SUBJECT	"In Plain Sight" Report and UBC Faculty of Medicine Response
SUBMITTED TO	Indigenous Engagement Committee
MEETING DATE	February 4, 2021
SESSION CLASSIFICATION	Recommended session criteria from Board Meetings Policy: OPEN
REQUEST	For information only - No action requested
LEAD EXECUTIVE	Andrew Szeri, Provost & Vice-President, Academic, UBC Vancouver
SUPPORTED BY	Mary Ellen Turpel Lafond, Director, Indian Residential School History and Dialogue Centre Harmony Johnson (sɛƛakəs), Principal, Nohotout (Harmony Johnson Consulting) Dermot Kelleher, Dean, Faculty of Medicine Mike Allard, Vice Dean, Faculty of Medicine Nadine Caron, Professor, Division of General Surgery, Faculty of Medicine Roslyn Goldner, Executive Director, Office of Professionalism and Respectful Environments

EXECUTIVE SUMMARY

In June 2020 BC Health Minister Adrian Dix appointed Centre Academic Director Mary Ellen Turpel-Lafond, Aki-kwe, to lead an investigation into allegations of racism in BC's health care system. Aki-kwe examined 185,000 health-care outcomes, received more than 8,000 survey responses and conducted 150 confidential interviews.

Her final 236-page report, *In Plain Sight*, found "widespread stereotyping, racism and profiling of Indigenous people," racism that limited a person's access to medical treatment, racism that disproportionately affected Indigenous women and girls, racism that discriminated against indigenous health-care workers and students, and racism magnified by the public health emergency of COVID-19.

The report makes 24 recommendations and several First Nations leaders have already called on the BC government to implement them as soon as possible.

The full report and a shorter version are both available. Note: the report contains details that may be triggering or traumatic to Indigenous Peoples or community members.

UBC Faculty of Medicine Response to the *In Plain Sight* Report

Purpose and Introduction

To provide an overview of UBC Faculty of Medicine initiatives and plans relevant to the recommendations set out in the independent investigation report, "*In Plain Sight*", describing the prevalence of Indigenous-specific racism in health care in British Columbia.

The Faculty of Medicine welcomes the recommendations in Dr. Turpel Lafond's report. The information and insights gathered through the investigation into Indigenous-specific racism underscore the importance of the Faculty's historic and continued commitment to act to address systemic issues that deny Indigenous human rights

and result in adverse outcomes in health, health services, and health outcomes for Indigenous peoples and communities.

Admissions

An area of significant progress is the increase in self-identified Indigenous students in our medical and health professions programs. Since 2000 the Faculty has had an Indigenous MD Admissions Program. We have graduated 112 students from the program doubling our initial target of 50 graduates by 2015. We look forward to further growth in this program. The health professions programs are also working to increase self-identified Indigenous applicants and admissions into their programs and each has developed specific initiatives to meet these goals.

We believe our success in increasing Indigenous student participation is in part attributable to changes to our admission process but credit also goes to efforts in recruitment, pre-admissions support, and outreach initiatives that have allowed us to attract, and provide subsequent support for, Indigenous students and prospective Indigenous applicants in our programs based on the principles of equity, diversity, and inclusion.

More work is to be done and we are looking beyond admissions to curricula changes, increasing diversity in faculty, use of inclusive language and incorporating Indigenous learning and practices into our environments. We recognize that Indigenous peoples and communities have had a painful history with Canadian educational systems and we must make our programs more accessible and welcoming to Indigenous applicants. There are still insufficient numbers of Indigenous physicians and health professions to meet the needs of northern, rural, and Indigenous communities.

Cultural Safety: UBC 23 24

Education will play a key role in addressing the racism and discrimination faced by Indigenous peoples in health care systems. The UBC 23 24 Indigenous Cultural Safety Program at the Center for Excellence in Indigenous Health is a critical component to UBC's ability to support tackling this enormous feat. This program was developed in response to the TRC Calls to Action and after extensive consultation with Indigenous students, staff, faculty, community members, Knowledge Holders, leaders, and organizations. Since its initial offering, UBC 23 24 has been identified as the most valued integrated curriculum by students in UBC Health's Integrated Curriculum Evaluation Report in 2020 and is currently being externally evaluated to further understand its impacts, effectiveness and relevance to Indigenous peoples and communities. All curricular and pedagogical approaches utilized in this program are considered to be alive and iterative to respond to the evolving needs and wants of Indigenous communities and individuals the program is in relationship with and most accountable to. This program reflects acceptance of institutional responsibilities to address health inequities resulting from colonialism.

Expansion of UBC 23 24 is the necessary step to ensure the next generation of health and health related professionals have the foundation to establish culturally appropriate and safe practices and relationships that are free of racist attitudes and are reflective of Indigenous ways of knowing and being. A formal proposal has been submitted to the Ministry of Health to support this important expansion.

Transforming Culture Initiative

While we will continue to develop appropriate Indigenous specific initiatives we believe all members of our community will benefit from a range of initiatives that address systemic barriers to inclusion and full participation in Faculty activities. Our refreshed Strategic Plan identifies transforming our culture through changes to our learning and work environments as a Faculty priority. Our aspirational respectful learning and work environments will reflect our values, incorporate principles of equity, diversity and inclusion, and will create and support safe

spaces for the exercise of human rights across all enumerated grounds. Our environments will be anti-racist and anti-discrimination.

The Office of Professionalism and Respectful Environments provides leadership in this initiative and will ensure EDI principles and Indigenous-specific perspectives are embedded in all we do to eliminate barriers to inclusion and support systemic and behavioural change. While the Faculty is already engaged in many actions that reflect our commitment to equity, diversity and inclusion we recognize that we need to do more to increase the engagement of Indigenous staff and faculty in senior leadership position across the Faculty.

UBC Faculty of Medicine Response to the Calls to Action of the TRC (Response)

The Faculty response was released for internal review in November 2020. We plan to publicly release our response in the coming weeks in a joint ceremony of apology and declaration of our commitments. Development of the Response was heavily influenced by the following 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." Efforts were made to ensure the Response comports with the word and spirit of the *United Nations Declaration on the Rights of Indigenous Peoples* and aligns with UBC Strategic and Indigenous Strategic Plans. Creation of the Response has been assisted and informed by input 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.

The Response is dynamic and ever-changing and will evolve and adapt, alongside Faculty programs and initiatives in response to Indigenous input at all levels. It is an unequivocal affirmation of the Faculty's dedication to Truth and Reconciliation, and serves as a starting point for deeper conversations on how to move forward to a better future together.

Conclusion

We undertake this work in humility and in respectful partnership with Indigenous people, groups and communities in recognition of the role played by universities and medicine in creating and sustaining the legacy of colonialism. The actions we take today may not have immediate effect but we have learned from Indigenous collaborators and advisors that we must act now for the "benefit of the seventh generation into the future".

PRESENTATIONS

1. "In Plain Sight" Report Presentation
2. FoM Response Presentation

SUPPLEMENTAL MATERIALS (optional reading for Governors)

1. Reckoning with the Truth, Working Together for a Better Future (The UBC FoM Response to the Truth and Reconciliation Commission of Canada Calls to Action)
2. Indigenous Cultural Safety and Humility Training in Health Care for British Columbia (Ministry of Health Proposal)
3. Inquiry into Systemic Indigenous-Specific Racism in Health Care in BC (Ongoing and Planned Actions in the UBC Faculty of Medicine)

In Plain Sight

Independent Review of Indigenous-specific Racism in B.C. Health Care

Dr. Mary Ellen Turpel-Lafond
Independent Reviewer
Director, Residential School History and Dialogue Centre
Professor of Law, Peter A. Allard School of Law

Emotional trigger warning

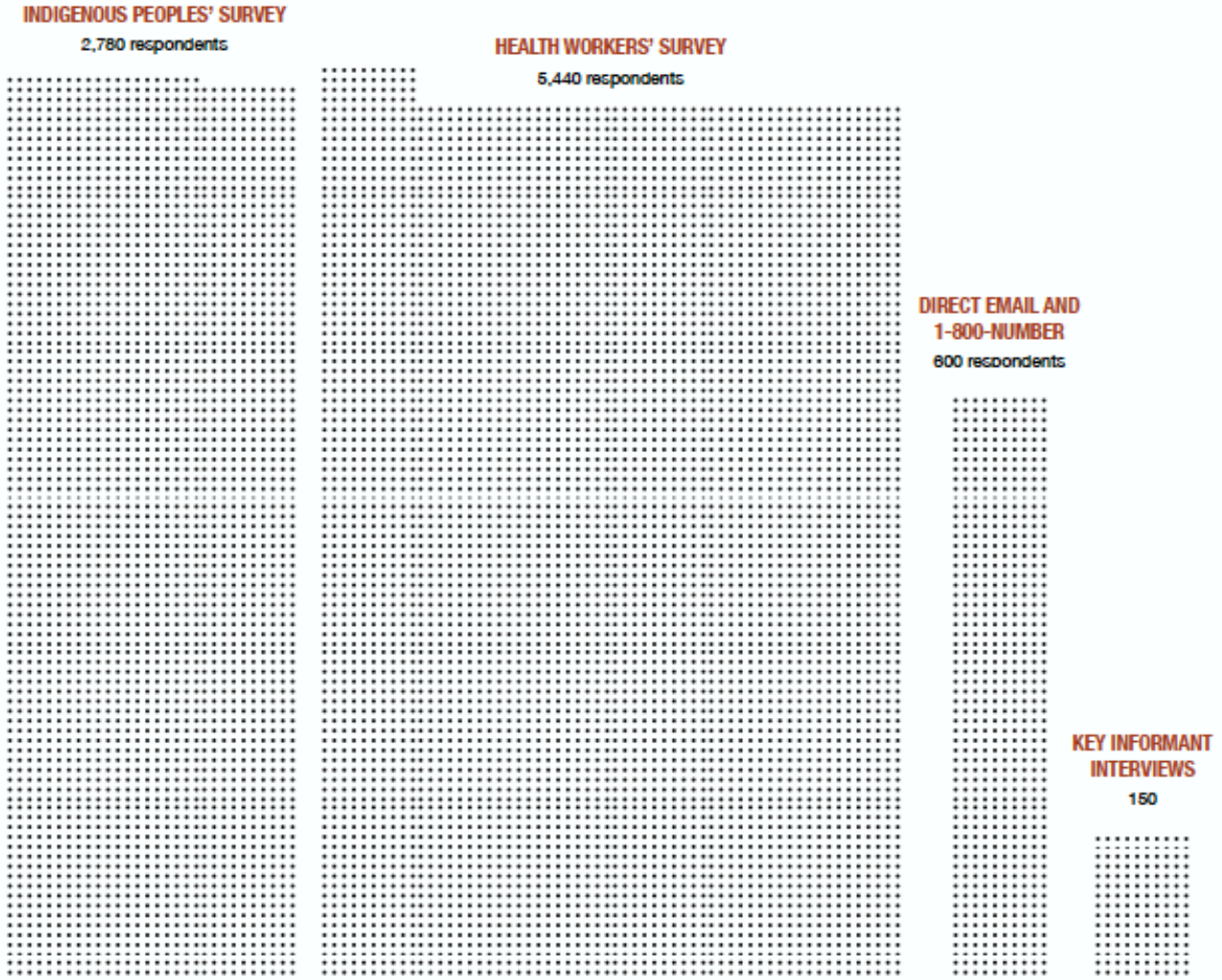
The presentation is intended to explore the prejudice and discrimination experienced by Indigenous people in the health care system and make Recommendations that will help eliminate Indigenous- specific racism and create substantive equity in health care experiences, services and outcomes.

However, for Indigenous peoples, the content may trigger unpleasant feelings or memories of culturally unsafe personal experiences or such experiences of their friends, family, and community.

First Nations, Métis and Inuit peoples who require emotional support can contact:

- First Nations and Inuit Hope for Wellness Help Line and On-line Counselling Service at 1-855-242-3310 or through hopeforwellness.ca.
- Métis Crisis Line at 1-833-MétisBC (1-833-638-4722).
- KUU-US Crisis line at 1-800-588-8717

WE HEARD FROM ALMOST 9,000 PEOPLE



WE ANALYZED HEALTH SECTOR DATA

185,000 Health utilization and health outcomes of First Nations and Métis individuals.

12,335 Indigenous respondents to the COVID-19 Speak survey.

3,026 Adults in the First Nations Regional Health Survey data.

1,246 Indigenous respondents to a Patient Reported Experiences Measurement Survey of emergency departments.

430 Complaints from Patient Care Quality Offices, Colleges and the First Nations Health Authority.

LITERATURE REVIEW

Submissions from health sector and Indigenous organizations

Detailed investigation of specific ER allegations

Investigation of other select cases

Extensive literature review of previous investigations, inquiries, and academic or historic findings

Dialogue with experts in Indigenous rights, Indigenous health/wellness, UNDRIP

Review of existing anti-racism/cultural safety initiatives already underway

Key terms & concepts

Issues

- Racism
- Indigenous-specific racism / anti-Indigenous racism
- Systemic racism
- Prejudice
- Profiling
- Discrimination
- Privilege

Mindsets, practices, and tools

- Anti-racism
- Cultural humility

Desired outcomes

- Substantive equality
- Cultural safety
- Indigenous human rights

Article 24, UN Declaration on the Rights of Indigenous Peoples:
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.
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.

Engagement with UBC

- Discussion and interview with Faculty of Medicine senior staff
- Comprehensive UBC submission providing key documents
- Review of Indigenous medical student ‘report card’ for UBC
- Pre-release report briefing with UBC President and other senior officials

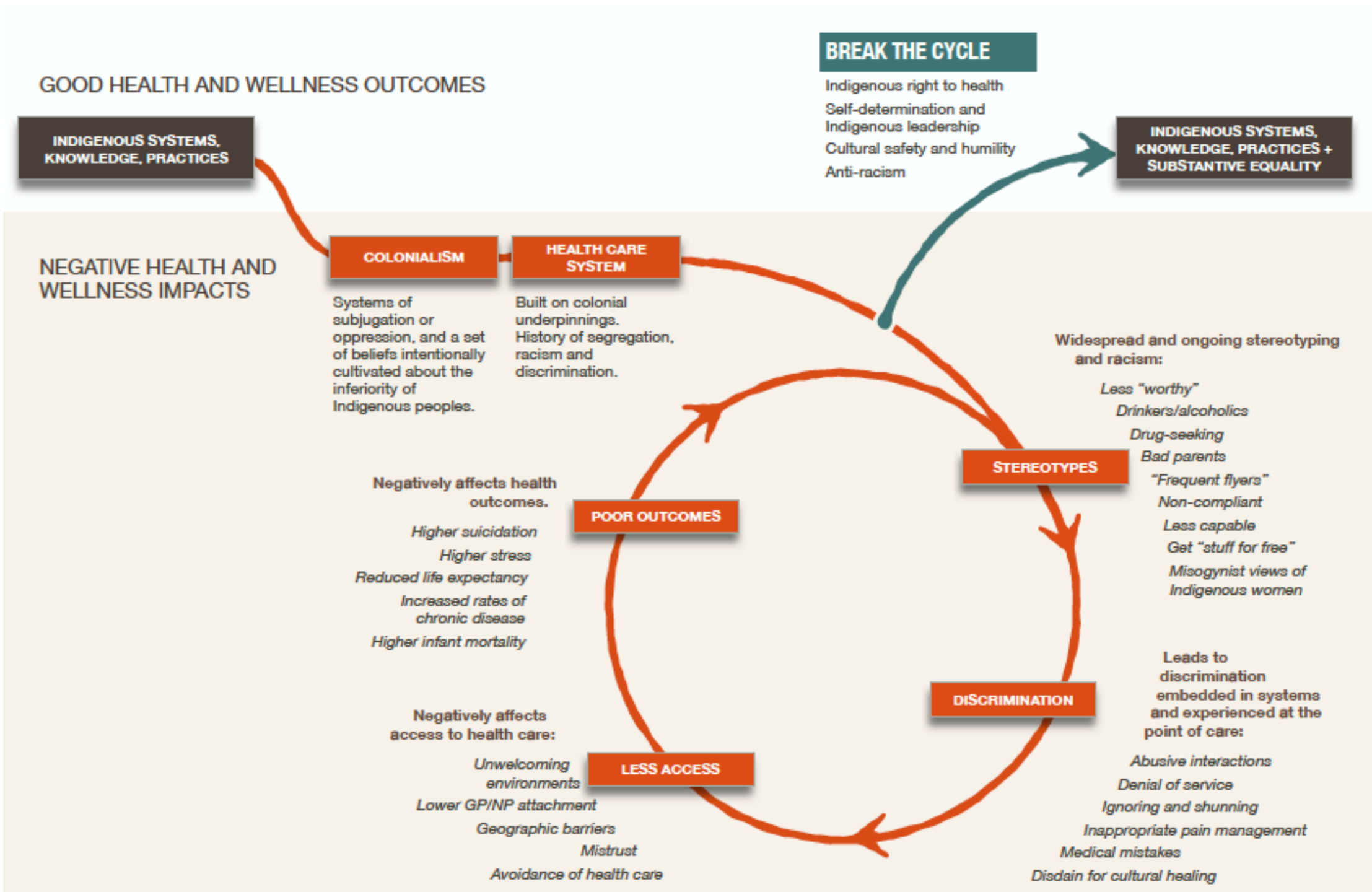
Relevant survey data

- 52% of Indigenous health care workers and students reported personally experiencing racial prejudice at work or in study environments – the majority in the form of discriminatory comments by colleagues.

- More than one-third of non-Indigenous health care workers and students personally witnessed racism or discrimination directed to Indigenous patients or their family/friends. This increased to 59 per cent for Indigenous respondents only.

- Survey respondents identified top reasons why racism persists: 1) employees / students not willing to speak up; 2) lack of accountability by leadership to stop discriminatory behaviour; 3) insufficient numbers of Indigenous health care professionals.

