



Evaluation of the Effects OF THE QUEBEC FIRST NATIONS and INUIT FACULTIES OF MEDICINE PROGRAM (QFNIFMP)

Final Report 2019-2020



UNIVERSITÉ
LAVAL

Université 
de Montréal



McGill



UNIVERSITÉ DE
SHERBROOKE



FIRST NATIONS OF QUEBEC
AND LABRADOR HEALTH
AND SOCIAL SERVICES
COMMISSION



Writer

Patricia Montambault, Research Agent, FNQLHSSC

Collaborators

Chloé Baril, Resident Physician, Faculty of Medicine, Université Laval

Geneviève Bois, QFNIFMP Educational Co-Advisor, Université de Montréal

Christopher Fletcher, Faculty Manager, Université Laval

Nancy Gros-Louis McHugh, Research Sector Manager, FNQLHSSC

Sharon Hatcher, QFNIFMP Educational Advisor, Université de Sherbrooke

Kathleen Jourdain, QFNIFMP Coordinator, FNQLHSSC

Yves Sioui, QFNIFMP Coordinator, FNQLHSSC

Louis-Étienne Marcoux, QFNIFMP Educational Advisor, Université Laval

Jessie Messier, Health Sector Team Leader, FNQLHSSC

Sophie Picard, Health Sector Manager, FNQLHSSC

Kent Saylor, QFNIFMP Educational Advisor, McGill University

Marjolaine Sioui, Executive Director, FNQLHSSC

Anne-Sophie Thommeret-Carrière, QFNIFMP Educational Co-Advisor, Université de Montréal

Translation

Chad O'Brien

Proofreading

Cartier et Lelarge

Graphic design

Mireille Gagnon, Graphics Technician, FNQLHSSC

All rights reserved to the FNQLHSSC.

This document is available in a digital format, in French and English, at www.cssspnql.com. Any reproduction, by any means whatsoever, translation or dissemination, even partial, are prohibited without the prior authorization of the FNQLHSSC. Its reproduction or use for personal, but non-commercial, purposes is however permitted provided the source is acknowledged, in the following way:

First Nations of Quebec and Labrador Health and Social Services Commission [2021]. *Evaluation of the Effects of the Quebec First Nations and Inuit Faculties of Medicine Program (QFNIFMP)*, Wendake, [30 pages].

All requests must be addressed to the FNQLHSSC by mail or by email using the following contact information:

First Nations of Quebec and Labrador Health and Social Services Commission
250 Place Chef-Michel-Laveau, Suite 102, Wendake, Quebec, G0A 4V0
info@cssspnql.com

ISBN digital version: 978-1-77315-327-8

© FNQLHSSC, 2021

SUMMARY

The Quebec First Nations and Inuit¹ Faculties of Medicine Program (QFNIFMP) has been established since 2008. It is the result of a partnership between the First Nations, the Inuit, McGill University, Université Laval, Université de Sherbrooke and Université de Montréal. This program is funded by the Ministère de la Santé et des Services sociaux (MSSS) and the Ministère de l'Enseignement supérieur.² Its main objective is to increase the number of practicing physicians from the First Nations and Inuit (FNI³) in Quebec so that they can contribute to improving the quality of the medical services intended for Indigenous populations in Quebec.

In 2019, the partners of the QFNIFMP and its funding agencies wanted to know the effects of the program. The research sector of the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) was thus mandated to conduct an evaluation project. In addition to the effects, the evaluation identifies the issues and areas for improvement raised by a little over 80 players whose feedback was obtained between December 2019 and March 2020 through semi-structured interviews or an online survey.

From the participants' point of view, the QFNIFMP is a success, particularly with respect to the reserved places model and the adaptation of admission criteria. Since its establishment, several other programs in health sciences, and in other disciplines such as law or social work, have followed suit. To date, 54 FNI students have been admitted to medical school through the QFNIFMP, and ten others are part of the regular contingent. In the near future, a sizable group of FNI physicians will contribute to the program's broad objective and participate in the development of a culturally safer service offer for FNI populations. Also, more than a hundred FNI students, and non-Indigenous students, have carried out internships in FNI communities and/or urban FNI organizations. The internship is one of the best ways to educate future physicians about FNI realities.

However, a few issues were raised, some directly related to the program, for which several areas for improvement have been identified. This is the case, for example, for the number of places reserved annually or for the holding of extracurricular cultural activities. Other issues are structural in nature and require longer-term actions. For example, certain challenges related to the most isolated areas have been identified in terms of access to academic training prior to medical studies and the recruitment of students from these areas. Indeed, the program has representatives from all Nations, except for the Naskapi and Cree Nations and the Inuit. Some years, in the FNI communities, it is not uncommon for science classes to be canceled or simply missing from the curriculum for lack of resources. New partnerships must therefore be developed based on a continuum logic before, during and after the QFNIFMP.

Finally, the evaluation results align with the First Nations' vision of the future in the context of renewed health and social services governance. The promotion of careers in the health sciences, recruitment, access to reserved places and accompaniment over the course of the training, and even until FNI students start practicing medicine, would no longer be just the responsibility of a few programs within certain universities, and would instead be supported by a First Nations regional body in partnership with academic and government institutions in the province.

1 In accordance with what is favoured by the Nunavik Government, the FNQLHSSC uses the proper noun "Inuk" to refer to an Indigenous person from Nunavik and "Inuit," invariably, to refer to more than one "Inuk". The term "Inuit communities" is also preferred to the term "Inuit villages," as used in official program documents.

2 Formerly the Ministère de l'Éducation et de l'Enseignement supérieur (MEES).

3 Although no Inuk have been part of the QFNIFMP to date, the abbreviation "FNI" is used throughout this report.

TABLE OF CONTENTS

SUMMARY	III
LIST OF TABLES	V
ABBREVIATIONS AND ACRONYMS	VI
BACKGROUND	1
1. OBJECTIVES AND QUESTIONS OF THE EVALUATION	2
2. METHODOLOGY	3
2.1 Target group and data collection methods used.	3
2.2 Data analysis	4
2.3 Validation of the results.	4
2.4 Ethical considerations	4
2.5 Limitations	4
3. STRUCTURE OF THE QFNIFMP	5
3.1 Promotion and recruitment activities.	5
3.2 Places reserved for FNI	6
3.3 Admissions process	6
3.4 Advisory support for students	8
3.5 Preclinical internships	8
3.6 Medical educational curriculum	10
4. RESULTS OF THE EVALUATION	11
4.1 Effects related to promotion and recruitment activities.	11
4.2 Effects related to the places reserved for the FNI	12
4.3 Effects related to the admissions process	14
4.4 Effects related to advisory support for students	16
4.6 Effects related to the medical educational curriculum	18
CONCLUSION	19
APPENDIX I: SUMMARY OF THE QFNIFMP'S EFFECTS, ISSUES AND PROPOSED AREAS FOR IMPROVEMENT	20
BIBLIOGRAPHY	22



LIST OF TABLES

Table 1: Objectives of the evaluation.	2
Table 2: Participant profile and data collection methods used	3
Table 3: Profile of the students and physicians who participated in the survey according to gender and academic background	3
Table 4: Profile of the students and physicians who participated in the survey according to gender and cultural background.	4
Table 5: Number of students admitted annually into the QFNIFMP.	6
Table 6: Number of internships carried out in FNI settings between 2015 and 2019.	9
Table 7: Main effects, issues and areas for improvement concerning promotion and recruitment activities	12
Table 8: Main effects, issues and areas for improvement concerning places reserved for FNI.	14
Table 9: Main effects, issues and areas for improvement concerning admission	15
Table 10: Main effects, issues and areas for improvement concerning extracurricular cultural activities.	15
Table 11: Main effects, issues and areas for improvement concerning student advisory support	16
Table 12: Main effects, issues and areas for improvement concerning the internships	18
Table 13: Main effects, issues and areas for improvement concerning the educational curriculum.	18



ABBREVIATIONS AND ACRONYMS

AFMC	Association of Faculties of Medicine of Canada
AFNQL	Assembly of First Nations Quebec-Labrador
CACMS	Committee on Accreditation of Canadian Medical Schools
CFPC	College of Family Physicians of Canada
FNI	First Nations and Inuit
FNQLHSSC	First Nations of Quebec and Labrador Health and Social Services Commission
GPA	Grade Point Average
IHIG	Indigenous Health Interest Group
IHWG	Indigenous Health Working Group
IPAC	Indigenous Physicians Association of Canada
ISF	Indigenous Science Fair
MMI	Multiple mini-interviews
MSSS	Ministère de la Santé et des Services sociaux
QFNIFMP	Quebec First Nations and Inuit Faculties of Medicine Program
UN	United Nations



BACKGROUND

In 1996, the Royal Commission on Aboriginal Peoples was the first to suggest that government and educational institutions should train more Indigenous health care providers. In 2004, the Association of Faculties of Medicine of Canada (AFMC) made Indigenous health a priority as part of the social accountability initiative (AFMC, 2019). The social responsibility of the faculties of medicine is defined by the World Health Organization (WHO) as the obligation to guide education, research and service activities towards the priority health concerns of the communities, regions and/or nations that the faculties of medicine are mandated to serve (Ibid.).

