

ANNUAL REPORT



2009-2010

The 2009 – 2010 Annual Report for the fiscal period of April 1, 2009 to March 31, 2010 includes a list of the Indigenous Physicians Association of Canada (IPAC) Board of Directors and the vacant positions that will be filled at the 2010 Annual General Meeting.

Information on the 2009 National Mentorship Forum, the Indigenous Western Traditional Doctors Forum and other events and meetings attended are included.

IPAC continues to pursue Collaborative Partnerships with other Organizations to help IPAC Improve Indigenous Health Status to the Highest Attainable Level.

Board of Directors

Dr. Barry Lavallee, President
Saulteaux and Métis Nations of Manitoba

Dr. Veronica McKinney, Treasurer
Cree & Métis

Secretary Position – Vacant

Dr. Marcia Anderson, Past President
Cree & Saulteaux

Dr. Daniele Behn-Smith
Eh Cho Dene & Métis

Dr. Lisa Monkman
Aniishnawbe

Dr. Darlene Kitty
Chisasibi Cree Nation

Student Position – Vacant

General Director Position - Vacant

Board of Director's Meetings

Date	Location	Meeting Type
April 29, 2009	Teleconference	Board of Directors
June 11, 2009	Teleconference	Board of Directors
July 22, 2009	Teleconference	Board of Directors
August 23, 2009	Saskatoon, SK	Board of Directors
November 12, 2009	Teleconference	Board of Directors
December 17, 2009	Teleconference	Board of Directors
February 20, 2010	Teleconference	Board of Directors
March 6, 2010	Teleconference	Board of Directors
June 30, 2009	Teleconference	Executive Committee
November 5, 2009	Teleconference	Executive Committee

6th Annual National Mentorship Forum

The 2009 National Mentorship Forum (NMF) was held in Saskatoon, Regina from August 21 – 23, 2009. We would like to thank The Aboriginal Health Human Resource Initiative (AHHRI) for making this event possible.

The NMF focused on the Social Determinants of Health for Indigenous People; including presentations on H1N1, the Social Determinants of Health, the Right to Health and a Mentorship Workshop re-focusing IPAC's mentorship program to ensure it meets members' needs and expectations.

Friday, August 21

- Marcia Anderson presented an **Overview on Social Determinants of Health (SDOH)**. The objectives were to review international activities related to the Social Determinants of Health; Discussions on implications in Indigenous contexts locally and globally and to Identify relevance to students ongoing learning.
- Evan Adams presented **The Social Determinants of Indigenous Health and group discussion**. Some of the information provided included historical factors, Provincial & Community Roles and Solutions.

- Darlene Kitty presented **H1N1: From an Indigenous Physicians Perspective That works for the provincial government.** The objectives were to review some of Manitoba's H1N1 experiences; Provide some information on planning considerations specific to Indigenous populations and to Raise some questions for discussion.
- Group discussion around **the Role of culture, language, Indigenous knowledge, Traditional Medicine as Determinants of Health and As Solutions: How students can be more involved in the work of IPAC?** took place.
- **Students' meeting and dinner** was held and some of the items that were discussed included the Student's Position on the IPAC Board of Directors, Professionalism, the role of students in IPAC, attending PRIDoC and Schools' Health Council Representatives.

Saturday, August 22

- Marcia Anderson, Thomas Dignan & Darlene Kitty provided a **H1N1 Discussion Panel.**
- Kandice Leonard and Alex McComber provided an **IPAC Mentorship Workshop & Exercise** asking the membership questions on the pros and cons of Mentoring and being Mentored.
- Our group of Physicians, Residents, Students and Staff chartered a bus to volunteer at a **Community Picnic** that was hosted by The Central Urban Metis Federation Inc.
- Following the Community Picnic several IPAC members including Elder Amelia McGregor travelled to The White Buffalo Lodge in efforts to learn about and celebrate the cultures of the region.
- Dinner/Social evening.

Sunday, August 23

- **The Annual General Meeting** that was scheduled did not meet the requirements of quorum and it was agreed by the Board of Directors to hold a Board meeting with all those in attendance being observers.
- An IPAC Physicians' Meeting on **Resilient Indigenous Health Workforce Network** was held. The group brainstormed ideas on how to support each other, possible Physicians Event and Next Steps. A separate report on this project is available for download at www.ipac-amic.org

National Mentorship Forum Evaluation Summary

Below is a compilation of the Evaluation Surveys submitted by participants of the National Mentorship Forum:

Did the presentations meet your needs?			
0	5	14	4
No	somewhat	yes	definitely
Was there a balance between scheduled time and free time?			
0	2	15	6
No	somewhat	yes	definitely
Were you satisfied with the hotel accommodations?			
1	12	9	1
No	somewhat	yes	definitely
Were you satisfied with the travel arrangements?			
0	0	11	8
No	somewhat	yes	definitely
Were you satisfied with the meals?			
4	9	8	2
No	somewhat	yes	definitely
Were you satisfied with the planned activities?			
0	0	12	11
No	somewhat	yes	definitely
Was there enough opportunity for interaction/discussion with peers? Potential peers?			
0	5	13	4
No	somewhat	yes	definitely
Was there an appropriate balance of scientific presentations, cultural presentations & recreation?			
1	1	18	2
no	somewhat	yes	definitely

Do you have any suggestions or ideas for future meetings?

- Need to attract more practicing physicians perhaps having ½ day concurrent sessions CME accredited on student day, geared to practicing physicians might help. I.e. having a Diabetes update with the new guidelines, as diabetes touches all specialties.
- We need to think about how to integrate “getting to know each other” into all we do.
- More time to integrate with all socially suggestions: continue community activities.
- Perhaps some time for “debriefing” regarding experiences of being in medicine. Talking circles, trying more approaches that reflect our culture. Less of the Western structure application.
- I was speaking to students who commented that they were very grateful for the free evening at the beginning of the IPAC meeting to be able to meet and greet.
- As a student I will personally take initiative to better promote and welcome more junior students from U of A to join our IPAC community and attend the AGA.
- Loved the active participation of being able to participate with the Hoop Dancer.

Additional input:

- Loved the chance to connect with students, residents & doctors.
- Fantastic opportunity to gain knowledge and to feel they are a part of preparing and issues.
- Add a golf outing on a native golf course.
- Like the idea of the penstick.
- Perhaps next year the students could have time to go over specific areas of question/concern ie. specific academia pieces. Members could provide input prior to the conference on topics they would like upper year students to review that the senior students could then review.

Annual General Meeting

At the 2009 Annual General Meeting held in Saskatoon on August 23, 2009 a quorum of two-thirds of the full voting membership in good standing was not reached and it was agreed by the Board of Directors to hold a Board of Directors meeting and all those present were included as observers.

The Board made recommendations to the General Council (full Membership) for full voting participation by way of electronic ballot and members decide whether or not to accept the decisions by casting a ballot.

An IPAC Board of Directors’ meeting was held on November 12, 2009 and according to the By-Laws motions were passed to appoint the following as Directors Dr. Barry Lavallee (President), Dr. Veronica McKinney (Treasurer), Dr. Lisa Monkman, Dr. Darlene Kitty, Dr. Daniele Behn-Smith and Dr Marcia Anderson (Past President).

Below is a copy of the Board Minutes of the meeting that was held on August 23rd in place of the 2009 Annual General Meeting:

2009 Board of Directors Meeting Minutes Sunday, August 23, 2009 Saskatoon, Saskatchewan

1. **Call to Order and Welcome at 9:10 A.M. (Mountain Time)**

Dr. Anderson provided the opening remarks welcoming everyone to the Annual General Meeting and provided an overview of the agenda.

7.1 According to IPAC Bylaw 7.1: **Quorum of meeting of Council:**

A quorum for any meeting of the General Council shall be two-thirds (2/3) of the full voting membership in good standing.

As the Annual General Meeting scheduled for today does not meet the requirements of quorum it was agreed by the Board of Directors to hold a Board of Directors meeting as previous scheduled (satisfying the 14 day notice requirement), with all those in attendance as observers.

As such, the proceeding will be a Board of Directors meeting in which all those present are included as observers. The Board of Directors will proceed by making recommendation to the General Council (full Membership) for full voting participation by way of electronic ballot.

Minutes will be distributed to IPAC members with the recommendations that are made today and members will decide whether or not to accept the decisions by way of electronic ballot distributed. Members will then submit their ballot via fax or mail to the IPAC office prior to the within 30 day deadline.

2. **Approval of Agenda**

Dr. Anderson reviewed the Agenda: there were no additions all agreed to accept to Agenda.

3. **Appointment of Secretary:**

Nadene Coutu is appointed Secretary for the AGM

4. **Determination of Quorum:**

Board Members Present: Dr. Marcia Anderson, Dr. Barry Lavallee, Dr. Thomas Dignan, Dr. Darlene Kitty, Dr. Daniele Behn-Smith, Dr. Veronica McKinney and Dr. Lana Potts

Regrets: Dr. Evan Adams and Dr. Lisa Monkman

Observers: Ms. Danielle Soucy, Dr. Jason Pennington, Ms. Amelia McGregor, Dr. Shannon Waters, Ms. Chelsey Topping, Ms. Jessica Dunkley, Mr. Eric McGillis, Ms. Ashley Blais, Ms. Jacqueline Green, Mr. Justin McGinnis, Ms. Zhiish McKenzie, Ms. Alisa Kelly, Mr. James Makokis, Dr. Christy Reich, Ms. Jennifer Jocko, Ms. Amiee Rodriguez, Ms. Latisha Hewton-Backfat, Ms. Amelia Denby and Dr. Linda Diffey

5. **Board of Directors Introductions**

Dr. Anderson advised that she is currently the Chairperson, Dr. Lavallee is the Vice-President, Dr. Dignan is Treasurer, Dr. Kitty is Secretary and Dr. Adams is ex-officio as Past President, Dr. Lisa Monkman, Dr. Danielle Behn-Smith, Dr. Veronica McKinney and Dr. Lana Potts.

6. **Approval of November 2008 Annual General Meeting Minutes**

Executive Director, Kandice Léonard presented the 2008 Annual General Meeting (AGM) minutes (attached).

It was MOVED (McKinney) and SECONDED (Lavallee)

To recommend to the General Council the 2008 AGM Minutes be adopted as presented.

RESOLVED BY CONSENSUS (BofD)

7. **Approval of the 2008 – 2009 Annual Report:**

a) **Annual Report:**

Ms. Léonard presented the 2008 – 2009 Annual Report (attached), highlighting the year’s projects, activities partnerships and funding.

In response to Mr. Makokis’ question Ms. Léonard indicated that the Waiver Tree Image collection project was not an IPAC initiative but IPAC welcomed Health Canada into its event and Health Canada collected the images. Ms. Léonard had requested some of the images and was advised that we do not have access to the images, which have not been used yet but Health Canada will draw on them when they need them.

Ms. Léonard advised that the Health Human Resource Data Collection forms are available for participants to complete and submit.

b) IPAC – AFMC & IPAC – RCPSC Update

Project Coordinator Alex McComber presented the IPAC-AFMC and IPAC-RCPSC Partnerships with the participants (attached).

Dr. Lavallee acknowledged Dr. Behn-Smith and Ms. Léonard on the Curriculum Implementation Tool Kit.

Dr. Dignan suggested that members receive the annual report a week prior to the AGM so members can review prior to the meeting.

It was MOVED (Potts) and SECONDED (Behn-Smith)

The Board of Directors recommends the 2008 – 2009 Annual Report be accepted.

RESOLVED BY CONSENSUS (BofD)

At this time the group had a five minute break.

c) AUDIT:

Mr. Stephen Saslove reviewed the IPAC audit for the Fiscal year of April 1, 2008 to March 31, 2009. (Attached)

It was MOVED (Lavallee) and SECONDED (McKinney)

The Board of Directors recommends the April 1, 2008 to March 31, 2009 audit be accepted.

