



ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA

Proposed directions to move from ideology to action

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Prepared by The Indigenous Health
Advisory Committee and the Office
of Health Policy and Communications

Recommended actions

Proposed recommendations for action

Background

The health and wellbeing of Indigenous Peoples are a priority for the Royal College. Its 2012-2014 strategic plan seeks to improve their health status. While Indigenous Peoples suffer the poorest health in Canada because of their historical context, and ongoing racism and oppression, they are not the only people plagued with ill-health in our nation.

The actions in this plan, such as advancing cultural safety, will help address health inequities in other communities (e.g., new immigrants and people living in poverty). Note that the term “health inequities” replaces “disadvantaged populations” used in the strategic plan as it positions these communities as victims, rather than focusing on the upstream issues such as racism and oppression in the case of Indigenous Peoples.

Representatives from the College of Family Physicians of Canada, Canadian Medical Association and Association of Faculties of Medicine of Canada, expressed a strong desire to collaborate with the Royal College in improving the health status of Indigenous Peoples.

Guidelines

- Actions are consistent with the Royal College’s mission “to improve the health and care of Canadians by leading in medical education, professional standards, physician competence and the continuous enhancement of the health system.”
- Actions align with the Royal College’s “Indigenous health values and principles statement.”ⁱ
- Implementation draws on health care and educational expertise in the indigenous community and those organizations that have more experience, success and established credibility in indigenous health.ⁱⁱ
- Actions follow the spirit of the World Health Organization’s 1946 definition of health that was adapted by the Royal College in 2012: “Health” is holistically defined as a state of complete physical, cognitive, emotional, social and spiritual wellbeing and not merely the absence of disease or infirmity, within a cultural context.ⁱⁱⁱ

Introduction

It is important to recognize that many organizations (including the Aboriginal Healing Foundation and the National Aboriginal Health Organization who have since lost federal government support) have made important contributions aimed at improving the health of Indigenous Peoples. Regardless of the level of collaboration with

i Overarching indigenous health principle

“The (health) care of an indigenous person reflects the dimensions of quality for patient-centred care that resonate with their culture in all stages of that person’s life. The physician demonstrates empathy, open-mindedness, consensus and understanding of the issues facing Indigenous people and the social determinants of health that contribute to their health status. The decision-making process recognizes the value of indigenous peoples’ self-determination through the principles of ownership, control, access and possession and the benefits of making unencumbered and informed choices to promote health-sustainability and equity.”

ii Indigenous Physicians Association of Canada, National Collaborating Centre for Aboriginal Health.

iii As such it incorporates the determinants of health that include the following but are not limited to: income and social status; social support networks; education employment and working conditions; social environments; physical environments; health literacy, biology and genetic attributes; epi-genetics; personal health practices and coping skills; healthy child development; racism, oppression and social exclusion; and health services. Additional indigenous-specific health determinants include self-determination; social capital, access to health care; cultural continuity, environmental stewardship, economic development; residential school syndrome, and colonization.



other organizations, the Royal College must be politically courageous in its resolve to improve indigenous health and move forward.

This multi-year plan focuses on three areas of activity for specialty medicine: education, practice and advocacy/policy — to pursue the following broad objectives:

- Establish structural racism and oppression as determinants of health.
- Entrench cultural safety and understanding of indigenous issues within postgraduate education.
- Propagate tools on cultural safety for practising physicians and for their professional development.

Strategy 1: Leverage the established experience and mandate of the Royal College in professional education.

Action items

1. Entrench among physicians in training a strong foundation and knowledge about the historical, cultural, political and ethical contexts contributing to indigenous health issues, in collaboration with the College of Family Physicians of Canada and the Association of Faculties of Medicine of Canada:
 - Integrate indigenous health values and principles into Royal College policies, standards and materials.
 - Begin the process for general and specialty-specific standards of accreditation and expand the accreditation 'library' of position papers.
 - Create core competencies.
 - Introduce indigenous health in curriculum and assessment.^{iv}
 - Expand indigenous health teaching aids.^v

- Establish a conjoint task force with the College of Family Physicians of Canada looking at educational measures for postgraduate medical education, continuing professional development, and policy and practice advancement.

