Thomsen D'Hont

Addressing the Need for Indigenous Physicians in the Northwest Territories

THE GORDON FOUNDATION

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THE GORDON FOUNDATION

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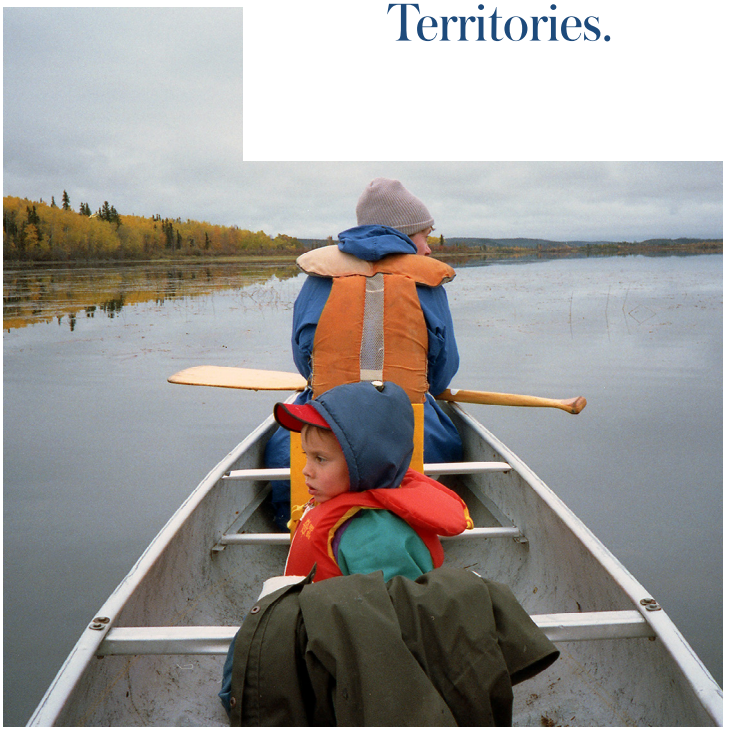
The Jane Glassco Northern Fellowship is a policy and leadership development program that recognizes leadership potential among young northern Canadians who want to address the emerging policy challenges facing the North. The two year long program is built around four regional gatherings and offers skills training, mentorship and networking opportunities. Through self-directed learning, group work and the collective sharing of knowledge, Fellows will foster a deeper understanding of important contemporary northern issues, and develop the skills and confidence to better articulate and share their ideas and policy research publicly. The Fellowship is intended for young northerners between 25 and 35 years of age, who want to build a strong North that benefits all northerners. Through the Fellowship, we hope to foster a bond among the Fellows that will endure throughout their professional lives and support a pan-northern network.

Thomsen D'Hont

Thomsen D'Hont was born and raised in Yellowknife, NWT, and from a young age has been connected to his Métis culture and community in the North. Currently, Thomsen is a medical student at the University of British Columbia's Northern Medical Program in Prince George, BC, and after his training he plans to return to the Northwest Territories to practise as a physician. Thomsen is passionate about primary healthcare, social determinants of health, and reducing barriers to medical education for Indigenous students. For his individual Jane Glassco Fellowship project, Thomsen is exploring how the Northwest Territories can implement the Truth and Reconciliation Commission's Call to Action #23 for more Indigenous healthcare workers from the territory working in Indigenous communities in the territory. In his spare time, Thomsen loves cross-country skiing, mountain biking, hunting and pretty much anything else that gets him out in the bush.

The Northwest Territories (NWT) needs Indigenous physicians and, unlike other Canadian provinces, the NWT does not have programs that both encourage Indigenous students from the territory to pursue a career in medicine as well as encourage them to return to practise in the Northwest Territories.



In 2017, there was a 35% shortage of general practitioner physicians in the NWT. Smaller, primarily Indigenous communities in the NWT experience these shortages disproportionately compared to the capital city of Yellowknife. These smaller communities rely almost entirely on short-term solutions to maintain physician-provided services, including locum hiring that brings up doctors from the south. While these solutions are necessary and provide essential services to communities where services might be otherwise unavailable, they are expensive and contain many other costs. Such costs include poor continuity of care for patients due to high physician turnover and anecdotal high utilization of medevac and medical transportation ordered by locum physicians who are inexperienced practising medicine in remote settings.

