



Greetings Members and Partners,

As summer winds down and the school year gets up and running, I hope you are all well and energized for this year's work. I would like to pass on my congratulations to the first year medical students: you have done well to make it here, and we hope you will be engaged in IPAC and join our work for the improved health and vibrancy of our nations, communities, families, and selves.

In this newsletter you will find the usual updates on our activities. A few things I would like to draw your attention to:

- Due to circumstances beyond our control the National Mentorship Forum and Annual General Assembly had to be postponed. It will occur November 28-30 in Montreal, Quebec, and registration forms are available on the website (www.ipac-amic.org)
- Membership forms are past due. Please fill in and submit to Kandice Léonard, Executive Director at your earliest convenience. We especially want to encourage our partners to become affiliate members.
- The discussion boards are up and running! Please join so we can keep in contact on a more regular basis.
- The deadline for applying for a subsidized spot to attend the CMA Leader's Forum is September 19th, 2008. Students, residents and physicians are eligible to receive the funding. Application form is available on our website.

- The deadline for applying to the Canadian Medical Foundation Special Bursary Program for Aboriginal Medical Students is October 10th, 2008. The application form is available on the website or by emailing Kandice Léonard (kandice.leonard@ipac-amic.org).

I gratefully acknowledge the work of our staff, our board members and of our committee members for their ongoing contributions. As our work continues to grow, I hope each of you will consider what your role in these activities might be. Trust me, if you are willing we will find a way for you to participate, to contribute your knowledge and skills, and also to build new ones. I encourage you to contact myself, Kandice or a board member if you would like to become involved in any of our areas of work. Better yet: post something on the discussion boards and we can get a dialogue going about ways for the general membership to actively participate in our work.

I hope to see you all in November.

In peace,

Marcia Anderson, MD MPH FRCPC
President
Indigenous Physicians Association of Canada

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President's Report

There didn't seem to be much of a summer slow down while the summer was occurring, but now that activities have accelerated again for the fall I can see that I did have somewhat of a lighter summer. There are two events that I would like to highlight, and two questions that I will also post on the discussion boards under "IPAC Policy" for discussion.

On July 16th, 2008 I traveled to Quebec City for the Annual General Assembly of the Assembly of First Nations to sign a Memorandum of Understanding with the AFN. This process began while Dr. Evan Adams was President of IPAC, so it was exciting to see the day come. National Chief Fontaine made a speech in which he congratulated us on our accomplishments, especially our work in leading the development of the First Nations, Inuit, Métis Health Core Competencies" and our work in recruitment and retention. I also had a chance to speak, and the text of the speech as well as pictures from the event can be found on our website at this link: <http://www.ipac-amic.org/events.php>. We will continue to seek similar processes with other organizations who share a common vision.

A couple of weeks ago I participated in a teleconference for a small working group led by First Nations Inuit Health to discuss a Canada-Mexico collaborative project on Indigenous health. IPAC was asked to participate on a group focusing on traditional medicine and cultural competencies. While the activities have not been finalized I have raised a few ideas:

- We could lead a workshop on the processes we used as well as the contents of the Core Competencies.
- We would be interested in meeting with Indigenous physicians from Mexico, discussing issues of mutual concern, helping them to organize or learning from them (depending on the existence/ experience of their organization).

- IPAC is interested in hosting a meeting where IPAC members and traditional healers can meet, learn from each other, dialogue about ways of working together. We could do this in partnership with Indigenous people of Mexico to enrich our experience. This type of meeting is in the IPAC strategic plan for 2009-2010.

I will let you know when I hear what activities will be going forward. With regards to the retreat/ dialogue/ meeting/ forum with traditional healers, there is also a meetings and dissemination grant from CIHR that might be a potential first source of funding. The application is due October 10th, 2008, and I will be calling a few people to help me with this. If you are interested in assisting in this area, please contact me: manderson@ipac-amic.org.

Here are the two questions that I have been considering lately in response to recent events. Please access the discussion board and post your responses there.

1. The new CMA president has again endorsed the need to allow for physicians to be able to practice in a private medical system. In countries like Australia and New Zealand, Indigenous people access private health care at much lower rates than the general population, mainly for reasons of affordability. Will a dual public-private system further disadvantage the opportunity to be healthy of Indigenous people in Canada, who as a population will be less able to access private care? Should IPAC have a position statement on this?
2. The World Health Organization released the Final Report of the Commission on Social Determinants of Health. If IPAC were to be represented in Ecuador at the PAHO meeting on Indigenous Social Determinants of Health what would our messages be? What is IPAC's role in responding to these issues, and how do we encourage the participation of our members so we have the capacity for a response?

Website Update

If you are not regularly checking the website, I strongly encourage you to bookmark it and look at it regularly as we are making more consistent efforts at keeping it up to date and user friendly. In response to member feedback we are increasingly using it as our main form of communication, and you will find new IPAC publications, upcoming events, membership forms, student profiles, mentor profiles, and

the discussion boards. To date only the Board of Directors has used the discussion boards, and we are eagerly waiting for the general membership to also start logging on. If you have ideas on how to improve the website or are interested in helping out in this area, please contact Kandice Léonard at kandice.leonard@ipac-amic.org.

IPAC-AFMC Curriculum Project

All publications produced through this collaboration (including from the Recruitment and Retention committee) are now available on our website at this link: <http://www.ipac-amic.org/publications.php>. Please check out the great work of our members and partners.