The Indigenous Health Working Group (IHWG)⁴ was thus formed in partnership with the Indigenous Physicians Association of Canada (IPAC). In 2005, the IHWG made several recommendations to the Board of Directors of the AFMC regarding the contents of the First Nations, Métis and Inuit health curriculum and faculty development regarding health care for Indigenous people. Guidance was also given regarding the admission of Indigenous students into this program and the support that could be offered to them. One of the underlying principles of these recommendations was that each faculty of medicine in Canada should develop a meaningful partnership with the First Nations and Inuit (FNI) and Métis communities in order to integrate Indigenous values into their programs (IPAC and AFMC, 2008). In line with the recommendations issued in 1995 by the United Nations (UN), the provision of culturally appropriate and safe health care to FNI people was more broadly targeted.

In 2008, the Quebec First Nations and Inuit Faculties of Medicine Program (QFNIFMP) was implemented in the four faculties of medicine in Quebec. It is a joint program between the First Nations, the Inuit, McGill University, Université Laval, Université de Sherbrooke and the Université de Montréal.⁵ It is funded by the Ministère de la Santé et des Services sociaux (MSSS) and the Ministère de l'Enseignement supérieur.

The QFNIFMP aims to support First Nations candidates in their processes with the faculties of medicine in Quebec by providing an intake structure that facilitates their admission and integration while offering them support throughout their studies. The main objective is to increase the number of FNI physicians so that they can contribute to improving the quality of the medical services intended for Indigenous populations in Quebec. The specific objectives of the program⁶ are to:

- Recruit FNI candidates to help them access a doctorate in medicine in one of the four faculties of medicine in Quebec;
- Increase awareness among future physicians from the four faculties of medicine in Quebec regarding FNI realities, particularly through training and internships in FNI communities;
- Support FNI medical doctoral students through a mentoring process.

Since the program was implemented in 2008, the FNQLHSSC has worked in close collaboration with the four faculties of medicine in Quebec to achieve these objectives. Each year, places are reserved in the faculties of medicine for FNI students. Université Laval is the institution responsible for managing the shared admissions processes for the candidates of the four faculties of medicine in Quebec.

Since 2012, program partners have decided to offer internships in the FNI communities as well as in Indigenous organizations located in urban areas. The objective of these internships is to promote access to FNI communities in order to increase awareness among future physicians, both FNI and non-Indigenous, as to the diverse realities of the FNI and their living environments. These internships also aim to encourage interns to consider setting up a practice in these settings and prepare them to deal with situations that may arise there.⁷

More than ten years after implementing the program, both partners and funding agencies want to know the effects of the QFNIFMP. In March 2019, the health sector of the FNQLHSSC mandated the research sector to carry out this evaluation project. In order to adequately identify the evaluation needs of the QFNIFMP partners and to validate the tools and products developed, an advisory committee was set up. This committee is made up of a family medicine resident physician, the Faculty Manager of the QFNIFMP, the QFNIFMP Coordinator, the Health Sector Manager and the Research Agent of the FNQLHSSC. This report presents the results of this evaluation project which started in March 2019 and ended in December 2020.

4 The IHWG is a partnership between the College of Family Physicians of Canada (CFPC) and the Indigenous Physicians Association of Canada (IPAC). Its purpose is to work in partnership with Indigenous communities and organizations to enhance the health, well-being and access to quality health care of Indigenous peoples by supporting education, practice and promotion of family physician advocacy on behalf of family physicians and their patients (from the website of the College of Family Physicians of Canada [online]: <https://www.cfpc.ca/en/member-services/committees/indigenous-health-working-group>, consulted on May 2, 2019).

5 Hereinafter referred to as the “program partners.”

6 The Je deviens médecin (you can become a doctor) website [online]: <http://www.jedeviensmedecin.com/>, consulted on May 6, 2019.

7 McGill University website [online]: <https://www.mcgill.ca/med-dme/about>, consulted on May 6, 2019.

1. OBJECTIVES AND QUESTIONS OF THE EVALUATION

This evaluation provides rigorous data to the partners of the QFNIFMP concerning the effects of the program, while also identifying the issues and areas for improvement raised by various players directly related to the operationalization of the program. These results will be used, among other things, to promote the QFNIFMP and to support the processes aimed at legitimizing its continuation.

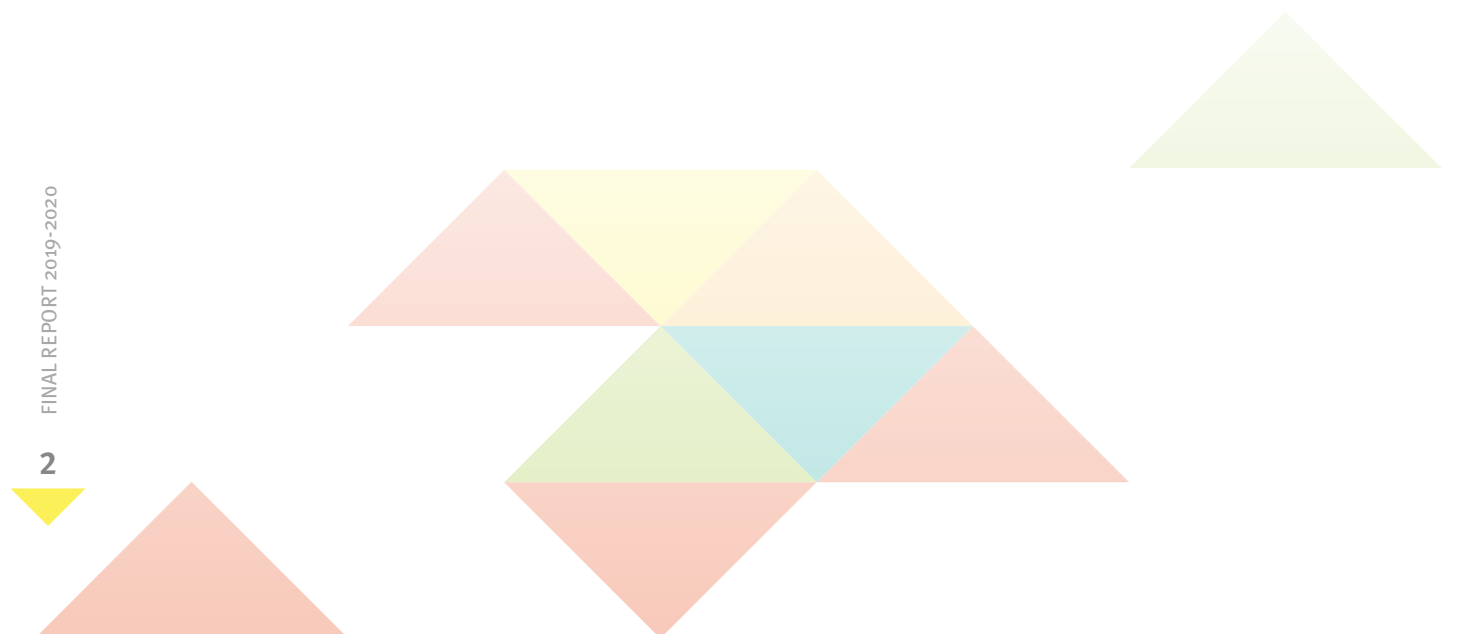
It would have been relevant to evaluate several aspects of the program in an in-depth fashion, such as the effects of the internships within the participating communities and organizations or an assessment of the program by the FNI students. To this end, it would be quite relevant to conduct a second evaluation phase since constraints in terms of time and resources led to making certain methodological choices and prioritizing certain objectives, which are as follows:

Table 1: Objectives of the evaluation

Main objective of the QFNIFMP: Increase the number of First Nations and Inuit physicians so that they can contribute to improving the quality of the medical services for Indigenous populations.	
General evaluation objectives	Specific evaluation objectives
<ol style="list-style-type: none"> 1. Document the academic journey of the FNI students in the program. 2. Identify the effects of the awareness activities. 3. Identify the effects of the preclinical internships carried out in the FNI communities and organizations. 	<ul style="list-style-type: none"> • Identify the facilitating factors and issues encountered by the FNI students over the course of their academic journeys. • Verify whether the awareness activities help to increase awareness among future physicians regarding the particularities of the FNI clientele. • Verify whether the students who have completed an internship in a FNI community or organization plan to practice in one of these settings. • Identify the facilitating and constraining aspects related to achieving the main objective of the program (see above) (e.g., financially).