2. Build a strong base for medical education research and teaching support:

- Establish easily accessible and up to date research and educational resources in indigenous health, including oppression and structural racism as social determinants of health.

Strategic considerations

1. Given efforts to harmonize accreditation standards between the CFPC and Royal College, any proposed enhancements of these standards will have to be relevant to all specialties. Early engagement with the educational arms within CFPC and Royal College administration will help focus proposed development of proposed new standard(s).
2. Partner with other organizations and experts to develop and disseminate indigenous health educational resources.
3. Engage Fellows and others to document leading practices and develop a central repository in indigenous health information.

Guiding principles

- a) Indigenous health is an integral component of medical research, education, training and practice and is based on evidence from empirical sources, critical appraisal of relevant material beneficial to patients, leading indigenous and non-indigenous practices and lifelong learning that can be adapted to serve indigenous patients well.
- b) The culturally competent physician embraces indigenous knowledge and the significance of forbearance in indigenous culture; this shows a true understanding of how historical legacies affect indigenous people.

iv Northern Ontario School of Medicine and University of Manitoba Faculty of Medicine have indigenous public health programs.

v Te.g., train-the trainer; online modules and tools that imbue cultural safety and focus on colonial/historical/root causes of racism and discriminatory practices; dealing with hidden curricula; and communications through unscripted first-person vignettes and stories).

Strategy 2: Provide practising physicians with tools to sensitize them to racism, oppression as determinants of health affecting indigenous patients.

Action items

1. Develop practice resources (e.g., online modules addressing cultural safety and focus on colonial / historical / root causes of racism, oppression and discriminatory practices [e.g., Indian Act]; communications through unscripted first-person vignettes and stories).
2. Create continuing medical education course(s) in indigenous health.
3. Create a Royal College award to recognize excellence in advancing indigenous health.
4. Collaborate with the national specialty societies and other organizations to work toward better enabling practicing physicians to provide culturally competent care.

Strategic considerations

1. The factors affecting the continuum of indigenous health must be clearly explained.
2. Leading clinical practices to advance indigenous health must be easily available and the tools and information practical for physicians.
3. Continuing professional development in indigenous health should be incentivized to attract physicians.

Guiding principles

- a) Physicians are committed to the wellbeing of indigenous patients, their families, communities

and cultures through ethical behaviours, compassion, integrity and mutual respect and a commitment to clinical competencies that engender health of indigenous people.

- b) Physicians are equipped with the tools, knowledge, training and experience to improve health care, reduce health disparities and inequities and sustain health for indigenous people.

Strategy 3: Advocate against structural racism and oppression and work to redress health inequalities for indigenous peoples across Canada.

Action items

1. Develop a Royal College statement (for Council approval) that personally and structurally mediated racism is morally, ethically and professionally unacceptable for its Fellows, other specialists and all other health professionals (this document will form the basis of advocacy and public positions). This is a priority, foundational action.
2. Collaborate with key partners to deconstruct inequities as they manifest themselves in persistent health inequalities and disparities.
3. Advance medical workforce development for First Nations, Inuit and Métis people.
4. Entrench structured racism, oppression as a determinant of health.
5. Revise admission standards in medical schools to make the playing field fair for indigenous applicants (i.e., taking into account the disadvantages they start with), particularly in areas with large indigenous populations.



Strategic considerations

1. The complexity of challenges leads to the necessity of prioritization and positioning of issues.
2. Actions must be carefully weighed to determine the extent and degree of advocacy within the contexts of limited resources and the Royal College's mandate.
3. Challenges lie in creating an advocacy campaign using a structured process, framed by objectives, and measuring the outcomes.
4. Partner with other medical/health organizations to create momentum and strength of voice.

Guiding principles

- a) Indigenous identity is the platform that promotes holistic health and encourages active participation of indigenous people in concert with physicians and other health care professionals as "agents of change" for health.
- b) The indigenous patient-physician relationship is sacrosanct and without hierarchy or dominance; the partnership fosters access to health care and the resources necessary for health and wellness of the person, family and community and facilitates the physician's ability to work effectively with community institutions to help the patient.



royalcollege.ca/indigenoushealth

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