One potential solution to address physician shortages in communities of the NWT is to focus on training and recruiting Indigenous doctors from the territory. Indeed, the need for more Indigenous physicians and other healthcare professionals in Indigenous communities is well established. The Royal Commission on Aboriginal Peoples report of 1996 and the Truth and Reconciliation Commission's (TRC) Calls to Action of 2015 have both recommended the training and hiring of more Indigenous healthcare workers in Canada. The TRC's Call to Action #23 specifically recommends that all levels of government strive to increase the number of Indigenous health care professionals working in Indigenous communities. Addressing this Call to Action could help the Government of the Northwest Territories (GNWT) address physician shortages as well as other challenges, such as providing culturally safe healthcare to Indigenous patients.

As of 2017 there was only one Indigenous doctor working in the NWT, even though the majority of the population of the NWT is Indigenous. Part of the reason for this underrepresentation is that prospective Indigenous doctors face numerous barriers along their journey into practice and do not have suitable supports along the way to encourage a career in medicine, whether this is during grade school, or later during their transition into medical practice. Some of the challenges include upstream social and geographic determinants that contribute to low high school graduation rates, as well as a need for high-quality science education in primary and secondary schools in the NWT. Upstream social and geographic determinants themselves are the largest barrier for many students to the point that simply graduating from high school is a significant accomplishment, let alone succeeding in high school to the point that post-secondary studies are an option. These upstream factors include, among others, intergenerational trauma caused by residential schools, poverty, loss of culture, poor housing, dysfunctional family life and a lack of access to high school for youth in some remote communities.

There are policy options available to create supports for aspiring Indigenous physicians in the NWT, though they may be limited by capacity and financial resource constraints in the territory. Internationally and in other Canadian provinces, policies that encourage practice in a rural and/or Indigenous community fit into a larger "pipeline" of systematic supports that target future physicians at a young age from high school through to

1 Pong, R. W., D. Heng and P. P. Unit (2005), "The Link between Rural Medical Education and Rural Medical Practice Location: Literature Review and Synthesis." Sudbury: Centre for Rural and Northern Health Research, Laurentian University.

when they become a licensed physician and are looking for a job.[1] These programs focus on admitting medical students from underserved regions and teaching them medicine in these regions, all with the goal of having them return to practise there. First, high school students are provided outreach and medical school application workshops. Then, the students are preferentially admitted to medical school because they are more likely to return to practise in a rural setting due to family ties and/or cultural background.[2] In fact, there are also seats reserved at medical schools for Indigenous students who are committed to serving Indigenous populations. Once admitted to medical school, these rural and Indigenous students are provided training opportunities in underserved regions throughout medical school and residency training. Then, they are given incentives to work in these locations through return of service agreements and hiring incentives.

> “The TRC’s Call to Action #23 specifically recommends that all levels of government strive to increase the number of Indigenous health care professionals working in Indigenous communities.”

Along this path there are also scholarships, continued dialogue with the prospective employer, education and career information websites, continuing medical education for ongoing professional development once established in a job and familial supports for relocation and spousal employment. While these are best practices for physician training and recruitment, the NWT does not outright control the pipeline of physician education, since it does not have a medical school, and instead must rely on partnerships to implement the above practices.

Currently, the GNWT is operating in an environment of fiscal austerity and the costs of any new healthcare training program and/or employment-incentive policy need to be carefully considered against other spending priorities. Medical education policy can be expensive and large-scale: in most southern jurisdictions policy revolves around well-resourced, brick-and-mortar, university-based faculties of medicine. Currently, creating a medical school in the NWT is not realistic, at least not in the traditional Canadian medical-school model, and any medical-school-related policy must rely on negotiating agreements with governments and individual southern medical schools. Still, there are practical, smaller-scale, affordable opportunities for the GNWT to support and encourage Indigenous students and doctors to work in the territory. These supports may provide value for money to both support the long-term development of Indigenous doctors and staffing in NWT communities while also meeting current physician demand using short-term solutions. Cost savings may be realized in the long-term by relying less on short-term contracts and locum physicians. Ultimately, educating and recruiting Indigenous doctors from the territory who have a vested interest and commitment to the North may help address the NWT’s challenges of providing affordable, sustainable, culturally safe healthcare.

2 Grobler, L., B. J. Marais, S. A. Mabunda, P. N. Marindi, H. Reuter and J. Volmink (2009), “Interventions for increasing the proportion of health professionals practising in rural and other underserved areas,” Cochrane Database Syst Rev(1): Cd005314.

