



The 2020-2024 Report on  
the National Consortium for  
Indigenous Medical Education:

# Advancing Indigenous medical education and leadership in health care



The 2020-2024 Report on the National Consortium for Indigenous Medical Education: Advancing Indigenous medical education and leadership in healthcare

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NCIME would like to acknowledge our team for their support in the production of this document.

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

Copies of this report are accessible at [www.ncime.ca](http://www.ncime.ca)

The National Consortium for Indigenous Medical Education  
(NCIME) A Virtual Organization  
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# Acknowledgments

**The National Consortium for Indigenous Medical Education (NCIME) was funded by Health Canada's Health Care Policies and Strategic Fund. We express our great appreciation for their support in Phase 1 as we developed from an innovative concept from the minds of our Indigenous leadership in medical education and partners to the transformative knowledge producers NCIME became.**

The advancement of Indigenous medical education would not be possible without the support of our partner organizations who formed the NCIME: the Indigenous Physicians Association of Canada (IPAC), the Association of Faculties of Medicine of Canada (AFMC), the College of Family Physicians of Canada (CFPC), the Medical Council of Canada (MCC) and, the Royal College of Physicians and Surgeons of Canada (RCPSC). We extend our deepest gratitude to all of you for your unwavering support of our collective vision.

We could not have undertaken this work without the guidance of the Elders and Knowledge Keepers Circle: Leslie Spillett, kinanâskomitin, Barbara Hill, miigwech, Levinia Brown, qujannamiik, Ovide Mercredi, kinanâskomitin, Roberta Price, huy ch q'u, Simon Brascoupé, miigwech and Syexwâlia Ann Whonnock, múyDa for providing your knowledge and wisdom to us throughout this work. Your teachings are always appreciated and we look forward to gathering again with you soon.

We would like to thank the co-chairs for their leadership and each working group member for their hard work; your focus on the six priority action areas provided invaluable contributions towards achieving cultural safety within medical education and healthcare.

Your experience and expertise have helped us ensure that systemic change is led by Indigenous leadership founded on the deep connections and relationships within our collective identities as First Nations, Inuit and Métis Peoples. We also thank our allies within the working groups for amplifying our Indigenous voices and providing their experiences and expertise within our working groups.

And of course, we extend our gratitude for our Indigenous community partners, collaborators, and allies who have taken up our work, advocated for its inclusion in their respective organizations and institutions and kept community in the forefront.

The NCIME wishes to express our gratitude to the AFMC for hosting us as our Secretariat. Together, we have navigated this important relationship and have learned much from each other over the past few years. We wish to also acknowledge the AFMC team dedicated to NCIME for their guidance, wisdom and friendship. This relationship has been invaluable, and we look forward to continuing to work together in the future.

Lastly, we would like to recognize the faculties of medicine for their support of Indigenous leadership within medical education and the collective vision of achieving reconciliation, an education system free of racism and a safe healthcare environment that benefits all within Turtle Island.



## Our Logo

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

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



## On behalf of the Executive Committee and NCIME leadership

**Advancing Indigenous medical education and leadership in health care is the heart that is NCIME. It is a journey that began with the visionary ideas of Indigenous physician medical educators and allies. It has been nurtured by the passion and dedication of a diverse team and an impressive collective of Indigenous and allied working group members. The NCIME, guided by the wisdom of the Elders and Knowledge Keepers Circle, has set in motion a profound transformation in the delivery of medical education in Canada, a transformation that is a testament to our collective efforts.**

It is with these people in mind and of our many partners that we give thanks for the knowledge, time, and energy shared with us to achieve our goals. We also acknowledge our co-chair mentees' and developing leaders award winners for being a part of this movement of reconciliation, decolonization, and self-determination.

We extend our heartfelt gratitude to the AFMC for their role as our Secretariat and to all those who have worked closely with the NCIME team. Your support has been instrumental in establishing this

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**It is with these people in mind and of our many partners that we give thanks for the knowledge, time, and energy shared with us to achieve our goals. We also acknowledge our co-chair mentees and developing leaders award winners for being a part of this movement of reconciliation, decolonization, and self-determination.**

beautiful relationship of collegiality. We also express our gratitude to our partners, the RCPSC, MCC, and CFPC, for their tireless support of our work, our people, and our communities. Together, we are making a significant impact on Indigenous medical education and leadership in health care. We thank our sister organization and partner, the Indigenous Physicians Association of Canada (IPAC), as we are great in our unity, love, and commitment to our nations and communities.

We acknowledge our extended relationships with our fellow health professionals, advocates, clinicians, educators, and leaders who have shared their knowledge and experience with us. We extend gratitude to Health Canada's Health Care Policy and Strategies Program for funding us and enabling this revolutionary work. We also extend our gratitude to the national Indigenous organizations that have acknowledged the value of our work.

We say with grace and humility to our First Nations, Inuit, and Métis relations, thank you for your trust as we play a role in improving health for all our relations.

