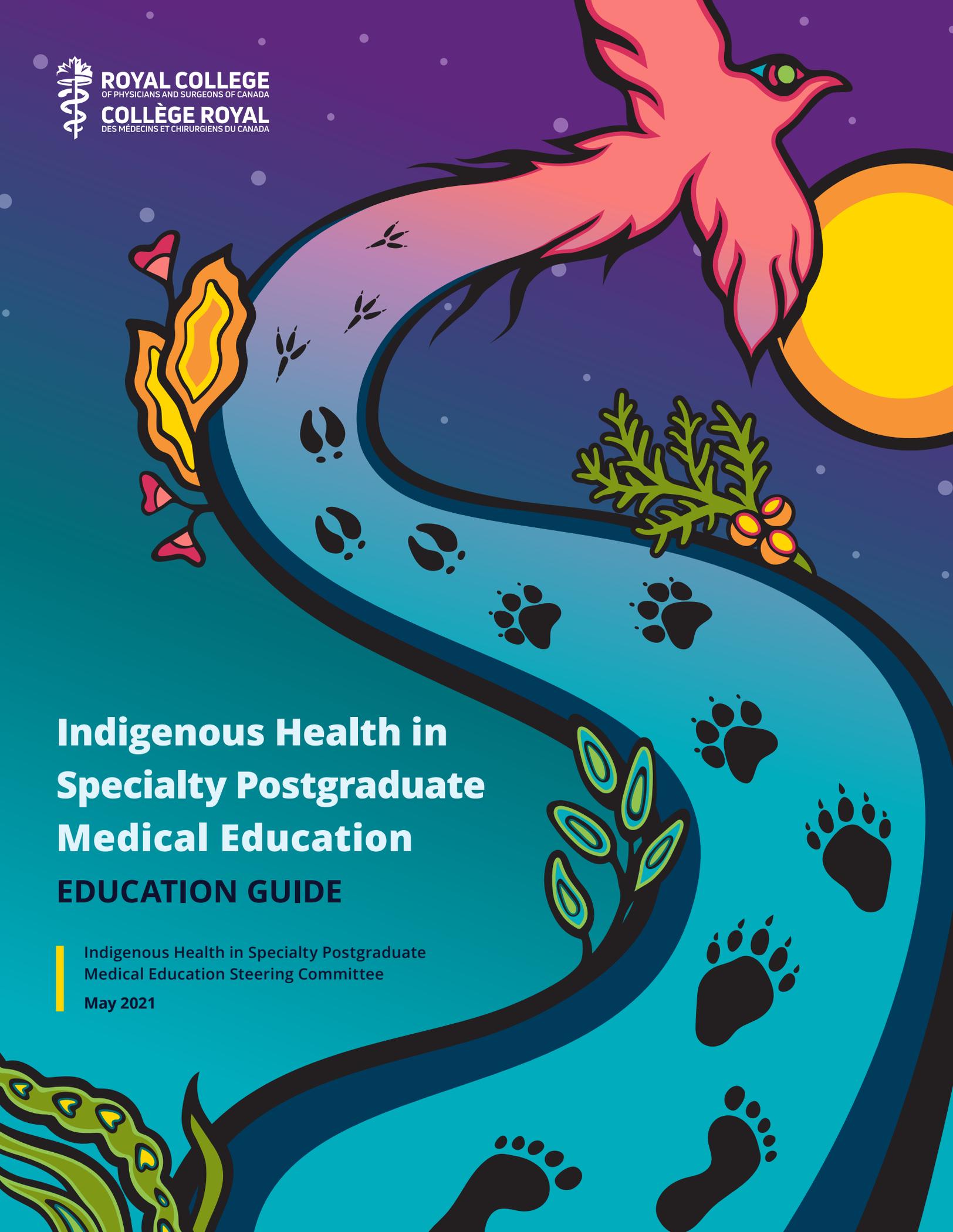




ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA



Indigenous Health in Specialty Postgraduate Medical Education

EDUCATION GUIDE

Indigenous Health in Specialty Postgraduate
Medical Education Steering Committee

May 2021

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Foreword

On October 26, 2017, Royal College Council approved a landmark recommendation from the Indigenous Health Committee (IHC) that Indigenous health become a mandatory component of postgraduate medical education (PGME), including curriculum, assessment and accreditation. The Council resolution signals a shared commitment to implement cultural safety in medical education and practice in order to address the ongoing health inequities and racism faced by Indigenous Peoples.

Implementation of this decision begins with an informed understanding of the context of Indigenous health in Canada and must be grounded on clearly articulated educational content that defines culturally safe education and practice. This education guide is a step in this direction.

Pursuing a course of Indigenous self-determination, the Royal College's work to implement Indigenous health in PGME is guided and supported by an independent Royal College committee, the Indigenous Health Specialty in PGME Steering Committee. The Steering Committee includes Indigenous leaders, scholars and educators following a distinctions-based approach (see Appendix A). The committee provides strategic guidance on how to implement Indigenous health content in curriculum, assessment and accreditation, and on the processes for broader engagement with Indigenous partner organizations.

The Steering Committee and the Royal College also subscribe to The First Nations principles of OCAP(S)[®] (Ownership, Control, Access and Possession and/or Stewardship) to respect Indigenous rights to assert control over research, ownership of the findings and control of information. Furthermore, the Tri-Council Policy Statement (2018) will guide the ethical conduct for research involving First Nations, Inuit and Métis Peoples to guard against cultural appropriation.

“Create health care that is free of racism and where every Indigenous person is treated with respect, recognized as an individual rather than a stereotype and experiences the highest level of health, and that all stakeholders understand how colonial structures and systems link to current health inequities.”

Consensus Vision,
Indigenous Health Committee at the Royal College
November 2019



About this guide

The primary objective of this guide is to identify key concepts relating to Indigenous health that are required to influence quality education and practice, promote equitable access to high quality and culturally safe care and, ultimately, transform the health of Indigenous patients and populations.

The guide is designed to support the development of

- content,
- instructional methods or learning activities,
- assessment tools,
- benchmarks for program evaluation,
- accreditation standards, and
- Indigenous health competencies that not currently reflected in the seven CanMEDS Roles.

Concepts and content from the following three seminal documents that define Indigenous health and cultural safety – as defined by Indigenous Peoples – were mapped onto the CanMEDS framework (see Appendix B for more information about the resources and approach that informed this guide):

- Truth and Reconciliation Commission of Canada (TRC) Calls to Action (2015),
- The First Nations, Inuit, Métis health core competencies: A curriculum postgraduate medical education (2009), and
- The Royal College Indigenous Health Values and Principles Statement, second edition (2019).

This mapping of Indigenous health concepts and content has resulted in a structure that embeds one or several of the following within the tables of the CanMEDS Roles below:

- an expansion of the Role definition to include an Indigenous Health Summative Statement,
- a revised Role description,
- revised key competencies and/or enabling competencies,
- new key competencies and/or enabling competencies,

- content to guide Indigenous health curriculum, including preliminary examples in some cases.

Through this process, it was identified that the CanMEDS Framework is too reductionist to support a holistic approach to Indigenous health and well-being. As a result, several new competencies and concepts were identified and will be brought forward for consideration in the next revision of the CanMEDS Framework. In the meantime, these new competencies, content and concepts can inform ongoing development of curricular content, instructional methods or learning activities, assessment tools, faculty development resources, benchmarks for program evaluation and accreditation standards.

Indigenous health practice

The concept of health and well-being for many Indigenous Peoples across Canada embodies the physical, mental, emotional and spiritual dimensions of self, as well as a harmonious relation with family, community, nature and the environment.

The health and well-being of Indigenous Peoples, communities and populations is impacted by many factors, including: colonizationⁱ; the health care system, and; many other systems comprising the social determinants of health such as loss of land, suppression of autonomy and livelihood, and legislation that impacts access to health.ⁱⁱ The impacts of the Indian Act, including the establishment of the Indian Residential Schools, which have been labelled “cultural genocide”,ⁱⁱⁱ forced relocation to reserves and settlements, disruption to traditional ways of life, and limited access to services and benefits based on a decent criterion, are pervasive in modern health, social, economic and political indicators of Indigenous well-being.^{iv, v, vi} Understanding intersectionality and, specifically, how being a woman or Two-Spirited and being Indigenous, compounds the effects of colonization.