RESOLVED BY CONSENSUS (BofD)

It was MOVED (Dignan) and SECONDED (McKinney)

The Board of Directors recommends that Mr. Saslove continues as auditor for the 2009 - 2010 fiscal year.

RESOLVED BY CONSENSUS (BofD)

8. Student Meeting Report

Dr. Potts held the position of Student Representative to the Board of Directors’ for two terms and as she is leaving this position she read the Student Report and closing speech (attached).

Items discussed at the students meeting yesterday were, students’ involvement with the Board & Physicians, professionalism, interest groups and PRIDoC 2010.

Dr. Potts explained that the Student Representation position entails, shadowing, learning, mentoring, time management, commitment, professionalism and respect we are all part of the team and work with a common goal.

Dr. Potts closing words: As you begin to take this role from student to doctor, unfortunately we don’t go in to be only a doctor but to take care of our communities, family, etc. Remember your part of an organization that is there for you and want to help you. Thank for this position and time this morning.

It was MOVED (Kitty) and SECONDED (Behn-Smith)

The Board of Directors recommends the student report by Dr. Lana Potts be adopted.

RESOLVED BY CONSENSUS (BofD)

Action Items:

- Dr. Potts to prepare a submission on respect and professionalism for the next newsletter.

9. General Business:

Proposed Resolution - Remuneration for President

Dr. Anderson presented the following Bylaw recommendation:

WHEREAS, the Indigenous Physicians Association of Canada Inc's by laws currently accounts for remuneration of the Directors as follows:

8.9 Remuneration:

Directors (including Executive Officers) shall receive no remuneration for carrying out their duties as Directors, but may be reimbursed for reasonable expenses incurred in the conduct of the business of IPAC.

And

WHEREAS, the Indigenous Physicians Association of Canada Board of Directors passed a motion, at a convened Board of Directors meeting on, recommending adjustments to the By Law 8.9.

BE IT RESOLVED the current By Law 8.9 be amended to read:

The President of the Association may receive compensation of one paid day per week. Amount to be determined by the Board of directors and reviewed annually.

Directors shall receive no remuneration for carrying out their duties as Directors, but may be reimbursed for reasonable expenses incurred in the conduct of the business of IPAC.

Dr. Dignan agreed and stated that as a member of the Board, Executive Committee and being involved with IPAC for the past twenty years he has spent a lot of time as many physicians before us have done to bring IPAC where it is today. For 27 years he was a clinician as fee for service; for the last two and a half years he became a salary physician with First Nation and Inuit Health Branch as a medical officer and two years ago he was appointed as a special advisor to the assistant deputy minister and director general of First Nations Health and worked behind the scenes to have a surplus. He knows exactly how much time it does take and he cannot support and agree with remunerating our President whomever he or she may be because of his passion for this organization.

Consequently at this time he is resigning from the Executive Committee because he needs some time for himself. He is quite happy to remain on the Board if the general assembly agrees with that and in terms of time just to let you know the time commitment that many of the Board and Executive Committee make he needs time for himself.

It was MOVED (Lavallee) and SECONDED (McKinney)

The Board of Directors recommends that the resolution be adopted with general support.

Votes: 4 for
1 opposed

10. Board of Directors

a) Board of Directors Elections

The President, Secretary, Treasurer and Student Board Member positions need to be filled. At this time we will proceed with nominations and voting will occur via ballots

Election of President

Nominee	Nominated by:	Second	Accept /Decline
Danielle Behn-Smith	Veronica McKinney	Thomas Dignan	Accept

Dr. Dignan recommended combining the Secretary and Treasurer position as a resolution at the next AGM. Dr. Anderson explained that this would require a change to the Bylaws, and this could be discussed at a future Board of Directors meeting.

Election of Secretary

Nominee	Nominated by:	Second	Accept /Decline
Darlene Kitty	Thomas Dignan	Barry Lavallee	Accept

Dr. Anderson indicated that Dr. Potts, Dr. McKinney and Dr. Monkman are eligible for nominations for Treasurer.

Election of Treasurer

Nominee	Nominated by:	Second	Accept / Decline
Veronica McKinney	Thomas Dignan	Barry Lavallee	Accepted

Dr. Anderson opened the floor for two general positions on the Board.

Election of Directors

Nominee	Nominated by:	Second	Accept / Decline
Chelsey Topping	Barry Lavallee	Danielle Behn-Smith	Accepted
Thomas Dignan	Danielle Behn-Smith	Veronica McKinney	Accepted
Lana Potts	Danielle Behn-Smith	Thomas Dignan	Accepted

Election of Student Representative to the Board

Nominee	Nominated by:	Second	Accept /Decline
James Makokis	Thomas Dignan	Danielle Behn-Smith	Accepted
Latisha Hewton-Backfat	Darlene Kitty	Veronica McKinney	Accepted
Ashley Blais	Barry Lavallee	Danielle Behn-Smith	Accepted

Recognition of Outgoing Board Members

Dr. Anderson thank all outgoing members for their service in the past year and commended Dr. Potts for a great job done and indicated it was a pleasure working with her over past few years and that she will be great as a clinician and working with IPAC.

Dr. Lavallee stated that we found if people tell us the most powerful things IPAC has done completed or if you have a student council and develop relationships with non indigenous groups you can do more fundamental things and you drive change. If there is something you are interested in speak with Ms. Léonard and IPAC will find funds and start making the demands you want, you can change the future.

Dr. Behn-Smith asked participants to take a moment and write down how IPAC benefits you the most personally, what you think should be a priority in next few years and to leave thinking how are you going to contribute to this.

Action Items:

- Nominees must submit why they are interested and what they would like to accomplish by Tuesday, August 27, 2009.
- Nominees are to submit a nomination speech to be forwarded to the membership by August 25th.
- Ms. Léonard to send election ballots to the membership.

11. Announcement

Dr. Anderson indicated that there are signup sheets for volunteers to join the PRIDoC Fundraising, Protocol and Abstract Working Groups. Physicians, students and residents are welcome to volunteer and when signing up indicate if you are willing to chair the working group.

Dr. Clearsky stepped down as Advisory Co-Chair for the Royal College Project. If you are interested in post grad continuing education you can speak with Dr. Anderson or Dr. Lavallee.

IPAC is developing a Memorandum of Understanding with the Society of Rural Physicians of Canada to work on developing a text book on Indigenous health. If you are interested in joining the working group you can speak with Ms. Léonard or Dr. Anderson.

The Canadian Respiratory contacted IPAC through Dr. Clearsky seeking help for the event in Halifax from April 29 - May 1 which is geared to all professionals.

12. Closing Remarks

Dr. Anderson thanked Ms. McGregor for being with us today and the number of events she has attended with us. She keeps us smiling, gives benefit of her wisdom and sense of humour, she's always ready with Kleenex, we love and respect her and she will continue to share that gift.

Meeting adjourned at 12:00 P.M.



As quorum was not met at the Annual General Meeting it was decided that a Board of Director's meeting will be held and participants in attendance will be observers to the meeting. Below is the **Current Board Composition** item of the Board meeting held on November 12, 2009:

<p>3. Current Board Composition</p>	<p>Ms. Léonard stated that as there was no quorum it was the AGM so it was decided that the AGM would be a Board meeting with observers present and items were brought to the members for voting.</p> <p>The IPAC office sent a ballot and supporting documents to membership requesting that the ballot be returned with a deadline of 30 days. We required two thirds of the full voting membership to reply but did not receive enough ballots so the deadline was extended to October 21st and copies of the ballot package including a self addressed envelope were mailed to the members who did not reply and we still did not meet the required amount of responses. Ms. Leonard then contacted everyone by telephone asking them to fill out and submit the ballot providing them with a deadline of the next day; we have received no further ballots.</p> <p>Ms. Leonard consulted Orvel Currie, a lawyer with a background in corporation law; they reviewed the Bylaws to seek solutions.</p> <p>Ms. Léonard read the By-Laws and the recommendations from Mr. Currie that is stated below.</p> <p>The Treasurer position was held by Thomas Dignan and he resigned with a term that expires in 2011. As per Bylaw 8.6 Board Vacancies the Board has authority to appoint someone as Treasurer for remainder of the term.</p> <p>Dr. McKinney could be appointed as she was the only person nominated for the position at the AGM. The Board can appoint her and she could resign that position</p>	
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	<p>and the Board can appoint someone else.</p> <p>The Vice-President is required to fill the President's position.</p> <p>Dr. Kitty's Secretary position and the Student position terms are completed and the Board does not have the authority to appoint someone when a member's term is up. Ms. Léonard suggested that the Treasure position be appointed to Dr. McKinney and then the Board can appoint her vacant Board position to Dr. Kitty as a Board member and not as Secretary.</p> <p>Ms. Léonard indicated that any member is always welcome to participate as observers at Board meetings; the Board is open to involvement at any capacity.</p> <p>Board members at the time of the AGM will be voting at today's meeting which include Dr. Behn-Smith, Dr. Lavallee, Dr. Monkman, Dr. Potts and Dr. Kitty.</p> <p>It was MOVED (Kitty) and SECONDED (Behn-Smith) To accept Dr. Thomas Dignan's resignation as Treasurer.</p> <p style="text-align: center;"><u>RESOLVED BY CONSENSUS (BofD1109-01)</u></p> <p>It was MOVED (Lavallee) and SECONDED (Kitty) That within By-Law 8.6 the Board shall appoint Dr. McKinney to the position of Treasurer for the remainder of the term (2011).</p> <p style="text-align: center;"><u>RESOLVED BY CONSENSUS (BofD1109-02)</u></p> <p>It was MOVED (Behn-Smith) and SECONDED (Lavallee) To accept Dr. McKinney's resignation as a general Board member to accept the Treasurer position.</p> <p style="text-align: center;"><u>RESOLVED BY CONSENSUS (BofD1109-03)</u></p> <p>It was MOVED (Lavallee) and SECONDED (Monkman) That within By-Law 8.6 the Board shall appoint Dr. Kitty to the general Board position vacated by Dr. McKinney for the remainder of the term that expires in 2011.</p> <p style="text-align: center;"><u>RESOLVED BY CONSENSUS (BofD1109-04)</u></p> <p>It was MOVED (Behn-Smith) and SECONDED (Kitty) The board acknowledges and accepts per By-Law 8.6 that the position of Secretary and Student Representative positions will remain vacant until the next AGM.</p> <p style="text-align: center;"><u>RESOLVED BY CONSENSUS (BofD1109-05)</u></p> <p>It was MOVED (Kitty) and SECONDED (Monkman) That the Board acknowledges By-Law 9.4.2 That the Vice-President Barry Lavallee will serve as Acting President until the next Annual General Meeting.</p> <p style="text-align: center;"><u>RESOLVED BY CONSENSUS (BofD1109-06)</u></p> <p>The Board members are Dr. Lavallee, Dr. McKinney, Dr. Monkman, Dr. Kitty, Dr. Behn-Smith and the Past President is Dr. Anderson. There are two vacant positions until the next AGM.</p>	
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	<p>The Board needs to set new dates to have monthly conference calls and coordinate a face-to-face meeting in January 2010.</p> <p>Ms. Léonard and Ms. Coutu were thanked for all the work to get the AGM ratified.</p> <p>Dr. Evan Adams dialed in at 19:30h.</p> <p>Dr. Lavallee stated that the Board has to live within the rules that are set and members are always welcome to participate at Board meetings as an observer and take part. The Board will remain status quo for the next year and will continue to seek funding, work on the curriculum and all the other previous work.</p> <p>Ms. Leonard addressed Dr. Potts as the outgoing Student Representative to the Board and stated that she will make sure that student representation is acknowledge and will ensure students are informed on Board meetings and will bring forward the students input to the Board, the student will still very much have a voice.</p>	<p>RFA1109-02 Ms. Léonard to prepare a memo to the membership on how we came to our results.</p>
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Membership

MEMBERSHIP TYPE	2008 - 2009	2009 - 2010
Students	55	56
Residents	10	15
Physicians	17	20
Affiliates	4	4
TOTAL MEMBERS	86	95

SELF-DECLARATION

A Self Declaration Form was developed as proof of ancestry to justify our membership to our funders, members of the Board and the general membership and would help with data collection. The Self-Declaration Form is part of the Full Voting Membership Form which is used for members to Self-Declare their Indigeneity.

