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Article

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Abstract: *Understanding that Indigenous learners can face specific barriers or challenges when pursuing higher education, schools and programs within McMaster's Faculty of Health Sciences have facilitated admissions streams for Indigenous (First Nations, Métis, and Inuit) applicants. The intent of reframing admissions policies is to provide equitable access while aligning with the Truth and Reconciliation Commission of Canada's Calls to Action, specifically Number 23. This work explores the development of an Indigenous-determined Facilitated Indigenous Admissions Program (FIAP), a self-identification policy that moves away from the politics of mathematical blood quantum to nationhood, community, and seeing the applicant as whole being. Further, it critiques (for example) medical school admissions as biased, in that they often replicate an elite and narrow segment of society. It also addresses how interpretations of decisions like Daniels v Canada, which speaks to the rights of Métis and non-status Indigenous peoples, are communicated or miscommunicated within emerging population groups in terms of rights and their potential relationship to admissions.*

Introduction

Understanding that Indigenous learners can face specific barriers or challenges when pursuing higher education, schools and programs within McMaster's Faculty of Health Sciences have facilitated admissions streams for applicants with Indigenous ancestry. The intent of our reframing is to provide equitable access while aligning with the Truth and Reconciliation Commission's Calls to Action, specifically number 23: "We call upon all levels of government to: 1. Increase the number of Aboriginal professionals working in the health-care field. 2. Ensure the retention of Aboriginal health-care providers in Aboriginal communities. 3. Provide cultural competency training for all health-care professionals" (TRC 2015, 3).

Given the complexities of Indigenous identity formation, expression, and acceptance, we attempt to negotiate a Facilitated Indigenous Admissions Program (FIAP) self-identification policy based on a depth of connection to Indigenous identity that adequately

1 Conflict of Interest Statement: We, as the Director and the Faculty Advisor (at the time of writing) of the Indigenous Students Health Sciences Office, confirm this work does not contain or reference confidential information regarding admissions or student experiences.

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speaks to inclusion and not exclusion, while meeting its intended objectives. What are the roles of stakeholder definitions of identity, and how are they negotiated? By whom can one's Indigeneity be verified, and is a fair policy possible? This piece speaks to our attempts to address these questions and lay a framework upon which we, as an institution, can negotiate power and privilege and disrupt the dominant narrative that historically has guided our institutions of higher education.

Admissions to Health Professional Programs

Before we can even begin to talk about issues of self-identification for an equitable admissions process for First Nations, Inuit, and Métis, we need to understand the system they are entering. The following is a brief conceptualization of admissions within the Faculty of Health Sciences using undergraduate medical education as a site of discussion. The admissions system is based on a highly competitive and arguably elite profession whose class composition often reflects a particular, narrow segment of society. Young et al. (2012) state the following about the 1,552 students who participated in the Health Professions Student Diversity Survey:

> [They] tended to be 21 to 25 years old (68.3%; 1,048/1,534), female (59.0%; 902/1,529), heterosexual (94.6%; 1,422/1,503), single (90.1%; 1,369/1,520) . . . . About half had spent the majority of their lives in urban environments (46.7%; 711/1,521), and most reported parental household incomes of over $100,000/year (57.6%; 791/1,373). Overall, they were over representative of higher-income groups and under representative of populations of Aboriginal, black, or Filipino ethnicities in Canada. (1501)

Thus, the fact that many of these applicants have had life chances geared toward becoming a doctor made non-Indigenous application highly competitive. They have benefited from the privilege of having time for volunteerism, freedom from financial stressors (as they are financially supported), and freedom from paid labour (as their sole job has been getting good grades); as well, most have had no children to support and raise, no parents or extended grandparents to care for, and minimal community obligations.

