



## Indigenous Physicians Association of Canada

**House of Commons Standing Committee on Health**

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**Past President, Indigenous Physicians Association of Canada**

Thank you for the opportunity to be here today to address the Standing Committee on Health and speak about Aboriginal Health Human Resources. The Indigenous Physicians Association of Canada is a voluntary association of First Nations, Inuit and Métis physicians and medical students who hold the vision of healthy and vibrant Indigenous nations, communities, families and individuals supported by an abundance of well-educated, well-supported Indigenous physicians working in partnership with others who share this vision. Since 2004 IPAC has been a leading organization in the development of Canada's medical workforce, through promotion of the recruitment and retention of First Nations, Inuit and Métis medical students and the development of curriculum that will enhance the ability of all of Canada's physicians to deliver high quality, culturally safe care to First Nations, Inuit and Métis patients.

Our work to date has been in partnership with organizations like the Association of Faculties of Medicine of Canada, the Royal College of Physicians and Surgeons of Canada, and many national Aboriginal organizations. I am pleased with the progress we have made in developing strong foundational materials for the seventeen faculties of medicine to use as they implement recruitment and retention policies and Indigenous health curriculum locally. These materials include "*First Nations, Inuit and Métis Health Core Competencies: a Curriculum Framework for Undergraduate Medical Education*," "*IPAC-AFMC Pre-Admissions Support Toolkit for First Nations, Inuit and Métis Students into Medicine*," and curriculum modules in family medicine, mental health and obstetrics and gynecology for use at the residency and continuing medical education levels.

We have celebrated these accomplishments, but much remains to be done. One must keep in mind that it takes a minimum of nine years of post-secondary education to fully train a physician, and that the development of the Indigenous medical workforce requires increasing the number of students who are graduating from high school, successfully completing the required undergraduate university courses, either identifying or being identified as being qualified to complete medical school, being supported to navigate the admissions process, completing medical school, applying to residency and completing a residency program. While I am thankful that the Aboriginal Health Human Resource Initiative has been renewed for two years, I am concerned that the changes that are still necessary at all of the levels I have just mentioned are not accomplishable in that time frame, and that a student who began their medical training when AHHRI was first established will not have completed it by the end of this two year term. Aboriginal Health Human Resources requires a long term commitment and investment in order to achieve its important goals.

Further, as a national professional organization we must maintain our ability to provide leadership in the development of the physician workforce. We are uniquely placed because of our combination of medical training, Indigenous health expertise, community connections, and knowledge of appropriate process to continue to guide our partner organizations and the medical schools as we seek to see

**Improving Indigenous Health Status**

**to the Highest Attainable Level.**

curriculum implemented in all seventeen schools at all levels of learning, and more students supported to apply and succeed through medical education.

IPAC continues to seek ways in which we can encourage and facilitate this implementation. If supported, we will again be able to have substantial representation at the Canadian Conference on Medical Education, the largest national medical education conference and an excellent chance to meet with Deans, administrators, and other Indigenous health educators. It was a year ago that Dr. Barry Lavallee, Charlene Hellson and I presented a plenary session on Cultural Safety and Indigenous health which provoked tears in multiple attendees and earned us a standing ovation. I mention this because it has never been more apparent the appetite and readiness for change that exists to further facilitate the development of the Indigenous medical workforce. We must continue to push this agenda forward through maintaining the Indigenous Health Educators Working Group, reviewing the evaluation of projects currently underway and building on the lessons we have learned, developing an Indigenous physicians and medical student role model book to inspire kids and youth, developing courses that will help First Nations, Inuit and Métis students prepare for medical school admission interviews, making progress on the development of a textbook on Indigenous health in partnership with the Society of Rural Physicians of Canada, and through nurturing our collaborative relationships with our international Indigenous brothers and sisters.

IPAC is privileged to host the Pacific Region Indigenous Doctors Congress in Whistler, BC in August 2010. PRIDoC includes representatives from Canada, Australia, Aotearoa/ New Zealand, United States, Hawaii, Taiwan and the Pacific Islands, and I am the current Chair. PRIDoC will bring to Canada internationally recognized Indigenous health researchers, clinicians, and medical educators. There are significant benefits to our medical students and physicians, and thus to our colleagues and patients. PRIDoC is an excellent time to develop and nurture mentoring relationships, international collaborations in areas of mutual priority such as medical workforce development, knowledge translation, and skill development. I would not underestimate the importance of peer support for Indigenous physicians given high work loads, high stress, and resulting high levels of burnout. This is a key retention issue. We have previously applied to Health Canada for support for this important conference through the Health Care Policy Contribution Program and are working with the Health Human Resources Strategies Division and AHHRI to obtain Health Canada's support. Given the direct relationship of PRIDoC to Aboriginal health human resource development in Canada, I am hopeful that we will soon hear positive news about Health Canada's support for this high profile conference.

In closing, on behalf of IPAC I would like to thank the staff at AHHRI in First Nations Inuit Health nationally who have worked with us and supported our leading work in the development of Canada's medical workforce. We remain committed to improving the medical workforce that serves First Nations, Inuit and Métis people by increasing the number of Indigenous doctors and better training all physicians to provide high quality, culturally safe care. We hope we can count on sustained commitment and resourcing until our shared goals are achieved.

Thank you.