The below section is a copy of the Self-Declaration Form:

The Indigenous Physicians Association of Canada (IPAC) uses the term *Indigenous* to refer to "communities, peoples and nations which having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing on those territories, or part of them. They form, at present, non-dominant sectors of society and are determined to preserve, develop and transmit to future generations their ancestral territories, and their ethnic identity, as a basis of their continued existence as peoples, in accordance with their own cultural patterns, social institutions and legal system."¹

In Canada, the Constitution terms Indigenous people as Aboriginal and includes First Nations, Métis and Inuit people.

Please complete this form as verification and self declaration of your Indigeneity. This form is for IPAC purposes only, information contained within will not be released or shared with any other organization, group or entity.

Please check and complete the statement(s) most applicable to you.

- I declare I am a **Status Indian/Treaty-Indian** because of my tribal affiliation with the _____ First Nation and Band.
- I declare I am a **non-status Indian** because of my tribal affiliation with the _____ Nation.
- I declare I am a **Métis** because:
- I am a member of the _____ Métis Association, or
 - I am affiliated with the _____ Métis local / community
- I declare myself to be **Inuk** because:
- I am enrolled as a beneficiary of the _____ land claim agreement
 - I am a member of the Labrador Inuit Association, or
 - I am affiliated with the _____ Inuit community
- I declare myself to be an Indigenous person because: _____

All information I have given herein is true and complete and may be verified.

Name (please print): _____

Signature: _____ Date: _____

****Note: If it is determined that any declaration made above is false, such false declaration shall constitute just cause for termination of membership.

¹ <http://www.un.org/esa/socdev/unpfii/documents/PFII%202004%20WS.1%203%20Definition.doc> The Concept of Indigenous Peoples; United Nations Department of Economic and Social Affairs.

Newsletters

- IPAC has produced and distributed the following newsletters in this fiscal year:
***Summer 2009 *January 2010**
- Newsletters are distributed electronically to the IPAC membership, partners and contacts
- They are made available on www.ipac-amic.org as well.

The Summer 2009 Newsletters topics include:

Health Human Resource Data Collection, 2009 National Mentorship Forum, PRIDoC 2010 and Updates.

The January 2010 Newsletters topics include:

Incoming President's Message, Past Presidents Message, presentations from the 2009 National Mentorship Forum, 2009 Annual General Meeting and a What's New Section.

Providing Aboriginal Health Policy Advice & Collaborating with National Organizations

- IPAC continues to work with organizations such as NAHO, AFN, ITK and MNC health departments and representatives in providing Aboriginal health policy advice as required and requested.
- IPAC has received and responded to numerous requests to attend meetings, make presentations and provide input into various events at all levels.

Date	Event / Sponsor	Location	Participant
April 16, 2009	Health Professional Inventory – Assembly of First Nations	Teleconference	Dr. Anderson
April 27, 2009	Aboriginal School Health Community of Practice – Canadian Council on Learning	Teleconference	Ms. Léonard
May 2-5, 2009	Canadian Conference on Medical Education – IPAC & AFMC	Ottawa, ON	Dr. Anderson & Ms. Léonard
May 21, 2009	Pan-Canadian Health Literacy Workshop, Organizing Committee – Health Literacy	Ottawa, ON	Dr. Dignan
May 21 & 22, 2009	Canadian Council on Learning – Health, Learning & Social Development	Ottawa, ON	Dr. Dignan
June 26, 2009	Framework Meeting – PHAC	Teleconference	Ms. Léonard
July 30, 2009	Provided information on an article for Traditional Healers working to address H1N1 with traditional medicines	Conference Call	Dr. Anderson
August 6, 2009	Provided information on an article for Traditional Healers working to address H1N1 with traditional medicines	Conference Call	Dr. Lavallee
August 27, 2009	H1N1 Live Discussion – Carolyn Bennett	Webinar	Ms. Léonard
April 16, 2009	Health Professional Inventory – Assembly of First Nations	Teleconference	Dr. Anderson
August 27, 2009	Society of Rural Physicians of Canada	Teleconference	Dr. Anderson & Ms. Léonard

September 14, 2009	The Right to Health of Indigenous Peoples Presentation – Dalhousie University	Halifax, NS	Dr. Anderson
September 23-25, 2009	Facilitate a Workshop on the Aboriginal Educational Modules created by IPAC and RCPSC	Ottawa, ON	Drs. Lavallee & Clearsky & Ms. Léonard
September 28, 2009	Canadian Medical Association – Bruce Hill	Teleconference	Ms. Léonard
October 23& 24, 2009	PHAC in collaboration with Centre for Global Health. Invitation to present at the equity-focused Health Impact Assessment consultation workshop	The Institute of Population Health University of Ottawa	Dr. Anderson
October 28, 2009	Standing Committee on Health, House of Commons. Invite to appear before the Committee to discuss the issue of First Nations H1N1 preparedness.	Ottawa, ON	Dr. Anderson
December 1, 2009	H1N1 Briefing – Public Health Agency of Canada	Teleconference	Ms. Léonard
December 17, 2009	H1N1 Briefing – Public Health Agency of Canada	Teleconference	Ms. Léonard
January 29, 2010	Discussion on The Health of Canadians: 2017 – Roundtable – Carolyn Bennett’s Office	Virtual	Dr. Anderson & Dr. Behn-Smith
February 8, 2010	Network Sustainability Meeting (IPAC/RCPSC/AFMC/CM)	Teleconference	Dr. Lavallee, Dr. Behn-Smith, Ms. Léonard & Ms. Coutu
February 10, 2010	Patient Safety Issues in First Nations Métis and Inuit	Teleconference	Ms. Léonard
February 16, 2010	Public Health Agency of Canada - Gary Larkin	Teleconference	Mr. McDougall
February 24, 2010	Public Health Agency of Canada – Gary Larkin	Teleconference	Ms. Léonard & Mr. McDougall
March 25, 2010	House of Commons, Standing Committee on Health. To speak on Health Human Resources	Ottawa, ON	Dr. Anderson
June 23, 2009	Turtle Lodge Tour with Peter O’Mara & Romlie Mokak from Australian Indigenous Doctors Association	Fort Alexander, MB	Dr. Anderson & Ms. Léonard
June 24, 2009	Tours of the Aboriginal Health and Wellness Centre and the Thunderbird House with Peter O’Mara & Romlie Mokak from AIDA.	Winnipeg, MB	Ms. Léonard
October 27, 2009	Annual General Meeting – Winnipeg Regional Health Authority	Winnipeg, MB	Ms. Coutu

Promote medicine as a career opportunity to First Nation, Inuit and Métis students.

IPAC receives many requests for speakers and information. A list of those requests are below:

Dates	Event	Host(s)	Location	Participant	Purpose
August 27, 200	Aboriginal Youth Cessation Project	Conrad Saulis – National Association of Friendship Centres		Ms. Léonard contact him and provided information	Request support & involvement in the study & development of the final proposed Aboriginal youth cessation curriculum
December 2-4, 2009	Leaders in Indigenous Medical Education – LIME Network	Onemda VicHealth Koori Health Unit - School of Population Health at University of Melbourne	Melbourne, Australia	Dr. Anderson & Dr. Behn-Smith	To present
December 11, 2009	Career Fair	Hosted by Elmwood School	Winnipeg, MB	Dr. Anderson & Ms. Coutu	To present & distribute resources
January 28, 2010	Launch of The Future of Medical Education in Canada	University of Manitoba	Winnipeg, MB	Dr. Anderson & Dr. Behn-Smith	To attend
July 3, 2010	Standardized curriculum in the BC area	Lyle Frank – Aboriginal Cultural Education Coordinator		Ms. Léonard responded via letter	Requested Feedback
December 2, 2010	Aboriginal Role Models for Healers Program	Kelvin Lynxleg – MKO		Dr. Lavallee	Requested information
January 13, 2010		Simon Frederick Baarbé		Dr. Kitty replied via email	Requested information on changing to the medical field
January 17, 2010		Robert Reid		Ms. Léonard forwarded request to Dr. Kitty	Question regarding requirements of enrolling in medical school from a nursing course
January 28, 2010		Ann Macaulay – McGill University		Ms. Léonard	Requested figures on the number of Aboriginal Physicians & medical students in Canada
February 2, 2010		Donovan Coetzee		Ms. Léonard responded via email	Requested information on studying medicine in Canada
February 5, 2010		Janice Linton, University of Manitoba		Mr. Léonard provided link to IPAC website	Requested IPAC-AFMC resources
December 27, 2009		Melissa Pickles		Ms. Léonard provided link	Copy of <i>Culturally Competent Care Manual in psychiatry & family medicine</i>
January 10, 2010		Jennifer Hulme		RCPC distributed documents requested	Copy of <i>Cultural Safety in Practice and competency in OBGYN care resources</i>
January 27, 2010		Chief Marcel Balfour – Norway House Cree Nation		Ms. Léonard spoke with him	Requested info on communities developing their own recruitment & retention strategy for Physicians

Dates	Event	Host(s)	Location	Participant	Purpose
August 27, 200	Aboriginal Youth Cessation Project	Conrad Saulis – National Association of Friendship Centres		Ms. Léonard contact him and provided information	Request support & involvement in the study & development of the final proposed Aboriginal youth cessation curriculum
February 9, 2010	World Health	Xavier Leblanc – University of Montreal		Dr. Kitty attended	Recruiting lecturers to Aboriginal topics in Quebec
February 11, 2010		Jackie Bates – Pre Health Professions Club associated University of Saskatchewan		Ms. Léonard provided permission to the request	Permission to utilize photos on website & requested physicians email addresses for students to communicate with
February 11, 2010		Kevin Mitchell – Student at the University of Western Ontario		Ms. Léonard forwarded the request to Dr. Lavallee	Wanting to contact Dr. Lavallee to potentially set up an elective in Family Medicine.

Promotional Items Distributed

A number of promotional items have been developed and are distributed at events attended or as requested. Items include, water bottles, pens, pencils, notepads, bookmarks, newsletters, postcards, t-shirts, hats.

Date	Organization	Project
May 29, 2009	Marilee A Nowgesic	SOGC Event
May 29, 2009	Jacqueline Green – Student	Requested Promo item
June 3, 2009	Julie Bull	University of PEI Event
June 4, 2009	Denis Ballard – Aboriginal Health Programs	WRHA Training
June 22, 2009	AIDA & Te’Ora Representatives	Welcome Package
September 24, 2009	Penny Arsenault – RCPSC	IPAC-RCPSC Conference in BC
October 7, 2009	Penny Burton	Aboriginal Diabetes Symposium
December 10, 2009	Eliot Kalman	Ohio Event
January 13, 2010	Elder attending training	WRHA training
January 21, 2010	Tim Allen – RCPSC	Congratulations Package
March 11, 2010	NWAC	National Aboriginal Health Careers Conference & Tradeshow
March 28, 2010	Lindsay Conboy	Canadian Paediatric Society Event

Invitations Declined Due to Financial Limitations

IPAC receives numerous invitations to attend meetings and conferences but due to financial limitation the below invitations were declined.