We know that this is a very different reality for Indigenous learners. For example, the Association of Universities and Colleges Canada reveals that, in 2006, 7.7 percent of the Indigenous population had a university degree compared to 23.4 percent of the non-Indigenous population (AUCC 2011, 19). Indigenous students are often mature learners, come from single parent households, are frequently responsible for their extended families, are responsible for children, have their own families, and have community obligations while needing to work. If we look at any data on Indigenous learners – whether the Canadian Census (Census 2016), the First Nations Regional Health Survey (FNIGC 2012), or the work of leaders in the field such as the Indigenous Physicians Association of Canada (IPAC 2012) – we see vast demographic discrepancies between Indigenous learners and the privileged applicants described above.

If we reflect upon this disparity, we can see that we have created a system for privileged applicants by ensuring that the measures of a "good" student are attainable only by those who have access to these specific life chances, which are tied to higher socioeconomic status. This may not be the intent, but this is what can occur. Thus, unless a stand is taken, we are doing little else than continuing the process wherein we minimally adjust admissions standards to a place where we can feel good about achieving social accountability and equity, but not to a place where privilege loses its power. Bandiera et al. (2015) address this very challenge of the "good" student. They examine the role of admissions in social accountability in medicine and the selection of good doctors to meet societal needs. They find

> a need for evidence-based selection processes that ensure the following: (1) the selection of students who have the ability to master both the cognitive and non-cognitive competencies of effective physicians, as defined by the CanMEDS paradigm,[2] (2) diversity that is representative of the practice population and/or local society, (3) maximum reliability and validity within the bounds of feasibility, and (4) accountability and effectiveness measures that can ensure, as much as possible, that the selection leads to appropriate outcomes in terms of the cohort selected and their eventual collective societal contributions. (951)

Is there a progression from the class composition found in 2012 to the current work emerging towards social accountability and admissions today?

According to Hanson et al. (2016), social accountability and its strategies are a well-studied field dating back over 50 years; however, this progression towards inclusivity is slow, as underrepresentation still occurs. They suggest "explicit accreditation standards concerning outreach, recruitment, admissions, and access to programming for Indigenous Peoples and members of French-speaking minority communities are needed to achieve and sustain equitable representation in medical school classes for these student groups" (Hanson et al. 2016, 1506). This recommendation is further supported if we look to the Association of Faculties of Medicine of Canada's (AFMC) Report on Indigenous Health Activities, which points out that "2.7% Indigenous Students are enrolled in first year (2016) vs. a population of 4.3% (2011 census) and that this number is up from 1% in 2003" (AFMC 2017a, 6). The increase in the number of enrolled Indigenous medical students is heartening; however, we should remember that this increase occurred after a significant push by the federal government through a large envelope of multi-year funds that were made available through the Aboriginal Health Human Resources Initiative. This would have been a strong driver for universities and regulatory bodies to advance this work. However, the number of Indigenous medical students is not representative of the population. According to the Canadian Medical Association (CMA 2018), there are 83,000+ physicians in Canada.[3] Roughly 4.9 percent of that number would total 4,000+ Indigenous physicians. While there

2 The Royal College of Physicians and Surgeons of Canada describes CanMEDS as a framework that identifies and describes the abilities physicians require to meet the health care needs of the people they serve effectively.

3 At the time of writing in 2017, the CMA listed 83,000, which is the basis of the estimate.

are no concrete published numbers, Dr Anderson, former President of the Indigenous Physicians Association of Canada, provided rough estimates of the targets required for Indigenous physician representation based on proportions of the national population of around 2,400+ First Nations, 1,200 Métis, and 400+ Inuit. However, the current estimate of Indigenous physicians is around 1,000 nationally, with a high concentration among Métis, which is nowhere near where the First Nation and Inuit numbers should be (Marcia Anderson, personal phone conversation, October 28, 2017). Considering these numbers, we know that the current cohorts of medical students are not meeting the standards of equity that we would hope for as a society. They are certainly not meeting the goals of the social accountability agenda of either the Indigenous Nations or the Association of Faculties of Medicine of Canada (AFMC), who, in their renewed commitment to Indigenous health and in response to the Truth and Reconciliation Commission of Canada (TRC), mentions "the need for targeted admissions" (AFMC 2017b).