All physicians (specialists and subspecialists) are required to recognize the rights of Indigenous Peoples to the enjoyment of the highest attainable standard of physical and mental health, or health equity, articulated in the United Nations Declaration on the Rights of Indigenous People (UNDRIP) (Article 24) ratified by Canada in 2016 and the International Covenant on Economic, Social and Cultural Rights (Article 12) which entered into force in Canada in 1976.^{vii}

A decision-making process that recognizes the right of Indigenous Peoples’ self-determination promotes health sustainability and equity. Equally important, culturally safe practices, reflexivity, anti-racism interventions, and trauma and violence informed care should always be demonstrated by the physician and are

critical to providing high quality health care for Indigenous Peoples.^{viii} (refer to Appendix C for more information about cultural safety and Appendix D for definition of terms)

The following are a sample of the knowledge-based elements embedded throughout the Education Guide:

- historical and current colonial practices that affect the current state of health and well-being of Indigenous Peoples in Canada,
- the legislative framework for delivery of health services to First Nations and Inuit people in Canada, including the Non-Insured Health Benefits Formulary and Jordan’s Principle,
- research protocols including the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans which identifies longitudinal relationships that empower reciprocity in research,
- the *Four Rs: Respect, Relevance, Reciprocity, Responsibility*,^{ix} and
- cultural diversity among First Nations, Inuit and Métis Peoples and among distinct communities.

Consistent with the TRC’s Calls to Action, the principles above, along with all the knowledge-based elements in this guide, recognize and advance the implementation of the health care rights of Indigenous People as identified in international law, constitutional law and under the treaties. An understanding of how colonization affects the current state of Indigenous health is required for the delivery of culturally safe, anti-racist practice with a focus on building strong and reciprocal relationships with Indigenous patients and communities.

Culturally safe physicians demonstrate an understanding of colonization as the exploitation, subjugation and attempted genocide of Indigenous Peoples and their cultures using instruments of power, including political, economic and social policies.

The culturally safe physician “embraces Indigenous knowledge/science, understands and accepts that racism exists and how historical/intergenerational trauma affects the health and well-being of the Indigenous patient, and takes steps to foster anti-racism interventions.”^x They practice with humility, fostering an environment of cultural safety, embracing trauma and violence informed care and intersectionality, and proactively pursuing anti-racism interventions. “Cultural safety recognizes the power differentials that exist between providers and patients, and the historical legacies of colonization that perpetuate disparities, inequities,

racism... Cultural safety demonstrates an understanding of the socio-cultural and environmental determinants that continue to exacerbate Indigenous medical disorders, ill health and undermine well-being.”^{xi}

Foundational to improving Indigenous health is a recognition of the importance of Indigenous knowledge/science. Culturally safe practice means physicians value Indigenous scholarship, wisdom, knowledges, ways of knowing and healing practices at the same level as other sciences and recognize traditional indicators of health and wellness. The *Indigenous Health Values and Principles Statements* and the *Indigenous Health Primer* are key foundational documents to the education of culturally safe physicians and promoting the health of Indigenous Peoples.

All new or revised Indigenous competencies or Indigenous health content in this guide is indicated by two styles:

Margin rules, or
character shading

Medical Expert

All new or revised Indigenous competencies or Indigenous health content in this guide is indicated by two styles:

Margin rules, or
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Definition

As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe community and patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

Indigenous health summative statement

As Medical Experts, physicians are culturally safe practitioners. They provide patient/family/community-centred care and understand the impact of colonization and racism on the health of Indigenous Peoples. Culturally safe physicians respect the patients they serve and their rights to self-determination by asking about their needs. They strive to understand Indigenous ways and that Indigenous wellness considers the person as a whole being before applying their medical expertise/knowledge with that patient.

Description

As Medical Experts who provide high-quality, safe, patient-centred care, physicians draw upon an evolving body of knowledge, their clinical skills, and their professional values.

They collect and interpret information, make clinical decisions, and carry out diagnostic and therapeutic interventions. They do so within their scope of practice and with an understanding of the limits of their expertise. Their decision-making is informed by best practices and research evidence and takes into account the patient's circumstances and preferences as well as the availability of resources.

Their clinical practice is up-to-date, ethical, and resource-efficient, and is conducted in collaboration with patients and their families,^{xii} other health care professionals, and the community. The Medical Expert Role is central to the function of physicians and draws on the competencies included in the Intrinsic Roles (Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional).

Key concepts

Agreed-upon goals of care: 2.1, 2.3, 2.4, 3.2, 4.1

Application of core clinical and biomedical sciences: 1.3

Clinical decision-making: 1.4, 1.6, 2.2

Clinical reasoning: 1.3, 1.4, 2.1, 3.1

Compassion: 1.1

Complexity, uncertainty, and ambiguity in clinical decision-making: 1.6, 2.2, 2.4, 3.2, 3.3, 3.4

Consent: 3.2

Continuity of care: 2.4, 4.1

Duty of care: 1.1, 1.5, 2.4

Integration of CanMEDS Intrinsic Roles: 1.2

Interpreting diagnostic tests: 2.2

Medical expertise: all enabling competencies

Patient-centred clinical assessment and management: 1.4, 2.2, 2.4, 3.1, 3.3, 3.4, 4.1, 5.2

Patient safety: 1.5, 3.4, 5.1, 5.2

Prioritization of professional responsibilities: 1.4, 1.5, 2.1, 3.3, 5.1

Procedural skill proficiency: 3.1, 3.3, 3.4

Quality improvement: 5.1, 5.2

Self-awareness of limits of expertise: 1.4, 3.4

Timely follow-up: 1.4, 2.2, 4.1

Working within the health care team: 1.3, 1.4, 2.1, 2.4, 3.3, 4.1, 5.1

Key Competency (1)

Physicians are able to:

- 1 Practise medicine within their defined scope of practice and expertise.

Enabling Competencies

- 1.1 Demonstrate a commitment to high-quality care of their patients.
- 1.2 Integrate the CanMEDS Intrinsic Roles into their practice of medicine.
- 1.3 Apply knowledge of the clinical and biomedical sciences relevant to their discipline.

Indigenous Health Content:

Demonstrate knowledge of the determinants of health.

Culturally safe physicians demonstrate knowledge of the impact and correlation of the various medical, social and cultural determinants of health and well-being on Indigenous Peoples, including the role of culture and self-determination (the rights of Indigenous Peoples to determine their own paths for health and healing) as protective determinants of health.

Examples:

- United Nations Declaration on the Rights of Indigenous People,
- International Covenant on Economic, Social and Cultural Rights,
- Non-Insured Health Benefits Formulary and services (for First Nations and Inuit),
- Health is impacted by not only the health care system but many other systems, and
- Intergenerational transmission of historic trauma from the legacy of colonization.

Integrate the range of healing and wellness practices (traditional and non-traditional) present in local First Nations, Inuit and/or Métis communities into care plans in a way that is non-judgmental, culturally safe and directed by the patient.

Demonstrate knowledge of cultural diversity and practice cultural safety and trauma and violence-informed care.

Culturally safe physicians demonstrate knowledge that Indigenous Peoples have a variety of perspectives, attitudes, beliefs and behaviours, and experiences.

Examples:

- Missing and Murdered Indigenous Women and Girls, and
- Residential school experiences.

Employ critical analysis skills in evaluating the delivery of health care services.

Culturally safe physicians are knowledgeable of the historical basis for the current health care system, and how geography, treaties, bills and land claims influence health care delivery.

Demonstrate an awareness of the root causes of inequitable health care and health outcomes. Culturally safe physicians are aware of the factors such as discrimination, racism, assimilation and systemic structures such as the Non-Insured Health Benefits Formulary (for First Nations and Inuit) that affect inequitable access for Indigenous Peoples.

Describes the impact of colonization. Culturally safe physicians describe the impact of government policies and legislation and jurisdictions on the health care of Indigenous Peoples. They see colonization as exploitation, subjugation and genocide of Indigenous Peoples and their cultures using instruments of power, including political, economic and social policies to de-humanize, oppress and control.

Pursues anti-racist interventions. Culturally safe physicians are aware of the effects of racism on the Indigenous patient and work to intervene to change them. Anti-racist practice begins with one's beliefs and behaviours and involves three important processes: seeing the paths from stereotype to oppression; understanding and connecting paths of oppression to policy and practice; acting for change (McGibbon and Etowa, 2009).

Examples:

- self-reflection
 - recognizing biases that can impact how physicians provide their services to Indigenous Peoples
- 1.4 Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner.
 - 1.5 Carry out professional duties in the face of multiple, competing demands.
 - 1.6 Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice.

Key Competency (2)

Physicians are able to:

- 2 Perform a patient-centred clinical assessment and establish a management plan.

Enabling Competencies

- 2.1 Prioritize issues to be addressed in a patient encounter.
- 2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion.

Indigenous Health Content:

Include the importance of trauma and violence-informed care and the prevalence of trauma (including adverse childhood experiences and sexual trauma).

- 2.3 Establish patient-defined goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation.