What we found



Findings

The "problem"

1. There is widespread stereotyping, racism and profiling of Indigenous people.
2. Racism limits access to medical treatment and negatively affects the health and wellness of Indigenous peoples in B.C.
3. Indigenous women and girls are seriously disproportionately impacted.
4. Public health emergencies are magnifying racism and disproportionately impacting Indigenous peoples.
5. **Indigenous health care workers and students face significant racism and discrimination in their work and study environments.**

Examining "solutions"

6. **Current education and training programs are inadequate.**
7. Complaints processes do not work for Indigenous peoples.
8. **Indigenous health practices and knowledge are not integrated.**
9. There is insufficient "hard-wiring" of Indigenous cultural safety.
10. **Indigenous structures and roles in health decision-making need to be strengthened.**
11. **There is no accountability for eliminating Indigenous-specific racism, including system-wide data and monitoring of progress.**

Finding 5: Indigenous health care workers face significant racism and discrimination in their work and study environments

- Indigenous health care workers experience a wide range of racist behaviours
- Racist behaviours often came from other colleagues (74%) or people in positions of authority (58%)
- Many Indigenous health care workers did not feel safe reporting the racism they were experiencing or believe that making such a report would create change
- There is insufficient supply and training of Indigenous health care professionals

> We found that the culture of medicine is still racist. True implementation of 23/24 will not occur until the culture of medicine has changed. In order to achieve this change, we have to do more than simply increase the number of Indigenous students in medical school. We also need to increase supports for Indigenous students and make sure they are aware of those supports. We need to increase the number of Indigenous people in faculty and leadership roles. Critically important is mandatory training for all medical students, faculty and preceptors, to increase the number of Indigenous allies in leadership roles and in medicine.
>
> ~ Emily Green, mixed European and Algonquin, from Timiskaming First Nation, MD Candidate
> ~ Celine Hounjet, Red River Métis and mixed European, MD Candidate

Finding 6: Current education and training programs are inadequate to address Indigenous-specific racism in health care

- San'yas requires a reset
- Health authorities and regulators are independently developing education and training
- There is inconsistent and inadequate training in post-secondary health care education and training programs

> "We really do have to get at where people are being trained and what kinds of courses are included. Or, examine the experiences people have in their training within the health care system. I think that if they don't learn anything in these programs about who they may be serving, then what are they really learning? What are people being taught in their residencies or practicum? If there's already racism in the system, it could be perpetuated even further."
>
> ~ Health care lead

Recommendations

24 Recommendations

- *Systems:* 10 recommendations
- *Behaviours:* 9 recommendations
- *Beliefs:* 4 recommendations
- 1 *implementation* recommendation

Strong human rights approach consistent with the *UN Declaration on the Rights of Indigenous People.*

- **Recommendation 14:** Recruit Indigenous individuals to senior positions to oversee and promote needed system change.
- **Recommendation 18:** Mandatory strategies and targets to identify, recruit and encourage Indigenous enrolment and graduation, including increasing the safety of the learning environment for Indigenous students
- **Recommendation 21:** Health practitioner education include mandatory components in Indigenous-specific racism, colonialism, trauma-informed practice, Indigenous health and wellness.
- **Recommendation 22:** Further truth-telling and public education opportunities supplemented by a series of educational resources
- **Recommendation 23:** Establish a Joint Degree in Medicine and Indigenous Medicine and a similar program for nursing professions

For further information

Summary report, long report, and data report available at https://engage.gov.bc.ca/addressingracism/

Contact:

- Email: addressing_racism@gov.bc.ca
- Toll-free: 1-888-600-3078

UBC Faculty of Medicine Response to the *In Plain Sight* Report

February 3, 2021

Faculty of Medicine

Dermot Kelleher MD, FRCP, FRCPI, FMedSci, FCAHS, FRCPC
Professor, Department of Medicine
Dean, Faculty of Medicine
Vice-President, Health

Faculty of Medicine Admissions

- Goal to increase the number of self-identified Indigenous students in our medical and health professions programs.
- Requires changes in admissions processes, recruitment, pre-admission support and outreach initiatives.
- Multi-pronged strategy in alignment with: TRC Calls to Action, UNDRIP, and UBC Indigenous Strategic Plan

Indigenous MD Admissions Program

- Initiated in 2002 with 2 self-identified Indigenous applicants
- Exceeded aspirational target of 50 graduates by 2020 in 2015
- To date have graduated 112 self-identified Indigenous medical students
- Ongoing review of processes, programs and policies to increase recruitment and retention of Indigenous students

Nadine R. Caron MD, MPH, FRCSC
Professor, UBC Northern Medical Program
Co-Director, UBC Centre for Excellence in Indigenous Health
Faculty of Medicine

UBC 23 24 Indigenous Cultural Safety (ICS)

- Created by Centre for Excellence in Indigenous Health in 2017
- Aims to prepare future health care professionals to provide culturally safe care, resulting in an environment free of racism or discrimination
- Developed in partnership with Indigenous peoples

UBC 23 24 Indigenous Cultural Safety (ICS)

- Topics include:
  - Racism and bias
  - Identity and culture formation
  - History and present day impacts of colonization
  - Determinants of Indigenous health
- Required component of 13 health professional programs with nearly 2500 completing it to date

UBC 23 24 Expansion

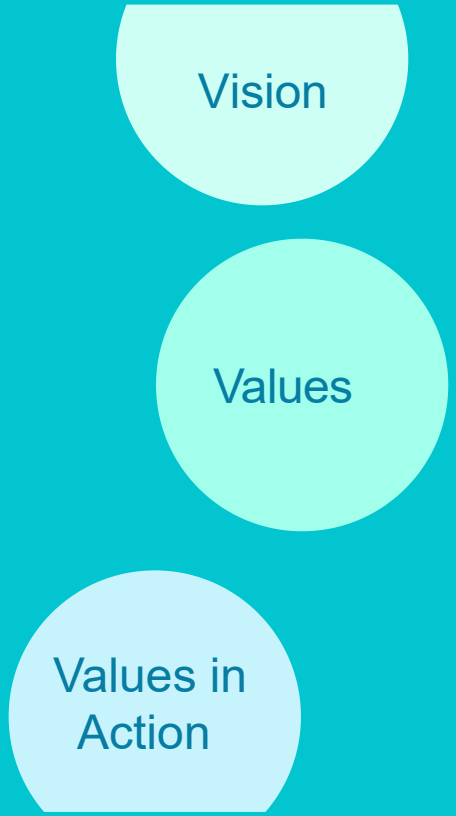
Expansion Proposal:

- Graduate students; Residents and clinical fellows; Faculty (including clinical faculty); All health professional program staff
- Submitted to Ministry of Health

Roslyn Goldner BA, LL.B
Executive Director, Office of Professionalism and Respectful Environments
Faculty of Medicine

TRANSFORMING CULTURE

To transform our culture by creating and sustaining **respectful**, **inclusive** and **diverse** learning and work environments that **reflect our values**, are **anti-racist** and create safe spaces for participation and the **exercise of human rights** for all members of our community.



Office of Professionalism and Respectful Environments (OPARE)

Different Together Pledge

Michael F. Allard BSc, MD, FRCPC
Professor, Pathology and Laboratory Medicine
Vice-Dean, Health Engagement
Faculty of Medicine

Reckoning with the Truth, Working Together for a Better Future

UBC Faculty of Medicine Response

to the Calls to Action by the Truth and Reconciliation Commission of Canada

"…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." (from TRC Report, 2015)

Form and Function of the Response

Six **thematic areas** with accompanying **Action Statements**

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

Dynamic, ever-changing response, that evolves and adapts, in response to Indigenous input at all levels

Addressing *In Plain Sight* Recommendations

In Plain Sight	UBC 23 24	OPARE	TRC
Apology **Recommendation 1**			X
Indigenous Relationships **Recommendation 7**			X
Indigenous Cultural Safety + Anti-Racism **Recommendations 8, 9, 12, 18, 19, 20, 21**	X	X	X
Transforming Culture and Systems **Recommendations 11, 14**	X	X	X
Admissions **Recommendation 18**		X	X
Indigenous Data Governance **Recommendation 9**			X
Indigenous Ways of Knowing + Healing **Recommendation 23**	X		X

Questions?

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.

Cover note: The title Reckoning with the Truth, Working Together for a Better Future is adapted from 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.

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 Indigenous[1] Peoples and destroy their cultures. The resultant deleterious effects on self-governance, self-determination, and identity[2] 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

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[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

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[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 valued[6]; 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,

Michael Allard
Vice Dean, Health Engagement

Daniel Tham
Writer and Grant Team Facilitator

[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 Foundation[8]

> **"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]

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 entities[9] and which was, effectively, a program of cultural genocide. Under it, Indigenous children were 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 1984[12]. However, the final Residential school in Canada, the Gordon Residential School in Punnichy, Saskatchewan, remained open until 1996[13]. 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 1994[14].

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

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[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 Agreement[15], 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, 1920[16].

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 2015[17]. 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 Prerequisite[19]

"Without truth, justice is not served, healing cannot happen, and there can be no genuine reconciliation."[20]

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 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 system[21], 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 Hospital[22]. A $1.1B class action suit was filed on Jan 25, 2018 by

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[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 2020[23].

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 Canada[24], were intended to commit cultural genocide by disempowering and assimilating Indigenous Peoples with resultant loss of self-governance, self-determination, and identity[25]. 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,

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[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/I-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 started[27]. 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 experiences[28].

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 care [29], 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 racism[30]. Systemic racism, where social, political, or institutional policies and practices disproportionally 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

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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 Adapt 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 peoples[31].

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.
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> **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 relevant[32] 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-determination[33], particularly as a determinant of health[34], 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 Reconciliation[35]

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

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 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 Hea*lth[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.

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[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 Report[38], 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 Plan[39], TRC Action Plan[40], and new Indigenous Strategic Plan[41]. 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 Ubyssey, 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 Society[43]

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 Indians[45], as compared to 3% in metropolitan areas[46]. 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,

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[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 VFMP[48]. 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 Relationships[50]

"Reconciliation is an ongoing process of establishing and maintaining a mutually respectful relationship…"[51]

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 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 tolerated[52]. 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 process[53]. This governance structure also

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[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 BC[54] 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 həl̓q̓əmiɬəm̓ 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 Environments[58]

> **"[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]**

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 valued[60] with a sense of belonging[61], 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.

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[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 table[62], 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 forms[63]. 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 included 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 ensures 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.

Admissions[65]

"…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]

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 Canada[67]. While education may present a means by which some of these challenges could be addressed[68], Indigenous Peoples have had a painful history with Canadian educational 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 peoples[69]. 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.ccnsa-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 population[70].

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.

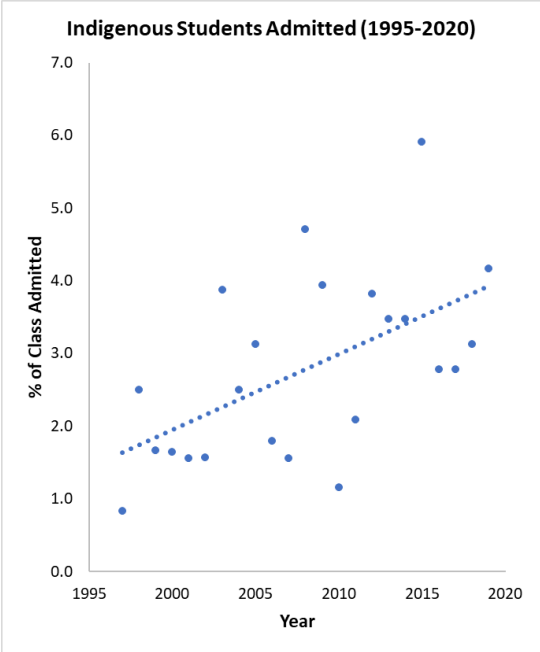
The **Indigenous MD Pre-Admissions Workshop** has been held every summer since 2002, with the location rotating between each of the four MD program sites in Vancouver-Fraser, Southern, Island, and Northern Medical Programs. The workshop is meant to encourage and support prospective Indigenous students, 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 Inuit[71]. 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 policies[74], 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 people[76].

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[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.ccnsa-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.

Curriculum[79]

"Schools must teach history in ways that foster mutual respect, empathy, and engagement."[80]

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, 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 land[83]. 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 Canada[84]. A thorough appreciation of the context within which health and wellness of Indigenous Peoples reside will be required to fully address these inequities[85]. This necessarily also includes recognition and appreciation that Indigenous ways of knowing, seeing, and healing will have an important role to play in

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[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 2014[87]. 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 AFMC [88]. 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 course[89] 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 Indigeneity[90]. 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 Health[94] Housed within the School of Population and Public Health, this program was created and now is administered by the CEIH. It is

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

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 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 Canada[99] and the College of Family Physicians of Canada[100], 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.

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[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 Program[101] 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 Program[102] 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.

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[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/.

Indigenous Health Research[104]

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

> **[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]

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 systems[106], 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.

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 Wellness[107]

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

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[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 Initiative[108]

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 it[109].

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 Disease[110]

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 levels[111]. 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 apprehension[112]. This perspective exists for a number of reasons. Non-Indigenous researchers have primarily been responsible for defining and performing Indigenous health

[112] Secratariat 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 involved[113]. There is therefore a need for Indigenous Peoples to set their own research priorities and lead research to ensure that they are able to addresses issues of their own interests and needs[114]. 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 contexts[115]. Current research and funding models are still viewed as reinforcing power imbalances that negatively impact the well-being of Indigenous Peoples[116]. 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 today[117]. 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 communities[118].

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.

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[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] Secratariat 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] Secratariat 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.

https://ethics.gc.ca/eng/documents/tcps2-2018-en-interactive-final.pdf.

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 Residental 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 TRC[135]

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.

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[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 2007[136]. 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

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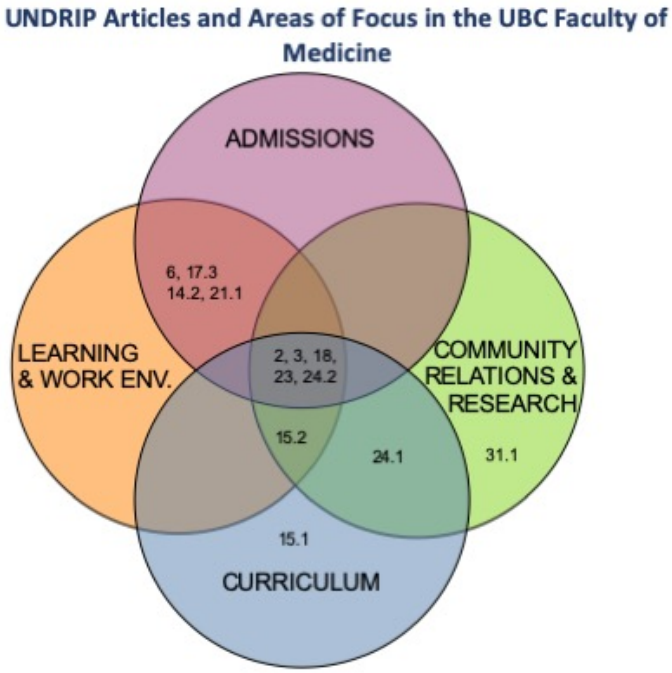
K "https://en.wikipedia.org/wiki/List_of_Indian_residential_schools_in_Canada"
https://en.wikipedia.org/wiki/List_of_Indian_residential_schools_in_Canada

[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.



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.

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[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.

INDIGENOUS CULTURAL SAFETY AND HUMILITY TRAINING IN HEALTH CARE FOR BRITISH COLUMBIA

Prepared for: Chris Mazurkewich, Lead, Provincial Cultural Safety and Humility Response

Date: November 20, 2020 (Revised)

PURPOSE

Expand UBC 23 24 Indigenous Cultural Safety to become the designated Indigenous cultural safety and humility education and training program for all health professional program students, faculty, staff, residents and clinical fellows (trainees) at the University of British Columbia.

SUMMARY

In response to ongoing racism and discrimination faced by Indigenous Peoples, which has been linked to disproportionally negative health outcomes, it is vital that Indigenous cultural safety and humility education be formally embedded within all post-secondary health professional programs (HPPs) for faculty, staff, students, residents and clinical fellows (trainees). UBC 23 24 Indigenous Cultural Safety (ICS)[1] was created in 2017 by the UBC Centre for Excellence in Indigenous Health to meet these needs for many, but not all, health professional students. Expansion of UBC 23 24 is needed to reach all students in health professional programs at UBC. Additionally, we intend to take the bold step of creating training to support affiliated HPP faculty and staff, as well as trainees. Endorsement and additional resources are required to expand this well-established, highly reputable curriculum that is currently delivered in partnership with Indigenous community members and Nations, health authority ICS leaders, health professional programs and units, faculty and staff. With recognition that any training seeking to implement social justice and reconciliatory interventions among diverse groups of people takes time, resources and innovation—UBC 23 24 offers the strongest and most cost-effective option to scale-up the delivery of an Indigenous Cultural Safety curriculum in a post-secondary environment without compromising its integrity, accountability to Indigenous peoples and communities, or its efficacy on educational outcomes. The expansion of the UBC 23 24 program will seek to serve over 23,000 faculty, students, staff and trainees over the first three to four years to address the backlog of learners who have never received ICS training. The program will then continue to serve a recurring number of new and incoming learners of more than 3000 learners annually at an overall 5-year average cost of $319 per learner.

[1] UBC 23 24 ICS was named in direct response to the Truth and Reconciliation Commissions' 94 Calls to Action, specifically Calls to Action #23 and #24.
#23. We call upon all levels of government to: Increase the number of Aboriginal professionals working in the health-care field; Ensure the retention of Aboriginal health-care providers in Aboriginal communities; Provide cultural competency training for all health-care professionals.
#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 skill-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

THE NEED TO ACT

Addressing Racism and Discrimination in Health Care

In Canada, in British Columbia, and in UBC's health related Faculties and Units, negative stereotyping, discrimination and racist attitudes and actions continue to marginalize Indigenous Peoples in ways that adversely affect their health and wellness, as well as the quality of the health care they receive. Recent revelations regarding the experience of Indigenous Peoples in emergency departments provide undeniable demonstration that more must be done to address these issues.[2] Education will play a key role in doing so and UBC 23 24 could be a critical element in our response to this crisis. Expansion of UBC 23 24 to provide mandatory cultural safety and humility training for all health professional program students, including residents, fellows, graduate and doctoral students, (for a complete list of health professional programs, see Appendix A), faculty (including clinical faculty, exceeding 10,000 in number) and staff at UBC will ensure the next generation of health professionals have the necessary foundational knowledge to establish culturally appropriate, safe practices and relationships. It will also ensure the same for learning environments.

It must be acknowledged that the lived reality Indigenous peoples face in regards to the treatment received in our health care systems is deplorable, leading to ongoing poverty, inequity, mistreatment, marginalization and dehumanization in institutions which are meant to provide safety, healing and access to the highest modes of wellness and cutting-edge science. System wide transformation is needed in order to target this crisis in ways which seek to address the root of the problem—racism and colonialism. This great feat will not be accomplished over-night and will involve ongoing interventions, innovation, resources, time and most of all, leadership and collaboration with the Indigenous Peoples and communities of whose lives are the most at stake. UBC 23 24 currently meets the need to deliver this ICS training to key groups of health professional students and has great potential to expand its offering to include graduate students, residents and clinical fellows, in addition to faculty and staff if appropriate support and resources are allocated.

THE STORY OF UBC 23 24

The Centre for Excellence in Indigenous Health developed UBC 23 24 in 2017 in response to the Truth and Reconciliation Commission's (TRC) Calls to Action (2015), the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP; 2007) and UBC's own Indigenous Strategic Plan (ISP), with the intention of preparing future health care providers to deliver culturally safe care to Indigenous Peoples. It has since been formally endorsed as the designated ICS curriculum by 13 of the 17 health professional programs at UBC, UBC Health, and by UBC President Santa Ono, who, in a video address introducing the program, stated, "As a leading educator of the health sciences we not only have a responsibility to address the health inequities resulting from colonialism, but we also have a unique opportunity to shape how healthcare is practiced and delivered well into the future."