The Role of Bias in Admissions

Given the demonstrated need for increases in Indigenous health professionals and undergraduate medical students, we can understand why an FIAP is important. Current challenges include the dissemination of admissions practices that intentionally (or unintentionally) cater to racial bias and uphold systems of class elitism through inequitable systems where factors such as finances and geography are invisible in existing admissions systems. Equity must include more than admissions practices to increase Indigenous representation. Equity should be understood as more than diversity, equality, and inclusion. Admissions equity should negate the structural racism embedded in Western admission processes and arrive at a place where Indigenous admissions are developed and determined by Indigenous people. We must have measurable targets to assist in levelling the landscape by reducing, but not penalizing, privileged applicants. By prioritizing an increase in Indigenous applicants and other marginalized and equity groups, we would be, in effect, flipping the script and looking at ways to increase the diversity of an incoming class and reducing the reproduction of a particular and narrow segment of society. One way in which we can begin to see success in admissions is through changes that are led ideologically by Indigenous thought and scholars within culturally safe environments. The benefits respecting and recognizing Indigenous peoples and knowledge within medicine through admissions by creating diversity will be wide-ranging.. This will provide an opportunity to enhance the learning environment, which will in turn benefit all of our students and all of society. Equity and social accountability are conceptually compatible drivers of change. However, real change must be systemic regardless of whether it makes the privileged uncomfortable. We, as policymakers, are the privileged and overrepresented. We need to reduce the space given to the status quo and increase the space for Indigenous people within medical education, and at all levels of medical education – from recruitment and retention through to postgraduate medical education – among senior administration and faculty and within the curriculum.

Capers et al. (2017) studied an admissions committee at an American medical school

consisting of 140 members (comprised of MDs, PhDs, and medical students), 15 percent of whom came from underrepresented minorities. The researchers found that "all groups displayed significant levels of implicit white preference . . . all groups demonstrated significant levels of unconscious bias in favor of whites [and] the faculty and males had the largest bias measures . . . . Notably, African Americans, both physicians and non-physicians, tend to have no or minimal overall racial bias on IAT testing" (366). From this, we can infer that our admissions committees should take steps to compensate for any implicit racial bias before interviews, thus enabling them to become aware of, and then ideally account for, the biases they did not realize they held. Further, admissions committees should be thoughtfully developed with a proportional representation of the equity groups they seek to compose for their intake cohort.

I would go further and suggest that admissions committees also consider a training session that focuses on Indigenous Peoples. As mentioned, Indigenous applicants face greater barriers to accessing the type of education they require to be eligible for application. If they surmount these initial barriers, they face other fundamental problems of integration within our institutions. As noted by Deer, De Jaeger, and Wilkinson (2017), "Aboriginal students often have multiple familial responsibilities that can be both challenging and supportive influences to the educational experiences" (2). Recognizing that Indigenous identity is not something we have historically valued within postsecondary education, they point out that the "preservation of Indigenous identity appears to be the fundamental reason why connection to family and community was important" and that the "lack of connection may be exacerbated by the climate and culture of postsecondary education institutions that privilege the non-Indigenous, western mores that provide Aboriginal students no sense of belonging, and no sense of cultural inclusion" (2).

This training would not only raise awareness of the unique experiences of Indigenous applicants but also help increase knowledge of the differences among and between status and non-status First Nations, Inuit, and Métis applicants. One national commonality in the education of health professionals shown through the Truth and Reconciliation Commission's Calls to Action is the lack of pre-existing knowledge and skillsets among educators in postsecondary education outside of Indigenous studies and scholars. According to Vass et al. (2019), "with the teaching profession remaining dominated by non-Indigenous educators, the absence of explicit engagement with efforts to foster (anti)racist and/or colour-conscious skills and knowledges is cause for concern" (356). By increasing the knowledge of leaders and admissions committee members about unconscious bias as well as the differences between the experiences of Indigenous Peoples and those of other equity groups (namely the rights-based discourse of the Original peoples living under oppression on their homelands), we can begin to see how we are better able to increase the overall number of Indigenous students in the health professions.