Overall, the goal was to assess the program’s impact after more than ten years of implementation. In general, are medical students sufficiently equipped to offer culturally appropriate and safe services to the Indigenous population? What aspects of the program allow them to prepare for the particularities associated with this cultural context? Did the internship experience in a FNI community or an urban Indigenous organization make them want to practice in one of these settings? Is the mentoring offered to FNI students under the QFNIFMP adequate? Does the funding provided allow for the implementation of essential activities to achieve the objectives of the program?

In summary, it was a matter of identifying the aspects of the program that are most successful and that should be renewed or improved, as well as understanding their effects. Respondents were also asked about aspects of the program that could be improved and the strategies to be used for this purpose.



2. METHODOLOGY

In evaluation, the term “effect” is defined as being a consequence attributable to an intervention (Marceau and Sylvain, 2014). The effect of an intervention can be direct (effect directly associated with an activity related to the intervention), indirect, intermediate, ultimate (consequence of an ultimate target) or off target (Ibid.). In the context of this evaluation, the terms “effect” and “impact” are also used to refer to short- and long-term effects, respectively. As for the term “intervention,” it refers to the various adaptations that the program brings to the students of the faculties of medicine, such as mentoring or educational activities aimed, for example, at reducing the stereotypes present in society with regard to the FNI.

The data collection took place over close to six months. The first interview was held on October 16, 2019, and the last was held on March 30, 2020. The electronic survey was launched on December 10, 2019, and was closed on January 17, 2020. In addition to these methods of data collection, the Research Agent participated in the strategic meeting of the QFNIFMP Committee on November 14 and 15, 2019. Relevant information was then shared by the players in attendance, for example, concerning the effects of the program. Finally, a documentary analysis made it possible to contextualize the implementation of the QFNIFMP and to produce some statistical data, among other things, by analyzing the 2008-2009 and 2019-2020 activity reports.

2.1 TARGET GROUP AND DATA COLLECTION METHODS USED

To achieve the above-mentioned evaluation objectives, a variety of points of view were sought out. Thus, as many people admitted to the program since its inception as players occupying key roles within the faculties of medicine were asked to participate in the evaluation process. To gather their points of view, different data collection methods were used. Here is a summary of the profile of the participants and the methods used.

Table 2: Participant profile and data collection methods used

Target group	Method used	# of respondents
FNI and non-Indigenous students as well as graduated FNI physicians	Electronic survey	67
	Telephone interview ⁸	2
Educational advisors	Telephone interview	4 ⁹
Vice-deans of the faculties of medicine (including a Vice-Dean for Social Responsibility)	Telephone interview	5
Deans of the faculties of medicine	Telephone interview	1
Faculty manager of the QFNIFMP at the Université Laval and the FNQLHSSC’s QFNIFMP Coordinator	Interview over the phone and in person	2
Executive Director (FNQLHSSC)	In person interview	1
Health services manager (FNQLHSSC)	In person interview	1
Total respondents		83

Table 3: Profile of the students and physicians who participated in the survey according to gender and academic background

	Preclinical	Clerkship	Resident	Physician	Missing data ¹⁰	Total
Male	8	7	5	3	0	23
Female	15	15	9	4	1	44
Total	23	22	14	7	1	67

8 At the end of the questionnaire, participants were asked to leave their contact details if they agreed to participate in a telephone interview aimed at expanding on certain information transmitted online.

9 One Educational Advisor from the Université de Montréal was interviewed, but the two Educational Advisors from the establishment had previously consulted with each other. The answers provided were therefore representative of both their views.

10 Number of respondents who did not answer the question.

Table 4: Profile of the students and physicians who participated in the survey according to gender and cultural background

	Inuit	FN	Non-Indigenous	Missing data	Total
Male	0	9	12	2	23
Female	0	22	21	1	44
Total	0	31	33	3	67

2.2 DATA ANALYSIS

Each interview was recorded and then listened to by the Research Agent who systematically produced a transcription. Interview summaries were used to create a qualitative database in QSR NVivo 10 software. The tree structure for categorizing information was developed according to the evaluation objectives. The data from the online questionnaire was analyzed from a database created in an Excel file.

2.3 VALIDATION OF THE RESULTS

First, the preliminary results were presented to Executive Director, the Research Sector Manager, the Health Services Manager and the QFNIFMP Coordinator of the FNQLHSSC. The preliminary results were then presented and discussed with the Evaluation Advisory Committee, which was established to support the FNQLHSSC in carrying out this evaluation.

The validated version was then shared with the Educational Advisors of the faculties of medicine. This made it possible to ensure that the interpretation of the data was adequate and that the results were relevant for the partners involved.

2.4 ETHICAL CONSIDERATIONS

This evaluation was developed based on the values and principles set out in the *First Nations in Quebec and Labrador's Research Protocol* (AFNQL, 2014), including the principles of OCAP® (ownership, control, access and possession), which were developed by the First Nations. The FNQLHSSC is the owner of the databases developed as part of this evaluation. The data will be stored at the FNQLHSSC according to standards ensuring confidentiality and anonymity, then destroyed five years after the end of the evaluation according to the preservation standards established by the organization.

The information collected will be used only for the purposes of this evaluation. The free and enlightened consent of the individuals targeted by the data collection was ensured through the signing of a consent form as well as by verbal explanations prior to each of the interviews. Targeted individuals were free to accept or decline to participate and were given the opportunity to opt out at any time.

2.5 LIMITATIONS

The main limitation associated with this evaluation is the ability to demonstrate that the QFNIFMP is moving towards its essential purpose, which is to ensure the provision of culturally appropriate and safe care to FNI people. First, the concept of culturally appropriate and safe care may differ widely between various First Nations, Inuit and the world of academia. Second, providing culturally appropriate and safe care is not just the responsibility of physicians. To achieve this goal, all other health care services and, according to the holistic view of Indigenous people, all the other services surrounding a user, must also be offered in a culturally safe manner. This implies a long-term change that goes beyond the scope of the QFNIFMP. As part of this evaluation, however, it was possible to make major observations about the aspects of the program that contribute to this goal, and then to propose courses of action aimed at continuing efforts in this direction.

Other limitations are the time allocated to the Research Agent to conduct this evaluation and the context in which the writing took place. Methodological choices had to be made, such as prioritizing certain evaluation questions to the detriment of others that were also interesting, and there was also a delay in the delivery of the final report due to the first wave of the COVID-19 pandemic.

3. STRUCTURE OF THE QFNIFMP

Overall, the QFNIFMP aims to recruit a growing number of FNI for studies in health sciences and to support them in their processes with the faculties of medicine in Quebec. For this purpose, promotion and recruitment activities have been developed, a number of places are reserved each year for FNI students in each faculty of medicine, and candidates go through a specific admissions process. Once admitted, FNI students benefit from advisory support that is tailored to their needs during their preclinical studies, but also all throughout their training, based on their needs.

Internships in FNI settings are also offered to all students and the medical educational curriculum increasingly includes initiatives aimed at, among other things, cultural safety. Although this last aspect is a component of the programs of the faculties of medicine in general and goes beyond scope of the QFNIFMP, the FNQLHSSC is called upon in the context of certain courses or for the development of certain content. Covering this aspect as well is therefore relevant. Before presenting the evaluation results according to each component of the program, here is a brief overview of each of them.

3.1 PROMOTION AND RECRUITMENT ACTIVITIES

Each year, the faculties of medicine organize activities among FNI communities. These are aimed at arousing interest in health studies and raising awareness regarding the QFNIFMP among potential applicants.

Mini medical schools are organized by various groups or committees (e.g., Indigenous health interest groups) at the Université Laval, Université de Montréal and Université de Sherbrooke, in collaboration with the QFNIFMP, and in the communities of Wendake, Pessamit, Manawan, Wemotaci, Opitciwan, Uashat mak Mani-Utenam, Ekuanitshit, Nutashkuan, Unamen Shipu and Matimekush. They aim to stimulate the interest of young people in elementary and high school and to encourage them to consider a career in health sciences. Also in collaboration with the QFNIFMP, each year, mini medical schools are held by the Université du Québec à Chicoutimi. Initiated since 1995 by the Centre des Premières Nations Nikanite, this summer camp is offered to First Nations youth in high school to encourage them to pursue studies in the field of health sciences.¹¹ Also, McGill University offers the Indigenous Health Professions Program, which includes, among other things, the Eagle Spirit Science Futures Camp¹² for high school youth. They are offered courses in health sciences, from an Indigenous perspective.

Discovery days in health sciences are also organized and those responsible for the QFNIFMP carry out program promotion tours among the FNI communities on a regular basis. In addition to making young people aware of the various health and science programs, these activities also offer an opportunity for both FNI students and non-Indigenous students from the different faculty of medicine programs, but also from other faculties, to benefit from an experience in a FNI community.

