

**Truth and Reconciliation  
Calls to Action 23 & 24  
Summary Report Card**



**2023 - 2024**

Published 2024

# Truth and Reconciliation Calls to Action 23 & 24

## Medical School Report Card: Summary of 2023-2024 Results

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### OUR PURPOSE

In 2015, the Truth and Reconciliation Commission (TRC) called upon Canadian medical schools to address the undeniable health disparities between Indigenous and non-Indigenous people in Canada. The TRC recognized that to reduce these disparities, we must both increase the number of Indigenous medical students in Canada and appropriately educate non-Indigenous students about the history of Indigenous Peoples on these lands. According to the TRC, this education must include dialogue about how colonial healthcare practices have created these health disparities and emphasize that it is the responsibility of everyone involved in the healthcare system to close these gaps.

We recognize that for medical schools to effectively respond to the TRC's calls to action, they must understand the experiences and perspectives of Indigenous medical students at their institutions. In support of this goal, we gathered the voices of Indigenous medical students across Canada. A survey was designed by Indigenous students at UBC and administered to Indigenous medical students nationwide. The findings were translated into report cards, including student comments and recommendations, which were provided to the Dean and Indigenous liaisons at each school

Below is a summary report highlighting five key findings drawn from the analysis of all 2023-2024 report cards. These findings encapsulate the most significant and relevant themes that were identified, and alongside each finding, we provide targeted recommendations to address the issue and implement meaningful solutions.

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Please direct any questions to the TRC Report Card Committee at [trcreportcard@gmail.com](mailto:trcreportcard@gmail.com)

### TRC Call to Action 23

*We call upon all levels of government to:*

- i. Increase the number of Aboriginal professionals working in the healthcare field*
- ii. Ensure the retention of Aboriginal healthcare providers in Aboriginal communities*
- iii. Provide cultural competency training for all healthcare professionals*

### TRC Call To Action 24

*We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.*



# Key Findings

## 1. Support for Indigenous medical students must extend beyond admissions.

Although many schools have made efforts to recruit Indigenous students, the support and resources provided once students are admitted often fall short. Respondents expressed the need for additional efforts to foster a sense of community and meet the unique needs of Indigenous students throughout their medical education. This could include mentorship opportunities from Indigenous physicians, peers, or community members, as well as protected time to participate in cultural events. Medical schools must invest in ensuring the long-term success and well-being of Indigenous students, beyond the admissions process. It is also recommended that schools appoint a dedicated staff member for Indigenous recruitment and provide continuous support throughout the admissions process and beyond, to help guide students through medical school and ensure their needs are met. Additional dedicated staff members are also recommended, such as a dedicated academic support persons and student affairs liaison for Indigenous students.

## 2. Indigenous Cultural Safety training must be implemented intentionally.

Indigenous cultural safety (ICS) training remains an essential component of medical education, yet a majority of students across schools reported dissatisfaction with its current implementation. Many students feel that ICS training is not taken seriously at the institutional level, undermining its potential effectiveness. It is recommended that ICS training be integrated longitudinally throughout the medical curriculum, with input from Indigenous leaders and educators to ensure the training is relevant, effective, and culturally safe. This training should also be mandatory for all students, as recommended by TRC Call To Action 24, with alternative options available for Indigenous students such as the ability to opt-out, or being able to undergo training in an Indigenous-only space.



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**3. Increase the number of Indigenous faculty and staff involved in curriculum development and delivery.**

A vast majority of students reported dissatisfaction with the number of Indigenous educators at their institutions. Indigenous faculty play a crucial role not only in providing mentorship but also in shaping medical curricula to ensure that the specific health needs of Indigenous communities are addressed. Not only is there a desperate need for increased hiring, but respondents have indicated that in recent years, multiple Indigenous staff positions across Canada have been cut, resulting in the loss of support that was previously provided to and appreciated by students. This not only affects the Indigenous students, but also the existing and remaining Indigenous faculty and staff who work tirelessly to make progress by increasing the burden that is placed on them to uphold reconciliation efforts. Increasing the number of Indigenous faculty and staff in academic roles is crucial for creating a culturally safe and representative learning environment that respects and values Indigenous perspectives and knowledge systems. This also supports Indigenous students directly and provides them with relatable role models.

**4. Indigeneity must be considered in placements, clerkship, and the CaRMS process.**

Many Indigenous students enter medical school with the goal of serving their home communities and Indigenous patients. However, several students reported being unable to secure practice opportunities or clerkship rotations in their communities as they were not given priority or the ability to request locations. This issue extends beyond medical school, with students reporting a lack of support during the CaRMS process as well. Though recommendations regarding the CaRMS process are outside the scope of this report, it is crucial that medical schools and residency programs consider the importance of supporting Indigenous students in their pursuit of training and practice opportunities in their own communities.



