EXPERT PANEL REVIEW

EXECUTIVE SUMMARY

AND

RECOMMENDATIONS

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Prepared by:

Dr. Marcia Anderson

Dr. Sheila Cote-Meek

Dr. Jerry Maniate

Dr. Lisa Richardson

Through a vision imparted upon Elder Langford Ogemah, he gave to the School as he was directed, **Gaa-taa-gwii** (meaning "to join, to help"). The two eagle feathers symbolize the separate and unique physical locations of NOSM's two host university locations - Lakehead University and Laurentian University. The red cedar base represents Mother Earth, who eloquently joins everything and everybody together. The black, red, yellow, and white ribbon signifies many races of human kind, who are part of NOSM as learners, staff, faculty, and the various advisory groups. Lastly, the four colours represent the four directions and overall, the symbolism of all of the parts represents interconnectedness regardless of physical location.

Executive Summary

The Northern Ontario School of Medicine (NOSM) was established by the Government of Ontario with a social accountability mandate to increase the supply of physicians in Northern Ontario, while enhancing access to care and improving the health and well-being of the people in Northern Ontario including the health of Indigenous Peoples. Its unique structure as a joint initiative between two universities, Lakehead University in Thunder Bay and Laurentian University in Sudbury, in conjunction with both the diverse populations and vast distances between communities that it serves, has provided a novel environment into which learners are immersed for experiential health professions learning opportunities embedded within an understanding of social accountability. The experience at NOSM has been contingent upon building relationships with local Indigenous Peoples founded upon trust and respect, which necessitates addressing tensions and concerns that can strain those relations.

Over the years, dating back to when NOSM was being conceptualized, the local communities and population were brought together several times with those from the healthcare system and academic system to envision a new medical school to serve the region. Reports from each of those gatherings and the recommendations they provided have shaped the evolution of NOSM to be more reflective of the communities and population they serve. Similarly, in the broader Canadian context, there have been efforts to explore the various impacts that have been experienced by Indigenous populations, most recently through the Truth and Reconciliation Commission (TRC) of Canada. The Calls to Action outlined by the TRC were intended to recognize the cumulative impact of governmental policies on the Indigenous peoples of Canada but to also revitalize the relationship between Indigenous peoples and Canadian society.

The overarching goal of this review has been to build on NOSM's strengths as a medical school founded on principles of social accountability and community engagement, and to ensure that strategies, processes and structures are developed to deepen the relationships between NOSM and Indigenous Peoples upon a strong foundation of trust and respect. This includes addressing experiences of systemic racism, such that the roles, responsibilities and actions undertaken by all, aim to strengthen relations while supporting improvements to Indigenous health across Northern Ontario.

The Expert Panel collected and analyzed information through document analysis, interviews, and a survey. Ten key themes emerged as areas of focus for the development of recommendations that could assist NOSM as it moves forward. The key themes are:

1. Indigenous Learner Experience: a mix of positive and negative experiences from the time of application for admission through peer group interactions were reported, and present an opportunity to strengthen cultural safety and improve Indigenous learner experience.
2. Indigenous Health Curriculum: key needs emphasized the importance of having Indigenous faculty lead the development and implementation of the Indigenous health curriculum and the spiraling of content throughout both undergraduate and postgraduate programs.
3. Indigenous and Non-Indigenous Faculty: although there has been a recent hire of a full-time Indigenous faculty member, there is a need to develop a critical mass to lead all aspects of Indigenous health work as well as cultural safety and anti-racism training for all faculty.
4. Indigenous Affairs Unit (IAU): role clarity for the IAU, strengthening the integration of the IAU into the NOSM community, and leadership at both the Laurentian and Lakehead campuses emerged, as key needs.
5. Human Resources: in addition to recruiting more Indigenous faculty, the broader context of the union environment emerged as a potential challenge to recruiting Indigenous people across the NOSM organization.
6. Indigenous Reference Group (IRG): the structure of the IRG has limited its effectiveness in creating structural or institutional change that would support recommendations from the community. This has impacted the relationship between NOSM and the IRG.
7. Involvement of Elders: elder involvement started out strong particularly with respect to curriculum development but this has waned over time; in governance and leadership multiple people were unsure of the transition from an Elders Council into part of the IRG.
8. Indigenous Community Engagement and Participation: community partnership gatherings were well received, however communication between gatherings is a concern. Governance participation was felt to be weakened when the changes to the board from representation to skills-based was made.
9. Communication: both communication within NOSM between different departments/ units as well as communication between NOSM and the communities it serves can be strengthened. Increasing skills for conflict resolution and negotiation is an important strategy for strengthening communication.
10. Indigenous Cultural Safety: concerns about cultural safety ranged from individual experiences of unsafe comments and behavior by learners and staff, to the devaluing of Indigenous knowledge; a specific parallel concern was that the admissions process does not adequately assess individual commitment to NOSM’s stated values and mandate.