Date	Host	Event
September 28, 2009	Ronald Rojas – Canadian Foundation for the Americas	Health Policy and Exclusion in Bolivia: Lessons Learned” Conference
October 3, 2009	Romlie Mokak – AIDA	Healing OUR Way Symposium
October 5, 2009	Debra Lynkowski – Canadian Public Health Association	Setting the Stage for Advancements in Immunization in Canada
October 8 & 9, 2009	Dr. Padmos – RCPSC	1 st Annual Canadian Partnership for Progress in Health Human Resources
December 6, 2009	Janet Acheson – The Canadian Federation of University Women	7 th Annual Memorial Lunch marking the National Day of Remembrance and Action on Violence Against Women.
November 10, 2009	Co-Chairs of the ACHDHR Ethical Recruitment Task Force	Invite to attend a national consultation on the issue of the ethical recruitment of international health providers
April 27, 2009	Karen Charlebois – Centre for Health Leadership & Research Royal Roads University	Inventory of health leadership development programs across Canada Survey
September 14, 2009	Dalhousie University	The Right to Health of Indigenous Peoples Presentation

Sustainability plan for IPAC:

IPAC continues to pursue funding sources other than FNIHB, developing sustainability for the organization.

Project specific proposals have been submitted to the Canadian Institutes of Health Research (CIHR), Health Canada and the Social Sciences and Humanities Research Council Canada for planning of PRIDoC 2010 and other activities.

March 31, 2009 to April 1, 2010

Organization	Proposal Type	Proposal Name	Date Submitted	Amount	Outcome
Health Canada - Health Care Policy Contribution Program	Health Care Policy Conferences and Events	Health Care Policy Contribution Program for PRIDoC 2010	31-Jul-09	\$50,000	Declined
Social Sciences and Humanities Research Council Canada	Community-University Research Alliances (CURA)	Culturally Safe Learning Environments in Canadian Medical Schools: Enhancing the Collaborative Capacity of Indigenous Communities and Medical Schools	26-Oct-09	\$20,000 to develop \$200,000 annually for 5 years	Mar-10
Canadian Institutes of Health Research - (Fall 2009 Competition)	Meetings, Planning & Dissemination Grant: Aboriginal Peoples' Health	PRIDoC 2010: Sharing Our Stories	1-Oct-09	\$25,000	Approved
Canadian Institutes of Health Research - (Fall 2009 Competition)	Meetings, Planning & Dissemination Grant: Aboriginal Peoples' Health	Our People Our Health NAHO National Conference poster session	11-Sep-09	\$1,000	Approved
Health Canada - FNIHB	Health Care Policy Contribution Program	PRIDoC 2010: Sharing Our Stories	1-Dec-09	\$50,000	Jan 8, 2010

Charitable Trust

- The Board of Directors passed a motion on November 25/07 to establish a charitable trust:
It was MOVED (Dignan) and SECONDED (Lavallee) That the Indigenous Physicians Association of Canada Board of Directors investigates further the possibilities of IPAC to set up a Charitable Trust.
RESOLVED BY CONSENSUS (BoD1107-4) As directed in resolution
- A name was determined for the Charitable Trust: *Honouring Our Past- IPAC Memorial Fund*
- Objects of the trust were drafted, accepted and submitted
- Application for incorporation was made to Canada Corporations Act to the Minister of Industry Canada
- Application was made to the Minister of Industry Canada for the grant of a charter by letters patent under the Canada Corporations Act under the name of: HONOURING OUR PAST – IPAC MEMORIAL FUND

OBJECTS OF THE TRUST

The Trustees stand possessed of the Trust Fund on trust to pay or apply so much of the capital and income of the Trust Fund as the Trustees think fit for or towards any one or more of the following exclusively charitable objects and purposes, which are declared to be the objects and purposes of the Trust, namely:

Improving Indigenous health status to the highest attainable level by:

- a) Providing a forum for exchange of knowledge about Indigenous health issues and the development of the Indigenous workforce.
- b) Promoting the educational, research and service delivery activities of Indigenous medical practitioners of the region.
- c) Contributing to the development of a comprehensive and effective working model of Indigenous health care based upon best practice that is consistent with the indigenous peoples of the region and the exercise by its indigenous peoples of the right of self determination.
- d) Establishing and maintaining relationships with other Indigenous health organisations and practitioners regionally, nationally and internationally.
- e) Fulfilling the objects of IPAC Memorial Fund subject to the powers and provisions contained in its Constitution and the terms of this Deed.

Partnerships

Society of Obstetricians & Gynaecologists of Canada (SOGC)

A Memorandum of Understanding (MOU) was signed on September 29, 2009 between IPAC and SOGC to collaborate on our shared goals in advancing First Nations, Inuit and Métis women's health in Canada.

Below is a copy of the MOU.

Society of Obstetricians & Gynaecologists of Canada

MEMORANDUM OF UNDERSTANDING

between

THE INDIGENOUS PHYSICIANS ASSOCIATION OF CANADA (IPAC)

and

THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA (SOGC)

(collectively referred to as the "Parties")

1. Preamble

It has become evident to both Parties that there is a need to collaborate to accomplish shared goals in advancing First Nations, Inuit and Métis women's health in Canada.

Recognizing this need, it is in the spirit of joint collaboration that The Indigenous Physicians Association of Canada (IPAC) and The Society of Obstetricians and Gynaecologists of Canada (SOGC) undertake to work together in a common goal of improving Indigenous women's health.

2. Purpose

The parties to this Memorandum of Understanding (MOU) agree that this document shall serve only as an instrument of acknowledgement and facilitation of the Parties' collaborative and cooperative efforts toward the mutually-supported initiatives intended to advance and improve First Nations, Inuit and Métis women's health in Canada.

3. Scope of Memorandum of Understanding

In entering into this MOU, the Parties agree to the following:

- a) To good faith collaboration, either formal or informal, in the jointly determined initiatives and/or strategies intended to advance the purpose as noted in Section 2 of this MOU;
 - b) On-going dialogue and information exchange between the Parties assigned or responsible officials;
 - c) Regular and formal communication between the Parties with respect to issues of common interest, shared objectives and updates on advancements;
 - d) The provision of reciprocated support and/or assistance in the advancement of common and/or agreed upon objectives;
 - e) That participation in this MOU does not constitute an endorsement, express or implied, of policies or issues advocated by either Party outside of this MOU;
 - f) Nothing in this MOU shall be construed to authorize or permit any violation of any Federal, Provincial or other law that the Parties may be subject to;
 - g) Nothing in this MOU or elsewhere shall be construed as establishing a contract, or other legally binding commitment, obligating the SOGC or the IPAC to provide money, goods or services in maintenance of this MOU; and,
 - h) The Parties to this MOU may, by mutual agreement and signature, amend this MOU as deemed necessary from time to time.
4. Duration and Termination
- a) This MOU shall be effective upon signing by both Parties for the term of five years or completion of the project to the satisfaction of both Parties, whichever comes first and shall be subject to renewal by exchange of letters to ensure MOU relevance and renewal of commitment;
 - b) Should either Party wish to withdraw from the MOU, notice shall be provided, in writing, to the other Party advising of its desire to terminate the relationship; both Parties agree that the termination of the MOU will come into effect within thirty (30) days of the written notification.

Society of Rural Physicians of Canada (SRPC)

Collaboration between IPAC and SRPC initiated in 2009 to co-author a textbook on Indigenous health.

Objective: To publish a primer on health of Indigenous Peoples in Canada with three areas focussing on Policy, Research, and community and would include First Nations, Metis, and Inuit perspectives.

Goal: To collaborate with common goals in serving Indigenous populations, Indigenous and rural physicians sharing knowledge, skills and expertise, through meetings, continuing medical education and other projects.

Dr. Anderson and Dr. Waters worked together to write and publish a “state of the art” textbook on Indigenous Peoples and Health that will facilitate competency building for health care providers and students within university settings. The textbook will have a general audience and has been provided to the IPAC Board for feedback.

Potential Themes/Chapters within this manual include:

- Definition of terms and context of current health care for Indigenous Peoples
- Diversity of realities within Canada
- Population health perspectives and case studies with images
- Racism and deficit theory

- History (FN, Metis, Inuit), Manitoba Act (Metis land)
- Experiences in healthcare (from Aboriginal health professionals)
- Life within First Nation communities
- Aboriginal health within Metis and urban settings
- Patient perspectives
- Experiences across the lifespan (children, Elders)
- Colonization (residential schools, multi-generation trauma), acculturation stress
- Wholistic concepts of health and well-being across all fields
- Cultural safety
- Tools for Action and Further Learning: “Now go learn about people”

The below Memorandum of Understanding has been signed by both organizations.

**Society of Rural Physicians of Canada
MEMORANDUM OF UNDERSTANDING**

between

THE INDIGENOUS PHYSICIANS ASSOCIATION OF CANADA (IPAC)

and

THE SOCIETY OF RURAL PHYSICIANS OF CANADA (SRPC)

(collectively referred to as the “Parties”)

1. Preamble

It has become evident to both Parties that there is a need to develop a textbook regarding Indigenous health in Canada for the purpose of providing a resource for health care professionals, students, researchers and policy makers in order that they are better equipped to contribute toward the improved health and vibrancy of Indigenous nations, communities, families and individuals.

Recognizing this need, it is in the spirit of joint collaboration that The Indigenous Physicians Association of Canada (IPAC) and The Society of Rural Physicians of Canada (SRPC) undertake to work together in the development of such a textbook, the objectives of each party in providing a resource for those mentioned above to be undertaken and executed in a professional and timely manner.

2. Purpose

The parties to this Memorandum of Understanding (MOU) agree that this document shall serve only as an instrument of acknowledgement and facilitation of the Parties’ collaborative and cooperative efforts toward the mutually-supported initiative of developing a textbook regarding Indigenous health in Canada.

3. Scope of Memorandum of Understanding

In entering into this MOU, the Parties agree to the following:

- a) Each organization will decide on its appropriate mechanism for oversight of this project;
- b) That a Steering Committee be established to implement the day-to-day work that is required to complete all steps of textbook development;
- c) Each organization will approve the direction of the Steering Committee and will include, but not be limited to, nominating and approving members of the Steering Committee, approving the table of contents, and approving a dissemination and profit-sharing agreement;

- d) The Terms of Reference for the Steering Committee shall include, but are not limited to the following:
- i. The Steering Committee will have a maximum of eight members with equal representation from the IPAC and the SRPC and may include representatives from academia or funding agencies;
 - ii. Working groups or task groups may be formed as deemed necessary by the Steering Committee;
 - iii. The Steering Committee will be jointly chaired by a delegate from the IPAC and from the SRPC;
 - iv. The Steering Committee will provide a written or verbal report to the appropriate oversight body in both the IPAC and the SRPC on a quarterly basis;
 - v. The Steering Committee will nominate and approach authors for each chapter once the Table of Contents is finalized; each chapter will have both an Indigenous and non-Indigenous lead author who need not be physicians which will ensure both health expertise and a critical Indigenous perspective is present in each chapter.
- e) That funding support will be sought in order to provide administrative and other support as required;
- f) That the following values and principles shall guide the process of collaboration and textbook development:
- i. Improved Indigenous health is the ultimate goal of this project, with any other benefits (e.g. academic gain) being secondary;
 - ii. Indigenous health is a shared responsibility, but Indigenous leadership must be present;
 - iii. The members, knowledge and skills of all who participate in this process shall be respected;
 - iv. Indigenous knowledge shall be held as valuable as western medical knowledge;
 - v. Ethical and traditional approaches to planning meetings, events and other interactions and activities will be honoured.
- g) That a legal opinion and agreement shall be developed to address joint copyright and profit-sharing aspects of this collaboration.