Indigenous Health Content:

Develop a plan of care with the patient and/or community. Culturally safe physicians foster partnerships to effectively assess, plan, provide and integrate care

in various settings (e.g., urban, rural, remote, on-reserve, off-reserve on Settlements or Traditional Territory). This includes enquiring in a non-judgmental way about whether a patient is using traditional healing practices and how they might be integrated into their care.

2.4 Establish a **community** and patient-centred management plan.

Indigenous Health Content:

Demonstrate an awareness of the context of patient referrals.

Culturally safe physicians understand the effects of patients travelling unaccompanied from remote locations and engage in effective consultation with health care professionals in the patients' home community to establish and ensure appropriate support systems and follow-up for sustained culturally appropriate care.

Examples:

- Jordan's Principle
- Inuit Child First Initiative
- Access points of care
- Geographical location of communities

Key Competency (3)

Physicians are able to:

3 Plan and perform procedures and therapies for the purpose of assessment and/or management.

Enabling Competencies

3.1 Determine the most appropriate procedures or therapies.

3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy.

3.3 Prioritize a procedure or therapy, taking into account clinical urgency and available resources.

- 3.4 Perform a procedure in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances.
- 3.5 Determine if traditional health activities (e.g. fasting, bleeding, sweating) will be impacted.

Key Competency (4)

Physicians are able to:

- 4 Establish plans for ongoing care and, when appropriate, timely consultation.

Enabling Competencies

- 4.1 Implement a **community and** patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation.

Indigenous Health Content:

Demonstrate an awareness of the context of patient referrals.

Culturally safe physicians demonstrate an understanding of the effects of patients travelling unaccompanied from remote locations and engage in effective consultation with health care professionals in the patients' home community to establish and ensure appropriate support systems and follow-up for sustained culturally safe care.

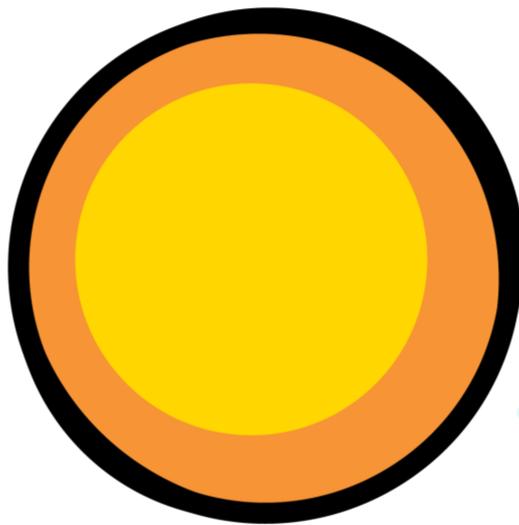
Key Competency (5)

Physicians are able to:

- 5 Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety.

Enabling Competencies

- 5.1 Recognize and respond to harm from health care delivery, including patient safety incidents.
- 5.2 Adopt strategies that promote patient safety and address human and system factors.



Communicator

All new or revised Indigenous competencies or Indigenous health content in this guide is indicated by two styles:

Margin rules, or
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Definition

As Communicators, physicians form relationships with patients and their families^{xiii} that facilitate the gathering and sharing of essential information for effective health care.^{xiv}

Indigenous health summative statement

As Communicators, physicians develop relationships with Indigenous Peoples in non-paternalistic and mutually beneficial ways that demonstrate cultural humility, employ a trauma and violence-informed approach that reflects understanding, transparency, intersectionality, and anti-racism, and establish culturally safe environments for the patient encounter.

Description

Physicians enable patient-centred therapeutic communication by exploring the patient's symptoms, which may be suggestive of disease, and by actively listening to the patient's experience of his or her illness. Physicians explore the patient's perspective, including his or her fears, ideas about the illness, feelings about the impact of the illness, and expectations of health care and health care professionals. The physician integrates this knowledge with an understanding of the patient's context, including socio-economic status, medical history, family history, stage of life, living situation, work or school setting, and other relevant psychological and social issues. Central to a patient-centred approach is shared decision-making: finding common ground with the patient in developing a plan to address his or her medical problems and health goals in a manner that reflects the patient's needs, values, and preferences. This plan should be informed by evidence and guidelines.

Because illness affects not only patients but also their families, physicians must be able to communicate effectively with everyone involved in the patient's care.

Key concepts

Accuracy: 2.1, 3.1, 4.2, 5.1

Active listening: 1.1, 1.3, 1.4, 1.5, 2.1, 2.2, 2.3, 4.1, 4.3

Appropriate documentation: 2.1, 5.1, 5.2, 5.3

Attention to the psychosocial aspects of illness: 1.6, 2.1, 2.2, 4.1

Breaking bad news: 1.5, 3.1

Concordance of goals and expectations: 1.6, 2.2, 3.1, 4.3

Disclosure of harmful patient safety incidents: 3.2

Effective oral and written information for patient care across different media: 5.1, 5.2, 5.3

Efficiency: 2.3, 4.2, 5.2

Eliciting and synthesizing information for patient care: 2.1, 2.2, 2.3

Empathy: 1.1, 1.2, 1.3

Ethics in the physician-patient encounter: 3.2, 5.1

Expert verbal and non-verbal communication: 1.1, 1.4

Informed consent: 2.2

Mutual understanding: 1.6, 3.1, 4.1

Patient-centred approach to communication: 1.1, 1.6, 2.1, 3.1

Privacy and confidentiality: 1.2, 5.1

Rapport: 1.4

Relational competence in interactions: 1.5

Respect for diversity: 1.1, 1.6, 2.2, 4.1

Shared decision-making: 1.6, 4.1, 4.3

Therapeutic relationships with patients and their families: 1.2, 1.3, 1.4, 1.5, 1.6

Transition in care: 5.1, 5.2, 5.3

Trust in the physician-patient relationship: 1.1, 5.2, 5.3

Key Competencies (1)

Physicians are able to:

- 1 Establish professional therapeutic relationships with patients, their families and communities.

Indigenous Health Content:

Understand the importance of reciprocity.

Strive for reciprocity (the act of mutually and equitably exchanging tangible or intangible positive benefits), seeking opportunities to give back in return for new learning from Indigenous Peoples that enriches their understanding of the world and health and healing more broadly.

Self-awareness of one's culture and positional power and privilege (e.g., colonial contexts, bureaucratic, institutional, financial and epistemic) is required in health care service planning, delivery and evaluation. Building relational accountability with patients, families and communities can initiate power-sharing in care planning.

Enabling Competencies

- 1.1 Communicate effectively with Indigenous patients, their families and communities by respecting the right of self-determination, and accepting responsibility to building non-judgmental relationships of compassion, equality, trust, respect, honesty, committed to the listener and empathy.

Indigenous Health Content:

It is the patient who defines whether a culturally safe space is being created in a relationship.

Incorporate a strengths-based approach.

- 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety.
- 1.3 Acknowledge the power that is influencing the encounter and redistribute that power by recognizing when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly.

Indigenous Health Content:

Enquire in a non-judgmental, rights-based way about whether a patient is using traditional healing practices and how they might be integrated into their care.

- 1.4 Respond to a patient's non-verbal behaviours to enhance communication.
- 1.5 Manage disagreements and emotionally charged conversations.
- 1.6 Adapt to the intersectionality of the unique needs and preferences of each patient and to his or her clinical condition and circumstances.
- 1.7 Seek to understand traditional medicine practices employed by the patient in a way that is non-judgmental and culturally safe.
- 1.8 Practise reflexivity, recognizing one's own privileges and tacit assumptions, and how they may be enacted in practice. Through applying concepts of critical self-reflection, and eliciting feedback from others, reflexivity is a starting point from which health care providers can mitigate the effects of these assumptions and biases in their practices.

Key Competencies (2)

Physicians are able to:

- 2 Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families.

Enabling Competencies

- 2.1 Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information.
- 2.2 Provide a clear structure for and manage the flow of an entire patient encounter.
- 2.3 Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent.
- 2.4 Enquire in a non-judgmental, rights-based way about whether a patient is using traditional healing practices and how they might be integrated into their care.

Key Competencies (3)

Physicians are able to:

- 3 Share health care information and plans with patients and their families.

Enabling Competencies

- 3.1 Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding.

Indigenous Health Content:

Practise active listening, being present and mindful, hearing the patient's goals and perspectives, and valuing the power of patient story telling.

Communicate test results, reports, diagnoses and treatment plans in ways that are understandable, respectful and incorporates patient feedback. Allow appropriate time for patient questions and discussion.

Example:

- Never interrupt Elders when they are speaking
- 3.2 Disclose harmful patient safety incidents to patients and their families accurately and appropriately.

Key Competencies (4)

Physicians are able to:

- 4 Engage patients and their families in developing plans that reflect the patient's health care needs and goals.

Enabling Competencies

- 4.1 Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, rights-based and culturally safe.

