Reconciling the Indigenous Doctor Shortage Gap: Social Change through a Collaborative Community Empowered Network

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Introduction

In 2015, the Truth and Reconciliation Commission's final report called upon governments to act towards increasing the number of Indigenous health-care workers and ensuring the retention of Indigenous health-care providers in the Indigenous communities (TRC, 2015).

Many government initiatives are being carried out to bridge the gap, yet the 2016 Statistics Canada census reported that of the 93,985 specialists and general practitioners in Canada, less than one percent, i.e., 760 identify as Aboriginal. However, the Indigenous community represents more than 4.5 percent of the population which means that there is one indigenous health care professional per 2200 Indigenous Canadians (Ohler, 2018). Since 2006 to 2016, the Aboriginal population has grown by 42.5%—more than four times the growth rate of the non-Aboriginal population over the same period (Kirkup, 2017). The growing community have limited access to health care services, face discrimination and a lack of culturally appropriate care (Jeremy Petch, 2013).

Chronic diseases like diabetes are significantly more common among Aboriginal communities, and they have a substantially shorter life expectancy than the general population. Suicide rates among Inuit youth are among the highest in the world: 11 times the national average (Jeremy Petch, 2013). Hence, given the health situation of the indigenous community, there is a growing need for focused attention for the indigenous community with regards to healthcare access and support without discrimination. Therefore, recruitment of Aboriginal doctors has become the top priority and goal for most Canadian medical schools as it would improve the cultural diversity in the schools and help communities receive more safe and culturally appropriate care.

Background & Issue

The dearth of Aboriginal doctors in Canada is similar to the problem in the U.S. with its shortage of African American doctors. Minorities feel more comfortable with doctors who are like them, they trust them more and seek them out. Research also shows they have a higher level of satisfaction when care is provided by a doctor who is similar to them in background, culture or religion (Fayerman, 2015). Some of the challenges that obstruct the process of improving the representation and intake into this sector are as follows:

- **Financial Aid & Guidance:** Students who grew up on a First Nations reserve do not have easy access to medical school because of the expenses attached to it. Also, it is difficult for students to access the Medical College

Admission Test study resources, and to move away from their home communities. (Madeline Arkle, 2015)

- **Rural Access & Limitations:** The Northern, rural and remote populations have a history of poor access to healthcare and education. Canadian medical education has traditionally been a privilege of urban dwellers due to them being situated mostly in urban areas. Not having role-models or mentors in the field creates a gap of interest for future medical students or aspirants. (Madeline Arkle, 2015)
- **Cultural Sensitization & Accountability:** There have been multiple reported incidents of Indigenous patients are treated unequally and discriminated by health officials as reported in the First Peoples, Second Class Treatment study by Wellesley Institute (Smylie, 2015). Creating a negative and hostile environment for future indigenous doctors and students among their peers due to lack of representation and accountability. Hence, there is an ever-increasing need for sensitization as per the Truth & Reconciliation Report Call of Action #23 for skill-based training as well as discussion of the history and health practises of the indigenous community within the sector. (Malone, 2018)
- **Lack of Data & Advocacy:** The government's decision to abandon the mandatory long-form census has not only affected the Canadians in general due to decreased information about their wellbeing but also the aboriginal Canadians and professionals because lack of continuous health data will be devastating for their future generations.

(Farber, 2015) For multiple years there has been limited funding and support for Indigenous health data collection and research due low-tech compared to provincial Medicare (Lafontaine, 2018). Backed with a lack of advocacy to bring changes to this and various other issues attached to the community and health access. This gap of data and advocacy trickles down to doctor shortage as the key barriers are never analyzed or voiced from a policy or equal rights standpoint.

Recommendations

A collaborative way forward would be to formulate an Indigenous Medical Impact Network to bring together government, community, students and universities to work towards a common goal of bridging access. The four functional components of the network would be the Pay It Forward Program, Advocacy & Research, Sensitization & Accreditation and E-Rural Centers.