Resilient Indigenous Health Workforce (RIHWN) Network

IPAC will be receiving \$90,000 per year for the next two years to participate in the final phase of the Resilient Indigenous Health Workforce (RIHWN) Project.

The objectives of the RIHWN project are:

- Identify and describe the current Indigenous health workforce networks, functions, development and sustainability factors
- Identify work-life experiences of Indigenous health workers
- From the data, identify structures and practices within Indigenous health networks that promote and sustain a resilient Indigenous health workforce
- Define resiliency from an Indigenous perspective for the purposes of the study
- Develop and evaluate a pilot implementation of a Resilient Indigenous Health Workforce Networks framework

The research team consist of members from both Canada and New Zealand. They are as follows:

Principal Investigators

- Canada – Dr. Judith Bartlett (International PI)
- New Zealand – Dr. Paul Robertson

Co-Investigators

- BC – Drs. Richard Vedan and Eduardo Jovel
- AB – Dr. Malcolm King
- SK – Dr. Janet Smylie
- MB – Dr. Yoshi Iwasaki
- Dr. Suzanne Pitama

Staff - Canada

- Research Program Manager – Dr. Julianne Sanguins
- Research Associate – Pilot Project Coordinator – Ms. Laverne Gervais
- Research Office Coordinator – Ms. Barbara Morgan

In the final phase of the Project, IPAC agreed to grant access to its membership who may be recruited to participate. After providing informed consent, participants will complete the initial key informant interview, which will be administered by the RIHWN's Research Project Coordinator.

Over the following two years, the Network will identify a series of activities in which IPAC members may voluntarily participate. The identification of activities will be informed by a reflection exercise of the themes and sub-themes that arose in the study and will include enhanced communication and engagement opportunities. At the conclusion of the Project, participants will once again engage in key informant interviews and complete the brief survey to determine their experiences within the Network.

Below is a table of the RIHWN meetings held within this fiscal year:

Date	Location
July 17, 2009	Winnipeg, MB
August 14, 2009	Winnipeg, MB
August 23, 2009	Saskatoon, SK
August 31, 2009	Winnipeg, MB
October 2 – 3, 2009	Winnipeg, MB
October 30, 2009	Winnipeg, MB
November 4, 2009	Teleconference
March 23, 2010	Winnipeg, MB

Office of Nursing Services Clinical Practice Guidelines Chapter Review

Initially, the chapter review was to occur during the 2008-2009 fiscal year, however, IPAC requested and received permission to carry-over funds related to these activities from the funding source, Health Canada to the 2009-2010 fiscal year.

Below are the Adult and Pediatric Care Chapter List that was assigned to IPAC for review:

Chapter Assignment

FNIHB Clinical Practice Guidelines for Nurses in Primary Care: Adult Care

Chapter	Title	MD assigned	Date sent to ONS
Chapter 3	Respiratory System	Darlene Kitty	05/12/09
Chapter 3	Respiratory Index Part A	Darlene Kitty	10/08/09
Chapter 3	Respiratory Emergencies Part B	Darlene Kitty	10/08/09
Chapter 4	Cardiovascular System	Marcia Anderson	05/12/09
Chapter 11	Communicable Diseases	Lorne Clearsky	02/10/09
Chapter 14	General Emergencies and Major Trauma	Thomas Dignan	05/12/09

FNIHB Pediatric Clinical Practice Guidelines for Nurses in Primary Care

Chapter	Title	MD assigned	Date sent to ONS
Chapter 1	Guidelines for Pediatric Health Assessment	Darlene Kitty	05/15/09
Chapter 3	Prevention	Sabina Ijaz	24/09/09
Chapter 4	Fluid Management	Daniele Behn-Smith	07/14/09
Chapter 6	Dysfunctional Problems of Childhood	Barry Lavalley	24/09/09
Chapter 11	Cardiovascular System	Barry Lavalley	24/09/09
Chapter 14	Musculoskeletal System	Barry Lavalley	09/22/09
Chapter 18	Communicable Diseases	Lorne Clearsky	02/10/09
Chapter 20	General Emergencies and Major Trauma	Thomas Dignan	05/12/09

British Columbia Lung Association

IPAC was contacted by The British Columbia Lung Association and Chomik Consulting & Research Ltd. who worked on a project for the Public Health Agency of Canada that is looking at the needs of health professionals who work with First Nations, Inuit and Metis communities as well as what information, tools, and resources related to the prevention of respiratory diseases.

To gather this information, IPAC distributed a survey to all IPAC members in March 2009 to gather feedback and thoughts on this issue. The hope was to receive approximately 500 to 700 electronic surveys. This is the first phase of this work, which will eventually lead to the development of resources and information that health professionals can use in the field.

Once the survey findings have been documented, the groups and organizations will be provided the opportunity to receive the needs assessment findings for circulation within their own agencies and circle of stakeholders.

Canadian Conference on Medical Education

The Indigenous Physicians Association (IPAC) was invited to present at the Canadian Conference on Medical Education that was held from May 2 – 6, 2009 in Edmonton, Alberta.

IPAC was involved with the following sessions:


1. **PLENARY SESSION:** Teaching about First Nations/Inuit/Métis Health;
2. **WORKSHOP:** An Indigenous Core Curriculum for Medical Learners at Post Graduate and Continuing Medical Education Levels; and
3. **POSTER SESSION THEME:** First Time Presenters Series – Making Better Curricula

1. Plenary Session: Teaching about First Nations/Inuit/ Métis Health

Speakers: Marcia Anderson, President, Indigenous Physicians Association of Canada;
Charlene Hellson, Manager, Adult Aboriginal Mental Health, Alberta Health Services;
Barry Lavallee, Vice-president, Indigenous Physicians Association of Canada, Assistant Professor, Department of Medical Education, University of Manitoba



Learning Objectives

1. To discuss cultural safety as both a framework for and learning outcome of First Nations, Inuit and Métis health education.
2. To explore alternative methodologies for teaching First Nations, Inuit and Métis health and provide one powerful example.
3. To identify, acknowledge and analyze one's own considered emotional response to the many histories and contemporary environment of First Nations, Inuit and Métis peoples and offer opinions respectfully.



Teaching About First Nations, Inuit, and Métis Health

Marcia Anderson, President, Indigenous Physicians Association of Canada
Charles McEwen, Manager, Adult Aboriginal Mental Health, Alberta Health Services
Barry Lavallee, Vice-President, Indigenous Physicians Association of Canada, Assistant Professor, Department of Medical Education, University of Manitoba

Learning Objectives

- To discuss cultural safety as both a framework for, and learning outcome of, First Nations, Inuit and Métis health education
- To explore alternative methodologies for teaching FN/IM health
- To identify, acknowledge and analyze one's own considered emotional response to the many histories and contemporary environments of FN/IM peoples, and offer opinions respectfully




Why Talk About Culture?

- Culture is a determinant of health
- Culture influences how a person/ organization defines health
- Right to self-determination, including social, economic and cultural development
- Right to health




What is Culture?

- Constituted by facts
- Particular groups of people:
 - Hold specific beliefs
 - Subscribe to particular practices
 - Have certain expectations
 - Act in predictable ways




What is Culture?

- “integrated pattern of human knowledge, belief, behavior, and material traits characteristic of a social group”
- “variably shared way of life that includes knowledge, attitudes, beliefs, customs, and values of a group of people”




Who Has Culture?

- “Others”
- Health care systems including health care providers



What is Race?

- 2 broad categories of definitions:
 - Biologic construct: human races are generally defined in terms of original geographic range and common hereditary traits which may be morphological, serological, hematological, immunological or biochemical
 - Social construct: a dummy variable that represents two heterogeneous underlying factors: societal factors and cultural/ethnic factors



Cultural Safety

- Cultural safety is “the effective nursing or midwifery practice of a person or family from another culture, and is determined by that person or family.”
- Unsafe practice would be anything that demeans, diminishes or disempowers the cultural identity and well-being of another



Cultural Safety

- “Cultural safety is predicated on understanding the power differentials inherent in health service delivery and redressing these inequities through educational processes. Taking a cultural safety approach to dealing with inequities enables physicians and other care providers to improve health care access for patients, aggregates, and populations; acknowledge that we are all bearers of culture; expose the social, political, and historical context of health care; and interrupt unequal power relations.”

Response Report

Session: Plenary Evaluation: Teaching about First Nations, Inuit & Métis Health: Knowledge & Self-Reflection
Class: CCME 2009

1. Value of key pad interactions		
	N	%
8	46	36%
7	30	23%
6	22	17%
5	9	7%
4	4	3%
3	4	3%
2	6	5%
1	2	2%
Other Responses	5	5%
Total	128	101%
2. Quality of Marcia Anderson's contribution to the session		
	N	%
8	89	49%
7	37	20%
6	18	10%
5	2	1%
4	4	2%
3	0	0%
2	0	0%
1	5	3%
Other Responses	27	15%
Total	182	100%
3. Quality of Charlene Hellson's contribution to the session		
	N	%
8	162	86%
7	7	4%
6	7	4%
5	3	2%
4	0	0%
3	0	0%
2	1	1%
1	0	0%
Other Responses	9	5%
Total	189	102%

4. Quality of Barry Lavalles's contribution to the session		
	N	%
8	60	32%
7	58	31%
6	34	18%
5	13	7%
4	6	3%
3	5	3%
2	1	1%
1	3	2%
Other Responses	6	3%
Total	186	100%
5. Were the stated objectives met?		
	N	%
8	97	51%
7	52	28%
6	23	12%
5	8	4%
4	2	1%
3	1	1%
2	0	0%
1	6	3%
Total	189	100%
6. Overall quality of this session		
	N	%
8	141	72%
7	33	17%
6	13	7%
5	3	2%
4	0	0%
3	0	0%
2	1	1%
1	1	1%
Other Responses	4	2%
Total	196	102%

2. Workshop: An Indigenous Core Curriculum for Medical Learners at Post-Graduate and Continuing Medical Education Levels

Presenters: Lorne Clearsky, Marcia Anderson, Indigenous Physicians Association of Canada;

Rationale/Background: The Indigenous Physicians Association of Canada and the Royal College of Physicians and Surgeons of Canada (IPAC-RCPSC) Curriculum Development Project is a partnership that brought together Indigenous physicians and relevant stakeholders with expertise in medical education, curriculum development and Indigenous cultures to develop appropriate curriculum modules to enhance medical education in the area of health care for Indigenous peoples in Canada. In order to develop appropriate curriculum modules to enhance medical education in the specialty health care areas for Indigenous peoples in Canada, a solid foundation of indigenous content is needed. A working group was formed to develop learning modules in Indigenous core curriculum that would include: integrating Indigenous world views and epistemologies, focus on positive rather than deficit attributes, cultural competency and safety approach, and the need to recognize local Indigenous contexts. Two modules were developed to provide learners with content to facilitate their understanding of the experience of Indigenous peoples in Canada, and methodology that reflects indigenous thinking and practices. This workshop will present the developed modules in an abbreviated format along with rationales and discussion.

Learning Objectives:

As a result of attending this workshop, participants will:

1. Understand the objectives of the Indigenous core curriculum for medical students.
2. Understand the objectives of the developed Indigenous curriculum modules.
3. Understand the rationale for the selection of the Indigenous content and methodology of the modules.
4. Experience the two modules in an abbreviated format to give them first hand experience with the content and methodology.

