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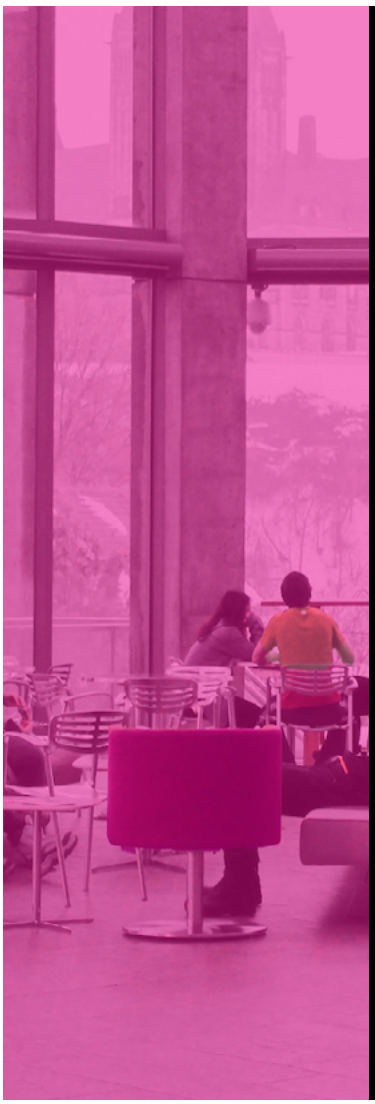
Answering the Call

Strategies to Increase the Number of Indigenous Physicians in Canada

Photo: Pacific Regional Indigenous Doctors Congress (PRIDoC)

Impact paper | June 23, 2025



Future Skills Centre | Centre des Compétences futures

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The Future Skills Centre was founded by a consortium whose members are Toronto Metropolitan University, Blueprint, and The Conference Board of Canada.

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In partnership with: Toronto Metropolitan University, The Conference Board of Canada, Blueprint

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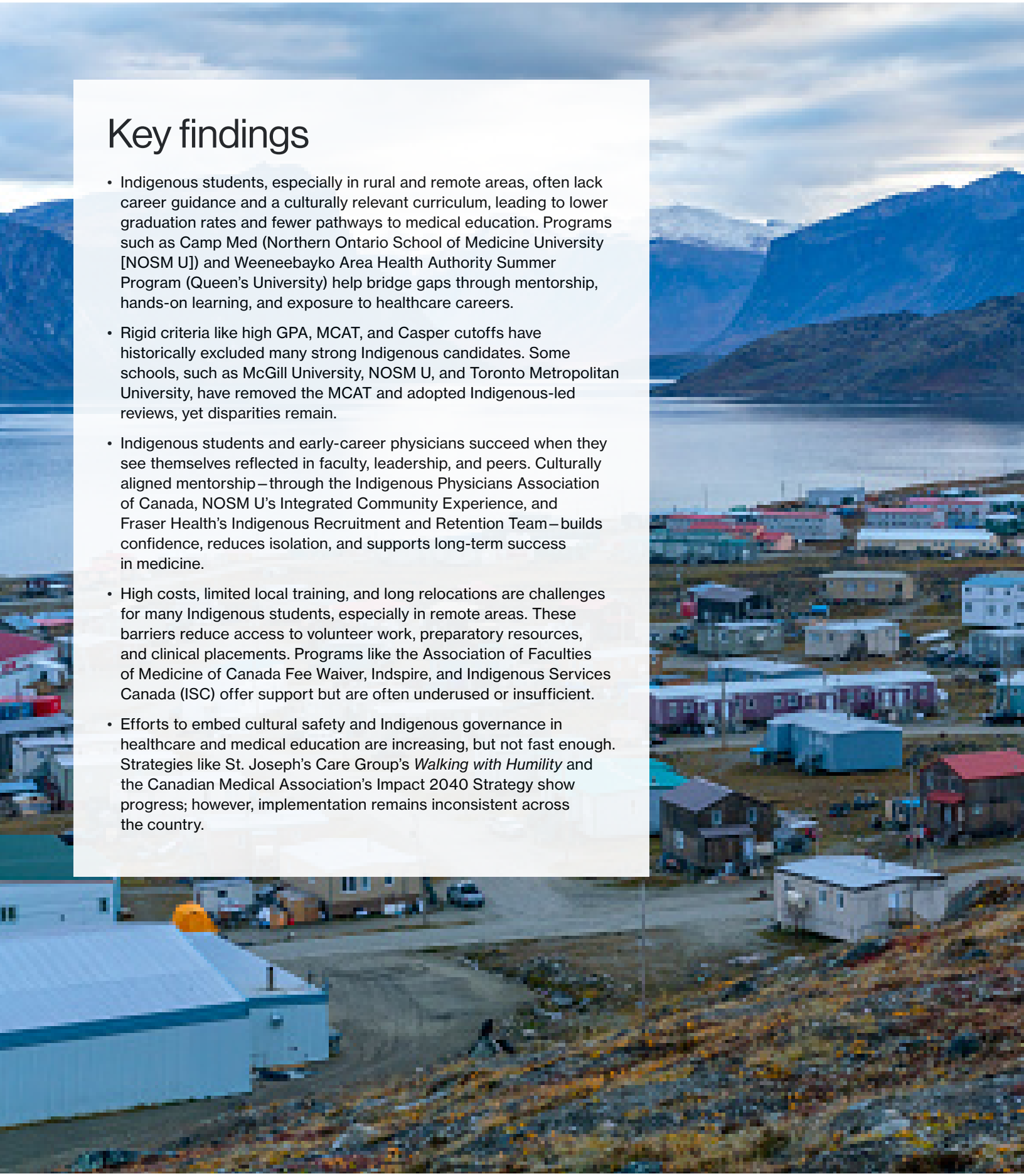


Key findings

- Indigenous students, especially in rural and remote areas, often lack career guidance and a culturally relevant curriculum, leading to lower graduation rates and fewer pathways to medical education. Programs such as Camp Med (Northern Ontario School of Medicine University [NOSM U]) and Weeneebayko Area Health Authority Summer Program (Queen's University) help bridge gaps through mentorship, hands-on learning, and exposure to healthcare careers.
- Rigid criteria like high GPA, MCAT, and Casper cutoffs have historically excluded many strong Indigenous candidates. Some schools, such as McGill University, NOSM U, and Toronto Metropolitan University, have removed the MCAT and adopted Indigenous-led reviews, yet disparities remain.
- Indigenous students and early-career physicians succeed when they see themselves reflected in faculty, leadership, and peers. Culturally aligned mentorship—through the Indigenous Physicians Association of Canada, NOSM U's Integrated Community Experience, and Fraser Health's Indigenous Recruitment and Retention Team—builds confidence, reduces isolation, and supports long-term success in medicine.
- High costs, limited local training, and long relocations are challenges for many Indigenous students, especially in remote areas. These barriers reduce access to volunteer work, preparatory resources, and clinical placements. Programs like the Association of Faculties of Medicine of Canada Fee Waiver, Indspire, and Indigenous Services Canada (ISC) offer support but are often underused or insufficient.
- Efforts to embed cultural safety and Indigenous governance in healthcare and medical education are increasing, but not fast enough. Strategies like St. Joseph's Care Group's *Walking with Humility* and the Canadian Medical Association's Impact 2040 Strategy show progress; however, implementation remains inconsistent across the country.

Indigenous physicians are essential to health equity

While colonialism and systemic racism have contributed to longstanding health inequities for Indigenous peoples in Canada, Indigenous communities continue to demonstrate resilience, strength, and leadership in the face of these challenges.[1] Health disparities—such as higher rates of chronic illness, lower life expectancy, and limited access to healthcare, particularly in remote and northern regions—highlight areas where change and innovation are urgently needed.[2]

The enduring impacts of policies such as the *Indian Act* and residential schools have caused intergenerational trauma and ongoing mistrust in healthcare systems.[3] This mistrust can lead Indigenous individuals to delay seeking care, further worsening health outcomes.

However, Indigenous physicians are uniquely positioned to change this path by delivering culturally safe care, building trust, and improving engagement and outcomes through shared cultural understanding.[4]

In 2015, the Truth and Reconciliation Commission's final report included Call to Action 23(i), urging all levels of government to increase the number of Indigenous healthcare professionals.[5] As of the last data available (2021), Indigenous people remained underrepresented in all primary care occupations nationally, except for paramedical roles.

In many of these occupations, Indigenous representation would need to more than double to achieve representativeness as a portion of the population.

1 Allan and Smylie, *First Peoples, Second Class Treatment*.

2 Statistics Canada, "Life expectancy of First Nations, Métis and Inuit household populations in Canada"; Allan and Smylie, *First Peoples, Second Class Treatment*; Inuit Tapiriit Kanatami, "Comprehensive Report On The Social Determinants Of Inuit Health."

3 NCCIH, *An Overview of First Nations, Inuit, and Métis Health In Canada*.

4 Royal College of Physicians and Surgeons of Canada, "Indigenous Health Values and Principles Statement."; Barbo and Alam, "Evidence synthesis – Indigenous people's experiences of primary health care in Canada."

5 Truth and Reconciliation Commission of Canada, *Honouring the Truth, Reconciling for the Future*.

Although Indigenous people comprise nearly 5 per cent of Canada's population, they represent less than 1 per cent of physicians.[6] While representation has improved modestly since 2016—particularly among general practitioners and nurses—systemic barriers continue to hinder equitable access to healthcare careers.[7] We find that the gap is widest in professions requiring higher education, and even greater in rural and northern regions where access to healthcare is already limited.

