	Mission	1867	1984	RC
St. Michael's Indian Residential School (Alert Bay Indian Residential School, Alert Bay Girl's Home, Alert Bay Boy's Home)	Alert Bay	1993	1974	AN
St. Paul's Indian Residential School (Squamish School)	North Vancouver	1899	1959	RC
Sechelt Indian Residential School	Sechelt	1904	1975	RC

PB=Presbyterian Church; UC=United Church of Canada; RC=Roman Catholic Church; MD=Methodist Church; AN=Anglican Church

¹²⁸ "Search the Collection," Indian Residential School History and Dialogue Centre, accessed October 19, 2020, <https://collections.irshdc.ubc.ca/>

¹²⁹ "List of Indian residential schools in Canada," Wikipedia, accessed October 19, 2020, https://en.wikipedia.org/wiki/List_of_Indian_residential_schools_in_Canada

¹³⁰ "Residential School Locations," Truth and Reconciliation Commission of Canada, accessed October 19, 2020, <http://www.trc.ca/about-us/residential-school.html>

¹³¹ Ibid.

¹³² "Search the Collection," Indian Residential School History and Dialogue Centre, accessed October 19, 2020, <https://collections.irshdc.ubc.ca/>

¹³³ Ibid.

¹³⁴ Ibid.

APPENDIX B: TEN GUIDING PRINCIPLES FROM THE TRC¹³⁵

A reconciliation framework is one in which Canada's political and legal systems, educational and religious institutions, corporate sector, and civil society function in ways that are consistent with the United Nations Declaration on the Rights of Indigenous Peoples, which Canada has endorsed. The Commission believes that the following guiding principles of truth and reconciliation will assist Canadians moving forward:

1. The United Nations Declaration on the Rights of Indigenous Peoples is the framework for reconciliation at all levels and across all sectors of Canadian society.
2. First Nations, Inuit, and Métis peoples, as the original peoples of this country and as self-determining peoples, have Treaty, constitutional, and human rights that must be recognized and respected.
3. Reconciliation is a process of healing relationships that requires public truth sharing, apology, and commemoration that acknowledge and redress past harms.
4. Reconciliation requires constructive action on addressing the ongoing legacies of colonialism that have had destructive impacts on Aboriginal peoples' education, cultures and languages, health, child welfare, administration of justice, and economic opportunities and prosperity.
5. Reconciliation must create a more equitable and inclusive society by closing the gaps in social, health, and economic outcomes that exist between Aboriginal and non-Aboriginal Canadians.
6. All Canadians, as Treaty peoples, share responsibility for establishing and maintaining mutually respectful relationships.
7. The perspectives and understandings of Aboriginal Elders and Traditional Knowledge Keepers of the ethics, concepts, and practices of reconciliation are vital to long-term reconciliation.
8. Supporting Aboriginal peoples' cultural revitalization and integrating Indigenous knowledge systems, oral histories, laws, protocols, and connections to the land into the reconciliation process are essential.
9. Reconciliation requires political will, joint leadership, trust building, accountability, and transparency, as well as a substantial investment of resources.
10. Reconciliation requires sustained public education and dialogue, including youth engagement, about the history and legacy of residential schools, Treaties, and Aboriginal rights, as well as the historical and contemporary contributions of Aboriginal peoples to Canadian society.

¹³⁵ "Search the Collection," Indian Residential School History and Dialogue Centre, accessed October 19, 2020, <https://collections.irshdc.ubc.ca/>

¹³⁵ "List of Indian residential schools in Canada," Wikipedia, accessed October 19, 2020, HYPERLIN

APPENDIX C: THE UNITED NATIONS DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES

The *United Nations Declaration on the Rights of Indigenous Peoples* was adopted as a non-binding resolution by the General Assembly in 2007¹³⁶. As a document and by way of its 46 Articles, it defines the rights of all Indigenous Peoples to live in dignity, to access education and health services, to maintain and strengthen their own institutions, cultures, and traditions, and to self-determination. With the Federal Government's retraction of Canada's long-standing objection in 2016, the Declaration has now been endorsed by 150 nations, and the Truth and Reconciliation Commission of Canada has validated the Declaration's role as "the framework for reconciliation at all levels and across all sectors of Canadian society"¹³⁷. British Columbia, working with the First Nations Leadership Council, passed the *Declaration on the Rights of Indigenous Peoples Act* in 2019, beginning the process of incorporating elements of the Declaration into the Province's laws and the work of refocussing the Provincial Government's priorities to better serve Indigenous communities.