**- Drs. Sarah Funnell and Marcia Anderson,**  
Present/Past Chairs

# Message from the Elders & Knowledge Keepers Circle (EKKC)

**The Elders and Knowledge Keepers Council (EKKC) extend our gratitude and appreciation to all medical health education leaders who have contributed to developing and fulfilling the NCIME's vision to improve medical education and health outcomes for First Nations, Inuit and Métis people.**

It has been a great honor and privilege to support, guide and grow alongside the NCIME's Executive Committee, working groups and staff and to share in the celebration of our collective achievement. We especially acknowledge our medical leaders, Drs. Anderson and Funnell, and co-chairs of each of the working groups. While working virtually and throughout a Global Pandemic certainly presented multiple challenges, the dedicated staff team led by Danielle Soucy were flexible, innovative, and determined to complete all activities related to Phase 1. Special appreciation to Jordan Carrier who supported the EKKC to ensure our involvement in all areas of engagement.

There have been many highlights over the past four years, but those that stand out include attending PRIDOC in July of 2022; a gathering of Indigenous medical practitioners and educators from across the Pacific Region that was led in ceremony by Elder Syexwaliya Ann Whonnock and Elder Dr. Roberta Price. NCIME's

EKKC had an opportunity to present on a panel for the Indigenous Faculty Development Forum which focused on importance of traditional knowledge in medical education transformation. In October 2023, the EKKC, along with NCIME staff and medical leaders gathered in Iqaluit, Nunavut. Being on the land and on the water, meeting with community members including Elders, and building stronger relationships among ourselves was memorable.

The EKKC had an opportunity to meet in December 2023 to reflect on our individual and collective contributions and more importantly, to share our thoughts on the continuing role of Elders and Knowledge Keepers within the next phase of transforming medical education.

Throughout our time together, we've remembered and centered our relatives, including those ancestors who were mistreated and disregarded when seeking medical treatment. Too, we acknowledge those medical practitioners who, every day, provide culturally safe healthcare to Indigenous Peoples of Turtle Island.

Our commitment to shaping medical education is steadfast and we look forward to continuing to guide, nurture and work toward transformation.

On behalf of the EKKC, we uphold traditional knowledge systems, our relationship with the land, waters, and all of Creation, all of those who have gone on before and those still to come and remain,

**Leslie Spillett**, Lead for the NCIME Elders and Knowledge Keepers Council

**Ovide Mercredi**, Assessment of Indigenous studies, cultural safety, and anti-racism Working Group

**Levinia Brown**, Anti-Racism, policies, processes, and implementation support Working Group

**Simon Brascoupe**, Indigenous Student Admissions and Transitions Working Group

**Barbara Hill**, Improving Cultural Safety in Curriculum Working Group

**Dr. Roberta Price**, Indigenous Faculty Recruitment & Retention Working Group

**Syexwaliya Ann Whonnock**, Indigenous Physician Wellness & Joy in Work Working Group



Elders Circle



The NCIME



Executive Committee



Governing Council

## Vision

With the leadership and support of the NCIME, national medical education organizations are fulfilling their responsibilities to respond to the Royal Commission on Aboriginal Peoples, the Truth and Reconciliation Commission's Calls to Action, and the Inquiry on Missing and Murdered Indigenous Women and Girls in Indigenous Medical Education through:

- Supporting Indigenous leadership;
- Aligning and collaborating on strategic priorities; and,
- Maximizing available resources.

## Governance Structure

The governing council for the National Consortium for Indigenous Medical Education (NCIME) includes the Elders Circle, the NCIME, the NCIME Executive Committee and the five partnering organizations:

- Indigenous Physicians Associations of Canada (IPAC)
- Association of Faculties of Medicine of Canada (AFMC)
- Royal College of Physicians and Surgeons of Canada (RCPSC)
- College of Family Physicians of Canada (CFPC)
- Medical Council of Canada (MCC)

## Mandate

### Assessment of Indigenous studies, cultural safety and anti-racism

Guidelines for the development of assessment tools including OSCE and MMI stations, MCQs, SAMPs, and in-practice assessments.

- Development of some sample tools (assessment items) including quality improvement and evaluation.

### Anti-racism

- Identify the core elements of anti-racism policies and processes.
- Develop a learning module to support the implementation of anti-racism policies and processes.

### Increasing admissions/transitions of Indigenous students across entry points during medical education and developing accountable admissions processes (UGME/PGME/Transition to practice)

- Work with the 17 schools of medicine to set school-specific minimum number of First Nations, Métis and Inuit students for admission each year
- Develop guidelines for admissions/transition processes and assessment criteria, applicable across the continuum, for all candidates to medical school that assess knowledge of Indigenous studies, cultural safety and anti-racism
- Collaborate with all 17 schools of medicine to define and ensure robust data collection and reporting annually that allow for review of progress toward goals at the individual school, provincial and national level

### Indigenous faculty recruitment and retention

- Develop and maintain a database of Indigenous physicians and health professionals/ educators who are interested in contributing to Indigenous medical education.
- Create and implement a leadership development program for Indigenous medical educators.
- Collaborate with the 17 schools of medicine to create short- and long-term plans to support the attainment of critical masses of Indigenous faculty.
- Develop a plan to identify and foster leadership development in Indigenous medical learners starting at the time of admission.