POLICY OPTIONS

Below is a menu of options for consideration by policy makers. The selection of any combination of these options would help to address the problem defined at the beginning of this policy memo. After the summary list of options, each option is separately explained and costed.

1

Seat purchase at southern medical schools

$75,000 per funded student

2

Medical school application workshop

3

Medical College Admission Test writing centre in the NWT

4

Application process funding

$500–$10,000 per student per year

5

Extend GNWT Student Financial Assistance funding

6

Facilitate physician shadowing

7

Clinical rotations in the NWT for Indigenous medical trainees

8

Create a website of resources for hiring and student support

9

Outreach to high schools

10

Return-for-service bursary

$70,000 per funded student

11

Establish a territorial family medicine residency

12

Prepare medical students for hiring

1. Seat purchase at southern medical schools

Background

Previously the GNWT has reserved seats at $75,000/seat/year between 2006 and 2011 in the medical programs at the University of Calgary and the University of Alberta. This program was discontinued when students were being admitted on their own merits within the general pool of provincial applicants. However, medical school admissions are becoming increasingly competitive to the point where some qualified Indigenous applicants from the territory have been unable to get in.

Implementation

Implementing this could be done alongside a return-for-service bursary, like what is done by the Yukon Government in partnership with Memorial University.[3]

Cost

$75,000 per funded student.

2. Medical school application workshop

Background

Every summer in British Columbia, the UBC Faculty of Medicine puts on a free three-day medical pre-admissions workshop for Indigenous students in Grade 11 and 12 and in post-secondary who are interested in studying medicine. Students learn how to write a strong medical school application, how to succeed on the Medical College Admission Test and they practice Multiple Mini Interviews, the standard interview format at Canadian medical schools.

Implementation

Implementation in the NWT could require guest speakers and facilitators. A main cost could be to transport participants from outlying communities.

3 Yukon, Health and Social Service, (2016) “Medical Education Bursary,” last modified July 6, accessed May 8, 2017, http://www.hss.gov.yk.ca/meb.php.

3. Medical College Admission Test writing centre in the NWT

Background

The Association of American Medical Colleges Medical College Admission Test (MCAT) is a seven-hour standardized computer-based test that covers biology, organic chemistry, general chemistry, physics, psychology, sociology and reading comprehension. All but one medical school in Canada require the MCAT. Many applicants must rewrite the MCAT a few times to get a competitive score. The MCAT test registration fee is $365, but travel to a testing centre may be prohibitive for NWT students. The nearest writing centre to the NWT is in Edmonton, Alberta.

Aurora College in Yellowknife previously invigilated the exam until 2006. Anecdotal evidence is that it is challenging to set up a test centre outside of large cities.

4. Application process funding

Background

Applications to medical school can cost several hundred dollars. Further, applicants who are invited to interview must travel across Canada for in-person interviews. Flights, professional interview attire, and hotel fees can be prohibitively expensive for applicants from the NWT. Additionally, it takes the students an average of three years of applications and interviews to get into a medical school in Canada.

Implementation

Implementation could include application, MCAT, and interview cost reimbursement.

Cost

$500–$10,000 per student per year

5. Extend GNWT Student Financial Assistance funding

Background

Currently, the GNWT's Student Financial Assistant (SFA) program's funding for Indigenous students does not provide funding for the duration of a lengthy post-secondary education program, such as medicine. The current model funds a maximum of 12 semesters. At minimum it takes eight years, or 16 semesters, to graduate with a medical degree, based on requiring a four-year bachelor's degree before beginning a four-year medical program.

Implementation

Implementation could include an extension of SFA funding that medical students could apply for. Some current medical students suggested that tuition funding could also increase to better reflect the two- to three-fold increase in tuition in medical school compared to undergraduate studies. Another model might include providing loans with a return-for-service component of loan forgiveness based on years served.

Cost

Approximately $30,600 per funded student for the four additional semesters of funding (not including an increase in tuition funding).

6. Facilitate physician shadowing

Background

Medical students in the NWT are permitted to shadow physicians only as part of official medical electives during their senior years of medical school, whereas in southern provinces students may shadow physicians any time after starting their medical program. While it is not part of official medical education curriculum, physician shadowing is an important component of learning the scope of practice and skills necessary for various contexts when exploring career options and it is encouraged during medical school. Medical students from the NWT have expressed interest in gaining clinical experience in the territory, but have been unable to because of the existing policy that does not allow clinical experience outside of credited electives. In the Yukon and Nunavut, students are permitted shadowing outside of official clinical electives for credit. In other Canadian provinces, shadowing is permitted for students who are insured there, as long as the student simply observes and does not perform any procedures or patient examinations.