Work has been ongoing since the curriculum meeting in April 2008. The co-chairs, Dr. Barry Lavallee and Dr. Alan Neville read through the meeting notes and transcripts and identified the major themes that will form the backbone of the Curriculum Implementation Toolkit. These proposed themes are currently being reviewed by meeting participants to ensure that they accurately capture the meeting proceedings, and then the themes will be expanded on with explanations and case examples to complete the Toolkit. Another meeting to review these developments is being planned for later this year. An ongoing challenge is planning for the sustainability of this work, and ensuring ongoing support for the medical educators working in this area across the country.

Canadian Medical Foundation Special Bursary Program for Aboriginal Medical Students

The Canadian Medical Foundation will disperse over \$50,000 in bursaries this year to First Nation, Inuit and Métis medical students as their way of addressing the health inequalities faced by Indigenous people. After Dr. Anderson spoke to the Board of Directors at their strategic planning session earlier this year they have committed to increasing that amount to \$100,000 per year starting in 2009. This increase centered around the need to support the increasing number of First Nations, Inuit and Métis medical students, and the financial difficulties many of our students face. IPAC will be partnering with the CMF to raise the money needed to sustain this important bursary program. This years application deadline is October 10th, 2008.

IPAC-RCPSC Curriculum Project

On August 11-12th a meeting of the Working Groups for this project was held in Ottawa. The Working Groups have the task of developing curriculum modules for implementation at the residency and/ or CME level with the appropriate faculty development needed for implementation. These modules are being planned in four areas:

- A core curriculum that would be applicable to all residents, and cover foundational knowledge for First Nations, Inuit, and Métis health.
- Family medicine (case based around hypertension).
- Obstetrics and gynecology (case based around healthy pregnancies).
- Psychiatry (case based around suicide).

In general great progress was made on developing the modules, although there was some challenges with ensuring that all participants found their perspectives respected and incorporated. This is a learning process, and highlights the need we have to not just talk about cultural safety but also to create culturally safe work environments. I am confident that with work and focus on our shared goals, that each working group will come up with a module that is acceptable to everyone, and meets the needs of First Nations, Inuit and Métis people.

Please Contact us at:



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**Improving Indigenous Health Status
to the Highest Attainable Level.**

National Mentorship Forum

We regrettably had to postpone the National Mentorship Forum and Annual General Assembly to November 28-30th, 2008. We are very excited to be planning it now, and hope to see the registrations pouring in. The Draft Agenda is as follows:

November 28-30, 2008 Montreal, Quebec

Thursday, November 27

12:00-4:30 Student Arrivals to Montreal Hotel Check in
6:30-8:00 Meet and Greet
8:00 - Student social event

Friday Morning, November 28

8:00-8:30 Continental Breakfast
8:30-9:00 Welcome and introductions and outline of day
9:00-12:00 Presentations, group discussions and coffee break
12:00-1:00 Lunch
1:00-3:30 Presentations
3:30-4:30 Student Meeting

Friday Evening, November 28

3:00-7:00 Physicians arrival to Montreal, Hotel Check in
6:00-9:00 Dinner

Saturday, November 29

8:00-8:30 Continental Breakfast
8:30-9:00 Welcome and introductions and outline of day
9:00-12:00 Transportation to Kahnawake
5 km walk/run
Community event
12:00-1:30 Lunch
1:30-5:00 Presentations
7:00-10.00 Social evening

Sunday Morning, November 30

8:30-9:00 Continental Breakfast
9:00-12:00 Annual General Meeting
12:00-1:00 Lunch

One highlight this year will be a leadership workshop that will be targeted at members who are interested in becoming more involved in the work of IPAC and would like some more skills. We hope to see lots of people there as these skills will certainly benefit our organization as more people develop them, but will also benefit you in your own career.

Registration forms are available on the website at this link: <http://www.ipac-amic.org/events.php>.

Indigenous Physicians Database

The Indigenous Physicians Association of Canada Health Human Resources Database: Report on Membership Consultation has been reviewed and the recommendations approved by the Board of Directors. The recommendations were as follows:

1. The Indigenous Physicians Association of Canada should develop an Indigenous Physician Database including the following elements:
 - a. Ethnicity (First Nations, Inuit, Métis or multiple)
 - b. Medical school
 - c. Year of graduation
 - d. Specialty
 - e. Location of practice
 - f. Change in practice or practice location in past year/ 5 years
 - g. Reason for change in practice
 - h. Practice elements (e.g. clinician, researcher, medical educator, management)
 - i. Age
 - j. Gender
2. Collection of the above information should occur annually initially, with the first collection year being 2008-2009.
3. The Indigenous Physicians Association of Canada should collect, store and analyze the information collected, with the database kept in an appropriately secure location.
4. The Indigenous Physicians Association of Canada will prepare descriptive data reports for public release, and these reports will be approved by the Board of Directors prior to public release.
5. Data will be suppressed when there are fewer than 5 elements in a given cell.
6. Original, anonymized data sets (with the above suppression rule followed) may be made available upon the request of external organizations only when a signed data sharing agreement has been developed and approved by the IPAC Board of Directors and appropriate representatives of the organizations that wish to access the original data sets.

The next step in the process will be to develop the needed policies to govern all aspects of the database, from collection of the data to management and security of the database. Once these policies are in place and approved by the Board of Directors data collection will commence.