This report includes 44 recommendations that we hope will contribute to the strengthening of trust and respect between NOSM and Indigenous Peoples in order

for the medical school to fulfill its social accountability mandate and create a healthier North while also serving as an example of reconciliation between non- Indigenous and Indigenous people in Canada.

RECOMMENDATIONS

1. In addition to the strong support provided by the IAU, develop a broader community of support for Indigenous learners that strengthens ties with Indigenous student groups on the campus of the partner universities, Lakehead University and Laurentian University.

2. Organize formal mentorship of Indigenous medical students by Indigenous faculty and residents. Ensure that the mentors and mentees are supported through appropriate resources and faculty / professional development to maximize the impact of the mentorship.

3. Ensure that all people who participate on the Admissions Committee and in the Admissions process complete Indigenous Cultural Safety training.

4. Create a designated Indigenous Admissions Advisor position to (a) assist IAU with recruitment and (b) provide support for Indigenous applicants.

5. If necessary, amend the Terms of Reference of the Admissions Committee to include Indigenous Faculty Member representation in addition to the Indigenous Admissions Advisor. This will support the NOSM Admissions team to ensure a fair and safe admissions process, including the development and use of selection tools that assess for attitudes and behaviours related to Indigenous peoples in all applicants.

6. Clarify the roles and responsibilities of IAU and Learner Affairs for academic and other support to Indigenous students during medical school related to both informal help and formal remediation.

7. The development and implementation of a longitudinal spiral Indigenous health curriculum should be led by Indigenous faculty and staff with appropriate resources.

8. Implement a longitudinal spiral curriculum, including program evaluations and student assessments, throughout the four years of medical school that build on the current teaching in CBM 106. Current gaps in the undergraduate medical education (UME) curriculum to be addressed include Indigenous perspectives of historical and contemporary relationships, concepts of power and privilege and how they are embedded at all levels of the system, and conflict resolution.

9. Integrate the core requirements for Indigenous health into the formal curriculum, resident assessment system and program evaluation of all residency programs at NOSM as outlined by the College of Family Physicians of Canada (CFPC) and Royal College of Physicians and Surgeons of Canada (RCPSC) through the identification of key competencies that build upon the roles within the CanMEDS Framework.

10. Ensure both Indigenous and non-Indigenous facilitators who lead sessions in the Indigenous health course are adequately and appropriately trained in anti-racist / anti-colonial pedagogical approaches and have sufficient support to create a safe learning environment for debriefing especially following difficult sessions.

11. For CBM 106, there is a need to outline processes for urgent issues related to student wellbeing or lapses in professionalism during the placements with respect to: (a) communication with communities; and (b) communication, roles and responsibilities of NOSM stakeholders (IAU, Academic Affairs, course leadership). Furthermore, medical school applicants should acknowledge and commit to meaningful and respectful participation in CBM 106 as a requirement for admission to NOSM.

12. Strong consideration should be given to the development of an Academic Unit focused on Indigenous Health in which Indigenous faculty can be supported to have meaningful involvement in admissions, student progress, UME and PGME curriculum, and Indigenous student affairs. It would be reasonable to merge this with the existing IAU.