Addressing these gaps is needed. Indigenous physicians are not only care providers; they are essential to leading systemic change by integrating Indigenous knowledge into Western medicine.[8] We explore the ways in which systemic changes in education and the healthcare system can accelerate the number of Indigenous healthcare professionals in Canada.

The project

The Future Skills for Indigenous Healthcare project includes multiple components that examine Indigenous people's participation in health professions in Canada. The first component featured a quantitative analysis of Indigenous representation in primary care occupations in Canada. To learn more about our findings from that analysis, please visit *Indigenous Professionals Needed: Increasing Indigenous Representation in Healthcare in Canada*.

In this impact paper, we offer an in-depth look at increasing the representation of Indigenous physicians. We take a distinctions-based approach, recognizing the unique histories, cultures, and governance structures of First Nations, Inuit, and Métis peoples. While "Indigenous" is used throughout, we identify and address the distinct experiences, needs, and priorities of each group where relevant. We conducted 26 interviews with Indigenous medical students (10), residents (three), physicians (six), and subject matter experts (seven). We asked them about their experiences and the barriers they encountered to training in their healthcare professions. We also conducted case studies (six) and gathered insights from existing programs that promote healthcare career paths and support the training of Indigenous physicians.

See Appendix A for more details on the methodology and a demographic breakdown of the research participants.

Reimagining access to medical school

Getting accepted into medical school in Canada remains competitive and challenging for all applicants, but especially for Indigenous applicants.[9] Indigenous people face multiple and compounding barriers that limit their access to medical education long before they even apply.[10] These challenges are not due to a lack of ability or ambition, but rather to structural gaps in education, guidance, and representation. Accelerating the rate of Indigenous healthcare professionals can be achieved by acting on the opportunities to strengthen pathways into medicine by rethinking how systems support Indigenous learners at every stage.

6 Brisebois and Cardinal, "Ensuring incoming cohorts of medical students better represent the diversity of Indigenous communities in Canada"; Labine, "Indigenous medical students."

7 Conference Board of Canada, The, "Indigenous Professionals Needed: Increasing Indigenous Representation in Healthcare in Canada."

8 Richardson and Syring, "Representation and reconciliation—Indigenous leadership for health in Canada"; Hughes, "Why Canada's health-care system needs more Indigenous professionals."

9 Kliska, MacLean, and Farrugia, "Scoping review of current challenges and circumstances impacting Indigenous applications to Canadian medical schools."

10 Brisebois and Cardinal, "Ensuring incoming cohorts of medical students better represent the diversity of Indigenous communities in Canada."

Creating stronger foundations: Early academic preparation and guidance

Indigenous students bring curiosity, ambition, and a strong sense of community to their educational journeys; however, many Indigenous students do not have the same academic opportunities or guidance as their non-Indigenous peers through elementary and high school[11]—especially in northern and remote schools.[12] Inuit participants noted distinct challenges in their educational pathways, including language barriers and limited high school access. Some Métis participants emphasized the importance of identity affirmation and learning about programs that specifically support Métis learners, while First Nations participants often described gaps in local mentorship and representation.

Gaps in science-focused programming, extracurriculars, and career exploration limit early exposure to the healthcare professions. Participants highlighted that their schools did not hold science fairs or offer advanced courses in the sciences that steer students into healthcare pathways.

In their own words

"When I look back on the high school I went to, the junior high, the elementary school, it's not that they were bad schools per se, but for people who are very high performing, very ambitious, there was nothing. None of those schools ever had science fairs. They never had International Baccalaureate course offerings. They had very little in terms of advanced course offerings. And I think that's to a great detriment to a large number of students." **Participant**

"Applying to medical school feels like a black box. You don't know what you should be doing or how you should be applying and what things makes sense." **Physician**

Nine Indigenous healthcare professionals told us they struggled with starting their medical school application. One participant said they did not know what steps to take, what criteria mattered most, or how to navigate the system without guidance. To overcome these barriers, interviewees called for standardized, easy-to-navigate application roadmaps for Indigenous high school students—including timelines, prerequisites, and a list of relevant volunteer ideas and opportunities.

Participants highlighted the need for more culturally safe and informed guidance in elementary and high school that reflects their potential, not assumptions based on negative stereotypes of Indigenous peoples. Strengthening culturally safe academic and career advising, especially in high school, can help counter harmful messaging and build student confidence.[13]

11 Toulouse, "What Matters in Indigenous Education."
12 Cooper and Arruda, "Indigenous STEM Access Programs: Leading Post-Secondary Inclusion."
13 Toulouse, "What Matters in Indigenous Education."

In their own words

"I've had people, some teachers, even my guidance counsellor told me, you're not going to make it to post-secondary, you should drop down your university level courses and do other things. So, they weren't really encouraging, but I kept pushing forward because I knew that I wanted—it's what I wanted. But the unfortunate reality is that some of my peers never finished because of that discrimination that they faced. So yeah, I would say my high school experience was kind of a barrier." **Participant**

"We had a general career planning course that everyone has to take [in high school]. So, that kind of helped narrow down careers a little bit. I definitely gained confidence from the online surveys to determine what field might be good for me. I think it would be helpful, though, for a one-on-one session in high school with someone, at least one conversation that's focused on career development or career prospects or just kind of discussing your strengths and interests, where others like you have done well or excelled, that kind of thing. Just knowing all the options and opportunities and incentives and initiatives for Indigenous people while you're in high school would be helpful. I think that was very vague for me." **Participant**

Low Indigenous high school graduation rates further reduce the number of Indigenous students who can pursue post-secondary studies in medicine.[14] The high school completion rate for Indigenous youth aged 20 to 24 is lower than that of their non-Indigenous peers, with 76 per cent graduating compared with 93 per cent of non-Indigenous youth.[15]

A subject matter expert emphasized the need for recruitment and admissions strategies that directly address the diverse educational barriers Inuit students face—including low high school completion rates, limited educational quality in Inuit Nunangat, and experiences of discrimination in southern schools—that collectively limit their access to opportunities such as medical school.

In their own words

"It's hard to get to medical school without finishing high school … the [elementary and high school] education in Inuit Nunangat (their homeland) often doesn't compare to that in southern Canada. In southern Canada, Inuit students may be going to schools where the quality of education is more reliable, but in fact, they may face discrimination and racism … it's not unheard of."

Richard Budgell, Assistant Professor, Department of Family Medicine, McGill University

Rather than viewing inadequate academic preparation and guidance as an individual gap, these inadequacies highlight an opportunity for education systems to reimagine how they can nurture an early interest in medicine. Coordinated investments in culturally relevant health curriculum, enrichment activities, and Indigenous-led pathway programs can help build readiness from elementary school onward.

One example is Camp Med, a five-day summer program run by the Northern Ontario School of Medicine University (NOSM U) for over 20 years. It offers Grade 10 and 11 students from across northern Ontario, including Indigenous students, hands-on experiences in medicine and health sciences. Through mentorship and experiential learning, this program aims to inspire future healthcare professionals, particularly those from underserved communities. Some of the interview participants mentioned that they had been volunteers at Camp Med, providing mentorship to Indigenous high school students who were considering a career in medicine. Furthermore, NOSM U provides funding opportunities for Camp Med applicants who may not be able to afford the camp fee. More programs like this across Canada can help more Indigenous students learn about a career in healthcare.

14 Brisebois and Cardinal, "Ensuring incoming cohorts of medical students better represent the diversity of Indigenous communities in Canada."

15 Keon and others, "Niwiiwaabamaa."

Building belonging through mentorship and Indigenous representation

Participants emphasized that First Nations, Inuit, and Métis learners benefit from seeing themselves represented in culturally relevant ways. For Inuit participants, this includes mentorship in Inuktitut and support from Elders rooted in Inuit knowledge. First Nations participants highlighted the value of mentorship grounded in their Nation's specific teachings and community realities, including guidance from those who have navigated both reserve and urban systems. Métis participants emphasized a lack of mentors who openly identify as Métis and can speak to their distinct experiences within post-secondary and medical education.

Early Indigenous mentorship fosters belonging and inspires careers in medicine, yet many students begin their journey into healthcare without it.[16] Fifteen participants reported lacking Indigenous mentors, role models, or healthcare professionals early in their journey. Those who had them described this support as the most influential factor in choosing medicine. Students are more likely to thrive when they see themselves reflected in healthcare and education.[17] Thirteen participants highlighted this gap in representation and mentorship. Of these, 10 were from northern communities and five had attended rural high schools, with some participants falling into both categories. There is a clear opportunity to embed Indigenous mentorship and representation across the entire education to career pathway.

In partnership with the Weeneebayko Area Health Authority (WAHA) and with support from the Mastercard Foundation, Queen's University is developing the Weeneebayko Health Education Campus in Moosonee, Ontario. This campus will offer culturally informed training in medicine, nursing, midwifery, and other health professions, designed to support Indigenous students from the Western James Bay region. A key focus of the initiative is early exposure through the Health Careers Pathways Program, which provides high school students with early career counselling, mentorship, prerequisite support, and immersive experiences like the WAHA Summer Program.[18]

Expanding Indigenous-led mentorship programs and peer networks, especially within communities, can make healthcare careers feel more accessible and relatable.

When these supports are built into the system, they help reduce feelings of isolation and impostor syndrome, which 14 participants reported facing in their early years of medical school. Medical schools and organizations that support Indigenous medical students are increasingly recognizing the vital role that Indigenous healthcare practitioners play as inspiring mentors and role models for Indigenous youth.