Prior to UBC 23 24's introduction, the Centre had actively explored alternative options, including San'yas, the Provincial Health Services Authority (PHSA) online ICS curriculum for existing health practitioners, which we had sought to adapt for our purposes. However, it was determined after a pilot phase that the program

[2] CBC, Peter Mansbridge (2016) interview on addressing racism in health care. https://www.youtube.com/watch?v=4JdSUMK99qY

could not be expanded to cover all health professions students, and that the material was inappropriate for entry-level learners. It also became clear that an in-person component (which San'yas did not offer) would be needed to provide support to Indigenous and non-Indigenous students in processing the emotionally and mentally challenging material in a respectful and safe manner.

Partnerships were thus formed with the First Nations Health Authority and IndigenEYEZ (a community based Indigenous facilitation non-profit), UBC Health, and an Indigenous Advisory which included Indigenous Elders, knowledge keepers, community members, faculty, staff, students, and others from government and non-governmental organizations (Appendix B). A UBC 23 24 Curriculum Committee (comprised of Indigenous and non-Indigenous faculty members involved in curriculum development from each of the respective HPPs; Appendix B) was also convened to support UBC 23 24's eventual implementation. Leaders and members of the xʷməθkʷəy̓əm (Musqueam) Nation, on whose unceded lands UBC 23 24 would be developed and on which it is primarily administered in the present day, were consulted and collaborated with as well. In addition, we are currently taking steps to collaborate with other Nations on whose lands the curriculum is also being administered, the Metis Nation of British Columbia (MNBC), and Inuit partners to integrate their perspectives into the course material and program approach as well. Engaging health authority partners to ensure our respective ISC educational offerings are complimentary and supportive to student and health professional learning pathways is also a crucial component we are currently working towards.

UBC 23 24's Unique Features

Curriculum and Delivery:

Since its initial offering, UBC 23 24 has been identified as the most valued integrated curriculum by students in UBC Health's Integrated Curriculum Evaluation Report in 2020 and has received significant interest at national and international meetings on medical education and Indigenous health. In UBC 23 24's current and ongoing large-scale external evaluation of the program (which is being conducted by an Indigenous Research and Evaluation Firm—Reciprocal Consulting), both Indigenous and non-Indigenous community members and faculty consistently expressed high-praise and satisfaction in regards to the student curriculum, in-person student workshops, and newly accredited facilitator training program.

UBC 23 24 focuses specifically on TRC Calls to Action #23 and #24, which speak to providing intercultural competency, conflict resolution, human rights, and anti-racism training for students and existing health care professionals. The course deals with subjects such as racism and bias, identity and culture formation, the history and present-day impacts of colonization, determinants of Indigenous People's health, reconciliation between Indigenous and non-Indigenous people in health care contexts, and how to demonstrate allyship in health professional environments.

UBC 23 24 differs from many other ICS educational offerings, including San'yas, by being:

- delivered inter-professionally;
- created specifically for post-secondary health professional students;
- delivered through both in-person workshops (2) and on-line modules (4);
- embedded and integrated within core courses;
- rooted in Indigenous pedagogical practices, methodologies and epistemologies drawing from oral story-storytelling, creative vocal, musical and visual expressions;

- rooted in Indigenous community collaboration and delivery; and
- co-facilitated by Indigenous and non-Indigenous facilitators for the purpose of building capacity among non-Indigenous faculty, promoting reconciliation and fostering relationships between Indigenous Peoples and the University, and modelling relationships of allyship to students.

As it stands today, UBC 23 24 and the San'yas training program are unique, yet complementary approaches to embedding cultural safety and humility in health care in British Columbia.

Facilitator-Led In-Person Student Workshops:

For the reasons discussed earlier, the facilitator-led in-person workshops are a central part of UBC 23 24. As such, we have made every effort to ensure that facilitator training for the in-person student workshops is both robust and also a mandatory professional development component, with the training program recently receiving accreditation from the UBC Continuing Professional Development (CPD) office as being eligible for credits contributing to the fulfillment of yearly requirements for maintaining licensure. The Program includes topics such as developing competency in content delivery, modelling allyship, supporting students in carrying out productive inter-cultural dialogue on subjects such as humility, race, privilege, inequity, identity, culture, racism, discrimination, allyship, social determinants of health and transformative care practices, appropriate vs. inappropriate engagement with Indigenous pedagogies, and supporting Indigenous students, facilitators, faculty and staff in feeling culturally safe, heard, and respected.

EXPANSION OF UBC 23 24

UBC 23 24's core foundational curriculum was originally developed to cater to students in health professional programs. In acknowledgment that both faculty and staff hold very different roles than students and trainees, the tailoring of our foundational curriculum, in addition to the creation of new content to serve the needs of these particular audiences, is needed.

Curriculum Expansion for Faculty:

UBC 23 24 will create a curricular offering to support faculty to: meaningfully integrate the curriculum within courses; effectively assess students in core ICS competencies; support challenging conversations which arise in the classroom in response to the curriculum; engage with Indigenous Peoples, communities, Elders, traditional knowledge keepers and youth to strengthen diverse Indigenous perspectives in classrooms; and further decolonize curricula and teaching approaches to support Indigenous learners. As will be discussed later in the proposal, an Advising and Coaching Network (ACN) will be created to support further application of ICS knowledge and skills to practice across faculties and programs.

Curriculum Expansion for Staff:

UBC 23 24 staff training will include the main components of the core curriculum, including racism, bias and stereotype awareness; the history and present day impacts of colonization; determinants of Indigenous people's healt;, and, core tenets of reconciliation and allyship and how they can be demonstrated in professional settings. Subsequent training modules will then take an "application to practice" approach, highlighting the various sectors where systemic barriers exist within the university in relation to administration and operations, curricular activities, research, policy, finance, infrastructure, community

engagement, human resources, etc. and support staff to identify the ways in which they can implement aspects of the Indigenous Strategic Plan and what they have learned in UBC 23 24 to begin removing barriers and promoting decolonization and Indigenization, aided by ongoing educational and advising resources at the University, such as the ACN.

Facilitator Training for Faculty and Staff Offerings:

Facilitators are integral to the success of UBC 23 24. Therefore, expansion of the program to include faculty and staff will need to be accompanied by additional facilitator recruitment and training.

EXPANSIVE BENEFITS

1. Strengthening Relationships and Embedding Indigenous Perspectives:

UBC 23 24 takes a collaborative, community-based approach with Nations on whose territories the curriculum is administered, in addition to a diversity of urban Indigenous peoples by centring their perspectives and ways of being in the development and ongoing maintenance of its curriculum. It is through these relationships and by taking leadership from these respective peoples and communities, UBC 23 24 is able to ensure the curriculum and the way in which it is delivered is relevant, meaningful and created in the image of what Indigenous peoples want to be addressed in our health care providers and systems. This approach has been central to strengthening and contributing to healing relationships between Indigenous and non-Indigenous communities at UBC—a central component of UBC's own Indigenous Strategic Plan (ISP), the TRC, UNDRIP and commitments made by both our provincial and federal governments. Through this collaboration, the program seeks to embed diverse Indigenous perspectives within the academic space with the objective of decolonizing and Indigenizing our institutions and systems to ensure access and retention to and within health professional programs is supportive and applicable to what Indigenous faculty, students, staff and community want to see and experience.

2. Contributions to Research and Evaluation of ICS:

The proposed expansion of UBC 23 24, with its integrated evaluative component (discussed in a later section), will provide an exciting opportunity to observe the outcomes of curricular intervention on short- and long-term outcomes. Indigenous Cultural Safety (ICS) education was first introduced in the 1980's as a measure designed to address racism and discrimination faced by Indigenous Peoples, and to embed Indigenous conceptions of health and wellness in health care systems. Since then, even while ICS has evolved to reflect a multiplicity of global Indigenous perspectives, rigorous longitudinal evaluations assessing the efficacy of these interventions in addressing racism and improving experiences in health care and long-term health outcomes, have notably remained lacking. Development of a robust evaluation framework that builds upon previous work and, by collaborative efforts, incorporates important learnings and experiences of others will be a significant part of this initiative.

3. Ensuring Collaboration with UBC Faculty's, Health Authority and Post-Secondary Partners:

Indigenous Cultural Safety education as a public health intervention is occurring in a multitude of ways across Canada in both governmental and private sectors. Ensuring strong relationships are built between all respective leaders and educational units, both internal and external to UBC who are responsible for the delivery of ICS education, is a critical component to ensuring this is done in the best possible and most effective way. Mapping learning pathways between post-secondary ICS programs and health authority

programs to ensure opportunities to build upon foundational learning objectives are met, is also an integral part of achieving this goal. UBC 23 24 currently has strong partnerships with many of the health authority partners, ICS contractors and facilitators in the private sector who contribute to the delivery of our curriculum, and internal UBC health units—however further collaboration and understanding of our unique educational offerings are needed to further support the lifelong journeys of practicing Indigenous cultural safety in health care, educational and reconciliation-based settings.

IMPLEMENTATION CONSIDERATIONS

Core Staff Expansion:

UBC 23 24 is well positioned to be up-scaled based on past and ongoing evaluations completed by students, faculty, health professional program administration and Indigenous community facilitators. Although we have been able to maintain the current capacity in partnership with UBC Health to deliver the online and in-person components of the course and facilitator trainings to approximately 1000 students and 50 facilitators per year—expanding the program to meet the needs of the current health professional students, trainees, faculty and staff will require a commensurate increase in core staffing for the UBC 23 24 team.

Facilitator Capacity:

One of the core strengths of UBC 23 24 is that our in-person workshops are delivered by both Indigenous and non-Indigenous faculty and community members. The success of scaling-up UBC 23 24 will be largely dependent on our ability to recruit, train and maintain enough facilitators to meet the needs of our program without compromising its integrity or our relationships with the Indigenous Peoples and communities we are accountable to. With a current facilitator roster of 50, which includes a 50% mix of Indigenous and non-Indigenous faculty and community facilitators—full and part time facilitation staff will need to be recruited to supplement and expand our facilitator roster to serve approximately 9600 learners per year for the first three years, after which will be reduced to approximately 8075 in the fourth year and be sustained by an estimate of 3339 new incoming learners per year.

Partnership, Collaboration and Accountability to Indigenous Communities:

We will seek to maintain partnerships with Nations and urban Indigenous communities who we have been working with, in addition to forming partnerships with Metis and Inuit communities, whose involvement will be paramount to the successful implementation of the curriculum and the facilitator training program.

Formation of an Indigenous Advisory Council:

The formation of an Indigenous Advisory Council which formally brings together diverse representation from Indigenous communities including, youth, clinicians, Elders and leadership from all Nation's on whose territories our programs are administered, in addition to Metis, Inuit and urban Indigenous perspectives, will guide this endeavour and be critical to the successful implementation of this expansion.

Curriculum Committee Formation:

In order to ensure that the curriculum and facilitator training efforts continue to be relevant, meaningful, and most of all, useful in fostering culturally safe behavior in health professionals, curriculum leads, faculty, students and staff— a curriculum committee will be formed to help guide and inform the development of all offerings.

Creation of UBC 23 24 Advising and Coaching Network:

To support faculty and staff in applying ICS competencies to practice, a UBC 23 24 Advising and Coaching Network (ACN), whose services will be accessible to each program and staffing unit based on an hourly allocation per month, will be created. The intention of the ACN will be to support faculty and staff in integrating UBC 23 24's curriculum, student assessment, protocols for engagement with Indigenous communities, decolonization and Indigenization of curriculum and teaching approaches, to practice.

Formal Endorsement by the University and Health Professional Colleges:

In order to effectively deliver UBC 23 24 to all health professional students, staff, faculty and trainees, formal endorsement from the UBC President and health professional Deans to designate this educational offering as a requirement for graduation or appointment as faculty or staff at UBC will be vital. In addition, UBC 23 24 will work with health professional colleges to formally endorse this training or an equivalent for licensure in BC.

TECHNICAL/PROJECT APPROACH: See Appendix C

Priority Based:

As there will be over 23,000 faculty, students, staff and trainees needing access to UBC 23 24, we will need to initially prioritize learners who are a) students entering into health professions b) practicing residents and fellows c) faculty who have UBC 23 24 embedded in their core curriculum d) faculty who have direct content concerning ICS or engaging with Indigenous Peoples and e) staff who have direct engagement with Indigenous Peoples, programming or have an influence on the successful implementation of UBC 23 24 to ensure that the needs of those who will have the highest degree of contact with Indigenous people will be addressed first.

Iterative:

Taking an iterative approach to developing and maintaining curriculum and facilitator training through a multi-year evaluation process will be critical to ensure that we are effective in meeting the needs of learners, programs, the university and most importantly, Indigenous communities and Peoples this program is accountable to and driven in collaboration with. For this reason, it is expected that changes to our curriculum, facilitator training, implementation plan, and approach will occur on an as-needed basis in response to feedback. Staggering our expansion over multiple years will also be integral to ensure we are not compromising the integrity of our program, risking staff burn-out or jeopardizing relationships with the Indigenous Peoples and communities.

Operational Adaptability:

Because this is the first time an ICS program of this nature and scale is being delivered to health professional students, faculty, staff and trainees at a post-secondary Canadian institution, our operations and implementation plans will need to be nimble and adaptable to the evolving needs of the program based on our evaluations. Examples of the more complex technical aspects involved in up-scaling this program include: having Indigenous community and non-Indigenous faculty co-deliver the curriculum and in-person workshops; delivering the workshops inter-professionally; ensuring accountability to Indigenous students, faculty, staff, communities, and Nations are meaningfully maintained through ongoing collaboration and consultation; ensuring approaches are consistent across health professional programs and strong lines of

communication are maintained.

EVALUATION APPROACH: See Appendix D

The evaluation will focus on identifying best practices and lessons learned through identification of the strengths of the program, the areas that require improvement, and the factors that enable sustainability. This information is central to ongoing development and refinement of the program and will be part of the continuous process of quality improvement. We will work in ongoing collaboration with Indigenous Peoples and communities, UBC faculties, health authority partners and other post-secondary institutions to ensure we take mindful and coordinated approaches to maximize the benefit to learners, avoid duplication among health leaders and contribute to system wide transformation that advances the field of Indigenous cultural safety to strengthen its impact as a public health intervention.

BUDGET: See Appendix E

The budget is mainly comprised of the facilitator training program, workshop delivery, staffing and other supports to ensure a successful implementation. The large number of learners (>23,000) is the main driver of the budget, and we have worked diligently to ensure its various components are as well defined as possible.

It is critical to ensure resources are available to assemble a pool of highly trained facilitators as well as build a strong core support team upon implementation. As mentioned in the 'Facilitator Capacity' section of this proposal, this pool will include a combination of faculty, community and staff facilitators. At this stage of project planning it is impossible to determine what the exact ratio of facilitators will be among these three groups. For this reason, both the facilitator training and workshop delivery portion of the budget has been calculated based on the number of learners and workshops that will need to be delivered, rather than the exact rate of facilitators needed to deliver them—this number will be highly dependent on the success of community facilitator recruitment, time allowed by programs for faculty to facilitate, and how many workshops discrete facilitators can deliver.

Overhead listed reflects real infrastructure system costs for UBC Central, the Provost's Office, and the Faculty of Medicine which are required to implement and operationalize the expansion of UBC 23 24. The Centre does not have the internal infrastructure capacity required to support all key administrative functions of the expanded program. These include but are not limited to financial management, the very sizeable and complicated registration of a broad spectrum of learners, and legal and human resource support, etc.

A 10% contingency fund has been specifically allocated to meet any unanticipated Indigenous community, student, faculty or facilitator needs which may occur as a result of engagement, collaboration and implementation issues. In addition, it is required to buffer for any challenges which may arise while implementing a decolonial initiative in a western and colonial educational system that has been recognized as being in a constant state of misalignment. As mentioned, this is the first time a program of this scale will be implemented in a post-secondary setting—as such it is crucial that room is left in the budget to adapt to unforeseen expenses which could occur—particularly in relation to ensuring relationships between the university and Indigenous peoples and communities are not compromised, and the safety of these individuals are prioritized above all else.

As is denoted in the budget, recurring costs after year 6 include the retention of programmatic UBC 23 24 staff. This is based on the intention for UBC 23 24 to continue evolving and expanding to include: creating second levels of training; continuing to evaluate and fine tune curricular offerings; maintaining relationships and accountability to Nations and Indigenous communities; beginning large scale, longitudinal research studies on the efficacy and impact of ICS as a public health intervention to improve health outcomes of Indigenous populations, and; expanding to further tiers of health sciences students, faculty and staff which fall outside health professional programming and are not included in this initial proposal. .

RECOMMENDATION

UBC 23 24 be expanded to provide Indigenous cultural safety and humility education to all health professional program students, residents, clinical fellows, staff and faculty at UBC. New resources will be required to not only sustain and enhance the existing UBC 23 24 curriculum for UBC students, but also enable leveraging of its core content to create curricula for the education of all health-related faculty and staff at UBC in cultural safety and humility. UBC 23 24 poses the strongest option to embed Indigenous cultural safety and humility in post-secondary health professional programs. With this support, UBC 23 24 will play a vital role in creating culturally safe health-related learning, work, and practice environments in British Columbia that strive to be free of racism and discrimination. In recognition that UBC 23 24 was created in full and ongoing partnership with a diversity of Indigenous communities, peoples, faculty, facilitators, and students, and continues to be delivered in such a way—the UBC 23 24 Indigenous Cultural Safety Program offers an exciting opportunity to continue supporting the centering of Indigenous perspectives, strengthening of Indigenous and non-Indigenous peoples relationships, and decolonization and Indigenization of all aspects of our health care and educational institutions.