### Improving cultural safety in curriculum

- Ensuring that the curriculum frameworks and graduating outcomes/competencies from each build on each other with cultural safety and anti-racism / anti-colonialism as core pedagogical approaches.
- Identifying the faculty development needs to support the implementation of longitudinal Indigenous health curriculum.

### Indigenous physician wellness and joy in work

- Develop a framework that defines wellness and joy in work for Indigenous physicians.
- Support the implementation of the frameworks by IPAC, the organizations, and the 17 schools of medicine.

This project emphasizes use of formative and summative evaluation and impact assessment through standard metrics as well as utilizing Indigenous approaches and evaluation frameworks.

## Principles

**The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) is the foundation that forms our core principles.**

### Integrity

The NCIME will operate with the integrity of our ancestors in all aspects of our work and relationships, and with the best interest and support for Indigenous medical students and residents.

### Leadership

Leadership within NCIME is understood as the acknowledgement and support of the Indigenous leaders in medical education that form the Executive Committee as the rightful leadership and decision-makers. The leadership of the NCIME respects the guidance provided by the Elders and Knowledge Keepers Circle.

### Accountability:

The NCIME will be transparent in all our work, relationships, and reporting. NCIME acknowledges the responsibility we carry towards education for culturally safe health care delivery for First Nations, Métis, and Inuit Peoples.

### Collaboration:

The NCIME, through its purposeful design, recognizes and respects the importance of collaboration among and between Indigenous and non-Indigenous leadership and organizations in medical education. These collaborations are unique and pivotal in fulfilling our mandate. The collaboration includes both partners and external stakeholders from diverse communities, organizations, associations, and Canadian medical schools.

“

**The Sovereign Status of Indigenous Peoples rests with their nationhood, not with a country, organization, or third party. Our self-determination is not dependent on Canada or the provinces and their laws. As the First Peoples, Indigenous societies pre-exist colonization and have pre-existing rights to any settlement on these lands. Organizations are not sovereign, and so they cannot claim the sovereignty that belongs to the nations themselves. The right to self-determination is a sovereign right that Treaties have affirmed, Section 35 of the Canadian Constitution and the United Nations Declaration on the Rights of Indigenous Peoples. The responsibility and task of settler organizations and Canada is to support Indigenous sovereignty. For medical schools and medical associations, their role is to enhance our sovereignty by cooperating and assisting in the sharing of pertinent information. This concrete step towards reconciliation can have a lasting impact and create a role for agency whereby the National Consortium for Indigenous Medical Education can assist Indigenous Nations in asserting their sovereignty with their consent.”**

- Ovide Mercredi



## Governing Council Members

The NCIME Governing Council is comprised of the Indigenous lead for the organization who comprise the NCIME Executive Committee and the Leadership of partner organizations.

### **Indigenous Physicians Association of Canada (IPAC):**

Dr. Mandy Buss, President, and Dr. Michael Dumont, Vice-President, 2022-present, Dr. Cornelia (Nel) Wieman, past President, and Dr. Evan Adams, past Vice-President 2020-2022.

### **Association of Faculties of Medicine of Canada (AFMC):**

Dr. Mandy Buss, President, and Dr. Michael Dumont, Vice-President, 2022-present, Dr. Cornelia (Nel) Wieman, past President, and Dr. Evan Adams, past Vice-President 2020-2022.

### **College of Family Physicians of Canada (CFPC):**

Dr. Darlene Kitty, Indigenous Health Lead, Dr. Michael Green, President, 2023-present, Dr. Christie Newton, Past President 2022-2023, Dr. Catherine Cervin, Past President 2020-2021 and Deputy CEO Dr. Nancy Fowler.

### **Medical Council of Canada (MCC):**

Dr. Sarah Funnell, Member of Council, Dr. Viren Naik, CEO, 2023-present, and Dr. Maureen Topps, past CEO, 2020-2023.

### **Medical Council of Canada (MCC):**

Dr. Sarah Funnell, Member of Council, Dr. Viren Naik, CEO, 2023-present, and Dr. Maureen Topps, past CEO, 2020-2023.

### **Royal College of Physicians and Surgeons of Canada (RC):**

Dr. Lisa Richardson, Chair – Indigenous Health Committee, Dr. Ian Bowmer, Interim CEO, 2023-present, and Dr. Susan Moffatt-Bruce, past CEO, 2020-2023.

“

The Medical Council of Canada recognizes the pivotal role played by the National Consortium for Indigenous Medical Education (NCIME) in emphasizing the critical necessity for medical professionals to comprehend and address the distinctive health challenges confronting Indigenous populations in Canada. Understanding these specific issues is fundamental to delivering culturally attuned and effective healthcare to our Indigenous patients. The Consortium's work underscores the urgency of incorporating Indigenous health perspectives into medical education, fostering a deeper appreciation for cultural diversity and empowering healthcare providers to offer respectful, equitable, and comprehensive care. It reinforces our commitment to supporting a healthcare landscape where every patient, regardless of background, receives care that respects their unique cultural and health-related needs.”