The UBC Faculty of Medicine recognises the foundational significance of the Declaration and commits to ensuring that all programs and activities align with the intentions and spirit embedded within it, in accordance with TRC Call to Action 43. While it is beyond the Faculty's power or reach to realise every aspect of each of the 46 Articles, we have identified a number of cases where there is significant alignment between the ideals informing the creation of some of these Articles and the various programs and activities that we have implemented in the past, or that we will put into action in the near future. These Articles cross all areas of focus within the Faculty (detailed earlier in this document) including our admissions policies and processes ("ADMISSIONS"), the learning and working environment within the Faculty ("LEARNING & WORK ENV."), the design of our undergraduate, graduate, postgraduate, and professional medical and health curricula and educational activities ("CURRICULUM"), and our collaborative relationships with the Indigenous communities we serve, that also includes

K "https://en.wikipedia.org/wiki/List_of_Indian_residential_schools_in_Canada"

https://en.wikipedia.org/wiki/List_of_Indian_residential_schools_in_Canada

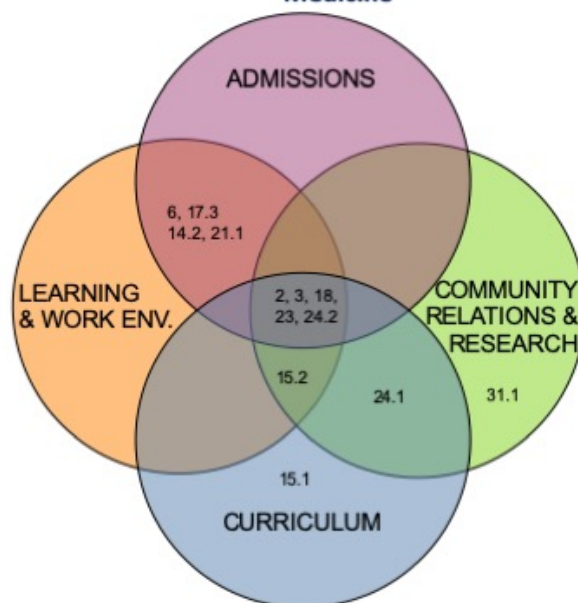
¹³⁶ "Residential School Locations," Truth and Reconciliation Commission of Canada, accessed October 19, 2020, <http://www.trc.ca/about-us/residential-school.html-peoples.html>.

¹³⁷ National Centre for Truth and Reconciliation, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (Manitoba: National Centre for Truth and Reconciliation, 2015), http://nctr.ca/assets/reports/Final%20Reports/Executive_Summary_English_Web.pdf.

relationships and actions relevant to our Indigenous health research efforts (“COMMUNITY RELATIONS & RESEARCH”).

The diagram that follows, which is designed to show the specific Articles of the Declaration and the areas of focus with which they overlap, serves to illustrate the implications of the Articles on the planning and design of the Faculty’s programs and activities. The Articles contained within the diagram are shown in full below.

UNDRIP Articles and Areas of Focus in the UBC Faculty of Medicine



Article 2. Indigenous peoples and individuals are free and equal to all other peoples and individuals and have the right to be free from any kind of discrimination, in the exercise of their rights, in particular that based on their Indigenous origin or identity;

Article 3. Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development;

Article 6. Every Indigenous individual has the right to a nationality;

Article 14.2. Indigenous individuals, particularly children, have the right to all levels and forms of education of the State without discrimination;

Article 15.1. Indigenous peoples have the right to the dignity and diversity of their cultures, traditions, histories and aspirations which shall be appropriately reflected in education and public information;

Article 15.2. States shall take effective measures, in consultation and cooperation with the indigenous peoples concerned, to combat prejudice and eliminate discrimination and to promote tolerance, understanding and good relations among Indigenous peoples and all other segments of society.

Article 17.3. Indigenous individuals have the right not to be subjected to any discriminatory conditions of labour and, inter alia, employment or salary.

Article 18. Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions;

Article 21.1. Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security.

Article 23. Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

Article 24.1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services;

Article 24.2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

Article 31.1. Indigenous peoples have the right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as the manifestations of their sciences, technologies and cultures, including human and genetic resources, seeds, medicines, knowledge of the properties of fauna and flora, oral traditions, literatures, designs, sports and traditional games and visual and performing arts. They also have the right to maintain, control, protect and develop their intellectual property over such cultural heritage, traditional knowledge, and traditional cultural expressions.