The guidelines for formulating an effective impact network, and the principles and processes that would govern it are presented in Appendix A. A Community impact network representing the indigenous culture would help present and

future medical students along with currently practising physicians across Canada connect with each other to work towards sustainable solutions to (a) reduce the doctor shortage in indigenous communities and (b) advocate for the welfare of current and potential students of the indigenous community. A few channels of impact for the network to tackle present challenges would be as following:

- **Pay It Forward Program:** A Pay, it Forward program, would help the network fund a student's medical expenses. A funded student would pay the good deed forward following graduation by funding another student, thus creating a chain of positive financial support within the Indigenous community. This is a robust program that creates an internal connection between past and future generation of doctors from a community, reducing financial burdens through one-time funding by the government. A framework for the program is presented in Appendix C.
- **Advocacy & Research:** The impact network could help boost research and advocate indigenous students with government and other associations and work as the Union or Council for the rights and struggles of the indigenous medical community. Consistent and sustainable data collection and research reports would help build a strong case for the network to advocate for change and support.
- **Sensitization Accreditation:** It is essential to sensitize non-Indigenous Canadians towards the health struggles faced by Indigenous communities. The elders, healers and

senior non-Aboriginal doctors should create a body that provides accreditation to doctors and institutions. To ensure compliance, patient feedback and community service evaluations would be needed to ensure maintenance of sensitization credit score. The accreditation and assessment would create a sense of accountability for patient treatment and value for the new doctors entering the space. The principles of Accreditation and the process is documented in Appendix D.

- **E-Rural Clinic Centers:** Physical access has made it difficult for doctors to provide medical service in distant rural areas. E-Rural Clinics would help provide access to doctors from the Impact Network aided through registered nurses. In addition to this Nursing programs along with Medical Entrance Exam Prep classes can be conducted through the centres during off hours. Like the Pan Africa E-Network heralding the new era in providing Tele Education and TeleMedicine for rural regions in Africa. (TCIL, 2012). Building on technological development by GetMaple, LiveCare, Equinoxe and other Virtual care providers in Canada and branching out to create E-Rural Clinics.

  The Centers could be used for conducting to help motivate students and expose them to the medical profession. Interactive sessions with Indigenous Impact members to help get students prepared for taking on the medical profession, creating a support system that is reliable and dependable.

Conclusion

An Impact Network for and by the Indigenous Medical community to support the development of the indigenous medical community would help create the necessary framework to tackle challenges and barriers that are currently limiting the growth of Indigenous doctors. Focusing on the Pay it Forward program, Advocacy, Institutional Partnerships along with E-Rural Clinics would help influence key societal factors and create a participating community that could be the voice for the future generation having faced and presently dealing with their problems. These programmes together would holistically tackle the challenges faced by the community, i.e. financially and socially through the partnership of key stakeholders including the government, community, student bodies, universities and health professionals. The network would provide an opportunity for the Federal Government to lead the change for equal access and further add to the call of action of adding indigenous professionals and providing more substantial access to the Canadian medical sector on the whole through a leading community of impact providers.

Appendixes

Appendix A

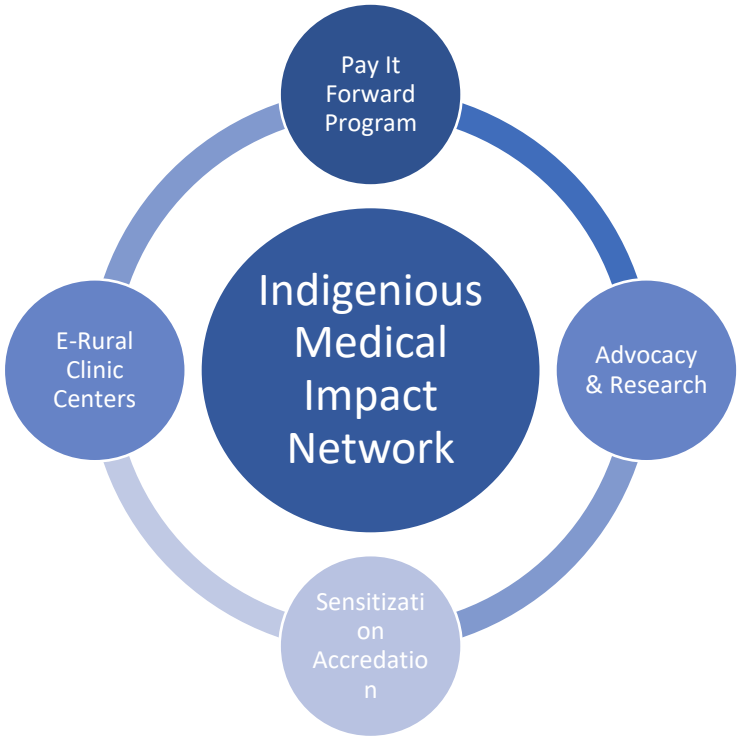
Table 1: David Ehrlichman & David Sawyers Effective Impact Network Design