Finally, the Quebec Indigenous Science Fair (ISF) has been held in Indigenous communities or educational institutions in Quebec since 1998.¹³ This scientific competition is aimed at elementary and high school students from schools located in FNI communities in Quebec. The ISF's objective is to develop the full potential of young Indigenous people in Quebec and to create links and share cultures. In 2019, the event was held in Kuujjuaq. This annual event is an opportunity for the FNQLHSSC's Coordinator to promote the QFNIFMP.

11 For more information, refer to the following link: <http://nikanite.uqac.ca/minicolemedecine/> (consulted on November 24, 2020).

12 For more information, refer to the following link: <https://www.mcgill.ca/indig-health/essf-2020> (consulted on July 13, 2020).

13 For more information, refer to the following link: <http://www.esaquebec.ca/mission> (consulted on July 13, 2020).

3.2 PLACES RESERVED FOR FNI

The doctorate in medicine program is popular and very limited. A government decree determines the number of places available each year. Admission standards for undergraduate programs are set by the Committee on Accreditation of Canadian Medical Schools (CACMS). Many skills and competencies are required and only a few people from the FNI meet the parameters of the regular contingent each year.

Initially, four places were reserved annually for FNI students for the four faculties of medicine in Quebec. Since 2018, that number has increased to six. The number of places available is cumulative from one year to the next. For example, if one year, only five places of these places are filled in Quebec, the faculties of medicine may, the following year, collectively recruit up to seven students. Since 2008, 54 FNI people have been accepted into the undergraduate doctorate in medicine program through the QFNIFMP and one candidate was rejected. Over this same period, more than ten people were also accepted into the regular medical program by the four faculties in Quebec.¹⁴ Therefore, when the annual number of places is not filled, it is not necessarily for a lack of FNI candidates, but rather because some of them have been admitted through the regular contingent.

Table 5: Number of students admitted annually into the QFNIFMP¹⁵

Faculty	Year of admission													Total
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
Laval	1	0	1	1	4	2	2	3	3	1	2	0	2	20
McGill	1	0	1	0	0	2	1	2	0	1	1	1	0	10
Montréal	1	0	1	0	0	2	1	0	0	1	0	2	3	8
Sherbrooke	0	1	0	1	3	1	1	0	2	1	1	1	0	12
Total	3	1	3	2	6	7	5	5	5	4	4	4	5	54



Over the years, in addition to the FNI students accepted into the QFNIFMP and the FNI students accepted into the regular contingent, some FNI students have also been accepted into the regular contingent without having self-identified as such and are therefore not included in this evaluation.

3.3 ADMISSIONS PROCESS¹⁶

The admissions process begins with a meeting between the student interested in medical doctorate studies and the QFNIFMP Coordinator.¹⁷ At this point, the candidate's status is validated,¹⁸ and the program's functioning and the requirements of the contingent are explained. Then, the QFNIFMP Coordinator confirms the validity of the status with the admissions officer at the Université Laval, since this person is responsible for the common admissions processes of the four faculties of medicine. The contingent requirements are as follows:

- Be a First Nation within the meaning of the Indian Act (R.S.C., c. I-5) or Inuit (registered in the register of Inuit beneficiaries) and be able to confirm this status with the program coordinator before the deadline, which is determined annually based on the calendar for the current year
- Be a Quebec resident or a member of a community located in Quebec
- Declare Indigenous status on the admission applications for the universities concerned
- Meet the general admission requirements for the doctorate in medicine program
- Have a college or university performance rating (R score) of 28 or higher (except for McGill which sets its own threshold based on the candidate's grade point average (GPA))

14 It should be noted that, at the Université Laval in particular, several other health programs (kinesiology, physiotherapy, speech therapy and occupational therapy) also have places reserved for FNI. Over the years, more than twenty additional FNI candidates have been admitted either through reserved places or through the regular contingent for these other programs.

15 Taken from the FNQLHSSC's admissions table.

16 The information presented in this section is taken from the document on the admissions process for the QFNIFMP of the FNQLHSSC dated February 2020 and the four faculties of medicine.

17 The QFNIFMP Coordinator is hired by the FNQLHSSC and the Université Laval.

18 The candidate must provide the certificate of Indian status issued by the Government of Canada or the official document attesting to the status of Inuit beneficiary in Quebec. Métis candidates are not accepted as part of the Quebec First Nations and Inuit contingent (FNQLHSSC, Université de Montréal, McGill University, Université Laval and Université de Sherbrooke, 2020).

In the early 2000s, a new way to measure non-cognitive skills and qualities was developed ... the multiple mini-interview (MMI). This tool has gradually been adopted by 12 of the 17 faculties of medicine in Canada ... and aims to assess ... collaboration, communication, empathy, integrity and self-control.

(St-Onge, Côté and Brailovsky, 2009: 52-53, free translation)

Once this first step is completed, if students meet the minimum requirements for the evaluation of their academic record, they can submit an application for admission, which will then be placed in the QFNIFMP contingent list. Four selection criteria (worth 25% each) are then evaluated:

1. The R score
2. The individual interview
3. The multiple mini-interviews (MMI)
4. The First Nations and Inuit standardized autobiographical notes (FNISAN)

Note that this process has been adapted on an exceptional basis for 2020 given the COVID-19 pandemic. Thus, MMIs were replaced by a CASPer, an online situational judgment test (health Sciences–l2), and face-to-face individual interviews were replaced by virtual individual interviews.¹⁹

In the admissions process document (FNQLHSSC, Université de Montréal, McGill University, Université Laval and Université de Sherbrooke, 2020:7), it is specified that:

“To the extent possible, the preference expressed by an applicant for a university will be respected. However, the university choices will be allocated according to the final selection list and university availability.

Any candidate who receives an offer as part of the regular contingent for the university corresponding to their first choice will not receive an offer as part of the QFNIFMP contingent. Candidate applications progress in a parallel way in the two contingents to allow for the possibility of freeing up places in the Quebec FNI contingent and to satisfy candidate university preferences and ensure favourable conditions as much as possible.” (Unofficial translation.)

The admissions process for the regular contingent is somewhat different and differs between faculties of medicine as well as from year to year. For example, at the Université de Montréal, in 2019, for a university student undertaking a bachelor’s degree, the requested R score was 37.285 compared to 35.667 in 2015. In 2021, this same university would opt for a threshold R score of 33.²⁰

Welcoming ceremony

In collaboration with the FNQLHSSC, each faculty of medicine offers various extracurricular cultural activities for FNI students. For example, some organize a welcoming ceremony for all new FNI students who are accepted into medical school, and for those admitted to other programs. In addition to congratulating them on their admission or graduation, this ceremony aims to create connections between FNI students and possibly create a support network between them. This is a formal ceremony to which vice-deans and faculty deans are invited to attend and meet the new students.

Other extracurricular cultural activities

Other activities aimed at highlighting FNI cultures and raising awareness among students in general are also organized. For example, community visits, awareness activities under a *shaputuan*, or a visit from an elder to share teachings.

¹⁹ Source: Website of the faculty of medicine of the Université de Montréal at <https://medecine.umontreal.ca/medical-school/> (consulted on July 22, 2020).

²⁰ Step 1: Students with a threshold R score of 33 are invited to take the CASper. Step 2: Students with a list of excellence created with 50% R score and 50% CASper are invited to the MMI. Step 3: The final list of excellence is created with the MMI performance.

3.4 ADVISORY SUPPORT FOR STUDENTS

Support from the FNQLHSSC's QFNIFMP Coordinator is offered to all FNI students. The Coordinator is in contact with FNI students among the faculties of medicine in Quebec to inform them, collect their feedback and support them as needed.

Also, each faculty of medicine has an Educational Advisor for the QFNIFMP.²¹ This person provides support to the students of the program and to FNI students of the regular contingent, especially during the first years of study (preclinical), but not exclusively. This support is academic, financial (e.g., regarding available scholarships) or related to professional development, but it can also deal with matters relating to social inclusion (e.g., their new urban life), study-life balance, or information regarding various events such as conferences and providing the necessary support.

3.5 PRECLINICAL INTERNSHIPS

The internships in FNI settings are both clinical and community-based, meaning that they promote the development of the clinical and cultural competence of students.²² All students can apply, regardless of whether they are FNI or non-Indigenous. However, FNI students are prioritized. Through this internship, students become familiar with the organization of health services in a FNI setting, they gain a better understanding of the influences of social and historical determinants on FNI health, they are exposed to different values and situations that promote reflection and professional, personal and social growth, and they develop intercultural communication skills as well as skills in the practice of culturally safe care.²³ The preclinical internships in FNI settings are open to all students (both FNI and non-Indigenous) on a voluntary basis. Students choose this option mainly for personal interest.