Implementation

Implementation could include a policy change that allows for shadowing in which medical trainees have observer status but do not touch patients or perform procedures. The territorial Health Care Registrar and health authority legal counsels would still need to consider whether they require further insurance or could permit medical trainees into a clinical setting without a medical learner licence.

7. Clinical rotations in the NWT for Indigenous medical trainees

Background

Clerkship and residency clinical rotations of up to nine months in duration are available in the NWT through partnerships with the medical programs at the University of Manitoba, University of Calgary, University of Alberta and University of British Columbia. However, Indigenous medical students from the NWT will not necessarily attend these universities or be linked up with some of these rotations. Indeed, current Indigenous medical students have mentioned that they have been unable to get clinical rotations in the NWT despite their desire to learn remote practise skills and to eventually return to work in the NWT.

When possible, clinical rotations should be linked up with Indigenous medical students to root them in the NWT for at least part of their training for the pipeline approach to encourage them to practise in the NWT.

Implementation

Implementing this option might include maintaining a list of medical trainees to contact and prioritize their placement into clinical rotations in the NWT.

8. Create a website of resources for hiring and student support

Background

The NWT currently has the practicenorth.ca website that provides hiring information for physicians. However, it does not include education and career-planning information for prospective medical students and current medical trainees. A website could also serve as a retention tool where doctors could share resources and stories with each other. Doctors in Inuvik have maintained a blog that has been a key component of creating an online community of medical professionals.

Implementation

Implementation could include expansion of the practicenorth.ca website to include the resources mentioned above.

9. Outreach to high schools

Background

In 2016, a two-hour interactive workshop was held at a Yellowknife high school with approximately 30 students from a grade 12 Biology-30 class. Students participated in a "life of a med student" icebreaker and they participated in doctor-led hands-on stitching lessons and emergency medicine scenarios. Overall, the 19 students who filled out evaluation forms identified the need for future workshops and gave positive feedback about the hands-on activities and the career path presented in the icebreaker. Similar half-day workshops specifically for Indigenous students have been successful elsewhere in Canada.[4]

Overall, outreach is a key part to encourage students to consider medicine from a young age and to connect them with mentors. Indigenous medical students and doctors from the territory have explained that the availability of mentors was one of their strengths, while those who didn't have mentors explained that this was one of the most significant barriers in their pursuit of medicine. Leveraging the territory's past successes of training doctors can also help get rid of a discourse of inadequacy and self-doubt that occurs amongst many youth who don't believe that they can leave their community to pursue further education or a professional degree, such as medicine. These types of outreach could be implemented alongside the Research and Explore Awesome Careers in Health and Social Services (REACH) program with the GNWT and could involve in-kind presenters, such as medical students and doctors, who could be funded to travel to these workshops.

4 Henderson, R.I., Williams, K., and Crowshoe, L.L. (2015). "Mini-med school for aboriginal youth: Experiential science outreach to tackle systemic barriers." Medical Education Online, 20 (1), 29561-7. doi:10.3402/meo.v20.29561.

10. Return-for-service bursary

Background

Previously, medical students from the NWT were provided return-for-service (RFS) awards, but the RFS agreements were not honoured in most cases. The RFS that the GNWT offered medical students from the territory was $70,000, broken down into $10,000/year for the four years of medical school, then $15,000/year for a two-year residency in family medicine. The obligation was to return to work for four years. The penalty for not returning to practise in the territory was that the bursary would become a repayable loan. If re-implemented, increasing the penalties for discontinuing the agreement and increasing the dialogue between award recipients and the GNWT might improve this program. Elsewhere, RFS agreements include more significant penalties; for example, students from the Yukon who are funded to attend Memorial University medical school receive $200,000 funding for tuition and a $35,000 cash award that is all repayable if the work term of the agreement is not fulfilled.[5] Still, the NWT RFS program was not effective before and might not be effective in the future. In fact, a Cochrane review shows that RFS agreements have had variable success.[6]

In the NWT, there is some concern that financial incentives lure doctors back to the territory for the wrong reason. However, current Indigenous medical students disagree and have voiced the opinion that the RFS bursary was one of the few supports available to help reduce barriers to pursuing medicine, and without it the financial barriers are very significant since there aren't any other funding sources specifically to help cover the high tuition cost of medical school. These students said that the RFS was primarily an incentive to pursue medicine in the first place, and that the service portion was aligned with their career intentions anyhow and therefore not overly coercive or binding.

