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Examining Indigenous Learner Recruitment and Retention Strategies Through an Environmental Scan of Canadian Medical Schools







Sebastian Deagle

Introduction

The 2015 Truth and Reconciliation Commission (TRC) of Canada's *Calls to Action* Report outlined the need to better resolve the disparities in health status between Indigenous and non-Indigenous Canadian population.¹ In response, several Canadian medical schools began implementing recruitment and retention strategies to increase Indigenous matriculation. This is crucial, as Indigenous physicians are more likely to practice—and provide culturally-competent and comprehensive primary care—in Indigenous communities than physicians of other ethnicities.² Therefore, enhancing Indigenous medical workforce development programs will have a strong return on investment in terms of improving the health status of Indigenous populations. However, while the proportion of Indigenous medical students has increased from <1% in 2003⁴, parity in medical school enrolment remains elusive—in 2017, only 2.6% of Canadian medical students were Indigenous, while Indigenous Peoples comprise 4.3% of the Canadian population.³ Therefore, it is imperative to examine the best practices supporting Indigenous medical school matriculation. An environmental scan of the supports offered by Canadian medical schools to Indigenous applicants and students was conducted to lay the preliminary foundation for a narrative inquiry into the experiences of Indigenous students across the medical education continuum.⁵

Results

School	Reserved seats	Space dedicated to Indigenous learners	Lower cutoffs for Indigenous applicants	Indigenous representation on the applications committee	Supplementary application for Indigenous applicants	Financial aid	Indigenous curricula	Indigenous faculty	Indigenous student body/organization	Cultural support	Supports for Indigenous applicants	Indigenous topics in strategic plan	Indigenous advisory committee	Indigenous Community Partnerships	Indigenous Outreach	Events listed
University of British Columbia - Faculty of Medicine	V		V	V		V	V	V	V	V	V	V	~	~	✓	
Cumming School of Medicine			V		V	V	V				V		V	V	V	
University of Alberta - Faculty of Medicine and Dentistry	V	V		V	~	V	V	V	~	V	V	~	~	~	✓	V
University of Saskatchewan College of Medicine	V					V	V	V	V	V	V	V	~	~	✓	
University of Manitoba College of Medicine		V		V	~	V	V	V	V	V	V	V	~	~	✓	V
Northern Ontario School of Medicine	V			V	~	V	V	V	V	V	V	V	~	~	✓	
Schulich School of Medicine and Dentistry	✓		V	✓	✓		V					V		✓		~
Michael G. DeGroote School of Medicine		~		✓	V	V			V	V	V		V	V	✓	V
Queen's School of Medicine	V		V	✓	✓	V						V				
University of Toronto - Faculty of Medicine				V	V	V	V	V	V		V	V				
University of Ottawa - Faculty of Medicine	V			V	V	V	V		~	V			~	~	✓	
Université Laval - Faculté de Médecine	V					V	V		V							
McGill University - Faculty of Medicine	V					V	V		V	V	V		~	~	✓	V
Université de Montréal - Faculté de Médecine	V					V			V							
Université de Sherbrooke - Faculté de Médecine	V								V							
Dalhousie University - Faculty of Medicine						V					V				✓	V
Memorial University of Newfoundland - Faculty of Medicine	~					V							~	✓	✓	

= Found on the medical school's website and offered by the medical school itself

Legend

= Found on the medical school's website and offered by the main University body

Methods

An environmental scan through the web pages of the 17 Canadian medical schools was conducted in July 2019. The scan focused on the initiatives and services provided by the medical schools themselves; however, if the services provided by the larger University system were linked to the medical school websites, they were also examined and listed (see table).

Discussion

There is a wide spectrum of degrees to which Canadian medical schools allocate personnel and resources towards Indigenous student recruitment and retention. The Northern Ontario School of Medicine (NOSM) and medical schools located in Western and Central Canada drew heavily upon the TRC's *Calls to Action* Report and engaged in significant consultation with Indigenous entities while drafting their strategic plans. Furthermore, these medical schools showcase a greater Indigenous presence; NOSM utilizes the Ojicree language on its website and in several publications, while Cree culture strongly influenced the University of Saskatchewan College of Medicine's logo. While the Ontario and Atlantic medical schools offer a relatively comprehensive array of supports to Indigenous students, they have a considerable reliance on the general Indigenous network of the University, lacking a specialized entity serving Indigenous medical students.

Discussion (cont.)

At the other end of the spectrum, the Québec medical schools did not seem to prioritize Indigenous outreach, recruitment, and retention as highly. Aside from collaborating to reserve 6 Indigenous seats between the 4 schools and an informal, student-led Indigenous health interest group, the schools (apart from Université Laval) did not present any initiatives to increase Indigenous matriculation. The results of this scan will lay the foundation for a literature review. This review will detail the strengths, limitations, and relative efficacies of the various strategies used by medical schools to increase Indigenous matriculation. The scan will also set the stage for a narrative inquiry into the perspectives of Indigenous medical trainees to examine best practices in Indigenous medical education. The research is conducted in an effort to improve Indigenous medical workforce development and ultimately, the health status of Indigenous populations.

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