Indigenous Health Content:

Enquire in a non-judgmental, rights-based way about whether a patient is using traditional healing practices and how they might be integrated into their care.

- 4.2 Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health.
- 4.3 Use communication skills and strategies that check in with a patient about their own understanding and help patients and their families make informed decisions regarding their health.

Key Competencies (5)

Physicians are able to:

- 5 Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy.

Enabling Competencies

- 5.1 Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements.

Feedback informed practice will help the provider identify culturally safe care.

- 5.2** Communicate effectively using a written health record, electronic medical record, or other digital technology.
- 5.3** Share information with patients and others in a manner that respects patient privacy and confidentiality and enhances understanding.

Collaborator

All new or revised Indigenous competencies or Indigenous health content in this guide is indicated by two styles:

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Definition

As Collaborators, physicians work effectively with the patient, family, other people the patient defines as part of their health care team and other health care professionals to provide safe, high-quality, patient-centred care.

Indigenous health summative statement

As Collaborators, physicians recognize that the Indigenous patient-physician relationship is a partnership that fosters access to the resources necessary for health and wellness of the person, family and community. Physicians also strive for reciprocity (the act of mutually and equitably exchanging tangible or intangible positive benefits), seeking opportunities to give back in return for new learning from Indigenous Peoples.

Description

Collaboration is essential for safe, high-quality, patient-centred care, and involves patients and their families,^{xv} physicians and other colleagues in the health care professions, community partners, and health system stakeholders.

Collaboration requires relationships based in trust, respect, and shared decision-making among a variety of individuals with complementary skills in multiple settings across the continuum of care. It involves sharing knowledge, perspectives, and responsibilities, and a willingness to learn together. This requires understanding the roles of others, pursuing common goals and outcomes, and managing differences.

Collaboration skills are broadly applicable to activities beyond clinical care, such as administration, education, advocacy, and scholarship.

Key concepts

Collaboration with community providers: 1.1, 1.2, 1.3

Communities of practice: 1.3, 3.2

Conflict resolution, management, and prevention: 2.2

Constructive negotiation: 2.2

Effective consultation and referral: 1.2, 1.3, 3.1, 3.2

Effective health care teams: all enabling competencies

Handover: 3.1, 3.2

Interprofessional (i.e. among health care professionals) health care: all enabling competencies

Intraprofessional (i.e. among physician colleagues) health care: all enabling competencies

Recognizing one's own roles and limits: 1.2, 3.1

Relationship-centred care: all enabling competencies

Respect for other physicians and members of the health care team: 2.1, 2.2

Respecting and valuing diversity: 1.2, 2.1, 2.2

Shared decision-making: 1.3

Sharing of knowledge and information: 1.3, 3.1, 3.2

Situational awareness: 1.1, 1.2, 2.2, 3.1, 3.2

Team dynamics: 1.1, 2.2, 3.1

Transitions of care: 3.1, 3.2

Key Competencies (1)

Physicians are able to:

- 1 Work effectively with physicians and other colleagues in the health care professions.

Enabling Competencies

- 1.1 Establish and maintain positive relationships with patients, families, other people the patient defines as part of their health care team, physicians and other colleagues in the health care professions to support mutual responsibility and accountability for relationship-centred, anti-racist, collaborative care.

Indigenous Health Content:

Patients have the right to access a traditional or non-traditional healer, or both as part of their health care journey. Understand the role of the traditional practitioners and work effectively with them as directed by the patient.

- 1.2 Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care.

Indigenous Health Content:

Demonstrate an awareness of the context of patient referrals.

Culturally safe physicians are aware of the effects of patients travelling unaccompanied from remote locations, and engage in effective consultation with health care professionals in the patients' home community to establish and ensure appropriate support systems and follow-up for sustained culturally appropriate care.

Patients have the right to access a traditional or non-traditional healer, or both as part of their health care journey. Understand the role of the traditional practitioners and work effectively with them as directed by the patient.

- 1.3 Engage in respectful shared decision-making with physicians and other colleagues in the health care professions.

Indigenous Health Content:

Demonstrate an awareness of the context of patient referrals.

Culturally safe physicians are aware of the effects of patients travelling unaccompanied from remote locations and engage in effective consultation with health care professionals in the patients' home community to establish and ensure appropriate support systems and follow-up for sustained culturally appropriate care.

Key Competencies (2)

Physicians are able to:

- 2 Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts.

Enabling Competencies

- 2.1 2.1 Show respect toward collaborators and for various ways of knowing and healing practices.
- 2.2 2.2 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture.

Key Competencies (3)

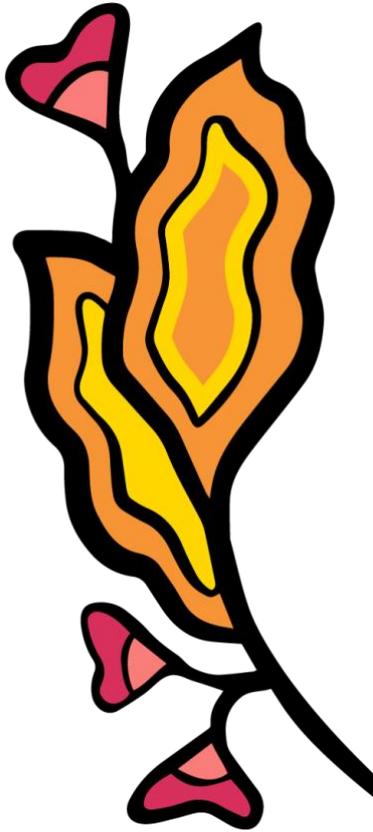
Physicians are able to:

- 3 Hand over the care of a patient to another health care professional to facilitate continuity of culturally safe patient care across communities and jurisdictions.

Enabling Competencies

- 3.1 Determine when care should be transferred to another physician or health care professional.

- 3.2** Demonstrate safe handover of care, and facilitate continuity of care across communities and jurisdictions using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care.



Leader

All new or revised Indigenous competencies or Indigenous health content in this guide is indicated by two styles:

Margin rules, or
character shading

Definition

As Leaders, physicians engage with others to contribute to a vision of a high-quality, culturally safe health care organizations and systems and take responsibility for the delivery of excellent patient care to Indigenous Peoples through their activities as clinicians, administrators, scholars, or teachers. Physicians collaborate with patients, their families, communities and other health and social service providers, assuming complementary roles and cooperatively working together, sharing responsibility in problem solving and decision making.

Description

The CanMEDS Leader Role describes the engagement of all physicians in shared decision-making for the operation and ongoing evolution of the health care system. As a societal expectation, physicians demonstrate collaborative leadership and management within the health care system. At a system level, physicians contribute to the development and delivery of continuously improving health care and engage with others in working toward this goal. Physicians integrate their personal lives with their clinical, administrative, scholarly, and teaching responsibilities. They function as individual care providers, as members of teams, and as participants and leaders in the health care system locally, regionally, nationally, and globally. Indigenous Peoples have the right to equitable health care; however, health care alone is insufficient to close the gaps in Indigenous health.

Key concepts

Administration: 4.1, 4.2

Career development: 4.2

Complexity of systems: 1.1

Consideration of justice, efficiency, and effectiveness in the allocation of health care resources: 1.1, 1.2, 1.3, 1.4, 2.1, 2.2

Effective committee participation: 3.2

Health human resources: 2.1, 4.2

Information technology for health care: 1.4

Leading change: 1.1, 1.2, 1.3, 1.4, 2.2, 3.2

Management of personnel: 4.2

Negotiation: 3.1

Organizing, structuring, budgeting, and financing: 2.1, 2.2, 4.1, 4.2, 4.3

Personal leadership skills: 3.1, 4.1

Physician remuneration: 4.2

Physician roles and responsibilities in the health care system: 1.1, 1.2, 1.3, 1.4, 2.2, 3.2

Physicians as active participant-architects within the health care system: 1.1, 1.2, 1.3, 1.4, 3.2

Practice management to maintain a sustainable practice and physician health: 4.1, 4.2, 4.3

Priority-setting: 2.1, 3.2, 4.1

Quality improvement: 1.1, 1.2, 1.3, 1.4, 2.2, 3.2, 4.3

Stewardship: 2.1, 2.2

Supervising others: 4.2

Systems thinking: 1.1, 1.2, 1.3, 1.4, 2.1, 2.2

Time management: 4.1, 4.2

Key Competencies (1)

Physicians are able to:

- 1 Contribute to the improvement of health care delivery in teams, organizations, and systems.

Indigenous Health Content:

In order to analyze a patient in a culturally safe way, physicians need to understand the complexities of Indigenous health.

Enabling Competencies

- 1.1 Apply the science of quality improvement to contribute to improving systems of patient care.
- 1.2 Contribute to a culture that promotes patient safety.
- 1.3 Analyze patient safety incidents to enhance systems of care.