13. NOSM should support the development and implementation of a formal network for Indigenous faculty through the new Academic Unit or the existing IAU. Activities might include a digital forum, newsletter, annual retreats, and protected time to attend national events such as the Indigenous Physicians Association of Canada (IPAC) Annual General Meeting or other activities. The structure and activities of this network could be determined at an outreach event for Indigenous faculty where they have an opportunity to share their experiences and determine future needs.

14. An Indigenous Health Workforce Development Plan should be developed and implemented. This should include a formal assessment of the needs for Indigenous faculty members and staff to lead all aspects of Indigenous Health work across NOSM. This includes for example: Indigenous Faculty Members to lead the review and further develop the UME Indigenous Health Course, strengthen presence of Indigenous health teaching in the core common curriculum and in specific residency program curricula,

provide program leadership to the Northern First Nations Residency Program, provide senior administrative leadership in Indigenous health at Executive Group (EG), participate on key decision-making committees, and provide programmatic leadership to IAU including student support and mentorship.

15. Consider a process to formalize Faculty Appointments for Elders.

16. Continuing professional development (CPD) in Indigenous Health for all clinical and non-clinical faculty members must be made mandatory. Additionally, NOAMA and the Associate Deans should work with Indigenous educators and other stakeholders to develop mandatory academic deliverables related to Indigenous Health for the Local Education Groups (LEGs). This requirement can be embedded within the CPD accreditation process for NOSM approved programs and activities.

17. There is a need to engage the academic health science centers, hospitals, and other clinical institutions / spaces that are associated with NOSM to ensure that they are culturally safe and supportive clinical learning environments for all learners, faculty members and staff. This will require the engagement of senior leadership at these facilities and institutions to recognize their important role in shaping the cultural environment into which all NOSM learners, faculty members and staff are immersed.

18. Whether NOSM moves forward with a merged Academic Unit with IAU or not, consideration should be given to having a senior management position for the IAU at each site rather than one Director who is based at NOSM at Lakehead or NOSM at Laurentian The senior managers should be in weekly communication to ensure there is a unified vision and approach and equitable treatment of staff on each campus.

19. Once NOSM has created a larger strategic plan related to Indigenous affairs, the IAU senior managers should work with their staff to establish clear and measurable work plans that include performance objectives. These should be reviewed by the IAU senior managers during regularly scheduled monthly staff meetings.

20. There must be regular monthly staff meetings with the IAU where everyone is included at both sites using the videoconferencing platform. Further it is recommended that at least one face to face IAU meeting, alternating between the two campuses, occur every six months in order to strengthen the relationships and build a more cohesive team.

21. Supportive human resources policies and processes will be a critical part of the Indigenous Health Workforce Development Plan. Strong consideration should be given to policies which require specific recruitment of Indigenous peoples for job opportunities at NOSM including setting a minimum number of Indigenous peoples who should be interviewed for any given position. It will be important to engage the unions in this planning.

22. In order to support efforts at improving the cultural safety of the work and learning environments, hiring processes should include assessment of cultural safety and anti-racism for all faculty and staff positions.

23. Any search committee for a leadership role, research chair, Faculty position or staff position should comprise at least two Indigenous people. Additionally, all members of the search committee should participate in implicit bias training. In an effort to build Indigenous involvement in both Indigenous and non-Indigenous portfolios, this approach should apply to all hiring.

24. The IRG as it is currently constituted should be dissolved with the functions of the IRG distributed, with governance responsibilities embedded within the Board of Directors, while academic responsibilities are embedded within the Academic Leadership within NOSM. This dissolution should not occur until the new Indigenous governance structures are in place.

25. At the Board of Directors level, strong consideration should be given to further recruitment of more Indigenous Board members as well as the development of an Indigenous Affairs Sub-Committee of the Board. This subcommittee would be chaired by an Indigenous Board Member, include other Indigenous and non-Indigenous Board members as well as Indigenous faculty and students, respecting a balance between the East and West regions.