In their own words

"You can't be what you can't see."

Sam Senecal, Director, Indigenous Affairs, Northern Ontario School of Medicine University

"I knew I wanted to work with people and patients. I just wasn't sure exactly how, and it honestly never crossed my mind to go into medicine because a lot of people tell you, you just don't see it a lot. So, I just never envisioned myself in that way." **Participant**

"But what I realized in meeting all these friends [in medical school] I had and still have is that they, going into university, knew a lot of this stuff about med school and being a doctor because they had a whole network around them that is aware of all these things in medical school, whereas I didn't." **Physician**

"One thing that is a detriment or a barrier to Indigenous students is that they don't have family members who've been in medicine. They don't have someone guiding them. They don't have mentors to say, "This is what you need." Whereas a lot of my classmates have doctors as parents, and obviously that gives you just this wealth of knowledge that a lot of our community members don't have. And so, I think mentorship is now one of actually the biggest things that we can do in terms of [program] access." **Participant**

16 Caron, "Reflections of one Indian doctor in a town up north."

17 Toulouse, "What Matters in Indigenous Education."

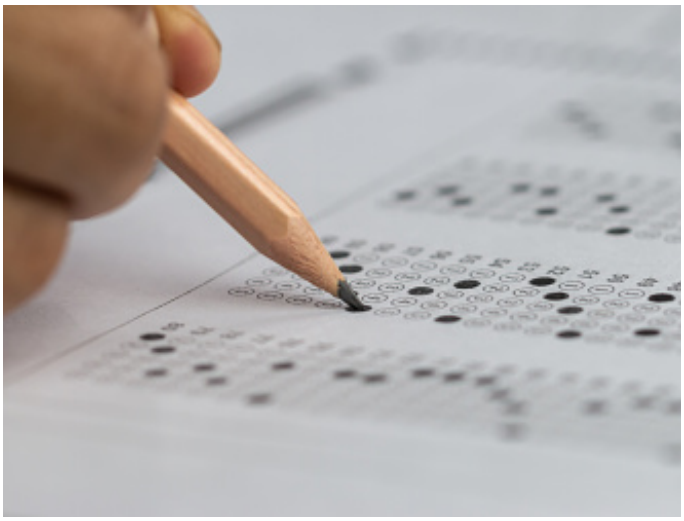
18 Queen's University, Health Sciences, "Weeneebayko Health Education Campus."

Nunavut Tunngavik Incorporated (NTI), in partnership with the Government of Nunavut and the University of Ottawa, launched a program in 2022 to train Inuit physicians, with the first cohort beginning in 2023. Designed to build a healthcare workforce that reflects Nunavut's predominantly Inuit population, the program places a strong emphasis on culturally relevant mentorship. A key feature is supporting Inuit students in their own language, Inuktitut, to foster a deeper sense of belonging and connection. There is a growing recognition that distinctions-based admissions policies—such as Inuit-specific pathways supported by NTI, and First Nations or Métis-specific review panels—are essential to addressing unique regional, linguistic, and cultural barriers.

In their own words

"Having the option to speak with someone about what they want to pursue in their mother tongue, Inuktitut, is significant."

Art Sateana, Inuit Employment Advisor, Nunavut Tunngavik Incorporated



Making admissions more transparent, inclusive, and culturally safe

Medical school admissions processes that rely heavily on standardized metrics such as the MCAT score, Grade Point Average (GPA), and prerequisites,[19] or that prioritize self-promotion[20] can unintentionally disadvantage Indigenous applicants. While many medical schools have introduced more inclusive reviews and Indigenous-specific admissions streams, their design and implementation vary, leading to inconsistent experiences and outcomes for applicants.[21]

Participants emphasized the need for more consistent and transparent admissions criteria across medical schools. Different requirements at each medical school can make it hard for Indigenous students to apply. Some students said they had to go back to school or get another degree to qualify.

In their own words

"I didn't have the prerequisites for most medical schools. However, [name of school] didn't require the MCAT or courses like organic chemistry, so I was able to apply—and fortunately got in."
Physician

"I had to go back to school and do another undergrad to get a BA in psych, and so circumventing the GPA requirement was definitely the hardest part."
Medical resident

"So, for the MCAT, you have to have a background in biology and chemistry and X, Y, and Z, and for me in high school, I did not take those courses. So, I actually had to go to an adult education centre, upgrade all of my sciences so I was able to take them in university. So, I feel like that was one barrier." **Participant**

19 Kliska, MacLean, and Farrugia, "Scoping review of current challenges and circumstances impacting Indigenous applications to Canadian medical schools."

20 Brisebois and Cardinal, "Ensuring incoming cohorts of medical students better represent the diversity of Indigenous communities in Canada."

21 Kliska, MacLean, and Farrugia, "Scoping review of current challenges and circumstances impacting Indigenous applications to Canadian medical schools."

These individual experiences point to broader structural issues related to the number of spots available to Indigenous students in medical school. Although several medical schools across Canada reserve seats for Indigenous students, these are often framed as maximums rather than minimums, and they fall short of reflecting Indigenous populations proportionally.[22] In Quebec, for instance, only six seats are reserved across four medical schools, while 22 would be needed to achieve demographic parity. However, Quebec takes a unique provincewide approach through the Quebec First Nations and Inuit Faculties of Medicine Program—a partnership between the medical schools and the provincial government that supports the admission of First Nations and Inuit students with Quebec residency. This coordinated model expands opportunities, standardizes support, and reinforces a collective commitment to increasing Indigenous representation in medicine.[23] NOSM University and the University of Saskatchewan stand out by setting their Indigenous admissions quota as a minimum, directly aligning it with the demographics of the region it serves.

This reveals an important opportunity to move beyond minimal inclusion and toward meaningful change in admissions numbers. Processes that reduce reliance on standardized metrics, elevate lived and community-based experiences, and set proportional representation targets that reflect Canada's Indigenous population could play a role in opening the doors to many more Indigenous students.[24]

Some medical schools are already leading this change. NOSM University, the University of Ottawa, McGill University, Université Laval, Université de Montréal, Université de Sherbrooke, Toronto Metropolitan University have removed the MCAT requirement, and others are exploring adjusted scoring systems, Indigenous-led interviews, and contextual file reviews.[25] Queen's University has revamped its MD program admissions process for the 2025 cohort to broaden the applicant pool because too many qualified applicants were not being selected for interviews because of high GPA, MCAT, and Casper cutoffs to manage the large number of applicants, which can unintentionally exclude strong candidates and disadvantage certain groups. In the new system, all applicants who meet the minimum required scores will be entered into a random lottery, and those selected will move on to the interview stage, giving more qualified candidates a fair chance to be considered.[26]

Expanding inclusive admissions practices at medical schools across Canada can create broader, more equitable pathways for Indigenous students. Melanie Osmack, Executive Director of the Indigenous Physicians Association of Canada, is hopeful as she sees medical schools and governments prioritizing the TRC Call to Action 23(i) and collaborating closely with Indigenous organizations. She believes that the ongoing development of medical school curricula and the creation of new medical schools across Canada—such as the School of Medicine at Simon Fraser University, the Faculty of Medicine at the University of Prince Edward Island, the School of Medicine at Toronto Metropolitan University, and the School of Medicine at York University—can lead to more inclusive admissions policies and practices for Indigenous applicants.[27]

22 AFMC, "2024 Medical School Application Fee Waiver Program."

23 Kliska, MacLean, and Farrugia, "Scoping review of current challenges and circumstances impacting Indigenous applications to Canadian medical schools."

24 Kliska, MacLean, and Farrugia; Nguyen and others, "Barriers and Mitigating Strategies to Healthcare Access in Indigenous Communities of Canada."

25 AFMC, "2024 Medical School Application Fee Waiver Program."

26 Queen's University, Health Sciences, "New admissions process improves equitable access to the Queen's MD Program."

27 Melanie Osmack, virtual interview, conducted February 24, 2025.

Addressing financial and geographic inequities through structural supports

Indigenous students continue to experience financial and geographic challenges that prevent them from considering and accessing medical school.[28] Moreover, students from rural, northern, and remote communities often face additional challenges, including high travel and relocation costs, limited volunteer opportunities, and the emotional weight of leaving their home communities. These challenges are reflected in a 10-year study (2006–15) from NOSM U, which found that Indigenous applicants from rural backgrounds were 50 per cent less likely to be offered an interview and 30 per cent less likely to gain admission compared with their urban peers.[29]

These challenges reflect not just personal circumstances, but broader structural barriers. Participants called for centralized, easy-to-find information about financial supports, and targeted funding to cover costs like MCAT preparation, travel, and accommodation.

Equally important is ensuring that students can explore healthcare careers close to home, through local volunteering, co-ops, or job shadowing opportunities.[30] Participants noted that a shared database of Indigenous-focused volunteer work experiences and programs could reduce barriers and improve access to meaningful opportunities.

In their own words

"The MCAT is great if you have a ton of money and a ton of privilege and you can spend a lot of your summers studying, and you know all the tricks and stuff. But, for a lot of Indigenous people, I would argue that you don't have the flexibility, or you don't have the privilege of not having a job and having just, you know, eight hours a day to study for months and months on end. So, one of my struggles was I didn't have the funds to pay for this expensive course." **Participant**

"I think the [medical school] application was around $300. Because I only applied to one [school], the cost was manageable. I can understand that if students are applying to multiple universities, it would be significant expense. Unfortunately, I didn't have any support for these fees. I applied to the school that was closest to where I lived. I simply wasn't willing to move anywhere else, anywhere further from home."