The table below provides a portrait of the number of internships that have been carried out in Indigenous communities and Indigenous organizations located in urban settings since 2015. The preclinical internships last four weeks but, in order to respect local community capacity, some interns have, during the same internship, gone to two different places (but are listed only once in the table). All the settings listed in this table received at least one intern. Some have hosted one intern each year, or sometimes two per summer, while others have welcomed interns only once or twice in total. It is worth noting that 2019 was the year when the greatest number of internships were carried out in FNI settings. Moreover, the context of the COVID-19 pandemic in the summer of 2020 resulted in all internships being canceled.

21 Except for the Université de Montréal where two Educational Advisors share the position.

22 From the website of the Université de Montréal (consulted on October 21, 2020).

23 Inspired by a PowerPoint presentation from Université Laval entitled "Stage dans une communauté des Premières Nations ou Inuit" available (in French only) at: <https://www.fmed.ulaval.ca/fileadmin/documents/programmes-etudes/etudes-medecine/doctorat-1er-cycle-medecine/documents/presentation-detaillee-sap-1642.pdf> (consulted on October 21, 2020).

Table 6: Number of internships carried out in FNI settings between 2015 and 2019

Nation	Host community	Number of interns					Total
		2015	2016	2017	2018	2019	
Abenaki	Odanak	1	1	0	0	0	2
Algonquin	Kebaowek Kitcisakik Kitigan Zibi Lac-Simon Pikogan Timiskaming	8	7	7	6	7	35
Atikamekw	Manawan Opitciwan Wemotaci	3	4	3	3	4	17
Cree	Chisasibi Mistissini Waswanipi	1	1	3	1	1	7
Huron-Wendat	Wendake	1	1	1	1	1	5
Innu	Ekuanitshit Mashteuiatsh Uashat mak Mani-Utenam	2	0	0	1	5	8
Inuit	Inukjuak Kuujuuaq Salluit	4	4	4	4	4	20
Mohawk	Akwesasne	0	0	0	0	1	1
Urban settings	Val-d'Or Native Friendship Centre Maniwaki (CISSS)	1	2	1	3	1	8
Total		21	20	19	19	24	103

The QFNIFMP Coordinator of the FNQLHSSC is tasked with finding internship places in FNI settings. Each year, the Coordinator contacts the Health and Social Services Directors in the communities and managers of FNI organizations in urban areas in order to see if they are interested in welcoming one or more students. This is a promotional exercise which, in addition to finding internship places (with accommodations provided), promotes the program among partners in FNI circles. The Coordinator also handles the logistics of the internships and prepares the students by offering them predeparture training. Follow-up is also carried out with the interns during and after their internship experience.

3.6 MEDICAL EDUCATIONAL CURRICULUM

Consistent with one of the actions set out in the AFMC's *Joint Commitment to Action on Indigenous Health* and to ensure that medical schools are committed to delivering targeted and strategic professional development activities based on the fight against racism, cultural safety and decolonization (AFMC, 2019: 11), each faculty of medicine continuously adapts its educational curriculum.

Since the start of the QFNIFMP, Educational Advisors have contributed, in their respective establishments, to improving training activities in Indigenous health, for example, by improving the contents of certain courses in terms of history and culture. The FNQLHSSC's Coordinator participates in the planning and implementation of these training activities. For example, for some courses, clinical discussions surrounding situations related to FNI have been revisited in order to ensure increased cultural safety.

Indigenous health interest group

All four faculties of medicine have an Indigenous health interest group (IHIG). This is a student initiative (FNI and non-Indigenous) with similar objectives among all the faculties, namely to make students aware of the different issues facing FNI populations by holding conferences or workshops, among other things, and by participating in activities promoting school perseverance and demystifying health professions among young FNI people in the communities through mini-medical schools.

The next section presents the results of the data collection that was carried out among the students and physicians of the QFNIFMP or those who completed an internship in a FNI setting, faculty coordinators and representatives, program educational advisors, vice-deans and deans of faculties of medicine, as well as FNQLHSSC players involved in the QFNIFMP.

Ideally, a curriculum should include educational strategies to combat racism at several levels:

1. **Interpersonal:** Challenging personal stereotypes and prejudices
2. **Systemic:** Viewing racism as a structural problem in society and questioning power and privilege
3. **Epistemic:** Challenging the dominance of Eurocentric worldviews and creating space for Indigenous knowledge

(AFMC, 2019: 14-15)

4. RESULTS OF THE EVALUATION

The evaluation results are presented according to the various components of the program. In addition to the effects, certain issues and areas for improvement raised by the participants are also covered.²⁴

4.1 EFFECTS RELATED TO PROMOTION AND RECRUITMENT ACTIVITIES

According to the information gathered as part of the evaluation, activities related to the promotion of the program and the recruitment of students make up a significant portion of the QFNIFMP each year. They are looked after by the FNQLHSSC's Coordinator, Educational Advisors, and both FNI and non-Indigenous students. The task associated with handling logistics and running mini-medical schools in the communities, for example, is rather significant. For example, in 2018, 40 students in medicine, kinesiology, occupational therapy, speech therapy, physiotherapy, nursing, social services, pharmacy and nutrition from the Université Laval participated in the mini-medical school that was held in the Innu community of Pessamit in the Côte-Nord region. During this event, 350 elementary school students had the opportunity to experiment with certain techniques from various professions.²⁵ Awareness was therefore mutually raised among FNI students and students in the health sciences through this activity.

“Another issue is the challenge of recruiting Inuit students. None have been recruited yet. There are currently some activities aimed at recruiting within Inuit communities, but more efforts should be made to recruit Inuit students from outside the communities. This could also be done for First Nations people who live off-reserve. For example, there are many Crees who live in Ottawa. Even though they go to school outside of Quebec, they are part of the provincial population, and I would like to see a strategy in place to reach these young people as well.”

Educational Advisor from a faculty of medicine in Quebec, 2020.

Even though the ultimate wish is to recruit students from each Nation, currently some Nations are very well represented in the QFNIFMP while others are not at all. This is especially true for the Inuit. Since the start of the program, no Inuk student has been recruited into the program. Access to quality education and a constant teaching staff in certain subjects in the most remote communities, such as in Nunavik, was mentioned as one of the major obstacles. In remote settings, it is a challenge to recruit young people with the necessary academic background.

One of the strategies identified by the respondents involves establishing a continuum in the support offered to students who demonstrate the necessary potential and who wish to pursue health studies, starting in high school. A mechanism should be put in place to allow them to have access to education and courses in the prerequisite sciences that will allow them to access the QFNIFMP.

Another aspect that was raised concerns the recruitment of FNI students living off-reserve. The data shows that, in Quebec, nearly one in two First Nations people (42.3%) live off-reserve (ISC, 2016 in FNQLHSSC, 2020). It has been shown that this population is mobile (FNQLHSSC, 2008, 2017). Many families move to the city for a few years, often for work or study, then return to live in a community. Other families choose to settle permanently in urban areas.

To date, the recruitment efforts and promotion activities of the QFNIFMP have mainly focused on the FNI communities. The objective of the QFNIFMP is, among other things, to train more FNI physicians. The population of FNI living in urban areas is significant and should be included in the population targeted by the recruitment activities of the program.

²⁴ A summary table of the effects, issues and areas for improvement is available in appendix 1.

²⁵ <https://www.fmed.ulaval.ca/faculte-et-reseau/a-surveiller/nouvelles/detail-dune-nouvelle/les-mini-ecoles-de-la-sante-en-milieu-autochtone/> (consulted on July 10, 2020).

Table 7: Main effects, issues and areas for improvement concerning promotion and recruitment activities

Promotion and recruitment activities		
Main effects	Issues to consider	Suggested areas for improvement
<ul style="list-style-type: none"> • Organization of activities within several FNI communities in Quebec aimed at raising awareness of the program and arousing the interest of young people in health sciences • Exponential effect of these activities on First Nations youth who sometimes discover new future prospects. • These activities also help provide an experience within a FNI community to non-Indigenous students and help raise their cultural awareness. 	<ul style="list-style-type: none"> • Some communities have never benefitted from promotional activities • Access to preparatory training for studies in health sciences is problematic in isolated FNI communities (e.g., lack of science teachers in high school) • Lack of recruitment of: <ul style="list-style-type: none"> • Inuit students • FNI living in urban areas 	<ul style="list-style-type: none"> • Develop promotion and recruitment activities targeting FNI living in urban areas as well as in new communities • Set up a special program at the high school level • Establish a partnership with the Institut Kiuna (Indigenous CEGEP) for the establishment of a bilingual program in natural science

4.2 EFFECTS RELATED TO THE PLACES RESERVED FOR THE

In 2012, in line with the recommendations made in 2005 by the Indigenous Health Working Group (IHWG), the Truth and Reconciliation Commission of Canada issued specific directives for the faculties of medicine to train more Indigenous physicians. In its *Joint Commitment to Action on Indigenous Health* (2019), the AFMC highlights the absence of an accreditation standard and explains that among the faculties of medicine across the country, “admissions support measures range from no support to facilitated admissions policies and processes that attempt to mitigate the structural disadvantage and bias faced by Indigenous applicants” (AFMC, 2019: 3).