Indigenous Health Content:

Apply the science of quality improvement, noting that for Indigenous persons, patient safety incidents also include any racist and non-culturally safe practices as they have a negative impact on their health, well-being and health outcomes.

- 1.4 Use health informatics to improve the quality of patient care and optimize patient safety.

Indigenous Health Content:

Apply Indigenous specific analyzes to optimize patient care.

Examples:

- Examine Indigenous specific health indicators
- Determine if data reflective of Indigenous Peoples on reserve, off reserve or both
- Analyze access to primary care physician results given geographic location and model of care in Indigenous communities

Key Competencies (2)

Physicians are able to:

- 2 Engage in the stewardship of health care resources.

Enabling Competencies

- 2.1 Allocate health care resources for optimal patient care.
- 2.2 Apply evidence and management processes to achieve cost-appropriate care.
- 2.3 Ensure that Indigenous communities and patients are involved in decision-making about resource allocation.

Key Competencies (3)

Physicians are able to:

- 3 Demonstrate leadership in professional practice.

Enabling Competencies

- 3.1 Demonstrate leadership skills to enhance health care.
- 3.2 Facilitate change in health care and role model anti-racism practice to improve health, and to enhance services and outcomes.
- 3.3 Respect self-determination in Indigenous Peoples' right to resource allocation decision making, and design and delivery of their own health programs.

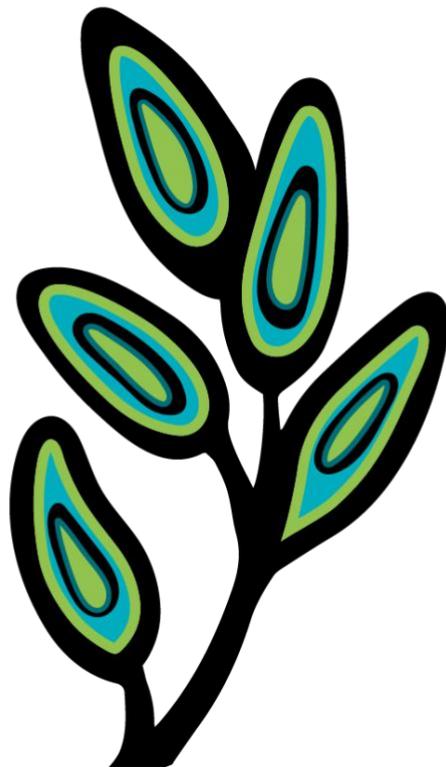
Key Competencies (4)

Physicians are able to:

- 4 Manage career planning, finances, and health human resources in a practice.

Enabling Competencies

- 4.1 Set priorities and manage time to integrate practice and personal life.
- 4.2 Manage a career and a practice.
- 4.3 Implement processes to ensure personal practice improvement.



Health Advocate

All new or revised Indigenous competencies or Indigenous health content in this guide is indicated by two styles:

Margin rules, or
character shading

Definition

As Health Advocates, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

Indigenous health summative statement

As Health Advocates, physicians respect Indigenous rights including identity and self-determination as the basis of population health and wellness, and partner with Indigenous Peoples, families and communities to pursue the highest attainable standard of health, and address inequitable health care and health outcomes.

Description

Physicians are accountable to society and recognize their duty to contribute to efforts to improve the health and well-being of their patients, their communities, and the broader populations they serve.^{xvi} Physicians possess medical knowledge and abilities that provide unique perspectives on health. Physicians also have privileged access to patients' accounts of their experience with illness and the health care system.

Improving health is not limited to mitigating illness or trauma, but also involves disease prevention, health promotion, and health protection. Improving health also includes promoting health equity, whereby individuals and populations reach their full health potential without being disadvantaged by, for example, race, ethnicity, religion, gender, sexual orientation, age, social class, economic status, or level of education.

Physicians leverage their position to support patients in navigating the health care system and to advocate with them to access appropriate resources in a timely manner. Physicians seek to improve the quality of both their clinical practice and associated organizations by addressing the health needs of the patients, communities, or populations they serve. Physicians promote healthy communities and populations by influencing the system (or by supporting others who influence the system), both within and outside of their work environments.

Advocacy requires action. Physicians contribute their knowledge of the determinants of health to positively influence the health of the patients, communities, or populations they serve. Physicians gather information and perceptions about issues, working with patients and their families^{xvii} to develop an understanding of needs and potential mechanisms to address these needs. Physicians support patients, communities, or populations to call for change, and they speak on behalf of others when needed. Physicians increase awareness about important health issues at the patient, community, or population level. They support or lead the mobilization of resources (e.g. financial, material, or human resources) on small or large scales.

Physician advocacy occurs within complex systems and thus requires the development of partnerships with patients, their families and support networks, or community agencies and organizations to influence health determinants. Advocacy often requires engaging other health care professionals, community agencies, administrators, and policy-makers.

Key concepts

Adapting practice to respond to the needs of patients, communities, or populations served: 2.1, 2.2

Advocacy in partnership with patients, communities, and populations served: 1.1, 1.2, 2.1, 2.2, 2.3

Continuous quality improvement: 2.2, 2.3

Determinants of health, including psychological, biological, social, cultural, environmental, educational, and economic determinants, as well as health care system factors: 1.1, 1.3, 2.2

Disease prevention: 1.3, 2.1

Fiduciary duty: 1.1, 2.2, 2.3

Health equity: 2.2

Health promotion: 1.1, 1.2, 1.3, 2.1

Health protection: 1.3

Health system literacy: 1.1, 2.1

Mobilizing resources as needed: 1.1, 1.2, 1.3

Principles of health policy and its implications: 2.2

Potential for competing health interests of the individuals, communities, or populations served: 2.3

Responsible use of position and influence: 2.1, 2.3

Social accountability of physicians: 2.1, 2.3

Key Competencies (1)

Physicians are able to:

- 1 Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment.

Indigenous Health Content:

Advocacy is about creating environments in which people have equal opportunities to be healthy.

The underlying principle to this is authentic allyship^{xviii} – working together, nothing about us without us.

Enabling Competencies

- 1.1 Work with patients to address determinants of health that affect them and their access to needed health services or resources.

Indigenous Health Content:

Demonstrate an understanding of the root causes of inequitable health care and health outcomes.

Culturally safe physicians understand the factors such as discrimination, racism, assimilation and systemic structures such as the Non-Insured Health Benefits Formulary that contribute to the inequity of access for Indigenous Peoples.

Work with Indigenous Peoples, communities and organizations to address the inequitable health care and health outcomes.

Support the development of patients' capacity to self-advocate.

- 1.2 Work with patients and their families to increase opportunities to adopt healthy behaviours.

Indigenous Health Content:

Work with Indigenous Peoples, communities and organizations to address the inequitable health care and health outcomes.

- 1.3 Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients in a non-paternalistic way.

Key Competencies

Physicians are able to:

- 2 Respond to the needs of the communities or populations they serve by practising authentic allyship and advocating with them for system-level change in a socially accountable manner.

Enabling Competencies

- 2.1 Work with patients and their families to identify individual and community priorities for advocating for improved health.

Indigenous Health Content:

Demonstrate an understanding of the root causes of inequitable health care and health outcomes.

Culturally safe physicians understand the factors such as discrimination, racism, assimilation and systemic structures (e.g. Non-Insured Health Benefits Formulary) that affect the inequity of access for Indigenous Peoples and attempt to get patients to have access to first line therapies.

- 2.2 Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities.
- 2.3 Contribute to a process to improve health in the community or population they serve.
- 2.4 Pursues anti-racist interventions. Culturally safe physicians understand the effects of racism on the Indigenous patient and strive to change them. Anti-racist practice involves three important processes: seeing the paths from stereotype to oppression; understanding and connecting paths of oppression to policy and practice; acting for change (McGibbon and Etowa, 2009).



Scholar

All new or revised Indigenous competencies or Indigenous health content in this guide is indicated by two styles:

Margin rules, or
character shading

Definition

As Scholars, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.

Indigenous health summative statement

As Scholars, physicians contribute to, evaluate and disseminate Indigenous health scholarship and exercise cultural humility and self-reflection through reflective practice and continuous learning to enrich their self-learning and teaching. Scholarship, inclusive of Indigenous ways of knowing and valued forms of study, is a key tool for disruption and to achieve system-level change in Indigenous health.

Description

Physicians acquire scholarly abilities to enhance practice and advance health care. Physicians pursue excellence by continually evaluating the processes and outcomes of their daily work, sharing and comparing their work with that of others, and actively seeking feedback in the interest of quality and patient safety. Using multiple ways of learning, they strive to meet the needs of individual patients and their families^{xix} and of the health care system.