Dr. Chelsie Baizana, Medical resident

Despite several participants reporting financial challenges during the application process, many of them were able to access a variety of funding sources to support both their applications and studies. For example, one participant noted receiving funding from the Government of Canada's Inuit Post-Secondary Education Strategy.[31] Many First Nations Band Councils provide financial help through Indigenous Services Canada's Post-Secondary Student Support Program (PSSSP) to help applicants pay for their applications.[32] Some participants explained that the associated funding for each First Nation is limited, with many communities having sufficient funding for only one or two post-secondary students per year.

28 Statistics Canada, "Life expectancy of First Nations, Métis and Inuit household populations in Canada."

29 Mian and others, "Tracking Indigenous Applicants Through the Admissions Process of a Socially Accountable Medical School."

30 Kliska, MacLean, and Farrugia, "Scoping review of current challenges and circumstances impacting Indigenous applications to Canadian medical schools."

31 Indigenous Services Canada, "Inuit Post-Secondary Education Strategy."

32 Indigenous Services Canada, "Post-Secondary Student Support Program."

The Medical School Application Fee Waiver Program, administered by the Association of Faculties of Medicine of Canada (AFMC), includes provisions to support Indigenous applicants. While the program is open to all Canadian citizens and permanent residents facing financial barriers, it encourages applications from Indigenous students.[33] For instance, the University of Saskatchewan's program gives preferential consideration to applicants who are Métis, Inuit, or First Nations. Similarly, the University of Alberta's program allows Indigenous applicants to self-declare their ancestry on the fee waiver application, although a notarized proof of ancestry is required for the Indigenous applicant stream during the medical school application process. These measures aim to reduce financial barriers and promote greater Indigenous representation in medical education.

In addition, national organizations like Indspire provided several participants with bursaries and scholarships through its Building Brighter Futures program.[34] Many participants noted that these types of support help make medical education more accessible for Indigenous students across Canada.

Photo: Indigenous Physicians Association of Canada (IPAC)

Staying power: Indigenous retention in medical school

Gaining admission to medical school is a major milestone. Many Indigenous learners, as they embark on this journey, draw on deep sources of resilience, community connection, and cultural identity to navigate these environments. Here, we celebrate the strengths that sustain Indigenous medical students while also acknowledging the challenges they navigate by exploring themes of cultural connection, leadership, wellness, financial resilience, and the powerful impact of embedding Indigenous knowledge and voices in medical education.

Cultivating culture, community, and belonging in medical education

Indigenous students bring with them rich cultural identities, deep ties to community, and place-based knowledge that are central to their success in medical school.[35] These strengths offer essential support throughout the demanding journey of medical education. However, when academic environments lack Indigenous faculty, culturally relevant curricula, and safe spaces, many students experience isolation, invisibility, and disconnection.

Richard Budgell, Assistant Professor, Department of Family Medicine, McGill University, also emphasized the importance of recognizing the diversity among Indigenous peoples, rather than treating them as a homogenous group. In this context, McGill stands out in Québec as the only university in 2025 with a medical student from Nunavik—an achievement partly attributed to its English-language programming, which is more accessible for Inuit students. McGill has taken further steps by offering a dedicated course on Inuit health and establishing an Indigenous professions program that supports students across all faculties.

33 AFMC, "2024 Medical School Application Fee Waiver Program."

34 Indspire, "Building Brighter Futures."

35 Wieman and Malhotra, "'Two eyed seeing'—embracing both Indigenous and western perspectives in healthcare"; Loppie and Wien, *Understanding Indigenous Health Inequalities through a Social Determinants Model*.

The university also fosters a sense of community through Indigenous student offices, special graduation ceremonies, and outreach initiatives such as summer internships and partnerships with northern health centres.

Participants shared that what helps most is not a single program or service, but a network of supports that reflect Indigenous ways of knowing and being. Access to Indigenous student services, peer networks, ceremony, Elders, and culturally safe spaces helped foster a sense of belonging, resilience, and personal balance. These supports were not only protective, but also empowering, providing strength, clarity, and grounding in both academic and personal life.

In their own words

"[The university] did a good job of having a cultural room where the Indigenous students could go to study, and they had, every couple months, gatherings that, we would get together, so you were connected that way." **Physician**

"I have a really good relationship with the administrators and staff from the Indigenous Affairs Office. They were always my go-to if I needed something such as study resources, a tutor, or any additional support. They're just really, really great people, and they helped me so much along the way."

Dr. Chelsie Baizana, Medical resident

"Flexibility to understand demands (cultural or other) that may pull students away at times and innovative ways to keep and support connection back to their Nations."

Subject matter expert, Vice President of Indigenous Health

Effective institutional supports include culturally safe clinical placements, access to traditional knowledge keepers, and the integration of Indigenous content into core training. Flexibility and respect for cultural obligations were also mentioned as key to helping students remain grounded while navigating the demands of medical school.

There is an opportunity for medical schools to create structures to reinforce that belonging and cultural identity are not separate from academic success; they are deeply connected. When post-secondary institutions design policies, programs, and learning environments that centre Indigenous knowledge, flexibility, and identity, they move beyond one-time accommodations toward creating lasting structures that support meaningful inclusion and long-term success.

Participants emphasized that, to foster Indigenous student success, cultural practices such as land-based learning, spiritual guidance, and strong community ties can be fully embedded in the academic experience, not treated as optional or supplementary. Institutions that offer flexible learning structures, provide access to knowledge keepers, and integrate Indigenous content into core curriculum show how medical education can honour cultural identity while preparing the next generation of healthcare leaders.

One promising example is the Integrated Community Experience (I.C.E.) at NOSM U, a mandatory placement that immerses all students in northern, rural, and Indigenous communities early in their training. This experience helps build cultural humility, deepens connections with local populations, and reinforces the value of community-informed care as a foundation for effective medical practice.

In their own words

"It [the I.C.E. placement] was very enjoyable. Most of the teachings were cultural. During this placement, our academics were done virtually with NOSM. I had the opportunity to participate in making moccasins. I even had the opportunity to make beaded lanyards. I had exposure to different cultural practices that take place in diverse Indigenous communities like sweat lodges, making bear grease, harvesting cedar for different teas for health. It was a really good experience, and it allowed us to connect with the community."

Dr. Chelsie Baizana, Medical resident

Photo: Pacific Regional Indigenous Doctors Congress (PRIDoC)

Strengthening institutional responses to financial and mental health needs

Financial pressure continues to impact the wellbeing of Indigenous medical students, particularly those balancing academic demands with responsibilities to family and community.[36] We heard that financial insecurity often intersects with mental health challenges such as stress, anxiety, and burnout—creating compounding effects that influence both academic performance and personal wellbeing.[37]

Post-secondary institutions can reshape the environments in which students learn and live by offering coordinated, wraparound supports such as culturally safe mental health services, accessible financial aid, and ongoing mentorship. One participant explained that having a Learner Advisor available during the program helped them navigate the academic and financial pressures of the program and, at the same time, pointed them in the right direction to seek supports as needed.

The Indigenous Physicians Association of Canada (IPAC) provides a strong example of how professional organizations can contribute to this work. IPAC actively advocates for medical schools to fully fund Indigenous students' attendance at annual gatherings[38] of Indigenous medical communities. When post-secondary institutions partner with Indigenous-led organizations like IPAC, they help create educational systems that are more inclusive, responsive, and sustainable for Indigenous learners.

In their own words

"I didn't have financial contribution from my parents.... I worked a lot to pay for school. The funding you get is still not nearly enough to actually pay even your tuition. So, in medical school specifically, I did apply for Indspire, and there were some years where I got more [financial help] than other years. It was stressful." **Participant**

"I got free therapy through my medical school, and that really helped. It allowed me to also build a wellness routine and realize how important it is to seek support and not try to do it all on my own. I feel like the therapist understood me culturally to an extent and that helps. It also allowed me to figure out my anxiety issues and get medication." **Participant**

"We work with the medical schools and encourage them, as part of their reconciliation journey and their commitment to the TRC Calls to Action 23 and 24, to send [medical] students to the annual gathering, that is, pay for their flight, their hotel, and their registration fee, which is very nominal. We fundraise to make it highly subsidized, and the schools have been amazing in doing that."

Melanie Osmack, Executive Director, Indigenous Physicians Association of Canada

36 Labine, "Indigenous medical students."
37 Hughes, "Why Canada's health-care system needs more Indigenous professionals."
38 Indigenous Physicians Association of Canada, "IPAC's Annual Mentorship Gathering."

Embedding anti-racism and institutional accountability in medical education

Indigenous students continue to face racism and systemic bias throughout their medical education, affecting both their wellbeing and academic success.[39] Participants described experiencing a range of harmful behaviours and conditions, including overt discrimination, stereotyping, tokenism, microaggressions, and social exclusion, both in academic settings and during clinical placements.

Systemic bias, one participant noted, can come through in the curriculum content and the way it is delivered to students. For example, content on Indigenous history can be perceived to be harmful because it was mainly based on the violence experienced by Indigenous communities. Post-secondary institutions can broaden their approach to Indigenous education—moving beyond trauma narratives and instead embracing holistic, empowering, and culturally rich perspectives that reflect the full spectrum of Indigenous identity and experience.