“As Deans, we are all part of the *Conférence des Doyens des facultés de médecine du Québec*, which plays an advocacy role for the cause of the First Nations and must increase the number of program admissions. Indeed, there has been an increase in this number of admissions and this is due to interventions by the *Conférence des Doyens des facultés de médecine du Québec*. This role allows us to work with the government, with the department that authorizes the number of places in the faculties of medicine, and therefore, our role is to defend the number of places and to try to obtain an increase in this number, when possible.”
 Dean of a faculty of medicine in Quebec, 2020.

The greatest positive impact of the QFNIFMP is undoubtedly the fact that it contributes significantly to achieving the directives of the AFMC aimed at training more FNI physicians. However, medical studies are very long and even after more than ten years of implementation, only a few physicians have come from the QFNIFMP. The program must therefore be maintained on a very long-term basis in order to obtain a sufficient number of FNI physicians who can provide culturally safe health care services to FNI people, in accordance with the recommendations issued by the UN and the AFMC.

“Beyond the creation of the contingent, if the program is to achieve its objectives, we must continue to tackle structural issues.

The contingent is a beginning, not an end.”

Comment made during the strategic meeting of the QFNIFMP Committee in November 2019

In addition to the fact that the QFNIFMP contributes significantly to increasing the number of FNI physicians, one of the most positive effects highlighted by the participants is that the program is part of a movement that is currently gaining momentum concerning the adaptation of admission criteria and the addition of places reserved for FNI in other limited programs.

The Educational Advisors mainly mentioned that, given the difference in admissions criteria, one of the challenges encountered by some FNI students admitted to the QFNIFMP concerns the feeling of having had a free pass compared to the students of the regular

contingent. However, in the online questionnaire, among the answer options associated with the question “As part of your studies, what issues or challenges do you encounter as a FNI?,” none of them referred to this particular issue. Also, no student mentioned this aspect using the “other” box. The issues raised by the students in the survey were more related to financial, academic (admissions threshold) or health (performance-related stress) concerns.

It is nevertheless relevant to say that the communication strategy surrounding the QFNIFMP must take this issue into account. One of the proposed approaches is to continually recall the context in which the program was set up. The QFNIFMP was developed because Indigenous health is one of the priorities of the AFMC, and it has been recognized that:

“(…) medical education is still not preparing physicians who are fully qualified to respond to the needs of Indigenous people (…)[and it is] our collective responsibility to ensure that we are graduating physicians who are more like medical experts who

understand the determinants of Indigenous peoples’ health and are courageous advocates for change” (AFMC, 2019: 2).

“(…) we should avoid speaking as if the faculty gives the students a chance because in fact it is the QFNIFMP that gives the faculty a chance. It is not a matter of “my goodness, we are so very nice to open up places,” but rather a great opportunity that allows [the faculties of medicine] to bypass the flaws of their recruitment system.”

Vice-Dean of a faculty of medicine in Quebec, 2020

In addition to contributing to the reduction of health inequalities, the QFNIFMP is an effective means of achieving medical education goals established by faculties of medicine’s highest governing bodies. In addition, each faculty has an office or a vice-dean for social responsibility whose mandate is, among other things, to develop cultural sensitivity and ensure that there is diversity among students. In this, the objectives of the QFNIFMP and those related to social responsibility converge. They work in close collaboration within the faculties of medicine. Also, with the objective of promoting diversity among students, at the Université de Montréal, two places in the regular medical contingent are reserved for students from a less advantaged socioeconomic background. Consideration could be given to the possibility of this also being applied to the QFNIFMP.

Moreover, these faculty goals should not be applied at the expense of individual student aspirations. FNI students should be allowed to freely decide whether to:

- Self-identify as FNI;
- Benefit from the mentoring service provided under the QFNIFMP;
- Choose how they will specialize, based on their interests;
- Practice in a FNI community.



Table 8: Main effects, issues and areas for improvement concerning places reserved for FNI

Places reserved for FNI		
Main effects	Issues to consider	Suggested areas for improvement
<ul style="list-style-type: none"> • Quebec has a growing number of practicing physicians from First Nations • The QFNIFMP is a lever that allows the faculties of medicine to achieve the objectives set by their Canadian association • Other programs have reserved places for FNI 	<ul style="list-style-type: none"> • The challenges related to filling the number of places available each year in the QFNIFMP • The erroneous perception regarding the places reserved for FNI 	<ul style="list-style-type: none"> • The QFNIFMP Committee annually reviews the criteria for choosing the number of reserved places and submits the necessary recommendations to the CACMS • Implementation of a communication strategy that is shared by the four faculties of medicine aimed at countering stigma

4.3 EFFECTS RELATED TO THE ADMISSIONS PROCESS

“Mathematically there is a difference, but from a real point of view there is very little correlation between an R score and being able to be a good physician.”

Vice-Dean of a faculty of medicine
in Quebec, 2020

During the interviews conducted with the players of the FNQLHSSC and the various faculties of medicine, everyone agreed that the admissions process is one of the essential aspects of the program. However, some are of the opinion that improvements could be made, firstly with regards to the process for the regular contingent, and secondly with regards to the process for the QFNIFMP. We also found that there is not necessarily a consensus surrounding the performance rating (R score) required as part of the QFNIFMP.

During interviews with the Educational Advisors and the Vice-Deans of the faculties of medicine, the R score issue was regularly raised. Some were of the opinion that the R score of the QFNIFMP should be increased in order to prevent an excessively large gap between the requirements demanded of FNI students compared to those of the regular contingent and thus prevent academic burnout. However, there was another line of thought that questioned the constant raising of the academic excellence requirements of applicants when many aspects other than the R score can lead to a candidate becoming an excellent physician. The literature indeed shows that the weighted GPA and R score, which are usually used to measure cognitive skills, are poor predictors of non-cognitive skills and qualities that are just as essential for future health professionals (St-Onge, Côté and Brailovsky, 2009). This is why the MMI is used to assess eight non-cognitive skills or qualities (empathy, respect, integrity, judgment, social awareness, tolerance for uncertainty and knowledge of the health system).



Among the 54 students accepted into the QFNIFMP since 2008:

- 8 students obtained their license to practice (7 in family medicine and one in paediatrics), including 5 who practice in a First Nations community
- 17 students are in postgraduate training (residency). Of this number:
 - 10 are or will be in family medicine
 - 2 in anesthesiology
 - 2 in psychiatry
 - 1 in internal medicine
 - 1 in physical medicine and rehabilitation
 - 1 in match (2020)
- 27 students are in their preparatory year, either preclinical or clerkship
- 2 students dropped out

As for the students who participated in the online survey, two of them answered the question “What are the main challenges you encountered during the admissions process as a FNI student?” Both responses were related to interview preparation. The candidacy of FNI students effectively involves dealing with two contingents and they are required to pass the multiple mini-interviews (MMI) twice, which can be a source of stress.

As mentioned in section 3.2 of this report, since the start of the program, the application of one student was rejected and, although this may be minimal in purely statistical terms, the negative collateral effects for this student, his family and even for his community should not be minimized.

Extracurricular cultural activities

During the interviews conducted with the Educational Advisors and Vice-Deans, in particular, the issue of the funding available through the QFNIFMP for the organization of these activities was raised. There is a lot of potential to develop this component. For example, interested students could meet with traditional healers or even participate in a sweat lodge or blanket ceremony experience. In addition to contributing to fostering a sense of belonging among FNI students with respect to the program, these activities are also concrete means of raising awareness among non-Indigenous students regarding FNI cultures. Unfortunately, the funding allocated for such activities is insufficient.

Table 9: Main effects, issues and areas for improvement concerning admission

Admissions process for FNI students		
Main effects	Issues to consider	Suggested areas for improvement
<ul style="list-style-type: none"> • 96% of students admitted to the QFNIFMP (53 out of 55) have completed or are continuing their training • The admissions process is one of the aspects of the QFNIFMP that must be maintained over time 	<ul style="list-style-type: none"> • The differences of opinion surrounding the R score • Stress inflicted on students by the duplication of the admissions process in the regular contingent and subsequently in the QFNIFMP 	<ul style="list-style-type: none"> • The QFNIFMP Committee annually discusses and establishes the QFNIFMP R score threshold

Table 10: Main effects, issues and areas for improvement concerning extracurricular cultural activities

Extracurricular cultural activities for FNI students		
Main effect	Issue to consider	Suggested area for improvement
<ul style="list-style-type: none"> • Extracurricular cultural activities are one of the means to raise students' awareness of FNI cultures 	<ul style="list-style-type: none"> • Financial support for extracurricular cultural activities 	<ul style="list-style-type: none"> • Each faculty of medicine invests an additional amount to that provided by the QFNIFMP in order to increase the amount of extracurricular cultural activities offered to students (including cultural awareness for students in general) • The QFNIFMP Committee and other key players (Executive Director, deans) must raise the awareness of the partners of the MSSS and the Ministère de l'Enseignement supérieur about the effects of the QFNIFMP and the positive effects linked to their financial support

4.4 EFFECTS RELATED TO ADVISORY SUPPORT FOR STUDENTS

“The improvement that needs to be made involves properly structuring access to the career.”
 Educational Advisor of a faculty of medicine
 in Quebec, 2020

In the interviews, all of the Educational Advisors indicated that they offer personalized support to the FNI students and that they adapt according to their needs. Their support varies greatly from one student to another, ranging from more or less pronounced needs to no needs at all. In addition, some emphasized the vagueness of their mandate and the absence of minimum goals to be achieved in the course of their duties. This leads them to develop a service offer based on their own availability, strengths

or interests and does not guarantee continuity in the event of a change in human resources. Another challenge that was raised concerns support for externs and residents with a view to their transition to practice, regional medical staffing plan (RMSP) applications, etc. At this stage of their training, a change of faculty is possible and it becomes more difficult for the Educational Advisor to follow the students. In addition, in this situation, the Educational Advisor of the new faculty of medicine takes responsibility for the extern or resident.