WORKSHOP EVALUATION 2009 CANADIAN CONFERENCE ON MEDICAL EDUCATION

Title: W-07 An Indigenous Core Curriculum for Medical Leaders at Post-Graduate and Continuing Medical Education Levels

Date: Sunday, May 3rd, 2009

(16 ATTENDED, 11 RESPONDED)

Poor, Excellent, Strongly disagree & Strongly agree																
My interest in learning about this topic prior to the session	1	2	3	4	5	6	7	Avg								
	1				1	2	4	5	6.1							
The Presenters																
	Lorne Clearsky							Maria Anderson								
	1	2	3	4	5	6	7	A	1	2	3	4	5	6	7	A
Level of enthusiasm: (communicates/engenders enthusiasm through expressive use of voice, eye contact and body movement)					2	1	3	6.0				1	2	9	4	6.0
Rapport with audience: (creates learning environment that is conducive to open discussion of topic and questioning by learners)						1	4	6.3					1	9	6	6.5
Organization: (Gains learners' attention, clearly states purpose and objectives, material is well organized, coherent and summarizes key points.)					1	1	3	6.5				1		12	3	6.1
Knowledge of the topic: (knowledgeable regarding content and its significance)						6	10	6.3						6	10	6.3
Clarity: (easy to follow, uses good examples, explains/stresses important points, places topic in context)					2	9	4	6.1					2	9	5	6.2
Ability to Stimulate interaction and critical thinking (Actively involves the learners, asks analytic questions, promotes independent thought)			1	2	7		6	6.1				1	3	8	4	6.0
Level of enthusiasm: (communicates/engenders enthusiasm through expressive use of voice, eye contact and body movement)														3	2	
Rapport with audience: (creates learning environment that is conducive to open discussion of topic and questioning by learners)														3	2	
Organization: (Gains learners' attention, clearly states purpose and objectives, material is well organized, coherent & summarizes key points.)													2	2	1	
Knowledge of the topic: (knowledgeable regarding content and its significance)														4	1	
Clarity: (easy to follow, uses good examples, explains/stresses important points, places topic in context)													1	2	2	
Ability to Stimulate interaction and critical thinking (Actively involves the learners, asks analytic questions, promotes independent thought)													1	3	1	
Level of enthusiasm: (communicates/engenders enthusiasm through expressive use of voice, eye contact and body movement)						3							1	2	1	
Rapport with audience: (creates learning environment that is conducive to open discussion of topic and questioning by learners)						3							1	2	1	
Organization: (Gains learners' attention, clearly states purpose and objectives, material is well organized, coherent & summarizes key points.)				1	2									3	1	
Knowledge of the topic: (knowledgeable regarding content and its significance)						3							1	2	1	
Clarity: (easy to follow, uses good examples, explains/stresses important points, places topic in context)				1	2								1	2	1	
Ability to Stimulate interaction and critical thinking (Actively involves the learners, asks analytic questions, promotes independent thought)				1	2								1	2	1	
The Session																
Poor, Strongly disagree, Excellent & Strongly agree																
	1	2	3	4	5	6	7	A								
The stated objectives were met?						1	6	1								
Overall quality of the session						2	2	4								
Knowledge gained from participating in this session						2	4	2								
I would be interested in attending future workshops offered by presenters					1	1	4	2								

1. Is there anything that you plan to do differently as a result of having attended this session?

- Enjoyed being part of the process and look forwards to contributing to implementing and being a small part of a change
- Module one was a bit dragged out , could have been selective condensed
- As an Aboriginal, emphasize the importance of “staying well-read” and informed on many aspects of my role in the community and within my institution
- Unique set up

2. What aspect of the session did you find most valuable/useful?

- Role play invariably useful to see how others do it
- The questionnaire and reflective discussion after the video
- The clarity of information preserved viewing the apology very powerful
- Overview of what they have done

3. What would have made this a better experience for you?

- More specific discussion of how to achieve next steps

4. Other Comments/Suggestions?

- Collaborative contributions to the materials, the UCQ, etc...

Not enough time to do this topic justice for learners training

3. Poster Session Theme: First Time Presenters Series - Making Better Curricula

Medical Education to Improve Health Care for Indigenous People in Canada-The IPAC-RCPSC Project

Presenters: Margaret Kennedy, The Royal College of Physicians and Surgeons of Canada

Purpose: There is a strong imperative to enhance health care for Indigenous peoples in Canada. This poster describes the unique partnership and methodology by which indigenous physicians and key stakeholders in medical education, curriculum development and First Nations, Inuit and Métis cultures are developing indigenous educational modules and materials for postgraduate and practitioner (CME) communities. **Methods:** This project, “Enhancing Aboriginal Health Education across the Continuum of Training and Practice”, funded by Health Canada - First Nations and Inuit Health Branch began in 2007 with three objectives:

- 1) To gather information on existing educational and research initiatives, faculty activities and best practices in post-graduate and continuing medical education (PGME & CME)
- 2) To develop educational modules in PGME & CME
- 3) To disseminate focused education material and curriculum in PGME & CME

The project plan and operational structure were developed to reflect the collaborative partnership between the key stakeholders. Examples of this include equal representation at all levels and on all committees by indigenous peoples and other stakeholders.

Results: Established working groups are developing and piloting curriculum modules in Indigenous Core Curriculum, Family Medicine, Obstetrics-Gynecology and Psychiatry. Modules include: learning objectives, case study topics/scenarios, teaching tools, teaching, learning resources, and evaluation plans. **Conclusions:** The initiative's success was due to:

1. Shared project governance structures and consultative methodologies that were critical from the outset
2. The inclusion of Indigenous protocols into all project procedures
3. Full and equal participation of Indigenous community personnel and resources to support the process and implementation

Partnership(s) with The Association of Faculties of Medicine of Canada

Implement First Nations, Inuit & Métis Health Care Competencies in Undergraduate Medical Education

This report details the activities undertaken by the Indigenous Physicians Association of Canada (IPAC) in partnership with the Association of Faculties of Medicine of Canada (AFMC) from April 1, 2009 to March 31, 2010 to implement First Nations, Inuit & Métis Health Care Competencies in Undergraduate Medical Education. Funding for this project came from Health Human Resource Strategies Division, First Nations and Inuit Health Branch, Health Canada through a proposal from the Association of Faculties of Medicine on behalf of IPAC and AFMC.

Project Objectives

1. Support the integration of the FNIM health core competencies into UGME curriculum at all medical faculties in Canada;
2. Deliver national faculty development sessions on FNIM health at the annual Conference on Canadian Medical Education;
3. Create an inventory of FNIM health learning resources used at the undergraduate level and support the development of new resources;
4. Investigate enhancing the Medical Council of Canada's licensing exams and undergraduate medical education program accreditation, with regards to FNIM health.

Activities Report

1. The Core Competencies Framework:

- a. The Core Competencies Framework was disseminated to over 800 national and local media outlets including Indigenous media; Indigenous and non Indigenous health and medical-related journals; politicians, deans of medicine, undergraduate, post-graduate and continuing medical education deans, AFMC committees, admissions deans, curriculum chairs, medical school / health science libraries and Indigenous health offices; IPAC members, Indigenous stakeholders and organizations, Canadian and International Indigenous health organizations; AFMC partner organizations and other health professional organizations.
- b. The Assembly of First Nations has called the Framework "groundbreaking". It has been very positively received by both Indigenous and non-Indigenous stakeholders.
- c. The Core Competencies Framework is available in both English and French on the IPAC and AFMC web sites.

- i. http://ipac-amic.org/ipac_afmc.php (IPAC English)
- ii. http://ipac-amic.org/ipac_afmc.php (IPAC French)
- iii. <http://www.afmc.ca/social-aboriginal-health-e.php> (AFMC English)
- iv. <http://www.afmc.ca/social-aboriginal-health-f.php> (AFMC French)

2. Indigenous Health Education Working Group:

- a. Composed of educators from the 17 faculties of medicine; and Indigenous community partners and faculty colleagues (if possible) who are integral to the implementation of Indigenous health curriculum.
- b. Helping to raise the profile of this work at schools just starting to look at implementing this curriculum, and provides a forum to learn from others.
- c. Highly beneficial and efficient in terms of sharing and developing resources to support implementation.
- d. Meeting
 - i. An IHEWG meeting took place May 2, 2009 in Edmonton, Alberta. The focus was on how the schools can help each other implement the competencies, and student evaluation.
 - ii. The next meeting was held in Toronto, December 1-2 2009. The main focus was the development of OSCE's.

3. Indigenous Health Curriculum Implementation Toolkit & Critical Reflection Tool:

- a. The Core Competencies Framework was disseminated to national and local media outlets, deans of medicine, undergraduate, post-graduate and continuing medical education deans, AFMC committees, admissions deans, curriculum chairs, medical school / health science libraries and Indigenous health offices; IPAC members, Indigenous stakeholders and organizations, Canadian and International Indigenous health organizations; AFMC partner organizations and other health professional organizations.
- b. There are plans for the toolkit and critical reflection tool to be used by McGill University in the Spring of 2010

4. Indigenous Health Learning Resources Repository:

- a. A repository of information was developed through research conducted on behalf of the IPAC-AFMC project and the IPAC-RCPC project. Information is being shared with the Working Group.
- b. A secure online space has been created for the Working Group to share and develop resources together. AFMC has provided a software program (Basecamp) as a temporary solution
- c. A searchable database will be needed as the resources grow.

5. Sustainability:

- a. It was agreed that sustainability should be broadened to include the continuum of medical education and pursued by an enlarged Steering Committee made up of the organizations leading this work. To this end, IPAC has invited the leadership of AFMC, RCPC and the CFPC to participate in an initial discussion in late June. Topics for discussion include: funding, a secure Secretariat (IPAC has offered to take this role) and an efficient organizational structure (including the Steering Committee) to support an ongoing Network for Indigenous Health Education across the continuum of medical education.
- b. IPAC and AFMC have agreed to reconvene in the fall 2010 to continue this discussion and look at next steps in this work. In the interim, the Indigenous Health Education Working Group has agreed

- c. to continue to communicate with each other via email and through the new community established on the Canadian Healthcare Education Commons (CHEC) web site.

6. 2009 Canadian Conference on Medical Education – Edmonton

- a. The conference is attended by over 1,000 medical educators, administrators, learners and all deans of medicine and is seen as a prime location to do faculty development, share resources and network.
- b. The plenary session, *Teaching about First Nations, Inuit and Métis Health: Knowledge and Self-Reflection* was attended by over 400 educators. Dr. Marcia Anderson opened by discussing cultural safety as both a framework for and learning outcome of Indigenous health education. Then Ms. Charlene Hellson presented her powerful monologue, *Unpacking the Backpack*, which examines through the oral tradition, the historical, political, and contemporary impact upon the health of Aboriginal people in Canada.
 - i. Following the monologue, the audience was asked which words best describe their emotional reaction to Charlene’s performance. Using the key pads provided, 47% anonymously reported feeling grief, 4% felt shock, 5% felt numb and 5% pity. 3% felt neutral and 36% felt something other than what was on the list. Dr. Barry Lavallee created a safe space for the audience to debrief and share what they were feeling.
 - ii. Dr. Lavallee reflected on the presentation in a recent article published by University Affairs on our collective work to enhance Indigenous health curriculum and the number of Indigenous physicians, said “that the presentation had a profound impact on a lot of the people in the audience...people were wiping their eyes. Out of all the talks I’ve given in my whole career, this was the most amazing. I couldn’t imagine this happening even three years ago, and I’ve been one of the leaders in the forefront for the last 15 years.”
- c. Our project also delivered a successful workshop, *Aboriginal Health Curricula: Building Capacity Together*. Moderated by Dr. Lindsay Crowshoe (University of Calgary), three diverse Canadian medical schools (Alberta, British Columbia and Memorial) with innovative undergraduate Indigenous health curriculum presented their approaches and teaching methods. This was followed by a panel discussion on the development, implementation and evaluation of their curriculum. The feedback gathered from participants was very positive and suggested that sharing of curriculum in a more in depth manner would be beneficial.