In their own words

"Maybe I should feel worse about my life. Maybe I should be oppressed, because if I'm not, then maybe I'm not Indigenous … when you're told in every single academic course that Indigenous people are oppressed and abused. There's very little benefit to talking like this incessantly and always bringing up the terrible, terrible, terrible things about people's lives and then making that the only conversation; it makes people feel like that's all Indigenous people are." **Participant**

"The access to administrators in the Indigenous supports office and the faculty was really easy. I guess there weren't a lot of barriers with accessing them and I really valued that, and I think it shaped my career. They made me feel comfortable approaching them about anything I was experiencing." **Physician**

Supports when facing racism

Despite challenges, some participants spoke about the strength they draw from peer support, Indigenous services, and community advocacy, which help them navigate these spaces and push for progress.

Membership and/or programming at the Indigenous Medical Students Association of Canada (IMSAC) and IPAC is another avenue for supports. Both organizations are national grassroots Indigenous-led organizations. While the National Circle for Indigenous Medical Education (NCIME) has issued comprehensive recommendations aimed at supporting Indigenous medical learners—including the establishment of dedicated professional development funding and coverage of IPAC membership fees—implementation of these recommendations varies across Canadian medical schools.[40] Thirteen of the 17 medical schools have committed to covering IPAC membership fees for Indigenous medical students.

Opportunity for systemic change

Medical schools and healthcare institutions have an opportunity to lead structural change. Creating truly inclusive environments requires more than individual acts of support; it calls for integrated, institution-wide strategies. This includes building transparent reporting systems, embedding anti-racism in curriculum and governance, and ensuring that equity policies are backed by resources, accountability, and leadership commitment.

Cultural safety—a concept that goes beyond basic care to help Indigenous physicians and patients feel physically, emotionally, and spiritually safe—is not determined by the intentions of providers or institutions, but by the experiences of Indigenous patients and learners.[41] It requires physicians and healthcare organizations to move beyond cultural awareness or competence to actively address power imbalances, institutional racism, and the enduring legacy of colonization.[42] It emphasizes ongoing self-reflection, the recognition of privilege, and accountability in both practice and policy.

39 Hughes, "Why Canada's health-care system needs more Indigenous professionals."

40 Nychuk and others, *Wise practices in Indigenous medical learner recruitment, admissions and transitions, including cultural safety assessment criteria and procedures*.

41 Nychuk and others, *Wise practices in Indigenous medical learner recruitment, admissions and transitions, including cultural safety assessment criteria and procedures*.

42 Royal College of Physicians and Surgeons of Canada, "Indigenous Health Values and Principles Statement."

The Royal College of Physicians and Surgeons of Canada (RCPSC) is taking concrete steps to address systemic racism in medical training by investing in culturally safe curricula for postgraduate training across Canada. The RCPSC has developed a new learning module, *Walking Together: Foundations in Indigenous Health*, designed for all specialties. Set to launch in 2025, this module aims to embed Indigenous-informed content into post-graduate medical education and to foster safer, more equitable care across the healthcare system.

Medical curricula must reflect distinctions-based approaches—addressing the specific histories, legal frameworks, and healthcare realities of First Nations, Inuit, and Métis peoples. For example, McGill University's dedicated course on Inuit health offers a model for context-specific education.

Slow steps up a steep hill

Progress in reducing systemic barriers to Indigenous representation in healthcare has been slow.[43]

A subject matter expert described the current state as appalling, attributing it to deeply rooted systemic racism. At the same time, they acknowledged a growing momentum; Indigenous voices are becoming stronger, finding spaces to speak openly about these realities, and working with allies in leadership and decision-making roles to call for meaningful structural change.

We heard that meaningful systemic change is essential to address the crisis in Indigenous healthcare, and this change requires Indigenous leadership and governance within mainstream healthcare organizations.

Sustainable federal funding models that support Indigenous post-secondary students, including those pursuing medical education, were identified as a crucial strategy for increasing Indigenous participation in higher education, accelerating systemic changes, and ultimately improving representation in the medical field.

In their own words

"I still think there's a lot of opportunity to improve access, to improve pathways, and to conceptualize how to train Indigenous and non-Indigenous people differently in a way that helps support health in Indigenous communities. But I would say with respect to opportunities, with respect to people training now in a range of health professions, but as well, health professionals represented in the healthcare workforce, I see more Indigenous people now than probably at any time, but with room for improvement, certainly." **Subject matter expert**

"The strategy [Inuit Post-Secondary Education Strategy] needs more money. The number of Inuit who are accessing post-secondary education will start to stagnate or decline again if there is not sustainable funding at the federal level. Some funding is an ongoing commitment. From a policy point of view, if it's not adequately or long-term funded, progress in increasing Inuit participants in post-secondary education is going to slow and stagnate and stop … and this will impact the number of Inuit medical students who enter medical school and graduate." **Subject matter expert**

Centring Indigenous leadership in governance and curriculum

In its Calls to Action, the Truth and Reconciliation Commission (TRC) emphasized that reconciliation in healthcare requires embedding Indigenous leadership throughout medical education.[44] Our interview participants agreed, stressing the importance of shared leadership and calling on medical schools to include Indigenous leaders in governance, expand community-based placements, and to better support the recruitment, retention, and advancement of Indigenous faculty. They particularly stressed the need for post-secondary institutions to remove barriers in hiring practices for incoming Indigenous faculty.

43 Statistics Canada, "Life expectancy of First Nations, Métis and Inuit household populations in Canada."
44 Truth and Reconciliation Commission of Canada, *Honouring the Truth, Reconciling for the Future*.

When Indigenous voices shape governance and decision-making, medical schools can become stronger, more equitable spaces that support Indigenous students and future healthcare providers. The Canadian Medical Association (CMA) provides a strong example of how national organizations can support Indigenous leadership in medical education. As part of its Impact 2040 strategy,[45] the CMA established the Indigenous Health Goal in partnership with the Indigenous Guiding Circle—an advisory group of Indigenous Elders, knowledge keepers, and health experts that helps shape the CMA's work on reconciliation and Indigenous health. This goal envisions a health system free of racism, grounded in Indigenous self-determination, and inclusive of Indigenous worldviews and healing practices. Through its Reconciliation Framework and partnerships with IPAC and NCIME, the CMA has committed funding for Indigenous mentorship, cultural gatherings, and governance reform. By increasing Indigenous representation on its Board and appointing a Strategic Advisor for Indigenous Health, the CMA is helping to embed Indigenous leadership in medical governance and advance reconciliation.

In their own words

Because the CMA is planning out so far ahead [2040], its strategic plan touches on the next 10 to 15 years.... There is a long-term commitment to it, at least in the medium term ... a longer-term commitment will depend on how we operationalize the strategy. I think that truth before reconciliation is super important. And then I think another big thing that the CMA did was understanding its own history ... unpacking all that information and then having high-level buy-in within the organization, particularly at the Board, super important."

Alika Lafontaine, Physician and CMA Past President, 2022–23

Without Indigenous leadership, Indigenous leaders that are grounded within our culture and language, without committed resources and community engagement, we're not going to see the changes within mainstream that we need—that is necessary. I think those are probably the biggest lessons learned. For us [St. Joseph's Care Group], this is not just a typical strategic plan. It's a spiritual plan. And so, I think that's the secret sauce. I think that's what's really created the momentum for N'doo'owe Binesi is our Elders Council. And so, everything we've done is grounded within our culture and spiritual foundations."

Paul Francis Jr., Vice President N'doo'owe Binesi, St. Joseph's Care Group

Photo: Pacific Regional Indigenous Doctors Congress (PRIDoC)

45 Canadian Medical Association, "CMA Impact 2040."

Supporting early-career Indigenous physicians

Indigenous physicians bring critical knowledge, leadership, and community connection to Canada's healthcare system.[46] Yet many face systemic barriers in the early stages of their careers that impact retention, wellbeing, and long-term success.[47]

Representation and mentorship as a core strategy for job retention

Indigenous representation and mentorship are key to retaining Indigenous physicians and supporting their career development.[48] Mentorship, especially from other Indigenous physicians, helps build confidence, reduce isolation, and offer culturally relevant guidance through complex and often discriminatory healthcare systems. However, access to mentorship remains inconsistent, especially in rural and remote areas. Institutions and health organizations have an opportunity to close this gap by prioritizing Indigenous-led mentorship, which strengthens retention, fosters leadership, and supports culturally safe care.

Participants emphasized that mentorship should address practical topics like financial literacy, work-life balance, cultural connection, and managing unpaid advocacy work. Many of them noted that continuity in mentorship is especially valuable, with many early-career physicians benefiting from long-standing relationships with medical school mentors.

While Indigenous mentors are preferred, their limited numbers can lead to burnout. Non-Indigenous mentors also play an important role when equipped to offer culturally safe support.

Mentorship was often viewed as reciprocal, with early-career physicians mentoring students and peers. As noted by the IPAC interviewee, Indigenous approaches to mentorship may differ from conventional models but are equally effective.

Fraser Health's Indigenous-led Recruitment and Retention team exemplifies this approach—combining mentorship, community partnerships, and workplace culture change to increase Indigenous representation.[49] In 2023, the initiative helped hire over 150 Indigenous employees.

Sustainable, inclusive mentorship is essential to both retaining Indigenous physicians and transforming health systems.

46 Nguyen and others, "Barriers and Mitigating Strategies to Healthcare Access in Indigenous Communities of Canada."
47 Keon and others, "Niwiiwaabamaa."
48 Richardson and Syring, "Representation and reconciliation—Indigenous leadership for health in Canada."
49 Moulton, "Recruiting and Retaining Indigenous Talent in Healthcare."