Ultimately, an RFS bursary can still play a part in the medical training and employment pipeline[7], especially in an environment where signing a RFS with another jurisdiction might cause financially stressed medical trainees to practise elsewhere in Canada. Discussion with one Indigenous medical student confirmed that a lack of RFS in the NWT means that they are considering an RFS arrangement with another province that is offering one.

Cost

$70,000 per funded student.

5 http://www.hss.gov.yk.ca/meb.php.
6 Ibid.
7 World Health Organization (2010) "Increasing Access to Health Workers in Remote and Rural Areas Through Improved Retention," Geneva: World Health Organization, http://www.searo.who.int/nepal/mediacentre/2010_increasing_access_to_health_workers_in_remote_and_rural_areas.pdf, 4.

11. Establish a territorial family medicine residency

Background

A residency program in the NWT would help provide medical trainees with the knowledge and procedural skills to effectively practise in a remote setting. Such a program has been outlined as a recruitment initiative in the GNWT Department of Health and Social Services 2015 Human Resources Strategic Plan and could be important for physician recruitment in the NWT.[8] Elsewhere, Nunavut has successfully implemented a family medicine residency where learners are based in Nunavut for four months out of a two-year residency program with Memorial University.[9]

Implementation

In the implementation of a residency program, Indigenous applicants who are committed to serving Indigenous communities could be given priority during the Canadian Residency Matching Service ranking of applicants. In other Indigenous health-focused family medicine residencies, such as at the University of British Columbia, for example, applicants are scored on a four-point scale based on lived Indigenous experience (1 point), a sincere interest in training at the Indigenous family-medicine residency site (1 point) and a personal letter (0–2 points).[10]

12. Prepare medical students for hiring

Background

Previous return-for-service agreements weren't honoured partly due to a lack of dialogue between the bursary recipients and the GNWT in organizing future employment options.

Implementation

This option could include compiling a list of current Indigenous medical students and maintaining contact with them regarding clinical rotations and future career opportunities in the NWT.

8 Northwest Territories, Health and Social Services, (2015) "Human Resources Strategy for the Health and Social Services System," accessed May 8, 2017, http://www.practicenorth.ca/uploads/HSS%20Programs/FINAL%20Strategic%20Plan%20-%20April%202015(dd).pdf.
9 http://www.med.mun.ca/familymed/postgrad/Curriculum-Overview/Map-of-Teaching-Sites/Nunavut.aspx accessed May 19, 2017.
10 University of British Columbia, UBC Family Medicine Residency, (2017), "Indigenous," accessed May 8, 2017, http://carms.familymed.ubc.ca/training-sites/aboriginal-2-2/.

SUPPORT

Many southern medical schools have voiced a commitment to partnering with Canada's northern territories. Some medical schools have already developed individual agreements with regions of the NWT, such as the successful relationship between the previous Beaufort Delta Health and Social Services Authority and the University of British Columbia (UBC) Faculty of Medicine. Additionally, some medical schools consider students from the NWT as "in-province" for admissions, such as the University of Alberta, University of Calgary and UBC. Indigenous students from the NWT are also eligible to apply through the Indigenous admissions stream of reserved seats at some medical schools.

CONCLUSION

While the policy options described above have up-front costs for a long-term benefit, there are also short-term and long-term costs for not acting. Over the short-term, the NWT could gain a poor reputation by not addressing the Truth & Reconciliation Commission's Call to Action #23, compared to other jurisdictions in Canada that have already focused on creating a pipeline for Indigenous physician training, recruitment and retention in Indigenous communities. The longer-term costs of not acting on this problem include the financial cost of continued reliance on short-term physician contracts and locums. Other costs may include, among others, poor continuity of care for patients in areas with high physician turnover, which may have profound population health impacts across many communities in the territory that have gone without a committed, long-term physician for many years. Not all the policy options in this paper need to be implemented to demonstrate a commitment to TRC Call to Action #23 or to provide meaningful supports to Indigenous students and doctors from the NWT: implementing any selection of the options will make a difference for aspiring doctors in the NWT and for Indigenous medical graduates who wish to practise in the NWT.

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