- Viren N. Naik MD MEd MBA FRCPC,  
Chief Executive Officer of the Medical Council of Canada



“

At the Royal College of Physicians and Surgeons of Canada, we value the significance of honouring Indigenous Knowledges, traditions, and lived experiences as integral components of building community trust and forging partnerships. With guidance from the Royal College’s Indigenous Health Committee and the Office of Indigenous Health, we celebrate our active collaborations with the National Consortium for Indigenous Medical Education (NCIME). We are dedicated to continuing our reconciliation journey with Indigenous communities, Knowledge Keepers, Elders, and Indigenous medical experts to represent Indigenous-led innovations to honour self-determination as an integral determinant of health for Indigenous Peoples, as well as continuing our collective pursuit of excellence in health care for all.”

- M. Ian Bowmer, MDCM, FRCPC, FRCP, FCAHS, FACP(hon), FRCPI(hon),  
Chief Executive Officer (interim), Royal College of Physicians and Surgeons of Canada

# Working Groups

The National Consortium for Indigenous Medical Education (NCIME) has embarked on a transformative journey by establishing six Working Groups, each led by members of the NCIME Executive Committee and supported by Co-Chairs, resident or early career physicians, and Elders or Knowledge Keepers. These groups represent a collaborative effort to address priority areas identified as crucial for advancing Indigenous medical education and improving the delivery of culturally safe healthcare.

The six priority areas identified by the Working Groups are assessment, anti-racism, admissions and transition, Indigenous faculty recruitment and retention, curriculum development, and promoting physician wellness and joy in work. These areas were meticulously identified through consultations with key stakeholders, including esteemed organizations such as the Indigenous Physicians Association of Canada (IPAC), the Royal College of Physicians and Surgeons of Canada (RCPSC) Indigenous Health Committee, the College of Family Physicians of Canada (CFPC) Indigenous Health Working Group, and the Association of Faculties of Medicine of Canada (AFMC) Indigenous Health Network.

The inaugural meeting of the NCIME Working Groups in November 2021 marked the initiation of a concerted effort to address these vital areas. Subject matter experts from partnering and core stakeholder organizations, alongside Elders and Knowledge Keepers, convened to outline their vision for Indigenous-led projects. With 63 actively participating members, discussions during the meeting revolved around identifying common challenges and formulating strategies to transform them into opportunities. Participants also reflected on past initiatives, acknowledging progress while recognizing the enduring need for reconciliation efforts, emphasizing the necessity of system-wide reforms, cultural safety, and integrating Indigenous perspectives. The commitment and

enthusiasm of Working Group members were palpable as they engaged in fruitful discussions and devised actionable plans to propel Indigenous medical education forward. The Working Groups' commitment to quarterly meetings has driven steady progress, with notable advancements in product development. Monumental reports, guidelines, and toolkits have been developed that will contribute to the transformation medical education, addressing key areas such as anti-racism policies, Indigenous student admissions, curriculum enhancement, and faculty wellness. These efforts have forged meaningful partnerships, fulfilling the organization's mandate to advance Indigenous medical education and cultivate cultural safety in healthcare.





## Working Group Members

### Assessment of Indigenous studies, cultural safety, and anti-racism

**Members: 10**

Chaired by Dr. Marcia Anderson, MD MPH FRCPC  
Co-Chaired by Dr. Joel Voth, MD, CCFP (AM).

### Anti-racism, policies, processes, and implementation support

**Members: 13**

Chaired by Dr. Mandy Buss President,  
Indigenous Physicians Association of Canada  
Past Chair Dr. Evan Adams  
Co-Chaired by Dr. Brent Young, MD, MSc, CCFP  
Past Co-Chair Nicole Robinson

### Improving cultural safety in curriculum

**Members: 12**

Chaired by Dr. Darlene Kitty  
Past Co-Chair Dr. Erik Mandawe  
Past Co-Chair Dr. Jillian Roberge

### Indigenous student admissions and transitions

**Members: 11**

Chaired by Dr. Sarah Funnell, MD, MSc,  
CCFP, FRCPC.  
Co-Chaired by Karhinéhtha' / Cortney Clark

### Indigenous faculty recruitment and retention

**Members: 7**

Chaired by Dr. Lisa Richardson MD MA FRCPC  
Co-Chaired by Dr. Janelle Syring, MD, CCFP

### Indigenous physician wellness and joy in work

**Members: 10**

Chaired by Dr. Michael Dumont  
Past Chair Dr. Cornelia (Nel) Wieman, Past  
President IPAC, Acting Chief Medical Officer  
of the First Nations Health Authority  
Co-Chaired by Dr. Chase McMurren, MD CCFP  
MDPAC(C)

## NCIME Staff

We, as Indigenous women and emerging scholars in the fields of Indigenous science and health, deeply appreciate the transformative journey we experienced during the initial phase of the National Consortium for Indigenous Medical Education (NCIME). The NCIME has supported us academically and professionally, encouraging us to further develop our capacities as researchers and evaluators in medical education.

For both of us, NCIME is more than a job. The pervasiveness of anti-Indigenous racism in healthcare has deeply affected our lives, and the NCIME's mandate is not just an opportunity but a crucial imperative to improve healthcare for generations to come. We are both profoundly grateful for the opportunity to work alongside the generous and kind knowledge keepers, Indigenous health and medical education experts, and curriculum and evaluation experts who have connected and collaborated with us at the NCIME.

