



McGill

Question

TO: Senate
FROM: Hana Thomas
SUBJECT: Question Regarding: Aboriginal Representation in Medicine
MEETING DATE: [October 16, 2009]

PREAMBLE: Aboriginal students are severely under-represented in Canadian medical schools. Consequently, the number of aboriginal physicians in Canada is significantly unreflective of the demographics. Only 0.3% of Canadian physicians self-identify as aboriginal.

This disparity is tremendously magnified in the province of Quebec. With only five aboriginal physicians for a population of 70,000.

Many Canadian medical schools have come to recognize the lack of aboriginal representation in their faculty, and have taken pro-active steps to fulfill this dire but unmet need. The University of British Columbia medical school has committed itself to ensuring that 5%, a total of 13 reserved seats, are set aside for aboriginal peoples. Several other medical schools, including the University of Alberta, Ottawa and Saskatchewan have set similar targets to improve aboriginal admissions.

Last year, McGill University, in a joint effort with its three sister medical faculties in Quebec established one seat per faculty for students who self-identify as aboriginal. This, no doubt, represents a step in the right direction. However, it significantly underestimates the severity of the problem, underscored by the fact that in 2008, only 3 out of the four reserved seats were successfully filled. Moreover, it is evident that we fall short of the targets set by other Canadian Universities.

In a policy statement on the health of aboriginal peoples, drafted in September 2009, the Canadian Federation of Medical Students (CFMS) has put forward a recommendation to all Canadian Faculties of Medicine to improve the representation of aboriginal peoples within medicine and other health professions.

The fact remains that aboriginals face the worst health outcomes in Canada. Given also the additional challenges they face vis a vis language and culture, failure to raise the number of aboriginal physicians will continue to impede their access to health care.

QUESTION: 1. Will the faculty of medicine renew its commitment to increase the enrollment of aboriginal students by a measure commensurate with the demographics, and in an effort to bridge the inequity in health access and outcomes that native communities experience in Quebec and nationwide?

2. Recognizing that better health outcomes depend on multiple actors from various

health care professions, will McGill implement equity targets in enrollment in nursing, dentistry, occupational health and other health sciences?

3. Given that in the absence of proper, long term incentives to attract and retain aboriginal students, further quotas by itself might not create the desired outcomes, will the faculty of medicine recognize that its current incentive mechanisms fall short of addressing the barriers that prevent aboriginal students from applying for admissions, and successfully passing those criteria and standards set by our faculty? Will it seek to develop further incentives to recruit, retain and support aboriginal students?