An individualized mentoring model between a physician and a student has already been put in place in one of the faculties of medicine, and this was very helpful for the student as it provided a clearer vision of each of the steps leading up to achieving practice goals. However, this model was abandoned along the way, partly due to the lack of a framework defining the mentorship. During the interviews with the students, they did indeed mention that they did not have all the necessary information to enable them to realize their plan to practice in a FNI community.

To close this section, note that according to the QFNIFMP students who participated in the online survey (n = 19), the interventions of the FNQLHSSC Coordinator (47%), the support of the Educational Advisor (37%) and the student gatherings (37%) are the components of the program that contribute the most to their success.

Table 11: Main effects, issues and areas for improvement concerning student advisory support

Advisory support for FNI students		
Main effect	Issues to consider	Suggested areas for improvement
<ul style="list-style-type: none"> Personalized support offered to FNI preclinical students 	<ul style="list-style-type: none"> Balance between the need for a defined framework and objectives to be achieved for the physicians occupying the role of Educational Advisor and the adaptation / flexibility that they must have with FNI students Ensure, based on the needs, a continuum in the support offered during the years of clerkship and residency, until practice begins 	<ul style="list-style-type: none"> Formalize support in terms of the continuum before / during / after the QFNIFMP and have the financial and human resources to develop this component Set up levers to facilitate practice within FNI communities according to a sustainable and structuring vision Reflect on a matching mechanism between FNI physicians and students of the QFNIFMP (group of FNI physicians)

4.5 Effects related to the preclinical internships

To document this aspect, the internship reports produced by the QFNIFMP Coordinator from 2015 to 2019 were analyzed. In addition to interviews with Education Advisors, Vice-Deans, etc., two interviews were conducted with respondents to the electronic survey who had experienced community internships. The results of the electronic survey were also used.

Given certain limitations for carrying out this evaluation, it was not possible to contact the resource persons within the FNI communities who supervised the interns. It would be interesting to get their points of view about their experiences and the positive impacts on the community related to hosting medical interns, but also to know the issues encountered and what should be improved. This component could certainly be the subject of a second evaluation component.

“[During my internship in the north] I saw that there are paediatricians or interns who go there to spend a couple weeks and who toured the villages before returning to practice, for example, in Montreal or Quebec City. (...) No, I don't have the information to do this project. (...) I don't know if people at [university name] do this. And how are these people chosen? Do they apply for a position? And can several people go? I have no idea how it works. It's definitely information I would like to have, but I don't know where to find it.”

Medical student, 2020

The two former interns who participated in a telephone interview highlighted the richness of their experience, particularly on an individual, cultural and social basis. In both cases, this experience had a strong impact on them, beyond the clinical aspect usually targeted by internships, to such an extent that they wanted to direct their careers towards Indigenous health. The results of the electronic survey point in the same direction, with 75% of the respondents perhaps (n = 15) or seriously (n = 35) considering practicing among the Indigenous population. Several mentioned the enriching experience that they had during their internship to explain this choice. Moreover, internships in FNI settings are not without challenges, particularly for non-Indigenous students with no experience in an ethnocultural setting other than their own. For example, creating a trusting relationship with FNI patients and professionals certainly takes more time than in other settings or even the fact that the rigidity of appointment schedules, as found in urban hospitals, must make room for flexibility and adjustment to the different contexts that may arise. Certain basic concepts of cultural safety (Brascoupé, 2009; Baba, 2013) are essential and should necessarily constitute prior learning for these internships. One proposed way to maximize the preparation of future interns for FNI settings is to pair them with former interns.

Although there is a desire among the players involved in the QFNIFMP to increase the number of internships, there is also a concern to respect community capacity to accommodate more interns in terms of supervision, but also in terms of logistics (e.g., availability of housing) and finance (e.g., host communities sometimes cover certain costs, for example, those relating to the housing loaned to the student). It is for this reason that some settings cannot accommodate interns for more than two weeks, which creates certain challenges. The Ministère de l'Enseignement supérieur does, in fact, provide financial support for four-week preclinical internships only. This is why, within the same internship, a student will have two different settings.



Table 12: Main effects, issues and areas for improvement concerning the internships

Preclinical internships in FNI settings		
Main effects	Issues to consider	Suggested areas for improvement
<ul style="list-style-type: none"> • An enriching experience on a human and cultural level, that goes beyond the clinical aspect • The preclinical internship is one of the best ways to raise awareness of FNI realities for future physicians 	<ul style="list-style-type: none"> • Basic training in cultural safety for future physicians • The disparity between the faculties of medicine as regards the recognition of internships in the school curriculum (credits) • Community capacity in terms of clinical supervision and logistics • Financial support 	<ul style="list-style-type: none"> • Improve pre-departure training by adding a component on cultural safety • The reflection on increasing the number of internships offered in FNI settings must be held in consultation with the communities concerned • Mechanisms to increase the attraction for preclinical internships in the FNI setting should be discussed with the MSSS and the Ministère de l'Enseignement supérieur (credits, financial compensation for the FNI communities and the intern, etc.)

4.6 EFFECTS RELATED TO THE MEDICAL EDUCATIONAL CURRICULUM

From the point of view of some faculty players, the educational content related to Indigenous health has greatly improved in recent years, in each of the faculties of medicine. When they themselves were doing their studies, there was virtually no content and everyone agrees that there have been notable advances in this area. However, it was also mentioned that there is currently a great disparity in this regard between the faculties of medicine with each acting completely autonomously and independently. The Educational Advisors of the QFNIFMP as well as the office or vice-deanship of social responsibility certainly have a role to play within their respective faculties for the development of this component, but this role is played in variable ways within their institutions.

From the point of view of the students interviewed, the internship was the most formative aspect in preparation for their eventual practice with the FNI. According to them, the content covered during their academic training is a minimum and it is up to the student, thereafter, depending on their specialty and personal interests, to further develop their skills and knowledge in Indigenous health. Cultural sensitivity, in their opinion, is learned more through experience than education. The results of the survey also go in this direction and show that testimonials (50%), community immersion days or weeks (46%) and mini-medical schools (46%) are very effective in terms of raising awareness among students with respect to practicing among an Indigenous clientele.

Table 13: Main effects, issues and areas for improvement concerning the educational curriculum

Medical educational curriculum		
Main effect	Issue to consider	Suggested area for improvement
<ul style="list-style-type: none"> • Improvement of the Indigenous health component in the educational curriculum of each of the faculties of medicine in recent years 	<ul style="list-style-type: none"> • The disparity in terms of content related to Indigenous health among the faculties of medicine 	<ul style="list-style-type: none"> • Continue to improve the educational curriculum by applying the recommendations of the AFMC

CONCLUSION

According to many players interviewed in the context of this evaluation, the QFNIFMP is a success. There is no doubt that this program needs to be maintained and also continuously developed. As a result of the various commissions of inquiry and the current context,²⁶ all health science programs and professionals are under increasing pressure to ensure cultural safety in the care offered to the FNI. The increase in the number of FNI professionals has been identified as one of the most promising solutions to achieve the desired societal change. The establishment of a network of FNI physicians in Quebec is also being considered. Already, the number of FNI physicians and other health professionals is constantly increasing. In the near future, these FNI professionals will have an influence in their respective fields and some will occupy decision-making positions in the health and social services system, as well as within the academic institutions of the province, and among the FNI.