“

**My time with the NCIME has been incredibly rewarding, and I would like to thank the many individuals that have come together with the common goal of advancing the health and safety of our Indigenous nations across this country. You have all shown me what persistence can do. I am deeply grateful for the guidance I have received from NCIME members, as well as for the colleagues and friends I have made here. I look forward to the conversations our materials and products will create, and I am incredibly proud to have been a part of this important initiative. Nimiigwetchiwendam.”**

- **Arlana Redsky** (Anishinaabekwe – Shoal Lake 40 First Nation)



“

**The past three years the NCIME has really become a family, it has been really powerful to have representation from different generations who have and continue to contribute to this work. Through the NCIME I have been offered many stories, experiences, opportunities that have really enriched the way I approach not only work but my life. Some of the greatest highlights have been speaking with the EKKC at PRIDoC, being out on the land in Iqaluit, and presenting at ICAM. I am incredibly thankful to the NCIME leadership for their support in my academic journey- I now truly know the difference between mentorship and sponsorship.”**

- **Alexandra Nychuk** (Michif- Citizen of the Manitoba Métis Federation)



“

Being able to dedicate my time to the NCIME’s work has been a fascinating journey over a short period of time. I am honoured to work with and learn from brilliant Indigenous people. I love that we are making a difference for future Indigenous medical educators and creating culturally safe learning and clinical environments. Qujannamiik (thank you) to the Elders and Knowledge Keepers, Executive Committee members and to the Executive Director, Danielle Soucy, for fostering my growth not only as an associate project manager but also as a person. I’m thrilled to see where the NCIME goes next.”

- Sara Ayaruak-Thomson (Inuk – Kivalliq Region of Nunavut)



”

NCIME defies the confines of the rules of English; calling it a noun will not do it justice; it is a way of thinking, being and doing that challenges the current system of medical education in Canada to centre First Nations, Inuit and Métis Peoples knowledge and lived experiences as how medical education can engage in Indigenous led, results-driven, transformation. The transformation ignited by NCIME will create increased positive learning and training experiences and physician/patient encounters; create a faculty culture of respect, mutual learning and camaraderie; and work at addressing issues of systemic anti-indigenous racism and privilege in our postsecondary institutes and training environments. It has been with great honour and gratitude that I have been able to participate in this work, to keep learning, growing and reflecting on reconciliation as an ally, and to contribute to the vision of our phenomenal leadership and Elders and Knowledge Keepers. Thank you NCIME.

- Danielle N. Soucy, Executive Director



## Impact

The NCIME's working group toolkits, reports and recommendations are distributed in both English and French, to ensure our work reaches all faculties of medicine. All these documents can be found at [NCIME Catalogue - National Consortium for Indigenous Medical Education](#).

Follow us on Facebook, Instagram, LinkedIn and Twitter, and join over 700 other followers who are engaged in Indigenous medical education. Be sure to also subscribe to our newsletter which is sent via email. The NCIME's work is so in demand that our posts have reached over 33,000 individuals annually and our emails are opened at a >50% rate which is 12% higher than open rates for other non-profits and 15% higher than open rates for other industries.

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**It's been wonderful getting to know and working alongside leaders in Indigenous medical education and anti-racism across Turtle Island. Their mentorship and wisdom have helped me acquire the tools necessary to engage in this work in my local health system.”**

**- Janelle Syring, MD, CCFP**  
Co-Chair of the Indigenous faculty recruitment and retention working group



As a Co-chair with NCIME I had the opportunity to work with and learn from experts in Indigenous health and medical education from across Canada. It was an amazing opportunity to collaborate with other experts who are passionate about making impactful change around reducing the health disparities for Indigenous communities. As a new career physician, I have reflected on how the guideline our group developed would have directly impacted my recent experiences as a medical learner and how it will hopefully result in more practitioners trained in providing culturally safe care for Indigenous patients.”

**- Joel Voth, MD, CCFP (AM),**  
Co-Chair of the Assessment of Assessment of Indigenous studies,  
cultural safety, and anti-racism working group



My experience as Co-Chair on the Admissions and Transitions Working Group provided a unique experience to foster collaboration among some of most resilient leaders in medicine in Canada. The collective foundation of generations of Indigenous Knowledge Keepers, physicians and health researchers represents an important shift in actualizing anti-racist and Indigenous-led reform in medical education. It was an honour to learn from the entire team that brought NCIME to life, and I look forward to the future for Indigenous Peoples in Medicine.”

**- Karhinéhtha' / Cortney Clark, HBA IR, DSc RHL (c),**  
Co-Chair of the Indigenous student admissions  
and transitions working group



The opportunity to be involved in NCIME at all would have been a meaningful, nourishing experience. To be given the opportunity to co-lead some of the work has been rewarding in so many ways. Being able to collaborate with skillful, wise Indigenous colleagues & mentors has been affirming and a special opportunity to strengthen my skills as a young leader and collaborator. To share time, space, complexity and elaboration together has reflected so much of what the Indigenous Physician Wellness and Joy in Work Working Group has been committed to cultivate. It is an honour to be associated with what's happening in, through, and from NCIME, & I look forward to what comes next."