Physicians strive to master their domains of expertise and to share their knowledge. As lifelong learners, they implement a planned approach to learning in order to improve in each CanMEDS Role. They recognize the need to continually learn and to model the practice of lifelong learning for others. As teachers they facilitate, individually and through teams, the education of students and physicians in training, colleagues, co-workers, the public and others.

Physicians are able to identify pertinent evidence, evaluate it using specific criteria, and apply it in their practice and scholarly activities. Through their engagement in evidence-informed and shared decision-making, they recognize uncertainty in practice and formulate questions to address knowledge gaps. Using skills in navigating information resources, they identify evidence syntheses that are relevant to these questions and arrive at clinical decisions that are informed by evidence while taking patient values and preferences into account.

Finally, physicians' scholarly abilities allow them to contribute to the application, dissemination, translation, and creation of knowledge and practices applicable to health and health care.

Key concepts

LIFELONG LEARNING

Collaborative learning: 1.3

Communities of practice: 1.3

Patient safety: 1.3

Performance assessment: 1.2

Personal learning plan: 1.1

Quality improvement: 1.1, 1.2, 1.3

Reflection on practice: 1.2

Seeking feedback: 1.2

Self-improvement: 1.1, 1.2, 1.3

TEACHER

Faculty, rotation, and program evaluation: 2.5, 2.6

Formal and informal curricula: 2.1

Hidden curriculum: 2.1

Learner assessment: 2.5, 2.6

Learning outcomes: 2.4, 2.5, 2.6

Mentoring: 2.2, 2.5

Needs assessment: 2.4

Optimization of the learning environment: 2.2

Principles of assessment: 2.6

Providing feedback: 2.5, 2.6

Role-modelling: 2.1, 2.5

Supervision and graded responsibility: 2.3

Teaching and learning: 2.2, 2.4, 2.5

EVIDENCE-INFORMED DECISION-MAKING

Effect size: 3.3, 3.4

Evidence-based medicine: 3.1, 3.2, 3.3, 3.4

Evidence synthesis: 3.2, 3.3

External validity: 3.3

Generalizability: 3.3

Information literacy: 3.2

Internal validity: 3.3

Knowledge gaps: 3.1

Knowledge translation: 3.3, 3.4

Quality-appraised evidence-alerting services: 3.2, 3.4

Recognizing bias in research: 3.3

Structured critical appraisal: 3.3

Uncertainty in practice: 3.1

RESEARCH

Conflict of interest: 4.2, 4.5

Confidentiality: 4.1, 4.2

Informed consent: 4.1

Research: 4.1, 4.2, 4.3, 4.5

Research ethics: 4.2

Research methods: 4.4

Scholarly inquiry: 4.1, 4.2, 4.4, 4.5

Scholarship: 4.1, 4.2

Scientific principles: 4.1

Key Competencies (1)

Physicians are able to:

- 1 Engage in the continuous enhancement of their professional activities through ongoing learning.

Enabling Competencies

- 1.1 Develop, implement, monitor, and revise a personal learning plan to enhance professional practice **using an anti-racist approach**.
- 1.2 Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources **including critical self-reflection and asking for feedback**.

Indigenous Health Content:

Practise reflexivity.

Enrich self-learning and teaching competence through reflective practice. Culturally safe physicians gain knowledge of Indigenous health and cultural safety through reflection on their interactions and engagement with Indigenous patients.

This knowledge is integrated in the physicians teaching in a variety of ways, such as modelling cultural humility and fostering safe environments for Indigenous learners and teachers. This process of reflective practice requires physicians to understand

their place of privilege and tacit assumptions in relation to Indigenous learners, teachers and patients.

- 1.3 Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice.

Key Competencies (2)

Physicians are able to:

- 2 Teach students, residents, the public, and other health care professionals.

Indigenous Health Content:

Enrich self-learning and teaching competence through reflective practice.

Culturally safe physicians gain knowledge of Indigenous health and cultural safety through reflection on their interactions and engagement with Indigenous patients. This knowledge is integrated in the physicians teaching in a variety of ways, such as modelling cultural humility and fostering safe environments for Indigenous learners and teachers. This process of reflective practice requires physicians to understand their place of privilege and tacit assumptions in relation to Indigenous learners, teachers and patients.

Enabling Competencies

- 2.1 Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners.

Indigenous Health Content:

Ensure that Indigenous health is not primarily taught in the hidden curriculum.

- 2.2 Promote a safe learning environment that is free of racism for Indigenous learners.
- 2.3 Ensure patient safety and cultural safety are maintained when learners are involved.
- 2.4 Plan and deliver a learning activity.
- 2.5 Provide feedback to enhance learning and performance.

- 2.6 Assess and evaluate learners, teachers, and programs in an educationally appropriate manner.

Key Competencies (3)

Physicians are able to:

- 3 Integrate best available evidence into practice.

Enabling Competencies

- 3.1 Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them.
- 3.2 Identify, select, and navigate pre-appraised resources.
- 3.3 Critically evaluate the integrity, reliability, and applicability of health-related research and literature.

Indigenous Health Content:

Critically assess the strengths and limitations of data about Indigenous Peoples.

Culturally safe physicians recognize the rights of Indigenous communities' rights to self-determination of research agendas and processes. They also interpret statistical outcomes for Indigenous populations with care.

- 3.4 Integrate evidence into decision-making in their practice.

Key Competencies (4)

Physicians are able to:

- 4 Contribute to the creation and dissemination of knowledge and practices applicable to health.

Enabling Competencies

- 4.1 Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care.

- 4.2 Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations.

Indigenous Health Content:

Demonstrate strategies for working with Indigenous Peoples in ethical research that is premised on respectful relationships guided by the Tri-Council Policy statement.

- 4.3 Contribute to the work of a research program.
- 4.4 Pose questions amenable to scholarly inquiry and select appropriate methods to address them.
- 4.5 Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry.

Indigenous Health Content:

Ensure data and statistics are contextualized within the current and historical socio-political context of Indigenous Peoples.

Professional

All new or revised Indigenous competencies or Indigenous health content in this guide is indicated by two styles:

Margin rules, or
character shading

Definition

As Professionals, physicians are committed to the health and well-being of individual patients and society through ethical and anti-racist practice, high personal standards of behaviour, maintenance of personal health, and accountability to the profession, society and Indigenous communities.

Description

Physicians serve an essential societal role as professionals dedicated to the health and care of others. Their work requires mastery of the art, science and practice of medicine. A physician's professional identity is central to this role. The Professional Role reflects contemporary society's expectations of physicians, which include clinical competence, a commitment to ongoing professional development, promotion of the public good, adherence to ethical standards, and values such as integrity, honesty, altruism, humility, respect for diversity, and transparency with respect to potential conflicts of interest. It is also recognized that, to provide optimal patient care, physicians must take responsibility for their own health and well-being and that of their colleagues. Professionalism is the basis of the implicit contract between society and the medical profession, granting the privilege of physician-led regulation with the understanding that physicians are accountable to those served, to society, to their profession, and to themselves.

Key concepts

Professional identity: 1.1, 4.1, 4.2

COMMITMENT TO PATIENTS

Altruism: 1.1

Bioethical principles and theories: 1.3

Commitment to excellence in clinical practice and mastery of the discipline: 1.2

Compassion and caring: 1.1

Confidentiality and its limits: 1.1, 1.5

Disclosure of physician limitations that affect care: 1.1

Insight: 1.1, 1.3, 1.4, 2.1

Integrity and honesty: 1.1

Moral and ethical behaviour: 1.1, 1.3

Professional boundaries: 1.1

Respect for diversity: 1.1

COMMITMENT TO SOCIETY

Commitment to the promotion of the public good in health care: 2.1, 2.2

Social accountability: 2.1, 2.2

Social contract in health care: 2.1, 2.2

Societal expectations of physicians and the profession: 2.1, 2.2

COMMITMENT TO THE PROFESSION

Accountability to professional regulatory authorities: 3.1

Codes of ethics: 3.1

Commitment to patient safety and quality improvement: 2.1, 4.1

Commitment to professional standards: 3.1

Conflicts of interest (personal, financial, administrative, etc.): 1.4

Medico-legal frameworks governing practice: 3.1, 3.3

Responsibility to the profession, including obligations of peer assessment, mentorship, collegiality, and support: 3.2, 3.3, 4.3

COMMITMENT TO SELF

Applied capacity for self-regulation, including the assessment and monitoring of one's thoughts, behaviours, emotions, and attention for optimal performance and well-being: 4.1

Career development and career transitions: 4.1, 4.2

Commitment to disclosure of harmful patient safety incidents, including those resulting from medical error, and their impact: 4.2, 4.3

Mindful and reflective approach to practice: 4.2

Resilience for sustainable practice: 4.2

Responsibility to self, including personal care, in order to serve others: 4.1

Key Competencies (1)

Physicians are able to:

- 1 Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards.