26. The Indigenous Affairs Sub-Committee would be responsible for monitoring clear metrics of NOSM's social accountability mandate with respect to Indigenous peoples, reporting on same to the Board, and holding the Dean / CEO accountable for progress.

27. Academic Leadership within NOSM should include a Dean's level senior administrative position, such as an Associate Dean, focused exclusively on Indigenous Academic Affairs and Community Engagement. This should be supported by strong Indigenous Faculty engagement on Academic

Council, and programmatic leadership of IAU or a new Indigenous Health Academic Unit (see recommendation 12) by Indigenous Faculty.

28. The involvement of Elders in NOSM should be representative of the diverse First Nations and Métis communities that are served.

29. A minimum of two Elders could be integrated both into the Board of Directors and the Indigenous Affairs Sub-Committee of the Board.

30. Consideration should be given to establishing an Elders/ Knowledge Keepers Circle to support the IAU/ new Indigenous Health Academic Unit. The function of this Circle could include ceremonial/ spiritual/ cultural support to Indigenous Faculty, staff and students when needed; providing vision, guidance and direction; and support continued cultural and community connection for Indigenous people in what is often challenging academic environments.

31. A Distinctions- Based Approach to community engagement, as well as Board representation and recruitment at all levels should be implemented.

32. Given the current context, resources should be identified to allow NOSM to have more of a visible presence in the Indigenous communities it serves, with opportunities for Senior Administration, the Board, faculty and staff to visit and engage local leaders.

33. Strong consideration should be given to the development and implementation of a re-engagement plan with a view to redefining the social accountability mandate and setting clear metrics of progress that are mutually agreeable and would chart the path towards the desired partnership.

34. Bilateral negotiations with key Indigenous stakeholders around appropriate relationships, governance and accountability mechanisms including the Board changes proposed above should occur. Changes to the Board structure should not happen unilaterally.

35. Role clarity for Indigenous faculty members in governance and/or academic leadership is required as well as their relationships to the IAU.

36. Relationships have deteriorated to the point where professional assistance in mediation and conflict resolution will likely be necessary for those who continue to have roles at NOSM. It will be imperative that the mediator have experience in cross-cultural contexts, a high degree of knowledge

and experience facilitating dialogues around race and culture, and be mutually agreeable to all parties involved.

37. Consideration could be given to establishing a Faculty Code of Conduct and/ or Professionalism policy that is clear and that people are equally held accountable to.

38. Executive Group, the Senior Administration and all other leaders at NOSM need to be visible role models of the expected behaviour and also should participate in conflict resolution and negotiation professional development to increase their ability and confidence in addressing conflict. This should be a highly prioritized skill base for the incoming Dean/ CEO.

39. Mentorship and executive / leadership coaching should be made available to all Indigenous faculty members with a particular focus on those in any leadership role.

40. There should be a clear cultural safety/anti-racism policy that applies to learners, faculty members and staff and a clear process for reporting.

41. While protecting anonymity, it is important that public reporting of the number of complaints each time period, investigations in process and completed, and outcomes (e.g. remediation, meeting with dean/ department head, letter in file, removal from teaching duties) occurs. This may serve to increase confidence in reporting but also sends a clear message about the unacceptability of culturally unsafe or racist behavior.

42. The team that receives and investigates complaints should have Indigenous representation and specific training in cultural safety and anti-racism.

43. Cultural safety and anti-racism training should be mandatory for all faculty members, staff, residents and medical students. Training should be progressive and should strengthen the ability of faculty members to work appropriately with Indigenous students. There should be consideration for the inclusion of assessment of cultural safety and anti-racism on clinical evaluations of learners and on annual performance reviews and reappointments for faculty.

44. In addition to developing relationships / partnerships with LEGs and other distributed clinical learning sites for the purposes of strengthening the Indigenous health curriculum and social accountability mandate, this is important in order to strengthen the ability to respond to concerns about cultural safety/ racism in the distributed learning environments.