7. Review of Medical Faculty Accreditation Standards:

- a. There are a number of accreditation standards in which Indigenous health can be addressed and strengthened. A review of the standards is underway and the findings will be discussed by the Working Group.
- b. Our preliminary review identified several North American accreditation standards in which the teaching of Indigenous health / cultural safety can be strengthened. The approach taken by the Medical Deans of Australia and New Zealand offers a strategy that may be of value to Canada in that they made the reporting on the implementation of their Indigenous health core competencies a mandatory part of their accreditation standards. As a next step, IPAC and AFMC should discuss what might be done by Canadian schools on their own to enhance Indigenous health in the accreditation review in Canada, while also looking at strategies to make changes to the North American accreditation standards.

8. Review of the Medical Council of Canada’s Licensing Exams:

- a. IHEWG developed four Objective Structured Clinical Examination (OSCE) stations for examining student learning of the First Nations, Inuit, & Métis Health Core Competencies. Three of the OSCE

stations were reviewed and accepted by the IPAC-AFMC Executive and the dissemination process will take place in 2010. The OSCE's have the potential to be used at the national level for MCC testing.

9. Evaluation of the Implementation of the Core Competency Framework:

- a. The evaluation of the processes used by IPAC-AFMC in this project and the implementation of the core competencies framework has been completed by Silta Associates.

Increasing the Number of Indigenous Physicians in Canada

This report details the activities undertaken by the Indigenous Physicians Association of Canada (IPAC) in partnership with the Association of Faculties of Medicine of Canada (AFMC) from April 1, 2009 – March 31, 2010 to support the recruitment and retention of Indigenous students into medical school. These activities are external to the project funding from Health Human Resource Strategies Division, First Nations and Inuit Health Branch, Health Canada.

Project Objectives

- 1. Increase the number of Indigenous physicians in Canada;
- 2. Encourage the implementation of Indigenous pre-medical and medical student recruitment and retention programs in faculties of medicine;
- 3. Promote and facilitate the sharing of best practices in recruitment and retention of Indigenous students into medicine.

Recruitment & Retention Committee

- 1. Recruitment & Retention Committee
 - a. New co-chairs were identified. Dr. Barry Lavallee, IPAC Vice-President assumed the role of co-chair and Dr. Francis Chan assumed the role of co-chair from AFMC.
- 2. Recruitment & Retention Committee Members as of January 2010

Member	Affiliation
Dr. Barry Lavallee, co-chair	IPAC Vice-President
Mr. James Andrew	Associate Director – Division of Aboriginal People’s Health; Aboriginal Program Coordinator – UBC
Ms. Debbie Dolson	Aboriginal Student Coordinator, Schulich/UWO
Ms. Roxanne Blood	Administrator, Aboriginal Health Care Careers Program – U of Alberta
Ms. Kandice Leonard	Executive Director, IPAC
Ms. Sue Maskill, Acting co-chair	V.P. Education & Special Projects, AFMC

Mr. Yves Sioui	Aboriginal Student Coordinator, First Nations of Quebec & Labrador Health & Social Services Commission (McGill University, Université de Laval, Université de Montreal, Université de Sherbrooke)
Mr. Tim Patterson	Aboriginal Programs Coordinator, U of Calgary
Ms. Kara Paul	HIS Coordinator, Dalhousie University
Mr. Ian Pelletier	Acting Director, Aboriginal Affairs Unit, NOSM
Ms. Rachele Prud'homme	University of Ottawa to Fall 2009
Ms. Annette Roussina	University of Manitoba to Fall 2009
Ms. Danielle Soucy	Coordinator , Aboriginal Students Health Science Centre, McMaster University
Dr. Barry Ziola	Director, Admissions & Student Affairs – U of Saskatchewan
Dr. Francis Chan. co-chair	AFMC Co-chair (Admissions Dean Schulich/UWO) until December 2009
Ms. Nicole Hetu	Administrator, Aboriginal Health Care Careers Program – U of Alberta to June 2010
Mr. Chad O'Brien	Aboriginal Student Coordinator, Université de Laval to Fall 2010
Ms. May Toulouse	Senior Program Manager, FNIHB to Fall 2009
Ms. Valerie White	Aboriginal Students Health Sciences Office – McMaster to Spring 2009

3. Development of new structures for IPAC AFMC Recruitment & Retention Committee
 - a. R&R Co-chairs Meeting February 23, 2010, Winnipeg, MB
 - b. Discussion on the history and activities of the IPAC AFMC partnership concerning Recruitment & Retention of Indigenous students into medical school, and looking at the future direction and the expansion of partnerships resulted in the decision to evolve the structure of the IPAC-AFMC Recruitment & Retention Committee to include an Executive Committee, and two Advisory Teams, one each for recruitment and retention.
 - c. Committee and Advisory Team memberships

Executive Committee membership (9 people)
Indigenous Physicians Association of Canada =1
Association of Faculties of Medicine Admissions =1
Association of Faculties of Medicine Student Affairs =1
IPAC Student representative =1
Fédération médicale étudiante du Québec (FMEQ) =1
Canadian Federation of Medical Students (CFMS) =1
National Indigenous Health Sciences Circle =1

Elder =1
Health Canada, ex-officio =1

Recruitment Team membership
Indigenous Physicians Association of Canada =1
Association of Faculties of Medicine of Canada = 1 (Admissions)
Association of Faculties of Medicine of Canada = 1 (Admissions)
National Aboriginal Achievement Foundation =1
IPAC Student representative =1
Fédération médicale étudiante du Québec (FMEQ) =1
Canadian Federation of Medical Students (CFMS) =1
Elder =1
Assembley of First Nations
Inuit Tapiriit Kanatami
Native Women's Association of Canada
Metis National Council
Congress of Aboriginal Peoples
Association of Universities and Colleges of Canada (AUCC) =1
Indian and Northern Affairs Canada (ex-officio) =1
Others

Retention Advisory Team
Indigenous Physicians Association of Canada =1
Association of Faculties of Medicine of Canada =1 (Student Affairs)
Association of Faculties of Medicine of Canada =1 (Student Affairs)
Indigenous Students =3 (Pre-med, Med & Resident)
National Indigenous Health Sciences Circle (NIHSC) =2
Aboriginal Nurses Association of Canada (ANAC) =1
Elder =1

Canadian Association of Schools of Nursing (CASN) =1
Royal College of Physicians and Surgeons of Canada (RCPSC) =1
College of Family Physicians of Canada (CFPC) =1
Others

- d. Dissemination strategy
- i. This information will be brought to the members of the R&R Committee and to the AFMC Admissions and Student Affairs Committee during the CCME in May 2010
 - ii. Development & invitations will be done during the summer of 2010.

Meetings of the Recruitment & Retention Committee

1. November 20, 2009 (conference call)
2. February 1, 2010 (conference call)

Activities Summary

1. Pre-Admissions Support Toolkit for FNIM Students into Medicine, the “Summary of Canadian Medical Faculty Aboriginal Admissions Programs”, and the “Best Practices to Recruit Mature Indigenous Students into Medicine” report were reviewed and revised and posted on the IPAC website.
 - a. All these documents and reports can be found at <http://www.ipac-amic.org/publications.php> and <http://www.ipac-amic.org/fr/publications.php>
2. There was a meeting between the R&R Committee with the AFMC Admissions & Student Affairs Committee (A&SA) at the Conference on Canadian Medical Education in Edmonton, Alberta on Saturday, May 2nd 2009
 - a. The meeting objective was to identify the steps that medical schools can take to attract qualified, self-identified, indigenous students
 - b. Dr. Lavallee and Ms. Maskill provided introductory comments
 - c. A&SA members were asked to discuss key questions in small groups that were facilitated by R&R Committee members.
 - d. Representatives from each medical school were invited to provide a summary report.
 - e. Dr. Richard Hébert, A&SA Co-chair invited the IPAC –AFMC R&R Committee to meet for three hours at the 2010 CCME in St. John’s Newfoundland.
3. Planning for three-hour meeting between the R&R Committee with the AFMC Admissions Committee at the Conference on Canadian Medical Education (CCME) in St. John’s, Newfoundland from 9:00 AM – 12:00 PM, Sunday, May 2nd 2010
 - a. Suggested plan to develop workshop to operationalize the Admissions toolkit (to mobilize the university)
 - i. put the activity into a practical framework; the university has to look at their strengths and difficulties, successes; champions
 - ii. Create the corporate history of developing and keeping a relationship with community

- iii. The workshop to bring together the collective wisdom
 - iv. Medical schools to understand their strengths and challenges
 - v. Facilitate the universities to see how they can operationalize the goals
4. Relationship between IPAC –AFMC R&R Committee e& National Indigenous Health Sciences Circles
- a. Medical school Aboriginal Coordinators/Liaisons and Directors have formed a group called the National Indigenous Health Science Circle (NIHSC) with the Vision: Sharing our medicine walk
 - i. Outstanding items include: alignments, mission, principles, specific functions of the circle
 - ii. James Andrew (UBC) is the Chairperson
 - b. The relationship between NIHSC and IPAC –AFMC R&R Committee to be discussed and developed
 - i. NIHSC work at local level and IPAC - AFMC work at the national level
 - c. Funding support for NIHSC could be part of future R&R funding proposals
 - i. Will be important to get faculties of medicine to also contribute financially

Future Issues

1. Collection of student enrolment data and other data will be overseen by IPAC
2. Proposals for continued funding for Recruitment & retention of Indigenous Students into medical school will be submitted
 - a. Fall 2009 to March 31, 2010
 - b. Proposal for implementation April 1, 2010
3. Collection of student enrolment data and other data will be overseen by IPAC
 - a. Annual informal admissions data collected by Dr. Francis Chan, Schulich School of Medicine UWO.

Implementation of First Nations, Inuit, Métis Health Core Competencies In Postgraduate Medical Education and Continuing Medical Education in partnership with The Royal College of Physicians and Surgeons of Canada

First Nations, Inuit & Métis Health Core Competencies into Postgraduate & Continuing Medical Education

This report details the activities undertaken by the Indigenous Physicians Association of Canada (IPAC) in partnership with the Royal College of Physicians and Surgeons of Canada (RCPSC) from April 01, 2009 to March 2010 to implement the First Nations, Inuit, and Métis health core competencies into postgraduate (PGME) and continuing medical education (CME). Funding for this project came from Health Human Resource Initiative, First Nations and Inuit Health Branch, Health Canada through a proposal from the Royal College of Physicians and Surgeons on behalf of IPAC and RCPSC.

Project Objectives

The objective of the project is to develop, assess and disseminate educational modules to inform care for First Nations, Inuit and Métis communities. In order to properly achieve that objective, the following steps must be undertaken:

1. To gather information on existing educational and research initiatives, faculty activities and best practices in PGME and CME that currently address the health care needs of the First Nations, Inuit and Métis population
2. To develop educational modules at the postgraduate and continuing medical education levels that are aligned to the health care needs of the First Nations, Inuit and Métis population
3. To disseminate focused education material and curriculum at the postgraduate and continuing medical educational levels to address the health care needs of the First Nations, Inuit and Métis population

Activities

1. Pilot sessions

- a. The following curricula have been piloted at the following schools.
 - i. Core Curriculum at Queens University (April 24, 2009)
 - ii. Core Curriculum at University of Calgary (partial)
 - iii. Core Curriculum at University of Manitoba (Fall 2009)

2. Website postings

- i. RCPSC and IPAC sites will post all when French translations are completed
- ii. Medical schools: some medical schools will be posting curricula on their web-sites,
 1. University of Western Ontario in planning stage

3. Dissemination of Curricula

- a. “An Indigenous core curriculum for medical learners at post-graduate and continuing medical education levels” workshop was presented at the Conference of Canadian Medical Education, May 2-5, 2009 at Edmonton Alberta with a very positive response from participants
- b. “Medical Education to Improve Health Care for First Nations, Inuit and Métis (Indigenous) People in Canada” poster presented at
 - i. Conference of Canadian Medical Education, May 2-5, 2009 at Edmonton Alberta
 - ii. RCPSC International Conference on Residency Education Sept 24-26, 2009 (also booth)
 - iii. National Aboriginal Health Organization Conference November 24-26, 2009 (also booth)
- c. Reprinting of approximately 100 curriculum binders for requested distribution taking place
- d. French translation of curriculum binders is on-going.