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**5. Improve transparency in communication about efforts to address TRC Calls to Action.**

Students are largely unaware of the actions their institutions are taking to implement the TRC's Calls to Action. There is a need for better communication regarding the specific steps schools are taking to improve support for Indigenous students and address gaps in cultural safety training. Schools should regularly communicate updates on their progress and ensure all students, both Indigenous and non-Indigenous, are informed about the resources and initiatives available to them. Increased transparency will help foster trust and accountability within medical schools as they work to fulfill their obligations under the TRC Calls to Action, and also allow students to appreciate the efforts and changes that are taking place.



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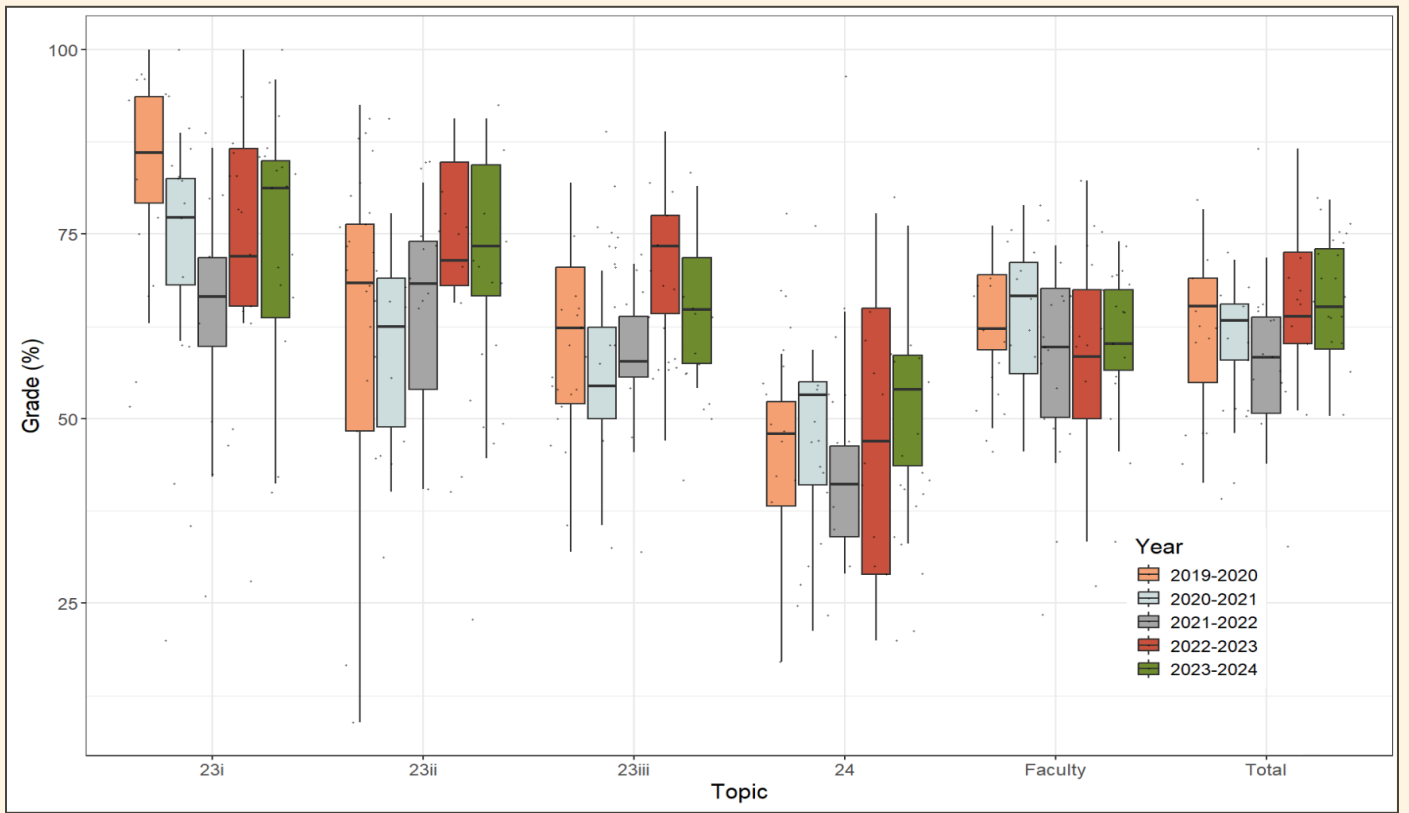


Figure 1: Comparison of data from 2019-2020 to 2023-2024. Each point represents a medical school’s score for a given topic and year. The x-axis denotes the categories of the survey: TRC Calls 23 and 24, as well as the relationship between students and faculty members. The horizontal bars represent the median scores, while the vertical bars denote the range, excluding outliers. The boxes represent the interquartile range. The sample size for 2019-2020 was 124 respondents, for 2020-2021 was 70 respondents, for 2021-2022 was 62 respondents, for 2022-2023 was 30 respondents, and for 2023-2024 was 81 respondents.



**IPAC**  
Indigenous Physicians  
Association of Canada



**AMIC**  
Association de médecins  
indigènes du Canada