As part of a renewed governance in health and social services,²⁷ the First Nations will work in an even more sustained manner to ensure that students have all the necessary mechanisms to give them access to the training they want and ensure that they are represented in all professions, particularly where the needs are the most pressing for the population. A sector of the new regional body could, for example, be dedicated to promotion and professional development in health and social services, with a much broader scope than the current QFNIFMP. In the new organization chart, it is proposed that a group of multidisciplinary professionals, for example in public health, mental health and prevention, traditional medicine, offer advisory and technical services to health and wellness professionals and managers of First Nations communities and organizations. This service would be developed according to an academic continuum (from elementary school to practice) and would work in accordance with the social determinants of FNI health and have public health objectives.

This evaluation highlights some of the positive effects associated with this program, and it would be interesting to continue the work in order to identify more effects, such as for the FNI communities and organizations. For example, why do some settings not welcome interns? What could be put in place to support them and help them take advantage of this opportunity? Is there any interest in forming a group of FNI students? And in a longer-term perspective, it would be relevant to question in greater depth the aspects surrounding the development of the QFNIFMP and show how it could fit into the health and social services governance by and for First Nations.

26 Following the death of an Atikamekw woman on September 28, 2020, the AFNQL released its Action Plan on Racism and Discrimination on September 29, 2020 (<https://apnql.com/en/racism-and-discrimination/>). On October 7, 2020, the Government of Quebec recognized the existence of systemic discrimination against Indigenous people and tabled a bill to increase cultural safety in public services.

27 A Quebec First Nations' health and social services governance process has been underway since 2013. For more information, refer to the following link: <https://gouvernance.cssspnql.com/en/>

APPENDIX I: SUMMARY OF THE QFNIFMP'S EFFECTS, ISSUES AND PROPOSED AREAS FOR IMPROVEMENT

Theme	Main effects	Issues to consider	Areas for improvement
Promotion and recruitment activities	<ul style="list-style-type: none"> • Organization of activities within several FNI communities in Quebec aimed at raising awareness of the program and arousing the interest of young people in health sciences • Exponential effect of these activities on First Nations youth who sometimes discover new future prospects • These activities also help provide an experience within a FNI community to non-Indigenous students and help raise their cultural awareness 	<ul style="list-style-type: none"> • Some communities have never benefitted from promotional activities • Access to preparatory training for studies in health sciences is problematic in isolated FNI communities (e.g., lack of science teachers in high school) • Lack of recruitment of: <ul style="list-style-type: none"> • Inuit students • FNI living in urban areas 	<ul style="list-style-type: none"> • Develop promotion and recruitment activities targeting FNI living in urban areas as well as in new communities • Set up a special program at the high school level • Establish a partnership with the Institut Kiuna (Indigenous CEGEP) for the establishment of a bilingual program in natural science
Places reserved	<ul style="list-style-type: none"> • Quebec has a growing number of practicing physicians from First Nations • The QFNIFMP is a lever that allows the faculties of medicine to achieve the objectives set by their Canadian association • Other programs have reserved places for FNI 	<ul style="list-style-type: none"> • The challenges related to filling the number of places available each year in the QFNIFMP • The erroneous perception regarding the places reserved for FNI 	<ul style="list-style-type: none"> • The QFNIFMP Committee annually reviews the criteria for choosing the number of reserved places and submits the necessary recommendations to the CACMS • Implementation of a communication strategy that is shared by the four faculties of medicine aimed at countering stigma
Admissions process	<ul style="list-style-type: none"> • 96% of students admitted to the QFNIFMP (53 out of 55) have completed or are continuing their training • The admissions process is one of the aspects of the QFNIFMP which must necessarily be maintained over time 	<ul style="list-style-type: none"> • The differences of opinion surrounding the R score • Stress inflicted on students by the duplication of the admissions process in the regular contingent and subsequently in the QFNIFMP 	<ul style="list-style-type: none"> • The QFNIFMP Committee annually discusses and establishes the QFNIFMP R score threshold • The QFNIFMP Committee and other key players (Executive Director, deans) must raise the awareness of the partners of the MSSS and the Ministère de l'Enseignement supérieur about the effects of the QFNIFMP and the positive effects linked to their financial support

Theme	Main effects	Issues to consider	Areas for improvement
Extracurricular cultural activities	<ul style="list-style-type: none"> Extracurricular cultural activities are one of the means to raise students' awareness of FNI cultures 	<ul style="list-style-type: none"> Financial support for extracurricular cultural activities 	<ul style="list-style-type: none"> Each faculty of medicine invests an additional amount to that provided by the QFNIFMP in order to increase the amount of extracurricular cultural activities offered to students (including cultural awareness for students in general)
Advisory support	<ul style="list-style-type: none"> Personalized support offered to FNI preclinical students 	<ul style="list-style-type: none"> Balance between the need for a defined framework and objectives to be achieved for the physicians occupying the role of Educational Advisor and the adaptation / flexibility that they must have with FNI students Ensure, based on the needs, a continuum in the support offered during the years of clerkship and residency, until practice begins 	<ul style="list-style-type: none"> Formalize support in terms of the continuum before / during / after the QFNIFMP and have the financial and human resources to develop this component Set up levers to facilitate practice within FNI communities according to a sustainable and structuring vision Reflect on a matching mechanism between FNI physicians and students of the QFNIFMP (group of FNI physicians)
Internships	<ul style="list-style-type: none"> An enriching experience on a human and cultural level, that goes beyond the clinical aspect The preclinical internship is one of the best ways to raise awareness of FNI realities for future physicians 	<ul style="list-style-type: none"> Basic training in cultural safety for future physicians The disparity between the faculties of medicine as regards the recognition of internships in the school curriculum (credits) Community capacity in terms of clinical supervision and logistics Financial support 	<ul style="list-style-type: none"> Improve pre-departure training by adding a component on cultural safety The reflection on increasing the number of internships offered in FNI settings must be held in consultation with the communities concerned Mechanisms to increase the attraction for preclinical internships in the FNI setting should be discussed with the MSSS and the Ministère de l'Enseignement supérieur (credits, financial compensation for the FNI communities and the intern, etc.)
Educational curriculum	<ul style="list-style-type: none"> Improvement of the Indigenous health component in the educational curriculum of each of the faculties of medicine in recent years 	<ul style="list-style-type: none"> The disparity in terms of content related to Indigenous health among the faculties of medicine 	<ul style="list-style-type: none"> Continue to improve the educational curriculum by applying the recommendations of the AFMC



BIBLIOGRAPHY

Assembly of First Nations Quebec-Labrador – AFNQL (2014). *First Nations in Quebec and Labrador’s Research Protocol*, Wendake, 98 pages.

Association of Faculties of Medicine of Canada – AFMC (2019). *Joint Commitment to Action on Indigenous Health*, Report prepared by the Writing Working Group on behalf of the Indigenous Health Network, 28 pages.

Baba, L. (2013). *Cultural Safety in First Nations, Inuit and Métis Public Health, Environmental Scan of Cultural Competency and Safety in Education, Training and Health Services*, Prince George (B.C.): National Collaborating Centre for Aboriginal Health.

Brascoupé, S. and C. Waters (2009). *Cultural safety: Exploring the applicability of the concept of cultural safety to Aboriginal health and community wellness*, Journal of Aboriginal Health, National Aboriginal Health Organization (NAHO), November 2009, 41 pages.

First Nations of Quebec and Labrador Health and Social Services Commission – FNQLHSSC (2008). *First Nations in Quebec: Migration*, Chapter 3, Summary, Quebec First Nations Regional Health Survey (RHS), 2 pages.

First Nations of Quebec and Labrador Health and Social Services Commission – FNQLHSSC (2017). *Youth Mobility, Regional Early Childhood, Education and Employment Survey (REEES)*, 12 pages.

First Nations of Quebec and Labrador Health and Social Services Commission – FNQLHSSC (2020). *Population distribution according to residence*, PRISM, updated in February 2020.

First Nations of Quebec and Labrador Health and Social Services Commission – FNQLHSSC, Université de Montréal, McGill University, Université Laval and Université de Sherbrooke (2020). *Processus d’admission*, Programme des facultés de médecine pour les Premières Nations et les Inuits-Québec, 11 pages.

Indigenous Physicians Association of Canada – IPAC and Association of Faculties of Medicine of Canada – AFMC (2008). *First Nations, Inuit, Métis Health, Care competencies, A Curriculum Framework for Undergraduate Medical Education*, Updated in April 2009, 17 pages.

St-Onge, C., D. J. Côté and C. Brailovsky (2009). *Utilisation du Mini Entrevues Multiples en contexte francophone : étude de généralisabilité*, Mesure et évaluation en éducation, Vol. 32 (2), 49-69.



VISION

First Nations individuals, families and communities are healthy, have equitable access to quality care and services, and are self-determining and culturally empowered.

MISSION

To accompany Quebec First Nations in achieving their health, wellness, culture and self-determination goals.



UNIVERSITÉ
LAVAL

Université 
de Montréal



McGill



UNIVERSITÉ DE
SHERBROOKE



FIRST NATIONS OF QUEBEC
AND LABRADOR HEALTH
AND SOCIAL SERVICES
COMMISSION