4. Train the Trainer proposal

- a. A train the trainer and workshops proposal was developed for AHHRI funding for the last seven months of fiscal 2009-2010 but there was no reply from AHHRI; the proposal was revised to include only development of the workshop.

5. Next Steps

- a. Evaluation of pilot sessions to be discussed and planned
- b. Development of Indigenous-based contact at other PGME specialty schools and CME to be discussed
- c. Exploration of overall Core Competencies strategies involving UGME, PGME and CME Core Competencies to be discussed.

Northern Ontario School of Medicine (NOSM)

A student member approached IPAC regarding issues and pressures that residents have and asked if IPAC would be interested in helping to develop an Aboriginal Mentorship Program for medical students. IPAC participated on several conference calls to help coordinate a Mentoring event for the student members attending NOSM, unfortunately the event was postponed until further notice.

Projects

www.ipac-amic.org

- The website has been active since March 18th, 2006 and continues to be updated with information of interest to Indigenous physicians.
- The website is IPAC's central communications tool. Essentially it is the backbone of both external information dissemination to members and non-members and an internal communications and support tool between students, mentorship program participants, general members, and the board of directors.
- Further development of the website is proceeding. We continue to work with a web developer and have the discussion boards live and fully functional. Further development is occurring regarding internal mechanisms that will be put into place that will make communicating with our membership and website users more accessible.
- IPAC makes available on www.ipac-amic.org all postings, information on events, scholarship opportunities, mentoring opportunities, employment opportunities, conferences, events, forums.
- Discussion Boards are fully utilized and operational.

The graphs below indicate visitor usage and website page access of the IPAC website.

Month	Unique visitors	Number of visits	Pages	Hits
Apr 2009	1015	1405	4039	34611
May 2009	1019	1388	4502	37012
Jun 2009	910	1308	4664	36811
Jul 2009	1026	1581	4987	39459
Aug 2009	1225	1738	4946	37949
Sep 2009	1208	1721	5233	38051
Oct 2009	1341	1991	6840	49726
Nov 2009	1263	1834	5177	40497
Dec 2009	1020	1663	4222	29716
Jan 2010	1224	1949	5822	44998
Feb 2010	1170	1747	5032	37865

Health Human Resources Data Collection Policy

The IPAC Board of Directors approved a policy on accountability, Governing Principles, Informed Consent, to guide the development of data collection, storage, analysis and sharing of a First Nations, Inuit and Métis Health Human Resources Inventory.

IPAC developed a *Health Human Resource Data Collection Form* which is a development of data collection, storage, analysis and sharing of collected information guided by the principles of Ownership, Control, Access and Possession (OCAP) and policies developed to be utilized for the data collection. The form includes questions on ethnicity, Medical School attended and Specialty.

The Introduction Letter, Survey and Data Collection Form was disseminated to members, partners and contacts in May 2009 in hopes that forwarding to a large audience will bring a large number of responses therefore receiving a close resemblance to the actual number. IPAC received a total of **34 responses**.

Below is a copy of the Introduction letter:

June 4, 2009

Dear Colleagues,

The vision of the Indigenous Physicians Association of Canada (IPAC) has embedded in it our belief that we need more First Nations, Inuit and Métis physicians and this belief is shared by many others which is evident by the Aboriginal Health Human Resources Initiative.

One of the difficulties in health human resource planning is the lack of current and accurate information about Indigenous health professionals to serve as a baseline for both planning and evaluation purposes. The last recalled "counting" of Indigenous physicians occurred in the mid-1990's, and is the basis of the oft-quoted number of 150 – 200 Indigenous doctors currently in Canada. The truth is we don't really know, but we recognize the importance of obtaining this information. It is our intent to collect this information in a way that respects the rights of those we represent, such as rights of confidentiality, ownership and privacy.

IPAC has developed the ***Health Human Resource Data Collection Form*** which is a development of data collection, storage, analysis and sharing of collected information guided by the principles of Ownership, Control, Access and Possession (OCAP) and policies developed to be utilized for the data collection.

The IPAC Board of Directors has approved the attached policies and data collection form for dissemination to its members, partners and contacts in hopes that forwarding to a large audience will bring a large number of responses therefore receiving a close resemblance to the actual number of Indigenous Physicians, Residents and Students in Canada.

Please review the attached policies, complete the data collection form which is provided to you in a PDF fill-able form. The form can be submitted via email to info@ipac-amic.org or faxed to 204-221-4849. **Please do so by August 7, 2009.** Additional information is available on line at www.ipac-amic.org.

Should you have any questions in regards to the policies, the process or on completing the form please do not hesitate to contact the IPAC office at (204) 219-0099.

Regards,



Kandice Léonard
Executive Director

Right to Health

IPAC was approached by a member to see if we would be interested in developing a policy paper on what the right to health means, including the social determinants of health aspects and to provide ideas on how to take individual or collective action.

Kona Williams, Marcia Anderson and Veronica McKinney drafted and provided a draft copy of *"The Right to Health"* to the Board for feedback.

IPAC would like to add a request for funds to the Contribution Agreement for the next fiscal year to complete and print the first booklet.



Indigenous Western and Traditional Doctors Forum

Indigenous Peoples have explored, researched, refined and perfected healing traditions for millennia. These traditions continue to provide guidance for the protection and promotion of individual and community health throughout our territories and communities. Unfortunately, the process of colonization has resulted in these traditions being devalued, denigrated, and alienated by the mainstream society and health system. Colonization and marginalization has resulted in some of the worst health outcomes in the world being found in Indigenous communities in Canada. Elders and Healers continue to carry and develop Indigenous healing traditions to this day, and they continue to make calls for providing support for these traditions as part of any response to the dismal determinants of health and poor health outcomes in many of our communities and nations.

The poor health outcomes experienced in many Indigenous communities has been the subject of many studies, reports, and commissions. Of particular note, is the Royal Commission on Aboriginal Peoples (RCAP) of 1996 which identified the need for the immediate training of 10 000 new Aboriginal health professionals as one of many recommendations to take immediate action toward the improvement of the health of Aboriginal Peoples.

Through the leadership and vision of the Indigenous Physicians Association of Canada (IPAC), it was identified that one of the first steps in moving forward as an organization was to engage Indigenous Elders and Healers and develop the relationships and partnerships necessary as a foundation for future work. As a leader in Indigenous education, Blue Quills First Nations College (BQFNC) was particularly placed to provide guidance and support for engaging Indigenous Elders and Healers as well as providing a location and forum for these relationships and partnerships to be developed in an environment of mutual respect.

Both partners have committed to engage in a process of exploration of what is possible when Indigenous physicians, medical students, educators, and traditional Elders and Healers are brought together to discuss mutual areas of concern and potential ways forward for the improvement of the health of Indigenous Peoples.

The objectives of the forum were to initiate a collaborative relationship between Indigenous western medical practitioners and Indigenous traditional Healers and Elders; provide a forum for exchange of knowledge translation and views between practitioners of these differing systems; and to identify potential areas of potential collaboration into the future which might include:

- a. Establishment of a formal relationship between IPAC and a new or existing organization/group of traditional medicine practitioners;

- b. Regular meetings for knowledge exchange between traditional medicine practitioners and Indigenous medical students and physicians;
- c. Exploration of logistical, legislative, and policy issues for Indigenous physicians and traditional medicine practitioners to work together in the formal western health care system;
- d. Formation of a research team to address relevant research areas; and,
- e. Inclusion of traditional knowledge and practices into medical education around First Nations, Inuit and Métis health.

The most significant results/accomplishments of the event/activity are as follows:

- The first objective was achieved by selecting Indigenous healers/ knowledge keepers with whom members of our planning committee already had relationships and by ensuring IPAC members involved were committed to building long term relationships. These factors, combined with the meeting format, facilitated a high level of trust among participants. At the end of the meeting all participants expressed their desire to identify and collaborate on concrete projects.
- The meeting format facilitated bidirectional knowledge sharing. Indigenous western trained medical students and physicians discussed the process and challenges of medical training, and supports that would assist them in completing their training while maintaining sense of self and community. The Indigenous healers/ knowledge keepers shared traditional knowledge around the use of plants and other healing modalities, and led ceremonies, all of which were excellent mechanisms for knowledge exchange.
- There were many ideas raised by participants for future potential collaboration that can be found in the ***Indigenous Western and Traditional Doctors Forum Report***.

Funding

The Indigenous Western and Traditional Doctors Forum was made possible through Contribution Agreements with The Canadian Institutes of Health Research in the amount of \$25,000 and Health Canada for the amount of \$29,500.

Setting and Ceremonies

Participants included Indigenous health professionals, students, Elders, physicians, educators and Healers with an interest in improving the health of Indigenous Peoples. The forum was opened through an *aspwakan* (pipe) ceremony where participants were invited to join the circle being created and become an equal and valued member of the discussions throughout the forum.

In general, the daily schedule was to open each day with a ceremony; engage in dialogue and discussions as a group; learn about traditional teachings and philosophy from Elders and Healers; participate in and learn about ceremonies and their basis in health and healing. Some of the teachings passed on included discussions of sacred sites, rites of passage, individual and gender roles and responsibilities within society, Indigenous languages, and traditional medicines among many other topics.

Recommendations

Below are some recommendations provided by participants on how to move forward:

- Ceremonial lodges and meeting spaces could be built within communities as a show of support for Elders and Healers by Indigenous organizations and individuals.
- More gatherings such as this forum were also recommended.
- Our doctors should look at how they could build personal relationships with Elders and Healers.
- IPAC should host or request a ceremony when they wish to move forward with a specific partnership or activity in conjunction with Elders and Healers.

- The meetings of IPAC need to include discussions of their relationship and support for Elders, Healers, and traditional healing practices.
- A number of policy or organizational issues were also commented on.
- Exchanges with other Peoples should also be considered as a way to build partnerships.
- Training and professional development (fellowships or electives) on Indigenous Knowledge and Traditional Medicines for medical students and physicians could be provided along the same lines and structure of this forum (ie. in communities, on the land, inclusive of ceremony, etc.).
- The above mentioned training should also examine or potentially include Indigenous languages. It was also recommended that Indigenous physicians should also commit to learning the language of their nation or of the communities that they serve.

Next Steps

It was hoped that this would not be a single meeting but that this would be part of many steps that needed to be taken. The various organizations involved in the process to date also committed to continue with meetings to review the outcomes and recommendations as well as committing to seeking the funds and support to try to ensure their implementation.

Please visit www.ipac-amic.org to download a copy of the Final Report.

Below is a list of Traditional Medicine Forum Planning Committee meetings that occurred:

Date	Location
July 28, 2009	Teleconference
August 28, 2009	Teleconference
August 31, 2009	Teleconference
September 9, 2009	Teleconference
September 17, 2009	Teleconference
September 24 – 27, 2009	Saddle Lake Cree Nation, AB
February 19, 2010	Teleconference
March 19, 2010	Teleconference
March 29 – 30, 2010	Winnipeg, MB

Prepared and submitted by
Kandice Léonard, Executive Director

The Indigenous Physicians Association of Canada's **2009 – 2010 Annual Report** has been made possible through the Contribution Agreements with **Health Canada**. **The work and opinions herein are not those of Health Canada.**