Enabling competencies

- 1.1 In the context of Indigenous health, exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating cultural safety, honesty, integrity, humility, commitment, compassion, respect, anti-racism, anti-oppression and maintenance of confidentiality.
- 1.2 Demonstrate a commitment to excellence in all aspects of practice.
- 1.3 Recognize and respond to ethical issues encountered in practice.
- 1.4 Recognize and manage conflicts of interest.
- 1.5 Exhibit professional behaviours in the use of technology-enabled communication.

Key Competencies (2)

Physicians are able to:

- 2 Demonstrate a commitment to a nation-to-nation relationship by recognizing and responding to Indigenous communities' expectations in health care.

Enabling competencies

- 2.1 Demonstrate accountability to Indigenous patients, communities and the profession by responding to Indigenous communities' expectations of physicians.
- 2.2 Demonstrate a commitment to patient safety and quality improvement.
- 2.3 Deconstruct inherent privilege and power within the context of medicine and colonization. Culturally safe physicians practice humility and demonstrate anti-racist behaviours and approaches and intervene when critical incidents are witnessed.

Key Competencies (3)

Physicians are able to:

- 3 Demonstrate a commitment to the profession by adhering to ethical and community standards.

Enabling competencies

- 3.1 Fulfill and adhere to the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), Truth and Reconciliation Commission of Canada's Calls to Action, professional and ethical codes, standards of practice, and laws governing practice.

Indigenous Health Content:

Indigenous Peoples and communities are only capable of identifying culturally safe interactions – consequently physician led regulators who are primarily non-Indigenous are not able to define what culturally safe care looks like nor able to adjudicate what is and is not culturally safe practice.

- 3.2 Recognize and respond to unprofessional and unethical and/or racist behaviours in physicians and other colleagues in the health care professions.
- 3.3 Participate in peer assessment and standard-setting.

Key Competencies (4)

Physicians are able to:

- 4 Demonstrate a commitment to physician health and well-being to foster optimal patient care.

Enabling competencies

- 4.1 Exhibit self-awareness and manage influences on personal well-being and professional performance.
- 4.2 Manage personal and professional demands for a sustainable practice throughout the physician life cycle.
- 4.3 Promote a culture that recognizes, supports, and responds effectively to colleagues in need.

Appendix A: The Indigenous Health Specialty in Postgraduate Medical Education (PGME) Steering Committee

The Indigenous Health Specialty in PGME Steering Committee was formed to provide strategic guidance in Indigenous health education in postgraduate specialty training following the Royal College Council resolution “that Indigenous health become a mandatory component of postgraduate medical education, including curriculum, assessment and accreditation” (October 2017). The Steering Committee’s core responsibilities are to:

- define the Indigenous health concepts that will underpin educational standards and programs related to the implementation of the October 2017 Council resolution;
- guide the development of the implementation approach to successfully execute Council’s resolution based on sound pedagogical foundations, and in a fiscally responsible and feasible manner for the Royal College and faculties of medicine, in collaboration with relevant Royal College committees and management, faculties of medicine and others as needed;
- provide strategic guidance to relevant Royal College committees and management for the successful implementation of Indigenous health in PGME; and
- articulate a process for community engagement required to ensure that content reflects the perspectives and needs of relevant First Nations, Inuit and Métis stakeholders.

Membership composition includes:

- Chair: Lisa Richardson, MD, FRCPC, co-chair of the Royal College Indigenous Health Committee (IHC),
- Honorary co-chair: Tom Dignan, MD, O.Ont, FRCPSC (Hon), IHC co-chair,

- Indigenous educators and scholars,
- Faculties of medicine: one dean and one associate dean of postgraduate medical education,
- Royal College Committee chairs: Specialty Education, Accreditation, Assessment and Fellowship Affairs,
- Learners and early career physicians, and
- Ex-officio Royal College staff members from the Offices of Specialty Education; Research, Health Policy and Advocacy; and Professional Practice and Membership

IHC's role and external Indigenous representation on the Steering Committee cannot be overemphasized. IHC advises and guides the Royal College on all matters pertaining to Indigenous health. Collaboration with the Indigenous Physicians Association of Canada, Canadian Indigenous Nurses Association, College of Family Physicians of Canada Indigenous Health Working Group amongst others, is critical to success.



Appendix B: Background documents

This guide responds to and is aligned with the *Truth and Reconciliation Commission's (TRC) Calls to Action* (2015). Among its comprehensive and Indigenous-authored calls to action, the TRC asked health educators to “provide cultural competency training for all health care professionals” and to “recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients”. This guide will support medical educators as they respond to these and other TRC Calls to Action.

Recognizing past efforts, this guide builds on key pedagogical resources developed collaboratively by Indigenous leaders and medical educators. It updates and further articulates elements of cultural safety that were outlined in the 2019 core competencies PGME curriculum guide developed by the Indigenous Physicians Association of Canada in partnership with the Royal College and others. This guide also integrates content from the *Indigenous Health Values and Principles Statement* (2019) which identifies skills, attitudes and behaviours for health care practitioners to provide optimal care for Indigenous patients based on the CanMEDS Roles.

Background Documents

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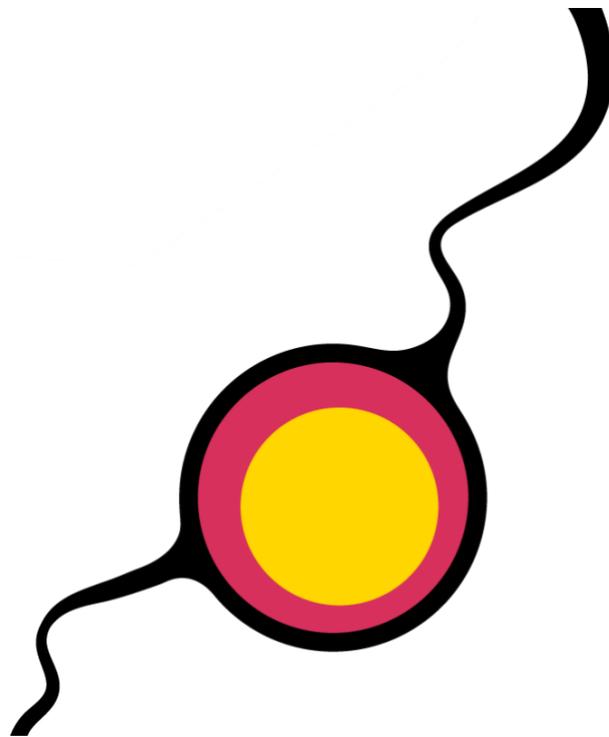
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Appendix C:

Indigenous health cultural safety background

According to Statistics Canada's 2016 Census of Population, there are 1.6 million Indigenous Peoples in Canada accounting for 4.9 per cent of the population. This number reflects population growth of over 20 per cent among First Nations, Inuit and Métis peoples since 2011. Census statistics likely underestimate the number of Indigenous Peoples in Canada because some individuals may not self-identify as Indigenous^{xx} for numerous reasons.

As health care workers and professionals serve Canada's growing Indigenous population, it is important to acquire knowledge of Indigenous health status and the unique challenges Indigenous Peoples face in accessing health care. As with all peoples, health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.^{xxi} Although there is significant diversity among Indigenous nations, a consistent theme in the conceptualizations of health and well-being is the inclusion of physical, mental, emotional and spiritual dimensions of self, and of the harmonious relationships with family, community, nature and the environment.

Health has been disrupted for Indigenous people, communities and populations as a result of colonization.^{xxii} Loss of land, suppression of autonomy and livelihood, and legislation that impacts access to health are historical events with long-lasting repercussions. Furthermore, it is well documented that inequities in health exist on the basis of race in Canada.^{xxiii} Racism cannot be ignored. Indigenous Peoples carry an inordinate burden of health disparities across their lifespans, at individual and community levels, and in acute and chronic disease. Overall, Indigenous Peoples suffer the worst health status in the country.^{xxiv} As Canada has recently affirmed through the adoption of the United Nations Declaration on the Rights of Indigenous Peoples,^{xxv} Indigenous Peoples indeed have the right to enjoy full expression of identity and health.

The United Nation's Declaration on the Rights of Indigenous Peoples (2007) provides a "universal framework of minimum standards for the survival, dignity and well-being of the Indigenous Peoples of the world and it elaborates on existing human rights

standards and fundamental freedoms as they apply to the specific situation of Indigenous Peoples.”^{xxvi} Although the residential school system, which was designed to integrate children into mainstream society by destroying their cultural bonds, no longer exists (the last one closed in 1996), the legacy of harm on the health and well-being of survivors and their descendants persists. Structural and personal racism, historical legacies and ongoing structural inequities in government policies contribute to the ongoing disparities in Indigenous Peoples’ health and health care.