Appendix A: UBC Health Professional Programs

Campus	Faculty	Program Type	Full Program
Okanagan	Health and Social Dev.	Baccalaureate	Bachelor of Science in Nursing
Okanagan	Health and Social Dev.	Baccalaureate	Bachelor of Science in Nursing Basic BSN
Okanagan	Health and Social Dev.	Baccalaureate	Bachelor of Science in Nursing LPN Access
Okanagan	Health and Social Dev.	Masters	Master of Social Work
Okanagan	Health and Social Dev.	Doctorate	Doctor of Philosophy Kinesiology
Vancouver	Applied Sci.	Baccalaureate	Bachelor of Science in Nursing
Vancouver	Applied Sci.	Masters	Master of Health Leadership and Policy Clinical Education
Vancouver	Applied Sci.	Masters	Master of Health Leadership and Policy Seniors Care
Vancouver	Applied Sci.	Masters	Master of Nursing Nurse Practitioner
Vancouver	Arts	Baccalaureate	Bachelor of Social Work
Vancouver	Arts	Masters	Master of Social Work
Vancouver	Dentistry	Baccalaureate	Bachelor of Dental Science (Dental Hygiene)
Vancouver	Dentistry	Post-Baccalaureate	Doctor of Dental Medicine
Vancouver	Dentistry	Masters	Master of Science Craniofacial Science
Vancouver	Dentistry	Masters	MSc in Craniofacial Science/Dip in Prosthodontics
Vancouver	Dentistry	Masters	MSc in Craniofacial Science/Dip. in Pediatric Dent
Vancouver	Dentistry	Masters	MSc in Craniofacial Science/Dip. in Periodontics
Vancouver	Dentistry	Masters	MSc in Craniofacial Science/Diploma in Endodontics
Vancouver	Dentistry	Masters	MSc in Craniofacial Science/Diploma in Orthodontic
Vancouver	Dentistry	Doctorate	Doctor of Philosophy Craniofacial Science
Vancouver	Dentistry	Doctorate	PhD in Craniofacial Science/Dip in Prosthodontics
Vancouver	Dentistry	Doctorate	PhD in Craniofacial Science/Diploma in Orthodontic
Vancouver	Education	Baccalaureate	Bachelor of Kinesiology
Vancouver	Education	Masters	Master of Arts Kinesiology

Campus	Faculty	Program Type	Full Program
Vancouver	Education	Masters	Master of Kinesiology
Vancouver	Education	Masters	Master of Science Kinesiology
Vancouver	Education	Doctoral	Doctor of Philosophy Kinesiology
Vancouver	Education	Masters	Master of Counselling Psychology
Vancouver	Education	Doctoral	Doctor of Counselling Psychology
Vancouver	Land and Food Sys.	Baccalaureate	Bachelor of Science in Food Nutrition and Health Major in Dietetics
Vancouver & Distributed Sites[3]	Medicine	MD	Undergraduate Medical Education Program
Vancouver, Distributed & Clinical Sites	Medicine	Residents and Clinical Fellows	Post Graduate Medical Education Programs
Vancouver	Medicine	Baccalaureate	Bachelor of Medical Laboratory Science
Vancouver & Distributed Sites	Medicine	Baccalaureate	Bachelor of Midwifery
Vancouver	Medicine	Masters	Master of Health Administration *
Vancouver	Medicine	Masters	Master of Health Sciences *
Vancouver & Distributed Sites	Medicine	Masters	Master of Occupational Therapy
Vancouver & Distributed Sites	Medicine	Masters	Master of Physical Therapy
Vancouver	Medicine	Masters	Master of Public Health*
Vancouver	Medicine	Masters	Master of Public Health/Master of Science Nursing
Vancouver	Medicine	Masters	Master of Science Audiology & Speech Sciences
Vancouver	Medicine	Masters	Master of Science Genetic Counselling
Vancouver	Medicine	Masters	Master of Science Pharmacology
Vancouver	Medicine	Masters	Master of Science Population and Public Health
Vancouver	Medicine	Doctorate	Doctor of Philosophy Audiology & Speech Sciences
Vancouver	Medicine	Doctorate	Doctor of Philosophy Pharmacology
Vancouver	Medicine	Doctorate	Doctor of Philosophy Population and Public Health
Vancouver	Medicine	Doctorate	Master of Physical Therapy/Doctor of Philosophy

[3] Distributed Sites include – Northern Medical Program (Prince George), Southern Medical Program (Kelowna), and Island Medical Program (Victoria)

Campus	Faculty	Program Type	Full Program
Vancouver	Pharmaceutical Sci.	Masters	Master of Science Pharmaceutical Science
Vancouver	Pharmaceutical Sci.	Pharm D	PHUP
Vancouver	Pharmaceutical Sci.	Doctorate	Doctor of Philosophy Pharmaceutical Science

* Programs which formally fall outside of UBC Health Professional Programs but are considered to be an integral learner group to prioritize for training because of high engagement with administrative structures and policies that influence the successful integration of Indigenous Cultural Safety into health care systems.

Appendix B: UBC 23 24 Acknowledgments

UBC 23 24 Indigenous Cultural Safety

The Centre for Excellence in Indigenous Health would like to acknowledge with gratitude:

* The following is not inclusive of the UBC 23 24 facilitators who have contributed to and supported our program as this list is upwards of 100 Indigenous and non-Indigenous people from UBC Programs and at least 25 different Indigenous Nations and organizations.

UBC 23 24 ICS Interviewees

- Elder Gerry Oleman, St'at'imc from Tsal'alh (Shalalth B.C.)
- Chief Wayne Christian, Splatsin, Secwepemc
- Dr. Gwen Point, Skowkale First Nation, Stó:lō
- Janine Stevenson, RN, BScN, MSN, CDC Nurse Specialist, Indigenous Wellness Team Manager First Nations Health Authority
- Dr. Mark Tyndall, MD, ScD, FRCPC, Executive Medical Director British Columbia Centre for Disease Control
- Dr. Santa Ono, UBC President & Vice Chancellor

UBC 23 24 ICS Narrators

- Elder Gerry Oleman, St'at'imc from Tsal'alh (Shalalth B.C.)
- Tiffany Moses, Dene, from Pehdzeh Ki First Nation, Northwest Territories

Musqueam Nation

- Leaona Sparrow
- Musqueam 101 Consultation
    - A speaker series that allows Musqueam community members to meet and participate in the academic culture of UBC, while bringing awareness, cross-cultural understanding and feedback to current UBC projects.

First Nations Health Authority (FNHA)

- Online resource acquisition

IndigenEYEZ

- Kelly Terbasket, Syilx/Okanagan Nation, Co-Founder
- Kim Haxton, Potowatomi from the Wasauksing First Nation, Co-Founder
- Jeska Slater, Ochekwi Sipi (Fisher River Cree Nation), Vancouver Program Coordinator
- hazel bell-koski, (Anishinaabe), Vancouver Program Coordinator

Museum of Anthropology (MOA)

- Alissa Cherry, Research Manager
- Katie Ferrante, Digital Asset Archivist
- Ann Marie Stevenson, Former Information's Manager

National Centre for Truth and Reconciliation (NCTR)

- Online resource acquisition

Provincial Health Services Authority (PHSA)

- Online resource acquisition

Royal British Columbia Museum

- Online resource acquisition (photographs)

Union of British Columbia Indian Chiefs (UBCIC)

- Online resource acquisition

Photographers

- Melody Charlie, Ahousat First Nation
- Nadya Kwandibens, Anishinaabe (Ojibwe)
- Fred Cattroll

UBC Centre for Teaching, Learning and Technology (CTLT)

- Amy Perreault, Senior Strategist Indigenous Initiatives
- Andrea Han, Associate Director, Curriculum and Course Services
- Carmine Murano, former Educational Consultant: Learning Design
- Chris Crowley, Learning Design Manager
- Hanae Tsukada, Educational Strategist
- Janey Lew, Senior Educational Consultant Indigenous Initiatives

UBC First Nations House of Learning Longhouse

- Elder Larry Grant, Musqueam, Elder in Residence
- Linc Kesler, Former Chair of First Nations and Indigenous Studies
- Kevin Ward, Research and Communications Officer

UBC Health

- Victoria Wood, Curriculum Manager
- John Cheng, Web and Educational Technology Manager
- Angela Wagner, Education Program Coordinator
- UBC Health, Health Curriculum Committee

UBC Information and Technology

- Tim Kato, Team Lead Learning Hub Technology
- Yvonne Chan, Quality Assurance Analyst

UBC Learning Circle

- Elder Roberta Price, Coast Salish, Snuneymuxw and Cowichan Nations
- Dr. David Tu, MD

UBC Okanagan

- Jessie Nyberg, Shuswap, Elder Advisor & Community Research Liaison
- Donna Kurtz, Associate Professor

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UBC Scholarly Communications and Copyright Office

- Peter James, Intellectual Property & Copyright Librarian
- Simonida Jocic, Rights and Permissions Manager
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- Patty Humbler, Director, Health Promotion & Education
- Kelly White, Health Promotion Strategist

UBC Studios

- Chris Spencer, Producer

- Saeed Dyanatkar, Executive Producer
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The Cedar Project

- Online resource acquisition

UBC 23 24 Indigenous Cultural Safety Curriculum Committee

- Barbara May Bernhardt (Audi. & Speech Sci.)
- Helen Brown (Nursing)
- Victoria Wood (UBC Health)
- Annette Browne (Nursing)
- Nadine Caron (CEIH, Medicine)
- Leanne Currie (Nursing)
- Leeann Donnelly (Dental Hygiene)
- Mok Escueta (Social Work) Ursula Ellis (Woodward Library)
- Simone Gruenig (Physical Therapy) Ingrid Sochting (Psychology)
- Linc Kesler (FNHL) Robin Roots (Physical Therapy)
- Larry Leung (Pharmaceutical Science)
- Jeanne Lyons (Midwifery)
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- Jason Min (Pharmaceutical Science)
- Carmine Murano (CTLT)
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- Jennifer Nuk (Genetic Counselling)
- Martin Schechter (CEIH, Medicine)
- Carrie Anne Vanderhoop (CEIH)
- Colleen Varcoe (Nursing)

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- Dr. Nadine Caron, Co-Director, Anishnawbe, Sagamok First Nation
- Dr. Martin Schechter, Co-Director
- Drew. St. Laurent, Senior Operations Manager, Metis, Red River Settlement
- Courtney Smith, UBC 23 24 Curriculum Manager

Appendix C: Timeline and Project Approach

Description	Start Date	End Date	Duration
Formalize relationships with Nations on whose territories our curricula are administered, in addition to Metis Nation of BC and Inuit Tapiriit Kanatami for: advising, collaboration, reporting, community consultation, engagement, evaluation and research activities	Jan 2021	Sept 2021	8 months to form, however relationships will be maintained on an ongoing basis
Re-establish curriculum committee inclusive of curriculum leads in all health professional programs to inform new curricular developments in relation to faculty & staff offerings and new facilitator training programs	Jan 2021	Sept 2021	8 months to form, however relationships will be maintained on an ongoing basis
Implement Evaluation of curriculum and facilitator trainings over 3-5 years	Jan 2021	2025	5 years
Develop Evaluation Framework and Tools	Jan 20201	Mar 2021	3 months
Build and train core UBC 23 24 staff	Jan 2021	Sept 2021	8 months
Creation of Indigenous Advisory Council	Jan 2021	Ongoing	Ongoing on an annual basis
Expand facilitator training curriculum and in-person training to include faculty offering	Jan 2021	Jan 2022	1 year
Create and Implement UBC 23 24 Advising and Coaching Network (can)	Jan 2021	Ongoing	Ongoing until
Build and train core UBC 23 24 staff	Jan 2021	Sept 2021	8 months
Deliver facilitator training for student offering	Sept 2021	Ongoing	Ongoing on an annual basis
Deliver facilitator training for faculty offering	Nov 2021	Dec 2021	1.5 months (ongoing as needed for refresh and capacity building)
Deliver UBC 23 24 curriculum and in-person workshops to faculty	* Between Jan 2022 & Sept 2022	Goal 2025 – could be as long as 2028	Will take 3-5 years to work through backlog. Then will be offered to about 500 new faculty per year a ‘as needed’ basis (ongoing as needed for refresh

Description	Start Date	End Date	Duration
			and capacity building). * Start date will be largely dependent on ability to recruit and train core UBC 23 24 staff and all feedback and collaborations with Nations have been integrated into curriculum and approach. Relationships and engagement protocols will not be compromised to push for a hard start date.
Deliver UBC 23 24 curriculum and in-person workshops to all students in undergraduate, graduate, PhD and residents who are not currently being offered the curriculum	Sept 2022	Ongoing	Ongoing – 6000 students/year
Expand facilitator training curriculum and in-person training to include staff offering	Nov 2022	Dec 2022	1.5 months (ongoing as needed for refresh and capacity building)
Deliver facilitator training for staff offering	Jan 2023	Feb 2023	1.5 months
Deliver UBC 23 24 curriculum and in-person workshops to staff	Feb 2024	Goal Feb 2025 – could be as long as 2026	1-2 years
Develop implementation plan and project proposal to develop Level 2 of all curricula and facilitator training programs	Sept 2024	Oct 2024	2 months

Appendix D: Evaluation Framework

In this section we describe the proposed evaluation approach. The evaluation will focus on identifying best practices and lessons learned through identification of the strengths of the program, the areas that require improvement, and the factors that enable sustainability. This information is central to ongoing development and refinement of the program and will be part of the continuous process of quality improvement.

Evaluation Questions

We propose to focus on three main evaluation questions which are related to the deliverables described in the "Timeline and Project Approach". These questions build upon evaluations of UBC 23-24 currently in progress.

Each of the following questions are relevant to the **students, faculty (including resident and clinical fellow trainees), and staff** versions of the UBC 23-24 curriculum.

1. Are participants in student, faculty, and staff **facilitator training sessions** aware, informed, and confident in facilitating discussions on cultural safety?
2. Have cultural safety knowledge and skills increased among those who have participated as **learners** in the program?
3. Is the UBC 23-24 model equally effective across **learner groups*** and different health professions, in both academic and clinical settings?

*learners refer to students, faculty (including trainees), and staff

Evaluation Approach

Evaluation is most effective when it is considered in the early phases of program development and is part of the planning process. To ensure the results are culturally relevant, feasible, and serve the information needs of intended users, it is critical to use a participatory approach.

A mixed-methods approach, using both surveys and interviews, will offer insights into the impact and generalizability of UBC 23-24, as well as identify what worked, didn't work, and what is required to sustain programming. As in previous evaluations of UBC 23-24, we propose to use a convenience sample of program participant (facilitators and training participants) for this evaluation, however, we are also open to considering a purposeful sampling options (e.g., stratified random sample according to institution and discipline) that will provide the data necessary to address the evaluation questions in the most efficient and cost-effective way possible. For example, it is not uncommon to use a model where more intensive evaluation methods occur at the beginning of a new program with a transition into more targeted and leaner data collection in later phases.

We will use the existing UBC 23-24 Surveys as a starting point from which to develop facilitator, faculty, students, and staff surveys that are tailored to those roles and to the unique context of each health profession/setting.

The table below outlines our general approach to the evaluation and includes the "standard of acceptability" we will use to judge the effectiveness of the program.

Evaluation Question	**Indicator**	**Source of Data**	**Standard of Acceptability**
1. Are participants in **facilitator training sessions*** aware, informed, and confident in facilitating discussions on cultural safety? *students, faculty, staff	Immediately following training: • Increased awareness of ICS. • Acceptable level of confidence to facilitate sessions.	Facilitator Self-report Survey, includes both Likert and open-ended items Sample of interviews representing health profession type	80% or more of learners will demonstrate increased awareness and confidence in facilitating sessions
2. Have cultural safety knowledge and skills increased among those who have participated as **learners*** in the program? *students, faculty, staff	Immediately following training: • Increase in knowledge related to ICS. • Increase in skill-level related to ICS practices	Student, staff, and faculty survey will include both Likert and open-ended items Pre-test/post-test surveys administered to students only Focus groups for each health professions type	80% or more of learners will demonstrate increased awareness and confidence in facilitating sessions
3. Is the UBC 23-24 model **equally effective across learners* and different health professions, in both academic and clinical settings?** *students, faculty, staff	Comparison of facilitator, student, and faculty data across different health disciplines.	Quantitative and qualitative data from evaluation questions 1 and 2 above.	Differences in effectiveness across different health professions and learner type will be conceptually insignificant.

In addition to addressing course effectiveness, we will pursue the feasibility of addressing questions related to the impact of UBC 23-24 on increasing ICS in clinical practice settings. For example, a longitudinal multiple case study approach could be carried out in selected geographic locations to examine the impact of ICS training in clinical settings by using administrative data and interviews with key informants. Our plan is to develop an approach to examine impact during Years 1 and 2 of the initiative, with some early data collection which will provide preliminary data and help to determine feasibility. The full study would be implemented in Year 3. To carry out this work, we will organize an interdisciplinary collaborative group to address impact questions. For example, Dr. Colleen Varco, UBC School of Nursing is experienced in assessing the impact of such educational offerings on practice. She has agreed to collaborate with us in identifying metrics, tools and approaches in this area.

Data Analysis and Interpretation

The quantitative survey results will be analyzed descriptively and qualitative data (both open-ended items and interview data) will be transcribed and analyzed to identify key themes. Student pre-test/posttest data will be analyzed to determine changes in knowledge and skills. In addition, analysis of surveys and interviews from Indigenous students, faculty (including trainees) and staff will be conducted to determine if the curriculum is effective from their perspective.

We will conceptually integrate survey data and interview data to fully address the evaluation questions of interest. Initial findings will be discussed with the project team and the appropriate advisory groups to facilitate interpretation and determine recommendations. Where possible we will compare data from the current evaluation of UBC 23-24.

Communication

Throughout the evaluation, ongoing community with key users of evaluation findings will promote transparency, engagement, and facilitate the utility of the evaluation. Regular updates from the evaluation team and feedback will be requested. A presentation and written report will be presented to key collaborators and funders. Other products that could result from this evaluation include an evaluation toolkit and a list of best practices for ICS.

Appendix E: Budget

UBC 23 24 Indigenous Cultural Safety (ICS)
Budget

Number of Learners	Current (to-date)							Recurring (per annum)			
Faculty	Faculty	Faculty Clinical	Others	Total Faculty	Staff	Student[1]	Total Current	Faculty 10%	Staff 14%	Student[1] n/a	Total Recurring
Medicine	657	10,483	524	11,664	2276	3644	17,584	1,143	323	588	2,054
Dentistry	41	492	28	561	121	457	1,139	55	17	119	191
Education	101	-	47	148	66	1586	1,800	15	9	369	393
Pharmaceutical Sciences	73	2	22	97	86	964	1,147	10	12	240	262
Nursing	73	1	17	91	157	1081	1,329	9	22	254	285
Land and Food Systems	31	-	13	44	34	111	189	4	5	27	36
Arts	27	-	11	38	18	276	332	4	3	111	117
Total number of learners[2]	1,003	10,978	662	12,643	2,758	8,119	23,520	1,239	392	1,708	3,339

1. Including PGME Residents and fellows
2. Focus is on UBC Health Professional groups and currently does not include learners from School of Biomedical Engineering and others.

Summary	Year 1	Year 2	Year 3	Year 4	Year 5	**Total (5 Years)**	**Recurring (Year 6 on)**
Facilitator training costs	471,176	341,539	348,370	355,337	228,453	1,744,876	233,022
Workshop delivery costs	629,714	745,115	760,007	652,458	276,742	3,064,036	282,274
Curriculum update and program support	1,799,055	1,834,339	1,872,750	1,359,487	1,146,325	8,011,956	1,190,659
Total costs	**$ 2,899,945**	**$ 2,920,993**	**$ 2,981,127**	**$ 2,367,282**	**$ 1,651,521**	**$ 12,820,868**	**$ 1,705,954**
Total number of Learners	9,600	9,600	9,600	8,075	3,339	40,213	3,339
Cost per Learner (including overhead)	$ 302	$ 304	$ 311	$ 293	$ 495	**$ 319**	**$ 511**

Details
Training Plan
Program is comprised of a number of online modules and two in-person workshops.