- Chase McMurren, MD CCFP MDPAC(C),  
Co-Chair of the Indigenous physician wellness and joy  
in work working group



The NCIME has been impactful to me individually by furthering our opportunities to work collectively as leaders in Indigenous medical education. NCIME has helped amplify our work within our partner organizations and has influenced the progress in the Medical Council of Canada, Association of Faculties of Medicine of Canada, Royal College of Physicians and Surgeons of Canada, and CFPC. Some of the greatest feedback has been from our recently convened Council of Indigenous Deans in Medical Schools, as we heard concrete examples of how our deliverables were impacting the setup of new medical schools in Canada and new processes in the existing medical schools."

- Marcia Anderson, MD MPH FRCPC,  
Chair of the Assessment of Assessment of Indigenous studies,  
cultural safety, and anti-racism working group

## Feedback from Stakeholders



I wanted to thank you for coordinating such a stimulating and inspiring Symposium today. The amplification of Indigenous voices in the area of Medical Education, such as this platform allowed today, is something I wish even more people could be a part of."

- **Beth Henseler**, Administrative Manager, Faculty of Medicine, Centre for Health Education Scholarship, UBC, providing comments on the NCIME's Developing Leaders Symposium held in August 2023.



Racism experienced by First Nations, Inuit and Métis in the healthcare system is a significant patient safety and quality issue across Canada. To address racism and improve cultural safety, Indigenous-led action is required across every relevant sector. NCIME brings together Indigenous brilliance to lay the critical foundations required to drive action and change within health care education and service delivery. Through the work of NCIME, medical schools will have the tools to support recruitment and retention of Indigenous students and faculty, and embed cultural safety and anti-racism within curriculum, assessment, policies and processes. It is critical that this work is driven by Indigenous leadership, and NCIME provides the structure to support this through the work of their excellent team, and the vision of their inspiring executive."

- **Nicole Robinson**, Director, Northern & Indigenous Health / Directrice Santé des populations autochtones et du Nord, providing general comments on the NCIME's work.



# Partnerships and Collaborations

## The NCIME has made over 40 effective partnerships and collaborative agreements in Phase 1.

Our partnerships and collaborations range from faculties of medicine to professional associations, NGOs, research institutions, government organizations, networks and healthcare providers, both Indigenous and non-Indigenous. We collaborate and work with people and organizations who share our goal of creating more equitable systems and breaking down barriers for not only Indigenous people but also other minority groups within medical education. The NCIME is looking forward to working closely with our current partners and collaborators going forward, while forging new relationships with organizations who would also like to advance Indigenous medical education.

To ensure that our activities and recommendations remain on the right track, the NCIME attends various conferences, congresses

and other knowledge translation events, where we share our work and learn about current medical education endeavours.

Our Phase 1 work has been widely well-received at both national and international conferences and congresses, most recently at the International Congress on Academic Medicine (ICAM) 2024 in Vancouver, where multiple presentations on our work were given by our Research Assistants, Executive Director and Chairs of our NCIME working groups.

Connecting with both national and international medical education communities is vital to ensuring we are meeting the needs of our stakeholders, and we look forward to learning what is at the forefront of academic medicine.



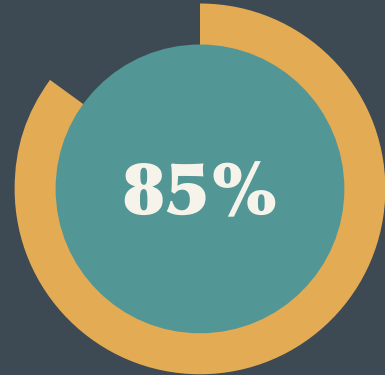
of our stakeholders are satisfied or very satisfied with our work.



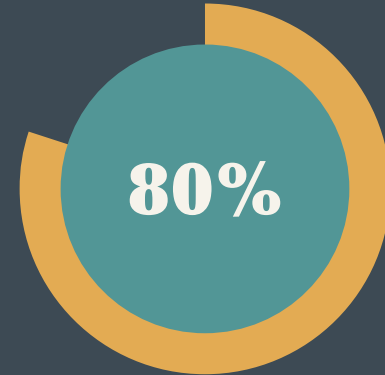
of our stakeholders support the NCIME's mandate for Phase II of the project.



of our stakeholders find our work relevant or very relevant.



of our stakeholders will benefit from implementation guidance from the NCIME in Phase II.



of our stakeholders will enter into data agreements with the NCIME in Phase II.

## Developing Leaders

**In August 2023, the National Consortium for Indigenous Medical Education (NCIME) hosted the second annual Developing Leaders Symposium. Our symposium was created directly in response to a need identified to support Indigenous learners in medicine design and implement innovative project ideas to advance Indigenous medical education and leadership in health care.**

Annually, six current Indigenous medical students and residents are selected to present their projects that align with one of the NCIME's priority action areas. Each of these presentations interweaves Indigenous traditions and knowledge into their work, and a winner is selected and awarded \$10,000 to implement their project.