APPENDIX D: POTENTIAL PERFORMANCE INDICATORS

The 2019 Association of the Faculties of Medicine of Canada (AFMC) position paper *Joint Commitment to Action on Indigenous Health*¹³⁸ contains a list of possible indicators by which medical schools may be assessed on their efforts in the following areas:

- Building relationships with local Indigenous communities,
- Adjusting their admissions process to give fairer consideration to Indigenous applicants,
- Improving the learning and work environment to ensure Indigenous learners do not suffer mistreatment and are adequately supported in their educational endeavours,
- Incorporating the teaching of issues important to Indigenous health, including anti-racism/anti-colonial content, into their curricula,
- Ensuring that post-graduate trainees receive similar training in the above as well.

Some of these indicators are directives or recommendations for change, while others are accountability factors, and these indicators apply to health professions programs outside of Medicine as well. The UBC Faculty of Medicine is committed to co-developing an accountability framework in conjunction with the Indigenous communities that we serve to ensure that we deliver on our promises. The AFMC's indicators, which we have reproduced below, will be used as a starting point as part of our conversations with these communities.

Indigenous Relationships

- The Faculty of Medicine will issue a narrative report/description of the Indigenous communities that they serve.
- The Faculty will report on the number of meetings and events held with Indigenous communities.
- The Faculty will report on the number of signed partnership agreements with Indigenous communities the medical school serves.
- The Faculty will publish an annual report based on Indigenous community feedback on progress towards shared goals and quality of relationship using existing tool (for example, Ladder of Citizenship Participation) or a newly developed tool.

¹³⁸ Marcia Anderson et al., *Joint Commitment to Action on Indigenous Health* (Ottawa: The Association of Faculties of Medicine of Canada, 2019),

https://afmc.ca/sites/default/files/pdf/AFMC_Position_Paper_JCAIH_EN.pdf.

Learning and Work Environment

- The Faculty will develop an Indigenous workforce development plan.
- The Faculty will report annually on numbers of Indigenous Faculty and staff using a distinctions-based approach and including representation on decision-making committees and in senior leadership positions.
- The Faculty will develop an Anti-Racism policy and accompanying process for reporting that includes transparent feedback loops. This will include partnership with relevant authorities to respond to complaints in the clinical learning environment.
- The Faculty will report annually on the number of complaints related to Anti-Indigenous Racism, and the number and type of different type of resolutions to complaints (e.g. disciplinary letters, mediation, professional development, removal from teaching duties, dismissal).
- The Faculty will report annually on the number and type of professional development activities in anti-racism, cultural safety and decolonization.
- The Faculty will set a target and report annually on progress towards reaching it for the percentage of faculty and staff who participate in professional development activities including distribution across departments and clinical teaching sites.
- The Faculty will refine our learner evaluations, annual performance reviews or other similar tools to include assessment of cultural safety and anti-racism.

Admissions

- The Faculty will work with Indigenous community partners to determine what the minimum number of First Nations, Métis and Inuit students admitted will be each year.
- The Faculty will develop and implement a process in collaboration with Indigenous community partners to practice holistic files reviews for Indigenous applicants.
- The Faculty will provide the opportunity for applicants to self-identify as First Nations, Métis or Inuit during the admissions process.
- The Faculty will report annually on the number of First Nations, Métis and Inuit students who apply, are interviewed, and are admitted to medical schools.
- The Faculty will debrief each admissions cycle with their Indigenous community partners with a focus on strengths and lessons learned, and report these annually.

- The Faculty will add and maintain a prerequisite for consideration of admission for all candidates in Indigenous studies, cultural safety, anti-racism, or related discipline.

Curriculum

- The Faculty will report annually on the number of hours for various teaching modalities including lectures, case-based learning, small group sessions, clinical sessions by year of learning.
- The Faculty will report on the development and implementation of various student assessment tools including written, oral, standardized patient and OSCE type exams.
- The Faculty will report annually on student performance on assessments of Indigenous health learning.
- The Faculty will report annually on the number of curriculum developers, facilitators, Indigenous and non-Indigenous, participating in the Indigenous health longitudinal course.
- The Faculty will report annually on the experience of facilitators teaching the Indigenous health longitudinal course using an established or newly developed survey tool.

Graduate, Post-Graduate, and Professional Education

- The Faculty will assess current Indigenous health education at the PGME level.
- The Faculty will develop and institute core elements of a common PGME curriculum as well as program-specific curriculum.
- The Faculty will report annually on the number of hours of Indigenous health teaching at the PGME level, including number of programs and learners participating.
- The Faculty will implement assessment and evaluation of resident learning in Indigenous health, including assessment on rotation ITERS.
- The Faculty will report annually on performance of residents on Indigenous health assessments such as on ITERS, comprehensive clinical exams, or other assessments that may be developed.