Learners per workshop	40	
Workshops per year	240	5 times per week over 48 weeks per year per workshop
Learners per year	9,600	annual capacity

Number of Learners

Type of Learner	Year 1	Year 2	Year 3	Year 4	Year 5	Recurring
Faculty[1]	9,600	5,521	1,239	1,239	1,239	1,239
Staff[2]	-	2,758	1,175	392	392	392
Student[3]	-	1,321	7,186	6,444	1,708	1,708
Total number of Learners	9,600	9,600	9,600	8,075	3,339	3,339

notes
1. Current identified 12,643 Faculty to be trained by year 2. The 5,521 Faculty includes Year 1 and Year 2 of recurring Faculty at 1,239 per year.
2. Current identified 2,758 Staff to be trained by year 2. The 1,175 students in Year 3 includes Year 1 to Year 3 recurring 392 students per annum.
3. Current identified 6,488 Student to be trained by year 3.

Number of Facilitators
Each workshop will have 2 Facilitators (1 Indigenous and 1 Faculty)

			===>
Number of Facilitators	100	attrition 20%	120
Number of workshops per year	240		
Workshop delivery per Facilitator per year	5		
Number of Educators (Facilitator trainer)	2		
Educator class frequency in Year 1	8		
Educator class frequency in Year 2 onwards	4		

Facilitator training (Train-the-trainer)

	Training hours per facilitator	
Type of training	Initial	Ongoing
Faculty/staff	10.5	4.0
Staff	10.5	4.0
Student	16.0	7.0
Total	37.0	15.0

Facilitator pay rate	Hourly	2% (year-over-year increase)
Indigenous Community	$ 93.6	
Faculty/staff	$ 93.6	
Educator (Facilitator trainer)	$ 93.6	

$	Facilitator training costs	Number of Facilitators Year 1-4	Number of Facilitators Year 5	Year 1	Year 2	Year 3	Year 4	Year 5	Recurring
	Indigenous Community	60	21	207,872	156,634	159,767	162,962	106,726	108,861
	Faculty/staff	60	21	207,872	156,634	159,767	162,962	106,726	108,861
	Educator	2	1	55,433	28,271	28,836	29,413	15,000	15,300
	Total Facilitator training costs			$ 471,176	$ 341,539	$ 348,370	$ 355,337	$ 228,453	$ 233,022

	Cost per workshop	
	Average number of hours per workshop	7
	Facilitator: Indigenous Community	$ 655
	Facilitator: Faculty/staff	$ 655
	Operating: catering $5 per learner	$ 210
	Total cost per workshop	$ 1,521

$	Workshop delivery costs	Year 1	Year 2	Year 3	Year 4	Year 5	Recurring
	Number of workshops (total of 2 per Learner)	480	480	480	404	168	168
	Facilitator: Indigenous Community	314,617	320,909	327,327	281,011	119,193	121,577
	Facilitator: Faculty/staff	314,617	320,909	327,327	281,011	119,193	121,577
	Operating (online in Year 1)	-	102,816	104,872	90,033	38,188	38,952
	Total workshop delivery costs	$ 629,714	$ 745,115	$ 760,007	$ 652,458	$ 276,742	$ 282,274

3% (year-over-year increase)

$	Workshop delivery costs	Year 1	Year 2	Year 3	Year 4	Year 5	Recurring
	Number of workshops (total of 2 per Learner)	480	480	480	404	168	168
	Facilitator: Indigenous Community	314,617	320,909	327,327	281,011	119,193	121,577
	Facilitator: Faculty/staff	314,617	320,909	327,327	281,011	119,193	121,577
	Operating (online in Year 1)	-	102,816	104,872	90,033	38,188	38,952
	Total workshop delivery costs	$ 629,714	$ 745,115	$ 760,007	$ 652,458	$ 276,742	$ 282,274

3% (year-over-year increase)

$	Staffing (curriculum update and program support)		Year 1	Year 2	Year 3	Year 4	Year 5	Recurring
	Curriculum Coordinator		61,270	63,108	65,001	66,951	68,960	71,029
	Curriculum Program Assistant		43,000	44,290	45,619	46,987	48,397	49,849
	Curriculum Manager		84,238	86,765	89,368	92,049	94,811	97,655
	Operations Manager		84,238	86,765	89,368	92,049	94,811	97,655
	Operations Coordinator		61,270	63,108	65,001	66,951	68,960	71,029
	Operations Program Assistant		43,000	44,290	45,619	46,987	48,397	49,849
	Communication & Community Outreach Coordinator		61,270	63,108	65,001	66,951	68,960	71,029
	Indigenous Human Resource Advisor*		90,000	92,700	95,481	98,345	101,296	104,335
	Faculty and Staff Advising and Coaching Network (ACN)		22,473	23,147	23,841	24,556	25,293	26,052
	Evaluation		100,000	103,000	106,090	109,273	112,551	115,927
	Elder Advisor		33,600	34,608	35,646	36,716	37,817	38,952
	Host Nation Capacity funding		40,000	40,000	40,000	40,000	40,000	40,000
	Indigenous Advisory Council		16,800	21,800	16,200	16,200	16,200	16,200
	Contingency	10%	184,205	185,334	189,061	181,181	133,165	136,486
	Overhead (University)	20%	368,410	370,669	378,123	362,363	266,329	272,971
	Overhead (Faculty)	20%	368,410	370,669	378,123	362,363	266,329	272,971
	Potential reductions as program stabilizes		-	-	-	(500,000)	(500,000)	(500,000)
	Total core staffing salaries		1,662,183	1,693,361	1,727,543	1,209,924	992,275	1,031,987
	Benefits	20%	136,872	140,978	145,207	149,563	154,050	158,672
	Total salaries & benefits		$ 1,799,055	$ 1,834,339	$ 1,872,750	$ 1,359,487	$ 1,146,325	$ 1,190,659

* Although human resource support will be largely provided by UBC Central and the Faculty of Medicine, current UBC Human Resources systems and policies are in a constant state of conflict with Indigenous ways of knowing and being. This position will be critical in addressing the very real, systemic colonial barriers that exist within our current systems that consistently compromise our relationships with Indigenous communities and peoples, effect the experiences Indigenous students, faculty and staff have within our academy, and challenge our ability to decolonize and Indigenize our processes. As UBC 23 24 is largely community facing and driven, having an individual dedicated to addressing the barriers to making our systems and policies more conducive to Indigenous ways of being, is an integral component to managing risk associated with having a largely community driven initiative engage with a colonial institution.

THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Medicine

Inquiry into Systemic Indigenous-Specific Racism in Health Care in British Columbia

Ongoing and Planned Actions in the UBC Faculty of Medicine

Submitted to: Mary Ellen Turpel-Lafond, Lead Investigator

Submitted by: Faculty of Medicine, The University of British Columbia

Date: September 2020

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A. INTRODUCTION

The UBC Faculty of Medicine ("Faculty") is grateful for this opportunity to contribute to the independent **Inquiry into Systemic Indigenous-Specific Racism in Health Care in British Columbia** ("Inquiry").

The Terms of Reference for the Inquiry indicate that recommendations will be made, *inter alia,* with respect to "measures to eliminate systemic racism against Indigenous people accessing health care in B.C and with respect to "public and health professional education to address bias and eliminate Indigenous-specific racism in B.C. and create space for the exercise of indigenous people's human rights".

The Faculty believes it is well-positioned to take a leadership role and to work in partnership with the provincial Health Authorities, Ministry of Health, other academic institutions, and with Indigenous peoples, including representatives from Indigenous communities and organizations, to address systemic Indigenous-specific racism in the health system and its effects on care received by Indigenous people. The Faculty believes that its pivotal role in medical and health profession education and research and its ongoing, and planned work, to address Indigenous-specific racism and discrimination provides a solid foundation for the work ahead.

The Faculty's inclusion in a publicly funded institution dedicated to education and research, creates a social contract between the Faculty and the government and people of British Columbia. This social contract requires not only commitment by the Faculty to make internal changes to address and eradicate Indigenous specific racism and discrimination but also requires that the Faculty extend those commitments to the public through the health care system. The Faculty is responsible for training the next generation of physicians, health professionals, educators, scholars, administrators, and policy makers.

Learners in the health professions must learn about, and confront, B.C.'s colonial legacy and commit to engage in making changes to the health care system and to their practices to optimize patient experiences and health outcomes.

We know we must equip graduates with academic and clinical skills but we must also ensure their understanding of, and commitment to, their obligations to society. Faculty graduates will bear enormous responsibilities to the public and to meet those responsibilities they must also demonstrate cultural humility and competence. They must respect the dignity and intrinsic worth of all patients, by acknowledging and valuing differences and by committing to delivering culturally aware and sensitive health care to ensure that care is delivered, and patients are treated, in a culturally appropriate and safe manner.

We support the work of this Inquiry and recognize that the findings and recommendations of the Inquiry may identify ways in which the Faculty has been complicit in creating a system where Indigenous racism and discrimination persist. We welcome an external perspective on our activities and will look to the Inquiry recommendations to provide guidance on how we can do better and be part of the solution to stamp out racism and discrimination.

The faculty commits to continuing to work collaboratively, guided by input based on the lived experience and expertise of those most directly affected by interpersonal and systemic racism and discrimination, to ensure that racism and discrimination are expunged in all their forms within the Faculty and in the B.C. healthcare system.

The Inquiry's request for information about the activities of the Faculty coincides with the introduction of the Faculty's Culture Change Implementation Plan, the culmination of the Faculty's Organizational Culture and Values Initiative begun in 2018 under the executive sponsorship of Dr. Dermot Kelleher, Dean, Faculty of Medicine and Vice President Health, UBC. This was a critical first step in redefining the optimal Faculty culture, a culture that would be people-centric and would support the Faculty's mission: Transforming health for everyone. Thorough this process the Faculty identified the cores values needed to achieve its mission and to provide the framework for a reconceptualization of Faculty culture and the creation of respectful, inclusive and discrimination free learning and work environments.

Contemporaneous with, and under the umbrella of the Culture Change Implementation Plan, the Office of Professionalism will oversee implementation of the 26 recommendations from the Dean's Task Force on Respectful Environments. Also, in December 2019 UBC finalized its Inclusion Action Plan, setting the stage for the Faculty's development its Equity, Diversity, Inclusion Action Plan under the leadership of the Assistant Dean, EDI. In alignment with these efforts the Faculty will re-visit and update its Strategic Plan.

Each of these separate initiatives will be integrated into an overarching Faculty-wide framework though which we will realize our commitment to change our culture so that it accurately reflects our values and better meets the needs of all members of the Faculty community. Meeting these needs better positions the Faculty to achieve its mission and fulfill its social contract. The work moving forward will require ongoing review and the development of diverse initiatives to sustain our efforts to overcome systemic and interpersonal barriers to realizing Faculty goals.

We welcome and appreciate this opportunity to share the Faculty's foundational values and principles and to demonstrate the Faculty's dedication to eradicating racism and discrimination in the Faculty and the health care system through our ongoing efforts to create and support a culture of respect, dignity, and inclusion that recognizes and provides space for the exercise of fundamental human rights. We believe that eradicating racism and discrimination is necessary to realize the Faculty's strategic objectives to support health care in an evolving health system.

Our commitment to addressing Indigenous-specific racism acknowledges that in Canada, in British Columbia, and in the Faculty negative stereotyping and racist attitudes and discriminatory actions marginalize and discriminate against Indigenous people and communities in ways that adversely affect their health, the healthcare they receive, and health outcomes.

The recent revelations related to the experiences of Indigenous people in emergency departments starkly highlights that more must be done, immediately and moving forward, to address an unacceptable status quo.

B. THE UNIVERSITY CONTEXT

Initiatives, planned and ongoing, within the Faculty to specifically address racism and discrimination are situated within the larger context of the University of British Columbia ("UBC") and are informed by the commitments and expectations of a number of university wide policies and initiatives.

The **UBC Equity and Inclusion Office** is dedicated to advancing equity and human rights by promoting, diversity, eliminating discrimination, and engaging the community in dialogue and action. The goal is to build an inclusive community in which human rights are respected and equity and inclusion are embedded in all areas of academic, work, and campus life. The commitment is to an inclusive community where those who are historically, persistently, or systemically marginalized are treated equitably, feel respected, safe, and belong. This community is built through a combination of institutional and individual responsibility.

Board of Governors **Policy SC7: Discrimination** reflects UBC's commitment to protecting and respecting human rights at every level of the institution. The fundamental objectives of this policy are to prevent discrimination on grounds protected by the BC Human Rights Code, including discrimination on the basis of race, and to remedy situations where discrimination does occur.

The **UBC Statement on Respectful Environments** is an overarching statement describing the UBC community's behavioural expectations. Members of the UBC community are required to commit to meeting these expectations to build a learning and work environments of respect, diversity, opportunity, and inclusion. While the statement focuses on bullying and harassment, all forms of discrimination, including racism, are antithetical to the underlying principle of respecting the dignity of the individual.

The renewed **Indigenous Strategic Plan**, in the final stages of development, will form UBC's response to the **Truth and Reconciliation Commission of Canada: Calls to Action** ("TRC Calls to Action") and will serve as a guide to ensure UBC's actions are in alignment with, and in support of, the United Nations Declaration on the Rights of Indigenous Peoples ("UNDRIP"). A draft of the plan was published earlier this year. President Ono's introductory message acknowledged that implementing the plan will "require commitment from all levels of the UBC community to taking meaningful collective action for a more just and equitable future for all".

UBC's **2018 UBC Strategic Plan: Shaping UBC's Next Century 2018-2028** is based on three themes: inclusion, collaboration, and innovation. The inclusion theme is reflected in an **Inclusion Action Plan** that focuses on: recruitment and retention, systems change, capacity building for individuals and the institution, learning and research engagement, and accountability. In introducing the Inclusion Action Plan, President Ono noted that the plan supports UBC's commitment to reconciliation and recognition of our locations on the traditional, ancestral and unceded territories of Indigenous peoples and that the history and relationship with these lands frames our efforts to understand decolonization in the context of UBC's inclusion efforts.

It is clear through these foundational documents that UBC's commitment to creating learning and work environments free from racism and discrimination is deep and meaningful. It is based on a firm belief that such environments must reflect our values and foundational principles of respect, diversity, opportunity,

and inclusion. Respectful environments cannot co-exist with racism and discriminatory conduct. Racism and discrimination in all forms are anathema to the university's values and commitment.

C. THE FACULTY CONTEXT

The Faculty fully endorses the university commitments and has undertaken a searching and thoughtful assessment of its structures, policies, and processes to ensure alignment not only with the university's goals and objectives but also to reflect the mission, vision, and values of the Faculty.

The Faculty's mission, "Transforming health for everyone" by engaging principles of excellence, equity, engagement and effectiveness (The **Faculty of Medicine Strategic Plan: Building the Future**) provides the foundation for the goals and action plans expressed in several key documents including, the **Dean's Task Force on Respectful Environments Report and Recommendations**, and the **Faculty of Medicine Response to the Truth and Reconciliation Committee: Calls to Action** ("Response to TRC Calls to Action"). These documents are complementary and together provide guidance for the work, ongoing and planned.

The Faculty is committed to creating and fostering environments in which all participants are respected, safe, and valued and where all are seen and everyone's voice is heard.

The foundational requirements for respectful environments are equity, diversity, and inclusion. These are not merely abstract ideals. Fidelity to these principles requires that we do more than create pathways to increase participation in the Faculty. We must also act to eliminate barriers, institutional and individual, to participation. We must denounce and eradicate attitudes and behaviours contrary to these values.

The work is ongoing and iterative. The Faculty is committed to review and adaptation of its well-established programs and to implementing new initiatives to recognize, celebrate, support, and include Indigenous culture, knowledge, land, and people in the Faculty community and yet we humbly recognize that these efforts are not enough. That is why the Faculty will continue to work to bring about much needed change.

Racism and all forms of discrimination have no place in the Faculty's learning and work environments or in B.C.'s health care system.

i. Internal Accountability

A consistent theme in the Faculty's efforts to create respectful and inclusive learning and work environments is that the members of the Faculty constitute a community. Each individual is responsible and accountable for the health and viability of that community.

The Faculty recognizes that individual responsibility and accountability will thrive where leadership and the organization are also held accountable. All Department Heads and Administrative Heads of Units within the Faculty are responsible for the learning and work environments under their authority and are accountable to senior leadership.

Dermot Kelleher, Dean of the Faculty of Medicine, Vice-President of Health, UBC, is ultimately responsible and accountable for the Faculty and he has been clear and consistent in his commitment to change the culture and in particular to eradicate racism and all forms of discriminatory conduct within the Faculty. In 2019 Dr. Kelleher appointed an Assistant Dean Equity Diversity and Inclusion who works closely with the Vice Dean Academic to ensure the Faculty's policies, processes and systems promote diversity, and support equitable and inclusive learning and work environments. The Vice Dean Academic is also responsible for oversight of the implementation and renewal of the Faculty's Strategic Plan.

The Vice Dean, Health Engagement is responsible for working with provincial health authorities, relevant health and academic organizations, and government to facilitate, coordinate, and optimize academic activities (in collaboration with the Vice Dean Education and Vice Dean Research) and to foster their integration to support the health system in British Columbia. Engagement with, and developing positive working relationships with, Indigenous Peoples, communities, and organizations is critical to this portfolio and has been a primary focus for the Vice Dean over the past 18 months.

Dr. Kelleher recently introduced changes to the Office of Professionalism to ensure that the components necessary to promote and support respectful work and learning environments are present and consistent throughout the Faculty. The Office of Professionalism provides oversight, guidance, and support to all units within the Faculty to proactively raise awareness, communicate expectations and build skills necessary to sustain respectful environments. The Office of Professionalism also oversees the Faculty's processes for addressing conduct, including racist and other discriminatory conduct, that does not reflect Faculty values and undermines the respectful work and learning environments. The Office of Professionalism works closely with leadership throughout the Faculty and reports directly to Dr. Kelleher.