In their own words

"The best insight that you're going to get is from students, other Indigenous medical students, other residents, other physicians, either still in training or established in practice, because they have gone through it before you, and they can give you real insight. They're the ones who are most likely to be honest, and they will be the ones who will most likely remain your mentors throughout your career. Mentorship support is needed throughout your career." **Participant**

"[For mentorship] I believe we are a family. I want to inculcate that sense of us as being a family. And the most senior members of a family have some wisdom and guidance to give. But it's a reciprocal relationship. The younger physicians, Indigenous (First Nations, Métis, and Inuit) physicians and students that I mentor, I probably mentor about six or eight. I'd have to stop and count on my fingers. But they give me something valuable back. And I think breaking down that hierarchy between students, residents, and physicians is something that is really important to us."

Dr. Nel Wieman, MSc, MD, FRCPC, Chief Medical Officer, First Nations Health Authority

"I had two mentors in medical school, both young family doctors who supported Indigenous students throughout medical school. Their consistent presence, from informal gatherings to ongoing encouragement, created a blend of mentorship and friendship that deeply influenced my experience. It helps that they were willing to stay in touch over the years. They inspired me to get involved in interest groups and stuff like that, and opened doors to job opportunities I wouldn't have had otherwise."

Catherine St-Louis, Resident, Université de Montréal

"Finding an Indigenous mentor can be tough because there are so few, so some of us were fortunate to find mentors who were non-Indigenous but were culturally sensitive to what Indigenous physicians and students experience." **Participant**

Embedding equity into the culture of medical practice

Overt racism from colleagues and patients, microaggressions, and unfair treatment continue to affect many Indigenous doctors, particularly early in their careers.[50] While some workplaces have introduced anti-racism training, participants noted that these efforts are often fragmented and lack long-term commitment. Real change requires more than individual workshops; it must be embedded into the fabric of the healthcare system.

Creating lasting change means establishing clear processes for reporting racism, supporting Indigenous leadership, and integrating cultural safety into daily practice.[51] Participants emphasized that changing policies is not enough; workplace culture must also evolve so that Indigenous physicians feel safe, respected, and supported.

Governments have a powerful role to play in shaping systemic change. In April 2022, Indigenous Services Canada provided over $150,000 to IPAC to help combat anti-Indigenous racism in health systems.[52] This investment supported IPAC's leadership in fostering national dialogues, promoting culturally safe care, and driving institutional reform. By backing these initiatives, the government is helping to confront the systemic racism that Indigenous physicians frequently face, while also improving care for Indigenous patients.

St. Joseph's Care Group (SJCG) provides an example of how mainstream healthcare organizations can take meaningful action. Developed in partnership with Indigenous leaders and communities, *Walking with Humility* is a long-term strategy focused on advancing reconciliation and delivering culturally safe care for Indigenous peoples. Rooted in Anishinaabe teachings and guided by the Medicine Wheel, the strategy includes multi-year plans that embed Indigenous knowledge, healing practices, and leadership across the organization's healthcare services. *Walking with Humility* includes a range of initiatives from organization-wide cultural safety education and an

50 Richards and Wohlauer, "Coming face to face with implicit bias, microaggressions, and macroaggressions."

51 Bourque Bearskin and others, "Truth to Action: Lived Experiences of Indigenous Healthcare Professionals Redressing Indigenous-specific Racism." *Canadian Journal of Nursing Research* 57, no. 1(2025): 94–111.

52 Indigenous Services Canada, "Federal Government supporting Indigenous Physicians Association of Canada in addressing Anti-Indigenous Racism in Health Systems."

Elders Council to the integration of traditional healing into clinical care. A formal cultural safety policy ensures these principles are reflected across the organization, from the boardroom to the bedside.

Supporting cultural leadership without overburdening

Many early-career Indigenous physicians are expected to serve as cultural educators, advocates, or spokespeople—often informally and without compensation.[53] While many value this work, it often goes unrecognized and unsupported, leading to burnout and emotional fatigue.[54] Participants described the strain of being expected to simultaneously represent their communities, educate others, and navigate their clinical responsibilities.

Equity work is a shared responsibility, not something placed only on Indigenous staff. To retain Indigenous physicians and support their long-term success, institutions can ensure their equity-related contributions are formally recognized, fairly compensated, and connected to clear leadership pathways, rather than treated as unpaid or informal expectations.

The Indigenous Physicians Association of Canada (IPAC) created the Physician & Medical Learner Engagement Guidelines[55] to address overburdened Indigenous medical students and physicians who are often presented with requests to be cultural educators, advocates, mentors, or spokespeople in addition to their clinical roles. IPAC surveys their members annually as part of a review process to improve the Guidelines.[56]

In their own words

"Make yourself visible, make yourself available. But I mean, keep your feet on the ground, because if you are available but you're not your best self, you can also shut doors for people accidently. We are expected to wear several hats as doctors, mentors, leaders, and it can be overwhelming. Take care of yourself. Don't burn out." **Medical resident**

"You don't have to do everything Indigenous also. Learn to say no, learn to delegate. If it's to talk about the professional experience in the community, you have non-Indigenous colleagues who can step up if needed. Learn just to protect yourself." **Subject matter expert**

Investing in Indigenous-specific wellness supports

Wellness and safety are deeply interconnected and form a core foundation for the long-term retention of Indigenous physicians.[57] A key aspect of both is Indigenous cultural safety.

The Vice President of N'doo'owe Binesi at St. Joseph's Care Group (SJCG), Paul Francis Jr., emphasized that cultural safety is just as vital as physical safety for Indigenous people. At SJCG, cultural safety is embedded across the organization through a global policy that applies to the board, leadership, physicians, and staff. The organization also integrates Indigenous leadership at the executive level and uses a co-leadership model rooted in Indigenous values of collaboration and accountability. This structural approach enhances care for Indigenous clients while fostering more supportive environments for Indigenous healthcare workers.

53 Hughes, "Why Canada's health-care system needs more Indigenous professionals."
54 Canadian Medical Association, "Physician Wellness."
55 Indigenous Physicians Association of Canada, "IPAC Physician & Medical Learner Engagement Guidelines"
56 IPAC, virtual interview, conducted February 21, 2025.
57 Hughes, "Why Canada's health-care system needs more Indigenous professionals."

By honoring Indigenous rights, incorporating traditional healing, and building in accountability, cultural safety becomes a sustained, organization-wide goal. It also empowers Indigenous physicians to incorporate traditional knowledge and community-based approaches into their practice, strengthening trust with patients and learners. Ultimately, fostering culturally safe environments not only supports the well-being of Indigenous physicians but also models how health systems can move toward meaningful reconciliation and long-term equity.

Participants emphasized the need for mental health resources that recognize the intersecting pressures of medical practice, systemic racism, and cultural responsibility. Those who accessed Indigenous-specific supports described them as transformative to their well-being and ability to remain in practice.

Embedding Indigenous wellness services into healthcare institutions—and ensuring they are proactive—can strengthen both retention and overall organizational health.[58] These supports are most effective when they are accessible across geographic regions, particularly for physicians serving in remote or underserved areas.[59]

From a systems perspective, investing in Indigenous wellness signals a deeper commitment to reconciliation and equity in healthcare. Expanding these services—especially in rural and remote areas where access is often most limited—can ensure Indigenous physicians are supported wherever they choose to serve. It is important for national healthcare organizations to prioritize culturally safe wellness for Indigenous physicians. For instance, the Canadian Medical Association partnered with Indigenous Physicians Association of Canada to create the *Wellness and Healing Resource Guide for Indigenous Physicians and Learners*.[60]

Creating viable pathways to return and serve in community

Many Indigenous physicians carry a deep commitment to return to and serve the communities that shaped them.[61] For some participants, this commitment is not just a powerful personal motivation, it is also a chance to improve healthcare in rural, northern, and Indigenous communities. Creating viable pathways for Indigenous physicians to serve in their home communities aligns with broader goals of health equity, cultural continuity, and reconciliation.[62] It improves career fulfillment, enhances continuity of care, and builds trust between healthcare systems and Indigenous populations.

Participants shared that making this vision a reality takes more than individual effort. It depends on well-planned support systems, reliable funding for rural and remote healthcare infrastructure development, and investment in Indigenous-led services.

In this context, infrastructure refers to the physical, clinical, and organizational systems required to support sustainable healthcare delivery in rural, remote, and Indigenous communities. This includes not only well-equipped medical facilities and reliable transportation or communication systems, but also access to essential services such as lab testing, diagnostics, electronic health records, medical supplies, housing for healthcare workers, and administrative support. For some participants, the healthcare infrastructure in their communities influenced their decision to become family physicians rather than specialists, as many Indigenous communities lack the facilities needed to support specialist care.

58 Hughes, "Why Canada's health-care system needs more Indigenous professionals."

59 Bosco and Oandasan, *Review of Family Medicine Within Rural and Remote Canada*.

60 Canadian Medical Association, *Wellness and Healing Resource Guide for Indigenous Physicians and Learners*.

61 Bosco and Oandasan, *Review of Family Medicine Within Rural and Remote Canada*; Allan and Smylie, *First Peoples, Second Class Treatment*.