The inaugural winner of the Developing Leaders award was Candice Martin, an Oji-Cree single mom, now in their third year of medicine at Queen's University, for their project titled "Two-eyed approach to Medicine". They come from Hornepayne First Nation now known as Nagagamisis First Nation and enfranchised in Fort Albany First Nation. From humble beginnings, and a family of trappers in Northern Ontario, their journey includes a stopover in the Canadian Special Forces serving as a Medical Technician and Paramedic across Canada. Candice has witnessed and experienced inequities within the medical field over that time and wanted to see a change. Their mother Margie Goulet, a Registered Nurse, brought their attention to the status of Indigenous medical care across Turtle Island with special attention to on-reserve care. With a yearning to spend more time on the land and with their child, Candice decided to change career paths towards entering medical school.

Returning to university full-time after 15 years was not easy and they needed to spend their savings on purchasing a triplex and became a small business owner to support themselves and their child while attending university.

The "Two-eyed approach to Medicine Project" aims to provide hybrid (in-person and virtual events) at various medical schools across the country that are led by Indigenous medical students in collaboration with local Indigenous communities. Events have occurred at Dalhousie University, Western University, and UBC, each attracting around 40 people. There is an upcoming event at McGill in May 2024.

The second winner was Tannis Blacksmith, who is from Opaskwayak Cree Nation. She is a mother of three with a passion for both education and health. In her experience within the education system, she has seen too many brilliant northern students who have the dream of attending medical school but lack the support and knowledge to pursue it. It is her goal is to be part of the process of increasing Indigenous physicians entering medical school in Manitoba. She firmly believes that to make change within the health system we need to increase the presence of Indigenous peoples. She plans to do so by completing her medical training and then being part of implementing change so that health education and its delivery becomes more holistic and in line with Indigenous ways of knowing and being.

Tannis' project "Northern Admissions Equity". Tannis's project aims to support Indigenous learners in the north who are interested in medicine with support and resources to be able to do so.





## Elders and Knowledge Keepers Gathering in Iqaluit

**Guided by Leslie Spillett, Giizhigooweyaabikwe (Painted Sky Woman), NCIME's Elders and Knowledge Keepers Circle hosted an in-person gathering in Iqaluit, Nunavut, from September 13 to 15, 2023 bringing together NCIME's Elders, Knowledge Keepers, Chairs, Co-chairs and staff.**

NCIME wants to ensure that our impact reaches all First Nations, Inuit, and Métis peoples across the country, which is why we chose "the Place of Fish", the remote, fly-in-only, capital city of Iqaluit, Nunavut, "our land" in Inuktitut for the gathering.

The Circle focused on the Elders and Knowledge Keepers' role in Phase II of the NCIME. Barbara Dumont-Hill, Levinia Brown, Leslie

Spillett, and a local friend of the NCIME, Annie Petalussie shared their experiences and thoughts on how we can move forward in a good way and ensure that our work remains grounded in Indigenous knowledge, traditions and ways of being.

Annie extended an invitation to visit her home to continue sharing with us. Her father was a famous Inuk photographer, Peter Pitseolak. Annie is an incredible seamstress, making seal skin warm coats, hats, boots, and mitts. She shared her father's photographs with us and showed us her beautiful work, which included delicate embroidery work that can take up to a few months to finish. Annie's work reminds us to remain patient and to persevere throughout our own work and in the end, we will have beautiful results.

The group participated in a tour of the legislature, where elected officials operate in a consensus model of government that only exists in Nunavut and the Northwest Territories. One of the Elders and Knowledge Keepers, Levinia Brown, was one of Nunavut's first MLAs. The building was full of gorgeous artwork and gifts from each province and territory from when Nunavut became the third territory in 1999. The tour reinforced the way we work together as a group and that all voices, big and small, matter within our NCIME work. The visit was a great reminder that our collective and partnership-based work has made positive impacts on medical education and will continue to flourish long after we gathered in Iqaluit.

We also explored the nearby waters that remain traditional Inuit fishing and hunting grounds. We were fortunate to see a nearby camp that remained inhabited until 60 years ago, and some of us gathered and ate cranberries. We are so thankful to Ted and Ken, our guides on this trip, who shared stories of their experiences and lives in Nunavut. Through these casual conversations, we were told briefly of the reality of Nunavut's education and healthcare systems. Both are impacted by many factors we do not have to think of in the south, such as emergency travel by plane to the nearest hospital or arranging to attend high school in a different community if your home community does not have one. We will ensure that the experiences and knowledge shared with us inform and guide our work as we shape a better future for Indigenous medical learners and physicians.

Nakurmiik (thank you) to everyone who attended and the lovely folks in Iqaluit who hosted us; we hope to travel north again and continue our coast-to-coast-to-coast work within medical education.

"I want to take time to acknowledge, with endless gratitude, our trip to Iqaluit. I just cannot do justice with words to describe adequately the beauty of the land, the sky, the water, the winds and the people. ....

Laughter and tears and lots of exercise walking. The opportunity to learn, share and grow together, Strengthening kinship ties." Reflection from Leslie Spillett, Lead for the Elders and Knowledge Keepers Circle.