Processes	Principles
Clarify purpose.	Trust not Control
Convene the right people.	Humility not Brand
Cultivate trust.	Node not Hub
Coordinate actions.	Mission not Organization
Collaborate generously.	

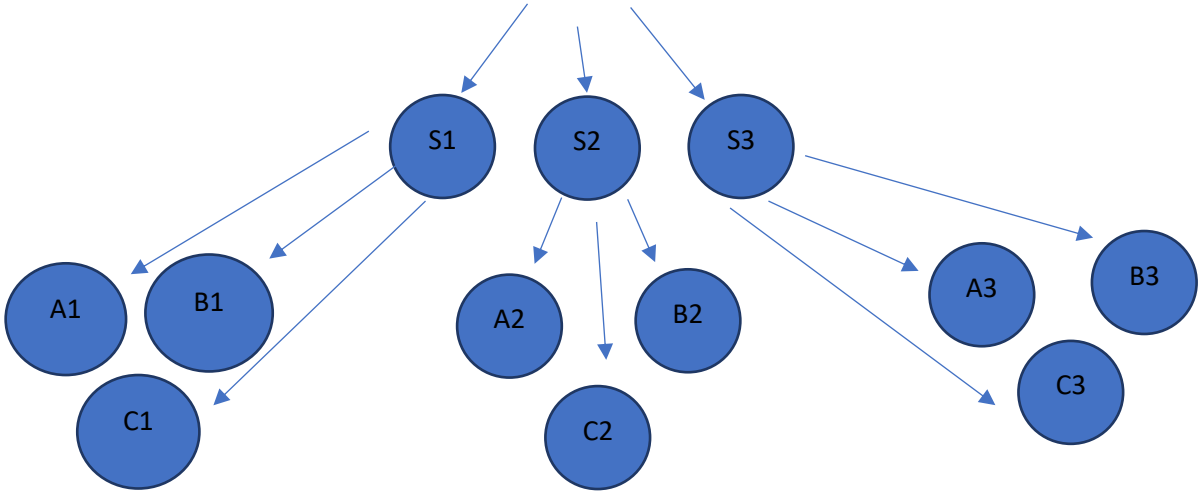
Source: (David Ehrlichman, 2015)

Appendix B

Figure 1: Indigenous Med Impact Network Framework Functional Components



Appendix C



IMIN	Indigenous Med Impact Network Framework
S1, S2, S3	Potential Seed Funding to 3 Students
A1, A2, A3 B1, B2, B3 C1, C2, C3	A cycle of students funded by the seed funded students who commit to support and mentor future students in their journey of becoming an indigenous doctor. Creating a sustainable student-driven pay and mentor forward model.
$3^0 + 3^1 + 3^2 + 3^3 + \ldots + 3^{n-1} + 3^n = X$	An equation to determine how many students need to be funded to reach a goal.

Framework Reference Source: (Natanzon, 2017)

Appendix D

Table 2: Proposed Accreditation System Design for Indigenous Sensitization for Canada Medical Professionals

Key Components	Principles
Governance or Stewardship Function	Patient & Equality focused
A Standard-Setting Process	Effective Leadership
A process of external evaluation of compliance against those standards	Continuous Improvement
A remediation or improvement process following the review	Evidence of Outcomes
Promotion of continuous quality improvement	Striving for best practice and standard setting

Adaptation: (Australian Council of Healthcare Standards , 2018)

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