62 Hughes, "Why Canada's health-care system needs more Indigenous professionals."

In their own words

"I prefer doing the remote community work. And I was actually based in a community, but I found very quickly that the infrastructure was not there to support that. So, I was like, 'You know what, I'm in my first year [of employment], I have my whole career to go. One day, they'll have a better setup for this. But it's not today.' **Physician**

"There's a backlog of people eager to specialize [in fields of medicine outside of family medicine].... There's also perks for family medicine in particular and Indigenous physicians, especially in [province of origin], in terms of like financial incentives. A lot of people in my community don't have family doctors ... there's this hierarchy and sometimes family medicine is seen lower than specialists ... but to me, I feel that that's not as important. Family medicine is just a practical, more logical choice, given that I would not be able to return home if I became a specialist.... I think family medicine will give me flexibility in terms of location because I am very keen to return [home] based on my relationships, friendships, family, and the need for more family doctors in the community." **Participant**

Photo: Indigenous Physicians Association of Canada (IPAC)

One promising example is NOSM University's Rural Generalist Pathway, which is designed to align medical training with the needs of northern and rural communities. The program not only prepares physicians for practice in these settings but also aims to make rural medicine a sustainable and appealing long-term career choice. By focusing on community-aligned training and workforce development, the program helps build a strong, locally rooted physician workforce that is responsive to the priorities of Northern Ontario, including the needs of Indigenous communities.

Supporting return-to-community pathways offers a valuable opportunity for governments and institutions to build a more responsive and representative healthcare workforce. By designing systems that actively enable these transitions, leaders can strengthen community-based care, grow Indigenous leadership in medicine, and contribute to long-term improvements in health equity and outcomes across Canada.

Forging a new path forward

Indigenous physicians are essential to a more equitable, effective, and culturally safe healthcare system in Canada. Their leadership, lived experience, and commitment to community make them vital changemakers, yet their underrepresentation in the medical field is not due to lack of talent or aspiration. It reflects deep-rooted systemic barriers that begin long before medical school and extend into clinical practice and career progression.

Through the voices of First Nations, Métis, and Inuit students, physicians, and experts, this research highlights key opportunities to remove those barriers and redesign systems for lasting change. These include investing in early academic preparation, culturally relevant mentorship, equitable admissions policies, and sustained financial and wellness supports. Addressing racism and building safe, inclusive learning and working environments are not optional, as they are necessary for retention, wellbeing, and institutional accountability.

Indigenous-led solutions must be at the centre of this transformation. From community-driven admissions models and mentorship networks to the integration of Indigenous knowledge, language, and ceremony in medical education, the evidence is clear: When Indigenous voices are embedded in governance, program design, and leadership, institutions are stronger and more responsive.

The examples shared—such as NOSM University's Rural Generalist Pathway, St. Joseph's Care Group's *Walking with Humility* strategy, and national collaborations led by IPAC, NCIME, and the CMA—demonstrate that change is not only possible but already under way. These initiatives show what's possible when equity is built into the structure of healthcare and education systems, not treated as an afterthought.

To honour the TRC's Call to Action 23 by increasing the number of Indigenous physicians, governments, post-secondary institutions, and health systems are acting with urgency and collaboration. This means not only supporting Indigenous learners but transforming the environments they enter so that Indigenous physicians are not just recruited, but retained, respected, and empowered to lead. Investing in Indigenous physicians is not only an investment in workforce development—it is a commitment to reconciliation, community healing, and health equity for generations to come.

Advancing Indigenous representation in healthcare

The programs featured in this research point a way forward for advancing Indigenous representation in healthcare. Extending, adopting, and implementing these programs across the country will accelerate the progress that is being made today.

Early education systems (K–12)

- Expand and integrate programs like the WAHA Summer Program at Queen's University and Camp Med offered by NOSM U to further integrate knowledge and early exposure to health careers into school curriculum and guidance counselling for First Nations, Métis, and Inuit students in rural, northern, and remote communities.
- Develop and expand distinctions-based (FN/M/I) Indigenous-led mentorship programs and peer networks such as the partnership between Nunavut Tunngavik Incorporated (NTI) and the Government of Nunavut and the University of Ottawa to provide as many Indigenous students as possible with role models and pathways into the healthcare profession.

Governments (federal, provincial, territorial)

- Develop, expand, and provide sustainable funding for distinctions-based academic support programs that reflect the unique priorities and governance structures of First Nations, Inuit, and Métis organizations.
- Increase the use of targeted seats for First Nations, Métis, and Inuit candidates in medical schools, similar to what is done in Quebec. However, rather than positioning these seats as maximums, reframe them as minimums and seek to increase numbers so there is a path to proportional representation at a minimum, similar to the approach taken at NOSM U. Achieving this will require dedicating funds for targeted academic supports and curriculum resources for Indigenous learners and to support under-resourced schools.
- Recognize the cultural importance of maintaining connections to home communities through expanded access to grants, bursaries, travel funds, and living stipends for Indigenous students pursuing healthcare education.
- Follow the lead of the Fraser Health Authority in British Columbia in creating Indigenous recruitment and retention targets and empowering an Indigenous-led team to develop and implement a strategy to achieve those targets.

Post-secondary institutions

- Support the Indigenous Physicians Association of Canada's call for all medical schools to fully fund Indigenous students' attendance at annual gatherings of Indigenous medical communities.
- Partner with First Nations, Métis, and Inuit communities to co-design return-to-community training pathways such as Queen's University Weeneebayko Health Education Program and NOSM U's Integrated Community Experience (I.C.E.) that provides community placements in northern, rural, and Indigenous communities.
- Follow the lead taken by NOSM U, the University of Ottawa, McGill University, and Toronto Metropolitan University and remove the MCAT requirement for Indigenous students and implement adjusted scoring systems that recognize diverse (FN/M/I) experiences and pathways to medicine.
- Expand funding for the Medical School Application Fee Waiver Program and Indigenous Services Canada's Post-Secondary Student Support Program so that more Indigenous students do not face a financial barrier when applying to healthcare programs.
- All medical schools should adopt the approach of NOSM U and several other medical schools to cover the costs for Indigenous medical students to be members of the Indigenous Physicians Association of Canada.
- Develop learning modules across undergraduate medical education similar to the courses at McGill University on Inuit Health (distinctions-based) and the module at the Royal College of Physicians and Surgeons of Canada (RCPSC), focusing on Indigenous health, cultural safety, anti-racism, and the historical and ongoing impacts of colonization.
- Adopt targets similar to the Canadian Medical Association (CMA)'s Indigenous Health Goal for representation and increased funding. Organizations can also emulate the CMA's efforts to change their leadership and governance through the appointment of Indigenous board members and a Strategic Advisor for Indigenous Health.
- Develop partnerships with organizations like St. Joseph's Care Group (SJCG), which embed Indigenous leadership and governance in their strategy. Offering clerkships and residencies at sites like SJCG exposes students to culturally safe care, traditional healing, and community integration through an Elders council.

Photo: Indigenous Physicians Association of Canada (IPAC)

Appendix A

Methodology

About the research

This project is guided by the Truth and Reconciliation Commission's Call to Action 23(i), which urges all levels of government to increase the number of Indigenous professionals working in the healthcare field. As part of the broader Call to Action 23, it emphasizes the recruitment, training, and retention of Indigenous peoples across all health professions, including physicians, nurses, midwives, and mental health providers. In alignment with this, the project explores the following research questions:

1. What is the current state of Indigenous representation in healthcare occupations in Canada?
2. What are the main barriers and facilitators affecting Indigenous medical students' access to, and retention in, medical school?
3. What steps can be taken to improve accessibility and retention for Indigenous medical students?
4. What should partnerships and collaboration among PSIs, governments, healthcare organizations, and Indigenous communities look like to support access and retention?

The study used a mixed-methods approach—integrating quantitative analysis, qualitative interviews, and case studies—to understand the systemic factors that impact Indigenous representation and success in medical education and healthcare professions. This approach supports the development of actionable, evidence-based strategies to improve access and retention of Indigenous students in medical (MD) programs.

This study is guided by a Research Advisory Board (RAB) composed of experts from Indigenous organizations, academia, government, and healthcare education. Members were selected for their leadership, lived experience, and direct involvement in Indigenous healthcare and medical education. The RAB was intentionally assembled using a distinctions-based lens to ensure representation from First Nations, Inuit, and Métis perspectives, reflecting the diverse priorities and governance structures of each group. The RAB provides strategic input on research design, recruitment, and case study selection, ensuring the work is culturally relevant and grounded in community priorities. An Indigenous student advisor ensured student voices are centred in the research. Members also support outreach and dissemination, helping connect findings with decision-makers. Their contributions were recognized with an honorarium.

Detailed methods

Literature review

The first part of this research included a literature review. It was conducted to inform our understanding of barriers and facilitators to Indigenous students' access to and retention in medical education, with a focus on identifying strategies that align with TRC Call to Action 23(i). Specifically, the review sought to answer the following questions: What programs, policies, and institutional practices support Indigenous student success in medicine? What gaps remain in efforts to increase Indigenous representation in healthcare professions?

To assess the relevance of each source, the research team used a set of guiding questions:

- Does the source provide evidence or insight related to Indigenous access or retention in medical school?
- Does it highlight institutional, systemic, or programmatic approaches?
- Is it grounded in Indigenous leadership or community engagement?

Sources were identified through academic database searches and an environmental scan, including program websites, organizational reports, and grey literature. In total, 67 sources were reviewed, including peer-reviewed articles, policy reports, technical reports, and Indigenous-led publications. Sources were selected based on the following criteria:

- relevance to Indigenous representation and participation in Canada's healthcare workforce
- publication date between 2015 and 2025
- their inclusion of empirical data, policy reports, or community-based insights
- their specific focus on barriers, supports, and strategies related to Indigenous medical education and practice

The output of the literature review was a structured synthesis of barriers and facilitators affecting Indigenous participation in medicine, along with an overview of best practices and existing programs that support Indigenous medical students. The review informed the selection of case study programs and shaped the interview protocols, ensuring alignment with existing knowledge while identifying areas for deeper exploration. The findings of the literature review were shared with the Research Advisory Board for their feedback and further insights.