## Indigenous Faculty Development Forum

**On July 11, 2022, the NCIME partnered with the Indigenous Physicians Association of Canada (IPAC) to deliver the Indigenous Faculty Development Forum (IFDF) as part of the Pacific Region Indigenous Doctors Congress (PRIDoC) 2022. This international event took place on Simon Fraser University campus on the unceded, traditional territories of the Musqueam, Squamish and Tsleil-Waututh Nations, (Vancouver), BC. Participants attended from Canada, mainland USA, Alaska, Hawaii, Aotearoa (New Zealand), Australia, and Taiwan.**

The IFDF was created to connect Indigenous physicians and medical learners who are interested in a career in academic medicine with current Indigenous medical educators. During this forum, future Indigenous faculty members gained support, found community, and developed skills which will help them successfully navigate their career in academic medicine.

The forum achieved connections among Indigenous medical educators around critical works in Indigenous health and medical education, discussions on the NCIME as an innovative multi-

stakeholder approach for priorities in medical education and exploring international best practices in the priority areas of admissions and transitions, anti-racism, assessment, curriculum, faculty recruitment and retention and Indigenous physician wellness and joy in work.

Tannis' project "Northern Admissions Equity". Tannis's project aims to support Indigenous learners in the north who are interested in medicine with support and resources to be able to do so.

## The Future: Phase II of the National Circle for Indigenous Medical Education, 2024 – 2027

NCIME Phase II advances Indigenous health through medical education reform and combating anti-Indigenous racism in healthcare. Leveraging Phase I success, it will disseminate culturally safe educational materials, forge data sharing agreements with medical schools under an Indigenous data governance framework with annual data reporting and create a Scholars Portal to enhance collaboration among Indigenous health scholars. The project will also deliver programs for Indigenous faculty leadership and human resource planning, and deliver anti-racism training for medical educators, trainees, and staff. Through these activities, and active stakeholder engagement, NCIME aims to dismantle systemic healthcare barriers, promote capacity building with Indigenous health professionals, and establish an inclusive, anti-racist, and people-centered health care system. These efforts will ultimately lead to better health outcomes for Indigenous communities across Canada.



**As a newly forming (August 1, 2024) not-for-profit the NCIME demonstrates its self-determination within its unique governance model, framed within Indigenous ways of knowing, doing and being while respecting The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) as the foundation that forms our core principles.**

Our Governance model consists of collaborative councils working jointly towards achieving our mandate while centring Learners (Indigenous and non-Indigenous), Indigenous communities and Indigenous patients and families.

### **Integrity**

The NCIME will operate with the integrity of our ancestors in all aspects of our work and relationships, and with the best interest and support for Indigenous medical students and residents

### **Accountability:**

NCIME will be transparent and communicative in all our work, relationships, and reporting. NCIME acknowledges the responsibility we carry towards education for culturally safe health care delivery for First Nations, Métis, and Inuit Peoples.

### **Leadership**

Leadership within The NCIME is understood as the acknowledgement and support of the Indigenous leaders in medical education that form the Academic Advisory Council and respects the guidance provided by the Elders and Knowledge Keepers Council, and the fiduciary responsibility of the Board of Directors.

### **Consensus-based:**

Guided by the organization's leadership, The NCIME seeks to ensure decisions are inclusive, participatory, cooperative, solution-oriented, and respectful of traditional values and knowledges.

### **Collaboration:**

The NCIME, through its purposeful design, recognizes and respects the importance of collaboration among and between Indigenous and non-Indigenous leadership and organizations in medical education. These collaborations are unique and pivotal in fulfilling our mandate. The collaboration includes both partners and external stakeholders.

## **Board of Directors**

**NCIME's Board of Directors is the governing body responsible for overseeing the organization's general strategic direction, financial management, and overall governance. The Board of Directors works closely with the Academic Advisory Council and the Elders and Knowledge Keepers Council to ensure alignment between NCIME's Indigenous governing principles and relevant legal and regulatory requirements.**

### **Partnership Council**

The NCIME's Partnership Council consists of senior leaders of partner organizations who are committed to being active participants in advancing the vision and mandate of the NCIME on behalf of their respective organization.

### **Elders and Knowledge Keepers Council**

The Elders and Knowledge Keepers Council offer guidance on moral and ethical matters and participate in community decision-making processes. They are central to upholding the cultural vitality and resilience and leading the organization with the Academic Advisory Council and Board of Directors.

### **Academic Advisory Council**

NCIME's Academic Advisory Council (AAC) are Indigenous leaders who provide knowledge, direction, and guidance to the NCIME and its stakeholders. Composed of representatives from NCIME partner organizations and other leaders in Indigenous medicine, the AAC leads the organization and collaborates with the Elders and Knowledge Keepers Council, Board of Directors, and other stakeholders to advance the organization's mandate

It is through these mutually respectful and reconciliatory approach that NCIME will continue to:

- Strengthen its relationship with the Collège des Médecins du Québec as supported by its leadership. Dialogue with the national Indigenous organizations to align and support mutual health priorities. Normalize the inclusion of Indigenous knowledge and traditional medicine within medical education as guided by our Elders and Knowledge Keepers.
- Align through collaboration with the Health Workforce Canada and the Indigenous Physicians Association of Canada, and,

Establish the first Indigenous database of physician and learner data that is stewarded by an Indigenous governed organization under the auspices of the NCIME Indigenous Data Sovereignty Statement and Agreements.