Collaboration amongst the senior leaders on the Dean's Executive Team ensures that action plans are developed in ways that reflect our commitment to respect, equity, inclusion, diversity. We are committed to ensuring that all Faculty actions support indigenous perspectives and are integrated across the Faculty. Also, this internal integration will strengthen our capacity to extend this work into the health sector. The Faculty is equipped to take the lead in this work but we need the mandate and authority to ensure health system partners are committed to collaboration and aligned actions. More work is required to effectively make those connections and secure the participation of the provincial health authorities and others in the health system.

ii. Foundations of the UBC Faculty of Medicine approach to Indigenous-Specific Racism

The Faculty's Strategic Plan identifies its learners, faculty and staff as the essential platform for successful realization of the Faculty's vision "to transform health for everyone". The Plan recognizes that to achieve this the Faculty must create and sustain respectful learning and work environments that are free of racism and discrimination where every learner, staff, and faculty member can feel safe, respected, and valued and can fulfill their potential. This is the key to future success and is manifested in the Faculty's adoption of the principles of equity, diversity, and inclusion. These principles are critical components of optimum learning and work environments.

"Our goal is that all members of the Faculty community have a sense of belonging and are equipped to behave with respect towards each other, our various partners, and the public exemplifying the highest levels of professional conduct."

Two important insights also inform the Faculty's approach to systemic culture change. First, disrespectful and discriminatory behavior often reflects racist attitudes and has a disproportionately adverse impact on racialized members, particularly Black, Indigenous and People of Colour members, of the Faculty community, patients in the healthcare system, and the public.

Second, the imbalance of power over people and groups that have been historically marginalized and treated as inferior, is an artifact of the post-colonial legacy, the creation of which UBC and the Faculty have been complicit and for which we must be accountable. This power imbalance also has a disproportionately adverse impact on racialized members of the community, patients in the healthcare system, and the public, and is enabled when viewed only though the individual and interpersonal lens without recognition of the systemic foundation.

These insights are reflected in the Faculty's actions to change the culture and inform the Faculty's work described in its response to the TRC Calls to Action and in the Report of the Dean's Task Force on Respectful Environments. These documents must be read in tandem to understand the scope of the Faculty initiatives and to appreciate that even when racism and discriminatory conduct are not expressly mentioned their eradication is essential to achieving true equity, respect, inclusion and culturally safe work and learning environments.

iii. Response to the TRC Calls to Action

Actions taken and planned by the Faculty that specifically relate to combatting Indigenous-specific racism and discrimination and promoting Indigenous inclusivity are described in the **Response to TRC Calls to Action**. The Faculty acknowledges that it has taken a long period of time to respond to the TRC Calls to Action. To do justice to the original report and the many critical issues raised, particularly with respect to the disparity in health care for Indigenous people and communities, the Faculty engaged in a process of introspection and consultation through which it examined its present structure, reviewed initiatives undertaken, and explored opportunities for improvement and future actions.

The Faculty's Response to the Calls to Action is a dynamic process. The document produced is a living document, a first iteration and initial step on a long journey. The Faculty will undertake a broader consultation/conversation with Indigenous peoples and communities to formulate the action plans and identify performance indicators for moving forward. These conversations will likely engender more changes and contribute to the evolution of more positive and mutual relationships with Indigenous peoples and communities. The Faculty intends to create a new Indigenous leadership position to assume responsibility for this next phase in our Response to the Calls to Action.

The Response to the TRC Calls to Action articulates the Faculty's commitment to establishing mutually respectful relationships with Indigenous communities free from entrenched racist attitudes that drive unfair treatment of Indigenous peoples and fundamentally threaten their health and wellness. We intend to do so in the spirit of reciprocity where we will listen and learn so that we may work together with Indigenous communities collaboratively to achieve common goals.

The Faculty accepts that reconciliation begins with an acknowledgement of the harms inflicted on Indigenous peoples and communities, atonement and apology for the causes of those harms, including colonialism, and a commitment to action to change racism and discriminatory behaviors and the underlying structures and policies that have allowed these harms to go unchecked.

The Response to TRC Calls to Action endorses the 2019 Association of Faculties of Medicines of Canada ("AFMC") position paper, *Joint Commitment to Action* and relies on the ten guiding principles from the TRC Calls to Action (reproduced in Appendix B in the Response to TRC Calls to Action) to inform and guide the Faculty's actions. Notably, the United Nations Declaration on the Rights of Indigenous Peoples ("UNDRIP") is identified as the framework for reconciliation at all levels and across all sectors of Canadian society.

Our dedication to confront and eradicate systemic and interpersonal racism and discrimination permeates all present and future commitments to respond to the TRC Calls to Action. Nearly half of the action statements in the Response to TRC Calls to Action target the elimination of Indigenous-specific racism and discrimination.

We highlight some initiatives described in the Response to TRC Calls to Action below.

Distributed Programs and Admissions

The Faculty acknowledges that meaningful and lasting change requires increasing access to health care training for Indigenous applicants. The Response to TRC Calls to Action describes how the Faculty's distributed medical undergraduate education program and Family Medicine Residency Program were established with the specific intention of alleviating the geographic maldistribution of healthcare practitioners that had led to chronic shortfalls in rural, remote, and Indigenous communities, and to address inequities in healthcare access that arose as a consequence. Notably, 13 per cent of individuals in rural and remote areas of B.C. identify as Indigenous, First Nations, or Registered/Treaty Indians[1], as compared to about 3 per cent in metropolitan areas.

The distributed medical undergraduate education program also attracts applicants from rural, remote, and Indigenous communities seeking careers in healthcare, while supporting successful applicants to complete their training in these historically-underserved communities, which, as research has

[1] Personal Communication, First Nations Health Authority, February 18, 2020.

suggested, "…can make a positive contribution to addressing gaps in rural family practice"[2]. The distributed model has also allowed a more direct connection with Indigenous peoples and communities, a key component in efforts to establish and maintain mutually respectful relationships.

Further work to support rural, remote, and Indigenous communities is taking place. Beginning in 2020, the Master of Physical Therapy ("MPT") program will expand to include 20 seats as a distributed program in the North at UNBC ("MPT-N"), while the Master of Occupational Therapy ("MOT") program will begin to offer a Northern Rural Cohort for clinical placements. In 2022, the Master of Occupational Therapy program will shift from a Northern Rural Cohort to a fully distributed program, with an additional 16 seats, also at UNBC (MOT-N).

As part of the expansion these programs will share an Indigenous Coordinator position that will work closely with the Medical Undergraduate Indigenous Student Initiatives Manager.

There is more work to be done to increase participation of Indigenous students in medical education and to graduate sufficient medical practitioners and other health professionals to meet community needs. This includes, for example, creation of Indigenous Student Engagement and Pathways and Socioeconomic Status Working Groups, whose recommendations are expected soon.

Learning and Work Environments

The Faculty is committed to changing not only the numbers of Indigenous students in its programs but also to improving the experiences of those students. Changes in the delivery of medical and health education and in learning environments are critical to addressing both institutional and interpersonal racist attitudes and discriminatory behaviours not only within the Faculty but in the wider arena of health care delivery. We recognize the need to work in close collaboration with provincial Health Authorities and others who provide clinical experiences for Faculty students and learners.

The Response to TRC Calls for Action states:

> **"[Indigenous] people 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]."**

The UBC Faculty of Medicine 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, respected and valued with a sense of belonging, and are equipped to behave with respect towards each other, our various partners, and the public, exemplifying the highest levels of professional conduct.

The Faculty's Indigenous Student Initiatives Manager plays a critically important role in the implementation of culturally appropriate and relevant services and activities to meet the needs and optimize success of Indigenous medical students, leads the development and management of

[2] 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

Indigenous medical student support programs, and works with medical students and residents who have an interest in working in areas related to Indigenous health.

The Faculty has developed a Learner Mistreatment website and an on-line reporting system for students and learners in all Faculty programs. We encourage learners to report experiences of disrespectful and unprofessional conduct, including racial discrimination, in the learning environment so that there can be timely intervention to raise awareness and change attitudes and behaviour. To encourage and facilitate reporting the system provides many points of entry and allows for confidential and anonymous reports.

The revised reporting and response system is being extended to consolidate existing processes used by Faculty and staff.

Curriculum

The Faculty believes that it is imperative that the province's future health care providers are well-informed on Canada's history, particularly with regard to the detrimental impact of the residential school system, colonialism, and racism and discrimination on Indigenous health and wellness. 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 across all of the Faculty's educational programs. 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.

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

Further details on the undergraduate curriculum courses and programming specific to Indigenous health are outlined in the Response to TRC Calls to Action. Indigenous-specific courses and programs are also listed in the Appendix.

Cultural Safety and Humility

Within the Faculty, the **Centre for Excellence in Indigenous Health** ("CEIH") has developed UBC 23 24 Indigenous cultural safety training in response to the TRC Calls to Action. This training reflects acceptance of institutional responsibility to address health inequities resulting from colonialism. The course is delivered in partnership with UBC Health and is a required component of 13 Health Professions programs within the Faculty. The course is comprised of 12.5 hours of online modules and 2 workshops.

"Cultural safety is an outcome, based on respectful engagement, that recognizes and strives to address power imbalances and results in an environment free of racism and discrimination."

The course focuses on the importance of cultural humility which is the process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. The process requires humble acknowledgement of oneself as a

learner when it comes to understanding someone else's experience. The focus is on accountability and reflection on how we perpetuate marginalization through compliance with the current system.

Education will play a key role in addressing the unacceptable current state where negative stereotyping and racist attitudes and actions marginalize and discriminate against Indigenous peoples in ways that adversely affect their health, their wellness, and the health care they receive. The Faculty is interested in broadening the scope and reach of UBC 23 24 as a critical element of the response to this situation.

The Response to TRC Calls to Action outlines in greater detail other educational initiatives in Postgraduate Medical Education, Graduate Studies, and Professional Medical Education through Faculty of Medicine Continuing Professional Development.

Research

The Response to the TRC Calls to Action describes a number of projects focusing on Indigenous health and wellness with respect to which Faculty are involved. The Faculty has reflected on the legitimate reasons research is regarded with continuing mistrust and apprehension by many Indigenous peoples, including the ways in which current research and funding models are still viewed as reinforcing power imbalances that negatively impact the well-being of indigenous peoples and communities. We have adopted the action statement in the Response to the TRC Calls to Action to guide us in our efforts to do better in the future.

A copy of the draft Response to TRC Calls to Action is included in the Appendix.

iv. Dean's Task Force on Respectful Environments

In 2013 the Faculty established a Task Force on Mistreatment in the Learning Environment ("Mistreatment Task Force"). The report, tendered to former Dean Gavin Stuart, recognized that some of the mistreatment of students results from the behavior of health care workers outside the jurisdiction of the medical programs. The recommendations focused on reporting, faculty and student education, working with others, prevention, accountability, and monitoring. A Recommendation Implementation Committee (2014-2018) was constituted to consider the implementation of the recommendations across all Faculty programs although the original recommendations were made for the medical program. This process resulted in the creation of the Learner Mistreatment website and online reporting tool, the development of an Anti-Harassment Workshop for year 1 students, and the development of several education modules to be built into the curriculum as resources for building safe and supportive environments.

The Mistreatment Task Force recommended that the Faculty "design and implement a Faculty-wide Culture Change initiative spearheaded by the Dean [now Dr. Kelleher]". The Faculty recognized the need for a plan for systemic change through implementation of coordinated, cohesive initiatives informed by values in the strategic plan to achieve meaningful and sustained changes in the learning and working environments.

The Dean's Task Force on Respectful Environments ("DTFRE") was established in 2019 by Dr. Kelleher with a mandate to recommend ways for the Faculty to actively create and maintain respectful learning and working environments. The mandate was deliberately broad and not intended to duplicate the specific

initiatives undertaken in response to the TRC Calls to Action, which focus on initiatives related to issues identified in the TRC Call to Action report.

The DTFRE chaired by the former Executive Vice Dean, included students and residents, staff representatives, a Regional Associate Dean representative, Department Head Representatives, the Executive Director Communications, the Senior Director, Education Programs & Services, the Manager of Indigenous Student Initiatives, the Dean's Senior Advisor on Professionalism (now Director of the Office of Professionalism), and a representative from the UBC Faculty of Law. In addition to the work of the DTFRE the final report reflected input from approximately 150 submissions from members of the Faculty community.

The DTFRE Report ("Report") contained 26 recommendations. The authors of the Report noted that although the work of the DTFRE was not intended to duplicate the Faculty's response to the TRC Calls to Action, it was important to emphasize, in the Report, that because of the legacy of colonization and persistent discrimination against Indigenous peoples and communities, there was a need to build cultural safety competencies and cultural humility in all environments.

The DTFRE proceeded on the following bases:

- A respectful environment has due regard for the feelings, wishes, rights or traditions of others.
- A respectful environment creates a climate in which the human dignity of each individual is valued and the diverse perspectives, ideas, and experiences of all members of the community are able to flourish.
- The creation of a respectful environment extends beyond individuals to include the organization as expressed by its policies, practices, hierarchies and structures.

Also, the DTFRE adopted foundational themes of Organizational Wellness and Equity, Diversity, and Inclusion that would inform both its analysis of the issue and the recommendations made. The chart below, reproduced from the Report, visually describes the Organizational Framework for the work of the DTFRE.

The adoption of equity, diversity and inclusion as foundational themes echoes the approach taken by the UBC Equity and Inclusion Office and the Faculty's Strategic Plan and underscores the significance of these principles in the Faculty's efforts to change the environment to ensure respect, recognition of human rights, and equitable treatment for members of the Faculty community.

The DTFRE recommendations related to the core and foundational themes and also addressed data gathering and reporting (to ensure accountability) and collaboration with partners (to increase effectiveness of initiatives).

While the DTFRE did not make specific recommendations related to Indigenous-specific racism and discrimination, many of the DTFRE Recommendations reflect the embedded and integrated approach adopted by the Faculty to address racism and discrimination which are significant barriers to the creation and maintenance of respectful and inclusive environments.

During the implementation phase, which is currently underway, the units responsible for operationalizing the recommendations will be expected to develop initiatives consonant with the Faculty's values and, where appropriate, that reflect the Faculty's commitments to eradicate racism and discrimination.

D. COLLABORATION

The Faculty acknowledges that it is neither possible nor advisable to attempt to tackle the problems of Indigenous specific racism and discrimination in isolation. The Faculty has developed a positive and productive working relationship with the First Nations Health Authority ("FNHA"). Many Faculty programs and initiatives have been developed and established either through collaboration with the FNHA or depend on FNHA for their success in other ways. The Joint Advisory Council with the FNHA, which was created for the exchange of ideas relating to issues of mutual interest, including healthcare, health professional education, research, and community service, is a key element in facilitating and formulating our collaborative efforts.

"We must engage in close and respectful collaboration with Indigenous people and communities."

In addition to its collaboration with the FNHA the Faculty has established Joint Advisory Councils with the other provincial Health Authorities that will 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. This opportunity must be vigorously pursued and must result in consistent, coherent action plans to address Indigenous-specific racism and discrimination.

We will continue to work with other groups such as the Indigenous Health Advisory Council ("IHAC") and the Dean's Advisory Council on Rural and Remote Health. The IHAC will be instrumental in facilitating the broader Indigenous community consultation planned to carry on the work described in the Response to TRC Calls to Action.

To make meaningful change in health care for Indigenous people and communities it is imperative that the Faculty work closely and in alignment with all provincial Health Authorities. This cannot be overstated. The commitment to collaboration must be mutual. The Faculty and the provincial Health Authorities share a joint accountability for the health system and the attitudes, environments, policies, and processes that affect Indigenous heath and health care. We are inter-connected and inter-dependent in the provision of academic and clinical training for physicians and health professionals. We share responsibility to train the

next generation of care-providers so that they are equipped to serve the health care needs of all British Columbians.

The Faculty's engagement in translational medicine and research is another area of interconnectedness that will have an impact on the health system and can improve health care and outcomes for Indigenous peoples and communities. Indigenous specific translational research and translational medicine will link laboratory science with patients and findings with the needs of the community.

E. CONCLUSION

The Faculty supports learning and work environments free from racism and discrimination, environments that value respect, diversity, and inclusion and in which all members of the Faculty community can feel safe, valued, and be fully participatory.

We are mindful of our responsibility to be accountable for the commitments made in our foundational documents and through our social contract with the peoples and communities of BC. Our commitment to Indigenous people and communities includes taking steps to eradicate Indigenous specific racism and discrimination through systemic and interpersonal initiatives. We will be developing benchmarks and metrics to ensure changes occur and to assess the effectiveness of those changes not only in our internal environments but in the wider community. As outlined in the Response to TRC Calls to Action, these benchmarks will be co-developed with Indigenous people, communities and organizations. We commit to a participatory approach to the evaluation, transparency in our evaluation efforts, and to reporting on our progress to the learners, faculty and staff in our community and to the Indigenous people of BC.

We know there is much more to be done at the institutional and interpersonal levels. We know that the key to success will be our ability to collaborate with, and learn from, others and we are committed to doing this. We have engaged in preliminary discussions with representatives of the various Health Authorities to explore ways to develop effective responses to racism and discrimination and other negative influences on the work and learning environment that adversely affect patient care and health outcomes particularly for marginalized groups.

Our efforts to date owe a great debt to those in the community, particularly in the Indigenous community, who have engaged with us, guiding and supporting our efforts to right the wrongs of the past and to tackle those that persist. We recognize that future meaningful progress requires us to inquire, to listen, and to recognize that we are learners as we move forward and work collaboratively with Indigenous people toward a better future.

Respectfully submitted on behalf of the UBC Faculty of Medicine,

Dean, Faculty of Medicine
Vice-President, Health
The University of British Columbia

APPENDIX A

RESPONSE TO QUESTIONS FROM LEAD INVESTIGATOR
INQUIRY INTO INDIGENOUS-SPECIFIC RACISM IN HEALTH CARE IN B.C. 2020

This appendix contains information and data responsive to specific inquiries made by the Investigator during the meeting with Dr. Kelleher and members of the Faculty Executive on July 30, 2020.

1. Graduation questionnaire data for the past five years

UGME Race-related Mistreatment: 2015-2019

Learner-reported data from the AFMC Graduation Questionnaire — August 11, 2020

This document contains information on race-related mistreatment and other racist incidents reported in the Association of the Faculties of Medicine of Canada (AFMC) Graduation Questionnaire (GQ). The GQ is administered annually by the AFMC to medical students across Canada in the final year of their undergraduate medical education program. The response rates for each year were as follows: 2015: 77%, 2016: 32%, 2017: 58%, 2018: 51%, 2019: 65%.

Table 1 presents the percentage of students reporting **personal experiences** with each mistreatment behavior during the four years of students' undergraduate medical training. Responses include any behaviours performed by faculty, nurses, residents/interns, other institution employees or staff, and other students. Responses do not include behaviours performed by patients and their families.