Quantitative analysis

To assess the current representation of Indigenous peoples in healthcare occupations, this project draws on Statistics Canada's 2016 and 2021 Census data.

The analysis focused on Indigenous individuals working in healthcare professions, with distinctions made by region (North vs. South, urban vs. rural), occupation, and identity group (First Nations, Métis, and Inuit). We assessed changes in representation over time and analyzed current participation using variables such as geography, sex, language at work, and occupation classifications at the 5-digit National Occupational Classification level. The goal was to produce a clear snapshot of disparities in Indigenous participation across healthcare roles and to identify key occupational and regional gaps to inform future strategies for increasing representation. Findings from the analysis were shared with the Research Advisory Board members for their feedback.

Qualitative methods

Interviews

To understand the challenges related to access and retention in medical education for Indigenous learners, we conducted 26 in-depth interviews with a range of participants across the medical education and healthcare sectors. Participants included individuals who identified as First Nations, Inuit, and Métis. To support a distinctions-based approach, the research team made intentional efforts to recruit participants from all three groups. This included outreach through Indigenous medical student and professional networks, collaboration with Indigenous-led organizations, and targeted recruitment materials that invited self-identification and emphasized the inclusion of diverse Indigenous perspectives. Where relevant, the report highlights distinctions in the experiences, barriers, and recommendations shared by First Nations, Inuit, and Métis participants to reflect their unique contexts and priorities within the healthcare and education systems. The interviews provided insight into personal experiences, systemic barriers, and opportunities for institutional change.

Participants

- 10 Indigenous medical students
- 3 Indigenous medical residents
- 6 Indigenous physicians
- 7 subject matter experts (educators, program leaders, Indigenous organizations, and government representatives)

The interviews focused on the following:

Students and medical residents:

- Early education and inspirations to pursue medicine
- Challenges and supports when applying to medical school
- Decision-making process in selecting medical schools
- Experiences in medical school (challenges, supports, curriculum)
- Internship and clinical rotation experiences
- Important relationships and community ties
- Transition to residency and the workplace
- Advice for future Indigenous medical students

Physicians:

- Background and early education experiences
- Challenges and supports during medical school and application
- Internship and residency experiences
- Transition to practising as a physician
- Relationships during training (peers, faculty, administrators)
- Views on curriculum and Indigenous content
- Reflections on systemic issues and recommendations
- Role of partnerships and collaboration in education
- Advice for Indigenous students and physicians

Subject matter experts (e.g., educators, policy leaders):

- Perspectives on Indigenous representation in healthcare
- Challenges and supports in accessing and completing medical school
- Institutional accessibility and inclusivity
- Strategies for retention and support (mental health, mentorship, financial aid)
- Collaborations or initiatives to support Indigenous learners
- Program or policy development and impact
- Feedback from students or communities
- Recommendations for improving education systems

This project was reviewed and approved by the following research ethics boards: Lakehead University Research Ethics Board, Veritas Independent Review Board, and St. Joseph's Care Group Research Ethics Board. Veritas Independent Review Board was the primary ethics board on record for the project. However, we also received approval from Lakehead University and St. Joseph's Care Group as these institutions assisted with participant recruitment and had their own ethics requirements.

Recruitment was conducted through email and telephone outreach to national and regional Indigenous and non-Indigenous medical organizations, medical schools, student associations, and professional networks. Organizations that agreed to assist with recruitment signed a consent form prior to participating. Initial invitations were sent to potential interviewees in Northern Ontario on November 13, 2024, followed by a broader national recruitment effort from January 6 to February 21, 2025. Recognizing that the most effective way to reach participants was through trusted institutions, the research team contacted 30 organizations across the country, holding follow-up calls to request their support. Five organizations formally agreed to assist with recruitment. In addition to institutional outreach, the research team also contacted participants directly by email and phone. Members of the Research Advisory Board supported recruitment through their networks, and snowball sampling was used to reach additional participants through referrals.

All interview participants signed consent forms to take part in the research interviews. Most interviews were conducted via Microsoft Teams or by phone, recorded with consent, and transcribed for analysis. Two participants did not consent to audio recording, so those phone interviews were not recorded; instead, the researcher took detailed notes and member-checked it with the participants. One interview was completed by email, with the participant providing written responses. These notes and the email responses were treated as transcripts. We obtained written consent following each interview to use a direct quotation or make any attributions from the interview.

Interviews were conducted between January 7, 2025, and March 5, 2025. Interview participants received honoraria in line with engagement guidelines recommended by the Indigenous Physicians Association of Canada (IPAC).

To protect privacy, all transcripts were de-identified. Participants remained anonymous in our reporting unless they explicitly chose to be named. While case study organizations are named in our publications, individual participants from those organizations remain de-identified unless they provided consent to be identified.

For the interview analysis, we used NVivo software to analyze 26 transcripts (429 pages) and examine the full learner journey—from initial motivations to pursue medical school, through the barriers encountered, supports accessed, and views on institutional responsiveness. The analysis began with a close reading of each transcript to become familiar with the content, followed by using the interview guides to organize topics (i.e., program access, staying in the program, workplace transition), then open coding to identify key themes and concepts within each of the three topics and across topics. Codes were then organized into broader categories, and patterns across transcripts (and sample groups) were compared to explore commonalities and differences in participant experiences.

NVivo's tools were used to manage, code, and query the data, allowing for systematic exploration of themes across multiple cases. Themes were refined through multiple rounds of coding and discussion, with particular attention to the intersections between personal, institutional, and systemic factors.

To ensure the reliability of our findings, we used a combination of research team debriefing, member checking, and consultations with the Research Advisory Board members to validate emerging themes. Team debriefing involved regular discussions to review coding decisions, compare interpretations, and promote consistency across transcripts, helping to refine theme categories and minimize individual bias. Member checking was conducted by sharing preliminary themes or interpretations with select participants to confirm accuracy, clarify intent, and ensure that their perspectives were accurately represented in the analysis.

Table 1
Demographic breakdown of the interview participant sample
(10 Indigenous medical students, 3 residents, 6 physicians; N = 19)

Gender	13 females, 6 males
Identity	12 First Nations, 6 Métis, 1 Inuk
Community of origin	6 rural, 13 urban
Region of origin	10 North, 9 South
High school location	5 rural, 14 urban
Medical school delivery format	11 hybrid, 8 in-person
Relocated for medical school	14 relocated
Subject matter experts (SMEs)	7 subject matter experts (N = 7)
SME organization location	6 urban, 1 rural
SME organization type	All publicly funded

Source: The Conference Board of Canada.

Case studies

Six case studies were conducted to highlight successful Indigenous-led or Indigenous-informed programs that improve access to and retention in medical school. These case studies offered practical examples of effective strategies and partnership models that can inform broader systems-level change in medical education.

The case study interviews focused on the following:

- purpose and goals of the program
- supports for Indigenous student access and retention
- role of Indigenous culture and knowledge in program design
- delivery methods and outreach to communities
- partnerships with Indigenous organizations
- program challenges, successes, and impact
- evaluation and measures of success
- sustainability and future plans
- lessons learned and advice for similar programs

Case study participants included a total of eight individuals across six organizations. We received organizational consent from the six participating organizations and individual consent from the individuals associated with the organizations. We conducted interviews with one representative from each of four organizations, and two participants each from the remaining two organizations. Interviewees included program administrators, educators, and organizational partners who were directly involved in the design or delivery of Indigenous-focused medical education initiatives.

Recruitment was informed by recommendations from Research Advisory Board members and an environmental scan conducted alongside a literature review to identify relevant and impactful programs. The research team applied a distinctions-based lens throughout the case study process by seeking out programs that serve or were co-developed with First Nations, Inuit, and Métis communities. This approach informed both recruitment and analysis, ensuring that the unique governance structures, cultural contexts, and priorities of each group were reflected in how programs were selected, described, and interpreted.

Interviews were conducted virtually. While the organizations involved in the case studies are named in the publication, individual participants remained anonymous unless they consented to be identified.

The focus of the case studies was to examine how these programs were developed, the outcomes they achieved, and the strategies used to support Indigenous student access and retention. We also explored how partnerships contributed to program success and what lessons could be drawn to guide future collaborations.

The analysis of case study data followed a similar rigorous approach as the interview data. Initial coding was guided by the interview protocol and refined as themes emerged during the analysis. Unlike the interview data, the eight case study transcripts (128 pages) were coded manually to identify patterns and key strategies. Emerging themes were validated through a combination of research team debriefing and member checking. Research team debriefing involved regular discussions among team members to review coding decisions, compare interpretations, and ensure consistency in how themes were applied across transcripts. This collaborative process helped refine categories and reduce individual bias. Member checking involved sharing preliminary findings or interpretations with select participants to confirm accuracy, clarify meaning, and ensure that the analysis reflected their intended messages and lived experiences. The findings from these case studies directly inform the project's final recommendations for governments, post-secondary institutions, and healthcare organizations.

Table 2
Demographic breakdown of case study organizations
(n = 6)

Organization location	4 in Ontario, 1 in British Columbia, 1 in Nunavut
Location type	5 urban, 1 rural
Provincial region	3 in provincial North, 3 in provincial South
Governance	2 Indigenous-led, 4 non-Indigenous led
Scope	4 national, 2 regional
Funding	3 public, 2 private, 1 mixed

Source: The Conference Board of Canada.

Appendix B

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