Indigenous communities, nations, organizations and leaders are actively engaged in health transformation through self-determination, language, culture and land-based healing programs, and other significant interventions that build on the resilience and strengths of communities. Self-determination in health, or the rights of Indigenous Peoples to determine their own paths for health and healing, should be central for all policy-makers, system leaders, medical educators and individual health care providers in interactions with Indigenous Peoples. Consequently, this guide grows out of the Indigenous perspectives and ideas reflected in the three primary source documents, and subsequently maps them onto the CanMEDS Framework.

Cultural safety and anti-racism education are central to Indigenous health

The health care of an Indigenous person reflects the same dimensions of quality for patient-centred care recognized by the Royal College, the Canadian Medical Association and the College of Family Physicians of Canada. These dimensions are safety, accessibility, acceptability, appropriateness, provider competence, efficiency, effectiveness and outcomes (Royal College, 2012a).

In addition to these dimensions, however, are other ideas to guide health care providers in caring for Indigenous patients, families and communities. Cultural safety and anti-racist practice are foundational principles for a provider to be competent in the health care of Indigenous Peoples.

Cultural safety extends the care of Indigenous patients to resonate with their beliefs and values and calls on the practitioner to understand the historical and contemporary context of Indigenous Peoples in Canada. Cultural safety is focused on social justice and the proper use of power in the delivery of health care. It is based on understanding power differentials in the health care system and serves as

a concept for guiding an analysis of power in every relationship of difference (Hart-Wasekeesikaw Canada, 2009; Ramsden, 2002).

Cultural safety goes beyond cultural competence in improving Indigenous health; it analyzes power imbalances, institutional discrimination, colonization and colonial relationships as they apply to health, care and health education. Culturally safe practices require critical thinking and self-reflection about power, privilege and racism in educational and clinical settings. It is the patient who defines whether a culturally safe space is being created in a relationship.

Cultural humility is an extension of cultural safety, where honest contrition translates into actions to right wrongs and to humbly place oneself as a respectful learner of the other's way of being. It is about true respect in a relationship, built on trust and a dismantling of power imbalances.

Culturally safe practice, reflexivity and self-reflection by physicians show that they are in tune with Indigenous health. These providers think critically about what it is like to navigate the health system as an Indigenous person and as a result they are empathetic, open-minded and understand the negative effects of colonization, racism and oppression. They intervene with anti-racist interventions and treat the patient in a safe space that is defined by the patient.

Anti-racist practice involves three important processes: seeing the paths from stereotype to oppression; understanding and connecting paths of oppression to policy; and acting for change (McGibbon and Etowa, 2009). Both cultural safety and anti-racist practice are key underlying themes that inform all of the educational goals described in this draft guide.

Appendix D: Glossary of terms^{xxvii}

ANTI-RACISM

Where racism is confronted, this attribute is an integral part of being culturally safe. This term is now expanding and is being used more accurately to reflect the purpose of being culturally safe by employing anti-racism interventions.

AUTHENTIC ALLYSHIP

“Being an ally is about disrupting oppressive spaces by educating others on the realities and histories of marginalized people.”^{xxviii}

COLONIZATION

This term refers to the exploitation, subjugation and genocide of Indigenous Peoples and their cultures using instruments of power that include political, economic and social policies to de-humanize, oppress and control.

COMMUNITY AND PATIENT-CENTRED CARE

It means attending to the care of the patient as a member of a community, and also to the community itself.

CULTURAL COMPETENCE

Although cultural competence is widely touted as a panacea, it does have its limits. Cultural competence can be seen as “a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations.” (U.S. Department of Health and Human Services, 2001). Cultural competence denotes the attainment or application of knowledge and skills, but it does not necessarily translate into desired outcomes in the patient-provider experience if a trusting relationship has not been forged.

CULTURAL SAFETY

Cultural safety goes beyond cultural competence in improving Indigenous health; it analyzes power imbalances, institutional discrimination, colonization and colonial

relationships as they apply to health, care and health education. Culturally safe practices require critical thinking and self-reflection about power, privilege and racism in educational and clinical settings. It is the patient and student who define whether a culturally safe space is being created in a relationship.

CULTURAL HUMILITY

Cultural humility is an extension of cultural safety, where honest contrition translates into actions to right wrongs and to humbly place oneself as a respectful learner of the other’s way of being. It is about true respect in a relationship, built on trust and a dismantling of power imbalances.

DE-COLONIZATION

This is the process of undoing the harms caused by colonization by correcting power imbalances, practising cultural safety through anti-racism interventions, and reforming systems to embrace Indigenous Peoples as equals who possess strengths, rather than seeing deficits.

EPISTEMOLOGY

This is the branch of philosophy concerned with the nature and origin of knowledge, including its limits and validity; in Indigenous health, it examines the roots of dominant (colonial) cultural perspectives.

HEALTH DISPARITIES

Health disparities are those indicators that show a disproportionate burden of disease on a particular population.

HEALTH INEQUITIES

Health inequities point to the underlying causes of health disparities.

HOLISM

The maintenance of the quality of mental, physical, emotional and spiritual life is the ultimate goal in Indigenous health care.

INDIGENOUS

For consistency of terminology — encompassing cultural diversities, reflecting historical accuracies and respecting the people this document is intended to benefit — the term “Indigenous” is used throughout in place of Aboriginal people, First

Nations, Inuit and Métis. To borrow from the National Aboriginal Health Organization's (NAHO) glossary and terms (2008), "Indigenous" means "native to the area." In this sense, according to NAHO's terminology, "Aboriginal Peoples" are indeed "Indigenous" to North America.

The term Indigenous also recognizes the ownership of land by the original people, prior to colonization.

INDIGENOUS SCIENCE

This term is a morphology that values and legitimizes Indigenous wisdom at the same level as other sciences; it is a form of respect and recognition that elevates culture, history and ways beyond subjugation.

INTERSECTIONALITY

A theory and practice that challenges reductive ways of understanding difference. It acknowledges that people's experiences can be shaped by their race, gender, class, and other dimensions, and cannot be understood well by examining any one dimension in isolation. By considering how social relations and structures create differing experiences within and between people, intersectionality identifies how people can have a variety of experiences within Indigenous and Western ways of knowing (Stinson, n.d.).

REDUCTIONISM

The reductionist paradigm consists of splitting reality into separate entities and studying their functioning (Fardet & Rock, 2014).

RACISM

Racism includes the belief that one's own race is superior to another. It also includes discrimination based on policy, and outright hatred or intolerance. Racism is shaped by the distribution of money, power and resources that control the social determinants of health (Reading, 2013). Racism appears in many forms, all of which are destructive and lead to negative health effects on individuals, families and communities (National Collaborating Centre for Aboriginal Health, 2013).

RECIPROCITY

The obligation to give something back in return for gifts received – is necessary for mutually beneficial patient-physician relationships and those conducting research involving Indigenous Peoples and communities.

RECONCILIATION

This is the movement to redress the legacy of residential schools in Canada through the Truth and Reconciliation Commission's Calls to Action. This process germinated from Senator Justice Murray Sinclair's inquiry into a historical record of racism faced by Indigenous communities that resulted in 94 calls to action for the colonizing powers to follow to start the healing process.

REFLEXIVITY

This term denotes a thought process examining one's own judgments, practices or belief bias, which is reflected in the person's work or behaviour.

SELF-DETERMINATION

Self-determination empowers and enables communities to build capacity and gain control over the wide-ranging forces that affect Indigenous Peoples' health and well-being at individual and collective levels (Garces-Ozanne, Ikechi kalu, & Audas, 2016 in National Collaborating Centre for Indigenous Health, 2020).

TRAUMA AND VIOLENCE INFORMED CARE

An organizational structure and treatment framework that increases the safety of health care by understanding, identifying and responding to the effects of trauma. Providers consider the possibility that each individual they engage with may have experienced trauma and prioritize their safety, choice, control and empowerment. This universal precaution ensures the care provided minimizes the risk of re-traumatizing patients and contributes to support and healing (Public Health Agency of Canada, 2018; Canadian Centre on Substance Abuse, 2014).

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^{xii} Throughout the CanMEDS 2015 Framework and Milestones Guide, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

^{xiii} Throughout the CanMEDS 2015 Framework and Milestones Guide, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the

patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

^{xiv} Note that the Communicator Role describes the abilities related to a physician-patient encounter. Other communication skills are found elsewhere in the framework, including health care team communication (Collaborator) and academic presentations (Scholar).

^{xv} Throughout the CanMEDS 2015 Framework and Milestones Guide, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

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