Table 1. Percentage of learners reporting experiences with racist mistreatment, Graduation Questionnaire, 2015-2019

	2015 n=218	2016 n=89	2017 n=158	2018 n=152	2019 n=184
Denied opportunities for training or rewards based on race or ethnicity	1.8% (4)	1.1% (1)	2.5% (4)	4.6% (7)	7.1% (13)
Subjected to racially or ethnically offensive remarks/names	11.1% (24)	13.5% (12)	12.7% (20)	22.3% (34)	19.5% (36)
Received lower evaluations or grades solely because of race or ethnicity rather than performance	1.4% (3)	2.2% (2)	1.2% (2)	2.0% (3)	6.6% (12)

Table 2 presents student-reported descriptions of racist mistreatment or other racist incidents experienced or observed during students' undergraduate medical training. Data was extracted from all open-ended survey questions in the Graduation Questionnaire. Note that the number of open-ended questions and the questions prompting open-ended responses were not consistent from year to year of the survey. In that regard, the 2015 and 2016 iterations of the survey did not prompt students to provide specific details of mistreatment experiences, and the 2017 survey did not contain any open-ended questions, while the 2018 and 2019 iterations of the survey specifically prompted students to provide details/comments about their mistreatment experiences. Subsequently, the volume of survey responses describing racist experiences varies between years and should not be considered an indicator of the prevalence of such incidents.

Comments included in the table below remain unedited except in cases where the respondent could be identified, or when comments contain additional information not related to the purpose of this document (e.g., other mistreatment experiences unrelated to race).

Table 2. Learner-reported descriptions of racist mistreatment and other racism-related incidents, Graduation Questionnaire, 2015-2019

Year	Type	
2015	Anti-Indigenous Racism	*No comments related to anti-Indigenous racism*
2015	Other Racism or Undefined Racism	• I found that there was a significant lack of accountability for what happened in rotations in the first 2 years and more importantly, what happened at the distributed sites - specifically SMP. I found myself in many situations that were so very unexpected in Canada - including preceptors or staff portraying sexist, racist, and homophobic ideas - in administrative and clinical contexts. I found that the administration did not know how to keep church and state separate and did not know how to function while ensuring the right to speak one's mind. It was a very challenging experience in those regards, and I was absolutely shocked to find myself in an experience like this in Canada (having lived in many developing countries and the United States). I found that those of us that tried to speak up were threatened by the administration and there was no support from UBC Vancouver even after several attempts at communication and asking for support. It was a very negative and challenging environ
2016	Anti-Indigenous Racism	*No comments related to anti-Indigenous racism*
2016	Other Racism or Undefined Racism	• Difficult to hold faculty and preceptors to a high standard of safe environment free of sexism, racism, etc. • LDR environment was not a space free from discrimination, and therefore negatively contributed to this experience. Specifically, nurses would talk poorly about fellow students, engage in racist, islamophobic, and classist discussions regarding patients, as well as current events. There was no other space as students to go without forgoing clinical experiences.
2018	Anti-Indigenous Racism	• I am Caucasian and did not ever feel like I was racially discriminated against, though I did hear some shocking comments about first nations people. • Subject to offensive racist remarks/names: Attendings on multiple occasions used offensive stereotypes of multiple ethnic groups, especially aboriginal. This bothers me especially as I do appear white but have some aboriginal heritage. The power differential makes me hesitant to speak up at this point. • Similarly when you've heard disparaging remarks about First Nations people from an attending...and then you have a FN patient, you almost don't want to tell the social history for fear or the judgement they might receive. • I simply experienced one preceptor who made general complaints about some of the experiences they had while working in an Aboriginal community, and specifically complained about Aboriginal patients several times. I am not Aboriginal, but I found these comments inappropriate.
2018	Other Racism or Undefined Racism	• Preceptors in surgical specialties in particular has made comments/"jokes" based on my ethnicity. These comments are generalized comments that are not true but nonetheless imposed on me. They did not mean any harm but simply unaware of the sensitivity of these topics nowadays. • There were a few times throughout clerkship in which I heard staff using racially inappropriate jokes. • Lecturer made a few racist/sexist comments before lecture but while still with microphone

		on • Hearing staff make racist comments/jokes and provide different level of care to other races. • Frequent unwanted sexist comments and insensitive comments about race in settings involving physicians, or fellow students. • We were required to do an online cultural competency course over several weeks. The people running the forums in the program were incredibly rude, othering and racially insensitive to the honest remarks, experiences and questions of my classmates and I. We filed a complaint with the staff at our program and they were very good about collecting our experiences and notes so that they could take it up with the people running the course. We ended up feeling very supported and heard. • There were also physicians that were insensitive to marginalized patients, implying that death was expected and "not sad" because of a patient's race and history of drug mis-use. • Mainly jokes or comments made at my expense based on stereotypes of gender and race • These occasions are few and far between, but there are physicians who have made comments that are racially insensitive, and these are quite alarming given that they occurred in front of patients. • I had a preceptor that would call Asian people "orientals" [AFMC redacted] This person also would make offensive comments in front of patients who did not speak English because he knew they would not understand….Many of the offensive comments that were made to me during clerkship were offhanded comments that were meant to be perceived as a "joke" and because they often came from people who were ultimately doing my evaluations for rotations, I never was sure of how to go about standing up for myself. • During my third year family practise rotation I disclosed my racial background to my preceptor and my desire to work with that ethnic minority in the community where we were located. I received rotation feedback that was both negative and personal, and the feedback regarding my performance that was quite the opposite of feedback I received for any of my other rotations. I was also humiliated in front of a few patients. I'm not sure if race was a factor, but I made a conscious decision not to offer my racial background to any other preceptors and did not have any other similar experiences. • Tutor didn't understand why I didn't know how to speak Chinese, and assumed all patients will expect me to speak Chinese • Once early in first year, a presenter commented aloud to the class that I had an "English problem" when he couldn't understand my answer to his question. I am a native English speaker, and I was born in Canada, but I am of [AFMC redacted] descent. The presenter did make further comments that were offensive in other ways (sexist, body-shaming). Our class formally complained to the faculty, who dealt with the issue in an appropriate way. • Have heard numerous racist remarks while on wards by various hospital staff but none directed at myself. • Racial comments • Denied ability to apply to an award because of being born outside of Canada; the pre-req for the award is to be Canadian-born. • Community (including the medical community) is largely white and christian, and often male. 2/10 DSLs are women, with only 3/10 people of colour (and all men). This created some limitations (whether those be actual or perceived) on what could be talked about within the medical community. Harder for students of colour/minorities to see themselves represented in leadership roles (particularly if having faced some racial bias).
2019	Anti-Indigenous Racism	• During obstetrics rotation in Prince George, also frequently experienced and witnessed public humiliation from nursing staff, as well as excessive gossip and mistreatment of patients, particularly marginalized populations (e.g. IVDU, indigenous, etc.) and those of low SES.

		• There have been preceptors that have made offensive statements about transgender children, sexist comments and casually racist comments about First Nations people and other ethnic minorities. Some of these have occurred during my rural rotations, in communities that have been primarily white and First Nations. • A preceptor I worked with made disparaging comments about first nations peoples and I did not feel comfortable correcting him due to the power dynamic and the fact that he would be evaluating me. • The main negative / offensive behaviour I was subjected to was an emergency doctor I had several shifts with you would racially profile patients, say racist remarks, talk about treating patients differently depending on their SES. He said racist things about Indigenous individuals. As part of my training he would try and make me profile people and asked me whether I would admit a transgender person to medical school. I responded that I would and he followed up with he would never because they are "messed up". He would ask me if patients I saw were Canadian or "fresh off the boat". Overall I felt uncomfortable working with this care provider and am concerned that he is not providing respectful, compassionate or culturally safe care to individuals of different backgrounds, SES, sexual orientations and gender identities. Luckily I am someone with really strong person views on these issues however if he is a role model to other students in the future he could be passing on these horrible values and continue to create a negative space for the vulnerable folks trying to seek emergency care. • Have had nurses and preceptors make racial comments directed to Aboriginal peoples on 3 instances while at St. Pauls and VGH. • In the second experience, the staff repeatedly made racist statements regarding Indigenous Peoples. He made these comments both in smaller groups on rounds as well as in public spaces such as the cafeteria. I was horrified and angry that this staff would make such racist and unsafe comments.
2019	Other Racism or Undefined Racism	• My rural family preceptor asked a patient what color their "melena" was: "like my shoe, or like him? [pointing at me]" ... because my skin is not white. • Multiple times I've experienced staff joking about my ethnic name. 2. Multiple times I felt like the staff feedback I was receiving was not in keeping with how I was performing (based on resident feedback) but more based on the staff's racial prejudice (ie. [redacted by AMFC] people being quiet). I am not a quiet person. Most people wouldn't say I'm a quiet person. But staff give feedback saying I'm quiet which leads me to believe they likely did not really observe my performance and just judged me on my race... Of course, it's hard to say for sure so I tried to be even more outspoken in the future, but I would receive similar comments. • Another preceptor commented on race and characteristics of women of my race. • There were occasions where preceptors would candidly make racial remarks. I did not take it offensively, as I felt it was unintentional, but it did affect some others around me. • OBGYN preceptor commenting on East Asian female patients' sexual experience and its relationship to vaginismus. The preceptor continued explaining the hypothesis by sharing his own experience with female partners. • I did see a number of instances of patients being racist/sexist towards my peers, but never anyone associated with the medical school. • 2017 Med Gala - there was a highly racist skit performed at this event where a white man wore dreadlocks, a racialized hat, a tank top, baggy jeans, gold teeth, and rapped about being a surgeon. This skit happened despite students' concerns that it was racist, as well as offering the skit organizers resources and alternatives to this offensive performance. [Redacted by AFMC; Summary by AFMC: "poor follow-up"] • In rural communities I noticed that racism and discrimination was more prominent, which really turned me away from ever wanting to work in a rural community. Not just the

attitude from patients, but more so from fellow coworkers, who were so much more discriminatory than in big cities and I couldn't take it.

- Racially offensive comment made by CBL tutor.
- Students are consistently blamed for mistakes that staff make and are threatened to fail the elective if they ever speak out about it. I find this as a for of abuse. They are ridiculed, told racist remarks, and ignored. Unfortunately the deans office has not taken these issues seriously and will not ensure the attendings are held accountable.
- Dr. W: - Made jokes about Asian medical students.
- I had one experience where a faculty member was talking about slavery - and how medical students were like the slaves of the medical system after I mentioned that my parents were from Africa.
- The faculty and support staff were less than helpful in some situations. I personally struggled [portions redacted by AMFC] medical school. I was also abused by staff. I took this to faculty, the response was its easier to just move on because it is easier than changing them. There needs to be real consequences for when staff are abusive especially if it is against the humanity of the student. Students cannot change the way they look, the sex they are, what race they were born as, and with these types of abuse their needs to be serious consequences, even to the point of termination of position. If a elementary school teacher made fun of a student on these grounds they would immediately be fired so why do we not hold our physicians who act as educators everyday to the same standard.
- Response to mistreatment does not address/recognize root systemic causes - i.e. ingrained sexism and racism within medicine. Focus is on the few bad apples - individuals are reprimanded at times without even acknowledging/understanding/recognizing their behaviour as mistreatment. Curriculum renewal does not adequately teach social responsibility (see: Teaching the Social Determinants of Health: A Path to Equity or a Road to Nowhere? Malika Sharma, MD, MEd, Andrew D. Pinto, MD, MSc, and Arno K. Kumagai, MD). Students are responsible for teaching themselves through MUS clubs and extracurricular activities. Students themselves are creating content to improve our curriculum with minimal faculty support and buy in. Attempts by students to have faculty complete minimum basic training in culturally competent and affirming care for marginalized patients have been met with frank dismissal as to "not scare away" preceptors or lecturers.
- Education faculty/ Student services- They are not helpful or supportive. In times of abuse or crisis, it fells like they are trying to protect their reputation and not the student. The racist, sexist, ageist staff that abuses students need termination. Not as a teacher, but as a physician. Actual teachers are not allowed to act this way so why do we allow our staff. I would suggest a disciplinary committee and not one that disciplines the students, but one that has the power to discipline residents and staff for abuse. [Redacted by AFMC]. They need to be ready to do whatever is necessary, not simply hand out phone numbers and brochures then handoff student problems to someone else. Support the student, not direct them.

2. Summary of structures in place to support Indigenous perspectives are integrated in FoM leadership, including Indigenous specific leadership positions and advisory committee structures.

As noted in the body of this submission several senior positions (Vice Dean Engagement, Vice Dean Academic, and Director Office of Professionalism) within the Faculty collaborate to ensure that the work within the Faculty supports the goal of respectful, inclusive and non-discriminatory environments and incorporates indigenous perspectives to meet that goal and to create space for the exercise of Indigenous human rights.

The senior leadership in the Faculty is supported by a number of Indigenous specific leadership positions and advisory committees which are described in detail in the Response to TRC Calls to Action. In addition, the Faculty intends to create a new senior Indigenous leadership position to ensure that the work begun in the Faculty in response to the TRC Call to Action position continues and receives full support.

In response to your inquiry we highlight the following structures within the Faculty and UBC that support and integrate Indigenous perspectives in the Faculty community:

UBC Centre for Excellence in Indigenous Health (CEIH) is a single coordinating point for Indigenous health initiatives within UBC and acts as a contact for communities and organizations external to UBC. The CEIH is dedicated to advancing Indigenous people's health through education, innovative thinking, research, and traditional practice. It will work to improve wellness, health care and patient outcomes, and promote self-determination that includes increasing Indigenous leadership in all aspects of health and health care. Dr. Nadine Caron and Dr. Martin Schechter are the Co-Directors of the CIAH.

The CIAH is forming two new advisory counsels to ensure the Centre develops respectful relationships with Indigenous people and communities: the University Advisory Council and a Community Advisory Council. The CIAH developed UBC 23 24, delivered in partnership with UBC Health, as part of an interdisciplinary, integrated, approach to health professional education is more fully described below and in the submission.

The Faculty's **Indigenous Student Initiatives Manager,** plays a critically important role in the Undergraduate Medical Education Program and has been leading the development and management of Indigenous medical student support programs.

The **Aboriginal Student Community Learning Coordinator** is responsible for the implementation and management of Aboriginal Community Learning Experience placements for Masters Students and PhD Students in the Department of Audiology.

The **First Nations Health Authority Chair in Cancer and Wellness** is held by Dr. Nadine Caron of the Anishinabek Nation, who is an Associate Professor in the Faculty's Department of Surgery and co-Director of the UBC Centre for Excellence in Indigenous Health. The Chair was co-created by UBC and the First Nations Health Authority, and is based in both the Faculty's School of Population and Public Health and the FNHA.

Advisory Councils in the Faculty of Medicine

The **Joint Advisory Council with the First Nations Health Authority** (FNHA), created for the exchange of ideas relating to issues of mutual interest, including healthcare, health professional education, research, and community service, is a key element in facilitating and formulating collaborative efforts to bring transformative change to the healthcare system.

The **Indigenous Health Advisory Council** is a community-based resource established to represent the healthcare interests, concerns, and needs of the broader Indigenous community and 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. As noted previously this council will play a key role in the Faculty's ongoing work in support of the Response to TRC Calls to Action.

The **Dean's Advisory Council on Rural and Remote Health** seeks to engage a broad range of participants, 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, healthcare human resource planning, health systems and policy research, and others.

3. For the past five years, the number of Indigenous students, summary of quotas/reserved seats for Indigenous students and the degree to which these are met, and approaches to recruitment

The Faculty has a responsibility as a publicly funded institution to engage in education and research activities that meet the needs of the community. This responsibility includes taking measures to attract more Indigenous applicants and to increase the numbers of Indigenous students in its medical and health profession programs.

The Faculty recognizes that 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 people in Canada. We also recognize that Indigenous peoples and communities have had a painful history with Canadian educational systems.

The Faculty has had an Indigenous MD Admissions Program since 2002. As part of this program, the Faculty has set aside at least 5 per cent of all available seats, approximating the proportion of BC's Indigenous population, each year to qualified self-identified Canadian Indigenous applicants[3]. The admissions process, recruitment and pre-admissions support initiatives, and outreach programs are described in greater detail in the Response to TRC Calls to Action.

These measures have been successful in attracting more Indigenous applicants to the medical undergraduate program and the Faculty has exceeded its original goal of graduating 50 Indigenous

[3] "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.

students by 2020 and is now on course to graduate more than double that number. Currently there are 38 self-identified Indigenous students in the undergraduate medical program.

UBC UGME Indigenous Learners by Year

Entrants and Graduates

This document presents information on the number of indigenous learners entering the UBC Undergraduate Medical Education (UGME) Program by admission year and the number of indigenous graduates by graduation year. This data was obtained from two sources: (1) UBC Admissions database; and (2) Learner Profile Survey.

Entrants by Year

The table below shows the number of indigenous entrants to the UGME program by year of admission.

Admission Year	# of Indigenous Entrants
2000	2
2001	2
2002	2
2003	5
2004	5
2005	7
2006	4
2007	4
2008	12
2009	10
2010	3
2011	6
2012	11
2013	10
2014	10
2015	17
2016	8
2017	8
2018	9
2019	13
Total	148

Graduates by Year

The table below shows the number of indigenous graduates by graduation year.

Graduation Year	# of Indigenous Graduates
2004	1
2005	3
2006	2
2007	4
2008	5
2009	7
2010	1
2011	4
2012	12
2013	11
2014	3
2015	5
2016	9
2017	11
2018	10
2019	13
2020	11
Total	112

Most of the health professions programs are also working to increase participation of Indigenous applicants in their programs.

The **Midwifery Program** interviews all Indigenous applicants who meet the interview criteria and holds two seats for Indigenous applicants (10 per cent). This year three indigenous applicants were interviewed and one was accepted into the Program. The Midwifery Program has an Indigenous Midwife Adviser who participates in interviews, and works with students on Indigenous issues.

The **School of Audiology and Speech Sciences** does not reserve seats for Indigenous applicants, but does give them special consideration, including waiving BC residency criterion, in reviewing their applications, and providing them with preadmissions advising and financial support through entrance scholarships. The Program will also consider providing a three-year program to Indigenous applicants missing certain pre-requisites in cases where geography has made attainment of the requirements challenging.

The **Occupational Science and Occupational Therapy Program** interviews all Indigenous applicants who are qualified. The interview rate of the non-Indigenous applicant pool is 35 per cent. Indigenous students comprise on average 4 per cent (0 to3 students) of the Program.

The **Physiotherapy Program** has on average 4 Indigenous applicants or 5 per cent of the cohort.

The below chart shows admissions data for the **School of Population and Public Health** programs.

	MHSc	**MSc**	**PhD**	**OEH**	**MPH**	**MHA**
2019	1	1	0	0	2	0
2020	1	1	0	0	3	0

In its efforts to expand support for Indigenous students the Faculty recently established the **Indigenous Student Engagement and Pathways Working Group.** The Working Group was established to study and make recommendations 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. The Working Group's initiatives are intended as the initial steps in creating fundamental changes in health education programs across all of North America that will serve to benefit the interests of Indigenous peoples. 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 been established to develop student-centred programs and initiatives based on the principles of equity, diversity and inclusion, and to better attract and support for students and prospective students of lower socio-economic status learners in all Faculty of Medicine educational programs.

