

Increasing the Number of Indigenous Physicians in Canada

Key Findings and Recommendations

First Nations, Inuit, and Métis peoples make up nearly 5 per cent of Canada's population but represent less than 1 per cent of physicians—a gap that is even wider in rural and Northern communities. Health inequities rooted in colonialism and systemic racism contribute to higher rates of chronic illness and mistrust in healthcare.

Increasing First Nations, Inuit, and Métis physicians is essential to delivering culturally safe care and building trust. The Truth and Reconciliation Commission's Call to Action 23(i) highlights the importance of boosting Indigenous representation in healthcare to achieve health equity.

Barriers and opportunities in medical education

Inuit, First Nations, and Métis learners face distinct but intersecting challenges in pursuing medical careers. Inuit students often experience barriers related to language and school quality, while First Nations and Métis students frequently lack mentorship and cultural support. Systemic inequities continue to limit access across all groups.

Many Indigenous students start their healthcare journey without Indigenous mentors or role models. Expanding Indigenous-led mentorship and peer networks is critical to fostering a sense of belonging and success. Increasing Indigenous representation among faculty and leadership also supports student retention.

Medical school admissions that rely heavily on standardized testing such as the MCAT and GPA have excluded many Indigenous candidates. Some schools have removed the MCAT requirement, introduced Indigenous-specific streams or lotteries, but reserved seats still fall short of reflecting population parity.

Financial and geographic barriers—including application fees, test preparation costs, travel, and relocation—disproportionately affect Indigenous students, particularly those in remote areas. Expanded, accessible funding and centralized resources are necessary.

Retention, wellness, and systemic racism

Indigenous students draw strength from their cultural identity but often experience isolation without Indigenous faculty, culturally safe spaces, and Indigenous curriculum. Supports such as culturally safe placements, access to Elders, flexible policies, and Indigenous content help foster belonging.

Financial insecurity frequently intersects with mental health challenges like stress and burnout. Coordinated financial aid, culturally safe mental health services, and ongoing mentorship are essential.

Systemic racism remains a barrier in education and clinical settings, with Indigenous learners facing discrimination and microaggressions. Curricula must move beyond trauma narratives to include empowering, distinctions-based Indigenous perspectives.

Supporting Indigenous physicians in practice

Mentorship remains key to retaining Indigenous physicians. Indigenous mentors provide culturally relevant guidance, while culturally competent non-Indigenous mentors also play an important role. Despite this, Indigenous physicians face workplace racism and limited systemic support. Institutional anti-racism policies, transparent reporting, and strong leadership commitment are critical.

Many Indigenous physicians carry the unpaid burden of cultural education and advocacy, risking burnout. Formal recognition and compensation for these roles are needed.

Wellness supports that integrate Indigenous cultural safety—including traditional healing and leadership—are crucial for retention and trust. Embedding Indigenous wellness services, especially in rural and remote areas, strengthens retention and models reconciliation.

Building return-to-community pathways

Many Indigenous physicians want to serve their home communities, advancing health equity and reconciliation. However, limited healthcare infrastructure, especially for specialists, restricts these opportunities.

Sustainable funding and investments in healthcare infrastructure—including facilities and administrative support—are essential.

Recommendations

Early education (K–12)

- Expand culturally relevant healthcare exposure programs such as Camp Med and the WAHA Summer Program.
- Develop distinctions-based Indigenous mentorship networks for First Nations, Inuit, and Métis learners.

Government

- Increase sustainable, distinctions-based academic funding support.
- Reframe Indigenous medical seats as minimum quotas to achieve proportional representation.
- Expand grants, bursaries, and travel funding to maintain community connections.
- Set Indigenous recruitment and retention targets within health systems.

Post-secondary institutions

- Fully fund Indigenous students' participation in Indigenous medical gatherings through Indigenous Physicians Association of Canada (IPAC) partnerships.
- Co-design return-to-community pathways and Indigenous-led placements.
- Remove or adjust MCAT and GPA requirements; implement Indigenous-led admissions processes.
- Expand financial supports to reduce barriers.
- Integrate distinctions-based Indigenous health education and anti-racism curricula.
- Increase Indigenous leadership representation; adopt Indigenous health goals aligned with the Canadian Medical Association's Impact 2040 Strategy.

Healthcare organizations

- Embed Indigenous leadership in governance and decision-making.
- Develop culturally safe policies rooted in Indigenous knowledge and healing.
- Establish formally recognized and compensated roles for Indigenous cultural educators and advocates.

For the full research, see our impact paper [*Answering the Call: Strategies to Increase the Number of Indigenous Physicians in Canada*](#).

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