Financial challenges are an important factor that limits access of many Indigenous peoples to higher education. Several steps are being taken to help address this significant issue. The CEIH administers a number of scholarships and bursaries[4] 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**[5] provides sponsorship for student-led 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.

The Faculty appreciates that there are still insufficient numbers of Indigenous physicians and health professions to meet the needs of northern, rural, and Indigenous communities. Access to culturally sensitive health care is a determinant of health. The Faculty will lead and participate in efforts to attract Indigenous students and trainees into health professions and post-doctoral programs and is committed to expanding our existing efforts to train more Indigenous physicians and other health professionals in B.C.

4. Copy of current TRC Action Plan and consultation inputs

The Response to TRC Calls to Action is divided into six sections: Indigenous Relationships; Learning and Work Environments; 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 key actions in the Response to TRC Calls to Action relevant to racism and discrimination are reproduced here for ease of reference:

Action Statements on Learning and Work Environments

1. 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

[4] "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/.
[5] "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/.

benchmarks and measures to ensures 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.

2. 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.

Action Statements on Admissions

3. The Faculty of Medicine will work to add assessment of knowledge of Indigenous studies, cultural safety, anti-racism or related disciplines in consideration of 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.

Action Statements on Curriculum

4. The UBC Faculty of Medicine commits to the development and implementation of a longitudinal Indigenous health curriculum across its programs that will lead to an understanding of Indigenous history and the impact of this history on health and wellness of Indigenous peoples. Anti-racism and anti-colonialism will serve as core pedagogical principles.

5. The UBC Faculty of Medicine commits to embed an appreciation of Indigenous ways of knowing, seeing, and healing in the curriculum of all its programs and 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.

Action Statement on Graduate, Post-Graduate, and Professional Medical Education

6. 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.

Action Statement Supporting Indigenous Research

7. 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 self-determination of Indigenous peoples, meaningfully involves Indigenous communities around questions asked and approaches used, and demonstrates respect for Indigenous worldviews, knowledge systems, values, customs, and cultures and recognizes the detrimental impact research has had on Indigenous peoples.
   Please refer to **Appendix B** for TRC Response.

5. Summary of integration of anti-racism, bias, discrimination and Indigenous health across FoM curricula and any specialization or programming specific to Indigenous health

The Faculty acknowledges the deleterious effects of Indigenous-specific racism and discrimination on heath, health care and health outcomes for Indigenous people. We have an obligation to erase systemic racism from the curricula and to raise awareness in learners of their hidden biases and the impact on their actions. Also, the Faculty acknowledges that programming specific to Indigenous health must be delivered from the Indigenous perspective and demonstrating respect for Indigenous ways of knowing, teaching and learning.

Undergraduate Medical Education

These themes are present throughout the undergraduate curriculum as described below:

- Commitment to cultural safety and humility training begins during the first week for students enrolled in the MDUP: all students attend a session starting their journey in cultural humility. This training is continued in a later Year 1 term 1 session on patient centered history taking and cultural humility.
- As students in the MDUP are guests and medical learners on Indigenous lands, an Indigenous site visit occurs in Year 1 term 2 in the student's training to facilitate Indigenous community relationships and a move towards advancing reconciliation.
- Indigenous cultural safety teaching and experiences occur in a variety of instructional contexts in all 4 years of the MDUP. The instructional contexts include lectures, small group sessions, clinical experiences and clinical clerkship sessions; many of these sessions explicitly focus on indigenous health and indigenous patient voices. The Indigenous Cultural Safety course takes place in Year 1 (term 1 and 2) as well as two sessions in Year 2 (term 1). This is an independent learning module culminating in an in-person workshop in Year 2 term 1.
- Recognizing its ongoing commitment to Indigenous Health, the UBC Faculty of Medicine also includes interdisciplinary sessions as well as sessions with indigenous guests sharing stories, poetry and ceremony guiding learners through indigenous lived experiences. These experiences occur in year 2 and one experience is based around factors contributing to suicide and the other

experience is based on providing care for indigenous youth.

- Indigenous health is also taught throughout the curriculum in terms of patient centered care through case-based learning (CBL) small group sessions. These sessions focus on a variety of medical conditions affecting the spectrum of patients from youth to elders. In Year 1 term 2, the CBL session is bleeding disorders. In Year 2 term 1 the CBL sessions are adolescent health and development, deep vein thrombosis, and chronic kidney disease. In Year 2 term 2 the CBL cases are nausea/vomiting/diarrhea and inflammatory joint disease.
- A larger interdisciplinary lecture on chronic pain in Year 1 term 2 highlights concepts of cross-cultural communication while a case-based discussion in Year 1 term 1 on determinants of diabetes emphasizes a community and population perspective.
- In year 3 of the curriculum during the psychiatry clerkship rotation there is an online case based post-traumatic stress disorder in child psychiatry session.
- In year 4 there is an Indigenous voice discussion session with a focus on Indigenous care and birth planning in a rural context.

Teaching around Indigenous health, cultural safety and humility occurs in all 4 years of the undergraduate medical program in a variety of instructional contexts which include sessions involving indigenous guests with lived experiences, an indigenous site visit and exposure to stories and ceremonies.

Upon graduation, undergraduate medical students have received training that will allow them to continue to practice lifelong cultural humility.

Indigenous specific programming examples in other Faculty programs include:

- UBC 23 24 – Indigenous Cultural Safety: required course for all first-year students enrolled in UBC's health professional programs (Dental Hygiene, Dentistry, Dietetics, Genetic Counselling, Medicine, Nursing, Midwifery, Occupational Therapy, Pharmacy Physical Therapy, Audiology and Speech Language Pathology)
- International Indigenous Experience of Colonization: an opportunity to consider historical and contemporary issues surrounding Indigenous wellbeing and the determinants of health from spiritual, environmental, and cultural viewpoints
- Clinical Placements and Experiences: placement opportunities in Indigenous communities are available in certain Faculty programs to help learners gain real-life experiences in these environments (MD undergraduate students are expected to visit the traditional territories of the sites of their enrolment during the first week of their second term)
- Topics in Indigenous Health: A Community-Based Experience: 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 Indigenous communities for a month

Centre for Excellence in Indigenous Health Programs

In addition to UBC 23 24 the Faculty offers additional programs designed to support and build healthcare capacity in Indigenous communities through the CEIH.

The first, the **UBC Learning Circle**[6], established in partnership 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.

The UBC Learning Circle is supplemented by the **Indigenous Speakers Series**[7]. 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 identities and land relationships, as well as others and includes the new Graduate Certificate in Indigenous Public Health.

The **Certificate in Aboriginal Health and Community Administration**[8], which was developed prior to the existence of the CEIH, is a course intended for Indigenous learners interested in building healthcare capacity in their communities. Consisting of online assignments and discussions and in-person sessions taking place at UBC over five weekends, this year-long program has been supported and grown by the CEIH in consultation with Indigenous communities. The course is intended to give students the tools needed to develop and coordinate Indigenous health programs and promote the wellbeing of Indigenous peoples and is taught by health practitioners with years of professional experience.

The pioneering **Indigenous Public Health Training Institutes Program**[9] is administered by the CEIH and is created primarily for Indigenous community members interested in pursuing course topics and/or certificate while also being open to current healthcare practitioners, trainees in a broad range of health disciplines and levels, and individuals with a background or interest in Indigenous health and wellbeing, 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)

[6] "UBC Learning Circle," The University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed April 13, 2020, https://health.aboriginal.ubc.ca/programming/the-ubc-learning-circle/.
[7] "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/.
[8] "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/.
[9] "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/.

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.

School of Population and Public Health

The School of Population and Public Health also offers courses relevant to the health and wellbeing of Indigenous peoples. **First Nations Health: Historical and Contemporary Issues (SPPH 404)** is available to learners enrolled in the Faculty's professional health programs. The course is aimed at providing students with the opportunity to consider historical and contemporary issues surrounding Indigenous wellbeing and the determinants of health from spiritual, environmental, and cultural viewpoints.

Graduate Certificate in Indigenous Public Health[10] Housed within the School of Population and Public Health and administered by the CEIH, this program is 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 behavioural science, biostatistics/ epidemiology, environmental health, health administration/ policy and health education/promotion as they are applied in Indigenous contexts.

Surgical Care in Canada's Rural and Remote Indigenous Communities with Global Comparisons (SURG 518)[11] In this course, 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 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 practiced in low-income countries may be applied to high-income countries and vice versa.

Other relevant **School of Population and Public Health** course include:

- AUDI 540
- SURG 518 - though it is directed towards rural and remote settings, there is a large component of content in the area of Indigenous issues;

[10] http://www.calendar.ubc.ca/vancouver/index.cfm?tree=12,291,1010,0
[11] https://courses.students.ubc.ca/cs/courseschedule?pname=subjarea&tname=subj-course&dept=SURG&course=518

- SPPH 536 - which specifically looks at some of the ethics issues related to Indigenous healthcare.

Postgraduate Medical Education

UBC Family Medicine Residency Program[12] UBC has the largest Family Medicine 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 residents receive are supplemented with the online San'yas: Indigenous Cultural Safety Training Program, developed by 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 widely available to all health practitioners in the province, including learners in post-graduate educational programs. A new cultural safety educational and training program for faculty and staff is currently under development by the Faculty and will be piloted soon.

In 2017, the Family Medicine 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 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.

Indigenous Family Medicine Residency Program[13] 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 healthcare 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

[12] UBC Family Practice Postgraduate Program https://postgrad.familymed.ubc.ca/

[13] "Indigenous," UBC Family Medicine Residency Program, accessed November 17, 2019, https://carms.familymed.ubc.ca/training-sites/aboriginal-2-2/.

professions as well.

Continuing Professional Development

The Faculty'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 healthcare experience, some of which are summarized below.

6. Summary of the sessions held across the province to engage with respect to the learning environment

As noted in the submission the Faculty has taken several approaches to identify and realize its goal of culture change and a consultative process is engaged in the development of each initiative. Not every consultation involves in person sessions. In some circumstances, consultation is built in to the process through the composition of working groups or committees responsible for the development of the initiative. In other cases, we seek input from the Faculty community through written submissions to the working group or committee. These were the processes used by the DTFRE as it sought input into identifying challenges and crafting recommendations with respect to the learning and working environments.

In formulating its response to the TRC Calls to Action the Faculty engaged in wide ranging consultation not only within the Faculty and the university but also with representatives of the Indigenous people and communities most affected by the actions the Faculty would take to address the issues raised in the TRC Calls to Action. The Faculty sought input from the First Nations Health Authority and the Metis Nation of BC amongst others in the Indigenous community in recognition of the imperative that any response proposed by the Faculty be informed by humility, curiosity, and a willingness to listen and support Indigenous self-determination with respect to health and education.

In late 2019 and early 2020, the Faculty launched its new vision ***transforming health for everyone*** to the Faculty community and its health authority and university partners through a series of on line and in-person events.

Led by Dermot Kelleher, Dean of the Faculty of Medicine and Vice-President of Health at UBC, the in-person engagement events[14] were held at the Faculty's distributed education sites around the province - Prince George, Okanagan, Vancouver Island and at several sites in Metro Vancouver.

At each two-hour event, guests were introduced to the Faculty's vision through a short film, *Vision*, featuring faculty, staff and students from across the province where they live, work and play. All people featured in the film were nominated by their peers as examples of individuals who embrace and exemplify the vision through their work.

[14] Held prior to the COVID-19 March lockdown measures were implemented. Three additional planned events within the Lower Mainland were cancelled due to the pandemic.

The film features many inspirational Indigenous faculty, staff and students, including Dr. Nadine Caron, co-director of UBC's Centre for Excellence in Indigenous Health (CEIH) and founding First Nations Health Authority Chair (FNHA) in Cancer and Wellness at UBC. In the film, Dr. Caron can be seen with the Truth and Reconciliation Commission of Canada report, which is meant to illustrate and acknowledge the Faculty's deep commitment and role in responding to the Calls to Action.

The film also features Takla First Nation Elder Julie Jacques, who teaches medical students at the northern Carrier Sekani Family Services medical clinic about her culture, including the ongoing effects of historical factors like colonialism and the legacy of residential schools. She also educates students on the importance of incorporating traditional healing and wellness knowledge into health care practices. Elder Julie Jacques was a participant on the panel discussion in Prince George.

The Indigenous Student Initiatives Manager James Andrew was featured with several students from the Faculty's Indigenous MD Admissions program, along with Dr. Shannon Waters, Clinical Assistant Professor in the School of Population and Public Health, and Carrie-Anne Vanderhoop, former Education Coordinator for Curriculum Development with the Centre for Excellence in Indigenous Health.

The film screening was followed by an engaging and inspirational panel discussion with faculty, staff, students and learners from the local community, many of whom were featured in the film. The panelists candidly shared their personal perspectives and experiences related to the Faculty's vision and values.

Following the panel discussion, Dermot Kelleher shared remarks on the importance of vision and values as the foundation for igniting culture transformation in the Faculty, and the importance of creating inclusive, respectful learning and work environments free of racism, bias, and discrimination. He closed with a call to action inviting guests to participate in the values engagement exercise held during the reception that followed.

Close to 700 people attended the eight engagement events held around the province. Panelists and attendees, including health authority and university partners, participated in the exercise to create a set of shared values that will shape the Faculty's activities, interactions and decisions in the years ahead.

Event guests submitted more than 475 core values as part of the engagement exercise – a participation rate of nearly 70 per cent. The values that received the highest endorsement are: Respect, Integrity, Compassion, Collaboration and Equity.

These values, in combination with the Faculty's vision, will be fundamental to creating and sustaining the organizational culture to which the Faculty aspires.

7. Policies, flowcharts, examples, and staffing to address whistleblower allegations and a summary of changes that have been made to improve the process

The Office of Professionalism is responsible for the Faculty reporting and response system to address disrespectful, unprofessional, and discriminatory conduct that has an adverse impact on the learning

environment. The Office of Professionalism is responsible for the Mistreatment website that includes an online reporting tool and a process to address learner mistreatment. This is being expanded over the next year to include faculty and staff.

The website and reporting process has recently undergone review and amendment to address specific issues raised by users in the Faculty's education programs. Learner concerns included confidentiality, transparency around how reports would be managed, whether they would be required to participate in any subsequent inquiry if they made a report, and fear of retaliation and reprisals. Disclosure of their identity and the fear of reprisals were the primary reasons why learners were reluctant to report, either on-line or in person.

The process allows for both confidential and anonymous reporting. Upon receipt of a report the learner is contacted and offered support, information, and an opportunity to discuss options for resolving the reported concerns. These include informal resolution, an institutional inquiry, in circumstances of a pattern of multiple complaints about a single learning environment issue (or where a group of learners make a report), and formal investigation. Learners making a report are advised that they do not have to take any further steps or participate in any process initiated and that their identity will not be disclosed without consent.

The Office of Professionalism triages the report to ensure it can be addressed at the appropriate level within the Faculty. The Office offers guidance to the individual or individuals responsible for addressing the complaint. The primary goals of any intervention are raising awareness and changing behaviour through education and support whenever possible.

The fear of reprisals or retaliation is a significant deterrent to reporting particularly in a system in which power imbalances are prevalent. This is evident campus-wide and affects multiple policies which depend on reports from members of the community. Both the university and the Faculty have stated that reprisals will not be tolerated and if established would be the basis for discipline. In April 2020 UBC introduced **Policy SC18 Retaliation Policy**, which provides a mechanism for investigation of complaints of retaliation.

The Faculty process for addressing learning environment concerns also addresses retaliation. Complaints of reprisals will be investigated and discipline imposed in cases where there has been retaliation based on a learner reporting or participating in an investigation into mistreatment. The Mistreatment website contains information about reprisals and reinforces the Faculty prohibition against and intolerance for such actions.

The Faculty recognizes that for Indigenous learners there may be other factors that are disincentives to reporting concerns. The Faculty is sensitive to the effect the legacy of colonialism and persistent racism and discrimination may have on Indigenous learners faced with mistreatment of any form in the learning environment, especially racism and discrimination. Learners may fear that there will be a lack of sensitivity and respect for their indigeneity and a lack of awareness about how their past experiences with racist attitudes may affect the current experiences and their past relationship with authority may affect their responses to their experiences.

The Faculty believes that denouncing Indigenous-specific racism, and creating environments that are respectful and inclusive will create space for the exercise of Indigenous peoples human rights and a welcoming environment in which they feel supported and heard. When responding to reports made by self-identified Indigenous students, the Office of Professionalism is committed whenever practicable to engaging elders, or other supports identified by the student, in the processes to address concerns or complaints.

8. Any written summary of existing initiatives, barriers, or recommendations that UBC FoM would like the investigation to consider

From the Faculty's perspective the greatest challenge to making the changes necessary to ensure that the health, healthcare and health outcomes of Indigenous peoples and communities is no longer adversely affected by Indigenous-specific racism and discrimination is the lack of a coordinated, cohesive, and collaborative framework for addressing the systemic and interpersonal barriers to the safe exercise of Indigenous peoples human rights.

While many constituents of the health care system engage in collaboration, the resulting efforts are not necessarily broadly adopted or effectively integrated into the health care system. This is in part a question of resources but as importantly it is a function of jurisdictional authority and the absence of an overarching imperative to engage in a consolidated approach to address the invidious attitudes and conduct that inflict tragic consequences on Indigenous people and communities.

In addition to collaboration on new initiatives the Faculty suggests that an inventory of current initiatives and programs would disclose resources within B.C. with the potential for wider implementation and increased effectiveness. UBC 23 24 described in the submission is such a resource. Expansion of UBC 23 24 to provide mandatory cultural safety and humility education to all health professional learners, including residents, health sciences students, and graduate students, at UBC will ensure the next generation of physicians and health related professionals has the necessary foundation to establish culturally appropriate and safe practices and relationships. Extension of this mandatory education to all relevant faculty and staff at UBC will positively impact not only the work and learning environments for Indigenous students, faculty and staff but also the clinical practice space. More than 9000 clinical faculty teaching in the Faculty are medical and health professionals.

UBC 23 24 and the San'yas training program at PHSA are unique, yet complementary approaches to embedding cultural safety and humility in health care in BC.
The Faculty believes that UBC 23 24 can play a critically important role in the provincial cultural safety and humility response. The Faculty and the CEIH are in the process of submitting a Briefing Note to Chris Mazurkewich, the Lead of the Provincial Cultural Safety and Humility Response advocating for expansion of this course.

The key to marshalling current resources and developing new initiatives to tackle Indigenous specific racism and discrimination is collaboration. The key to ensuring that collaboration results in real change in the treatment of Indigenous people and communities and the eradication of Indigenous specific racism

and discrimination is integration, support through resources, and effective leadership. We must not only be prepared to move forward in allyship and solidarity with representatives of Indigenous peoples and communities we must do so under strong and committed leadership with a clear mandate and authority to support change.