With this greater understanding of the systems of oppression that Indigenous peoples – and specifically Indigenous students – face within institutions of education, we can see that facilitating admissions is one way in which we can increase the number of Indigenous students within the health professions. The need for such processes is not often contested

openly (although sometimes silently), but it is seen as part of the larger social accountability and accreditation requirements stemming from the drivers of medical education with the AFMC. On an institutional level, we know that such admissions policies are supported and have good intentions, but they often lead to a distinct learning experience for the Indigenous students who compose these classes. A 2020 study found the following:

> Although postsecondary institutions across Canada are starting to address these assimilative educational approaches, Indigenous ways of knowing and being still have a limited influence on curriculum or university culture. For this reason, we anticipate that the mental health status of Indigenous students may be affected negatively by their experiences in post-secondary institutions. (Hop et al. 2020, 264)

Thus, Indigenous (medical) student experiences are extremely important. That discussion is complex and vital but is outside the scope of this work.

A medical school that is pursuing its social accountability mission will have effective policies and practices in place and will engage in ongoing, systematic, and focused recruitment and retention activities to achieve mission-appropriate diversity outcomes among its students, faculty, senior academic and educational leadership, as well as other relevant members of its academic community. These activities include the appropriate use of effective policies, practices, programs, and partnerships aimed at achieving diversity among qualified applicants for medical school admission and an evaluation of their outcomes. These include accreditation criteria such as the undergraduate medicine accreditation standard 3.3 Diversity/Pipeline Programs and Partnerships (CACMS 2018, 5).

Regarding admissions processes facilitated for Indigenous applicants, there are generally two main pathways of thought from the institution. The first is the ability to understand and address academic criteria and testing in ways that make them more equitable; this leads to comfortable interdisciplinary discussions about, for example, what makes a "good physician." The second, and far less comfortable, discussion concerns the parameters of self-identification and the question of who is able or willing to speak to this process requirement. As noted by Tuck and Yang (2012), "Ancestry is different from tribal membership; Indigenous identity and tribal membership are questions that Indigenous communities alone have the right to struggle over and define, not DNA tests, heritage websites, and certainly not the settler state" (13). Further to this discussion on who has the right to define Indigenous identity, Palmater (2011) states:

> While federal and provincial governments have legitimate policy reasons for wanting to know who Indigenous peoples are, they do not have a right to define Indigenous nations through government-imposed definitions. The right of an Indigenous nation to determine who its citizens are is a legally protected right under section 35 of the Constitution act 1982. (190)

It is with the intent to streamline and uncomplicate this uncomfortable discussion that we developed the Facilitated Self-Identification policy to address the many complexities involved.

Developing a Facilitated Admissions Self-Identification Policy

Admission to any of the 17 medical schools in Canada is competitive. At McMaster University's Michael G. DeGroote School of Medicine, the degree of competition is evident. Each year, there are on average 5,000+ applicants for only 203 positions. To enter this program, students need to complete three years of undergrad in any discipline with a GPA of at least 3.0 on the 4.0 scale.[4] This degree of competition presumably leads to great anxiety for the applicant. Given this anxiety, we can see how a facilitated process becomes highly desirable. As the goal of such a process is to assist Indigenous applicants who have experienced barriers, the challenge is to define the Indigenous applicant. How do we, as an institution and in our admissions processes, define Indigeneity?

Participants in an Indigenous-specific admission stream need to self-identify as either status or non-status First Nations, Inuit, or Métis and support their claim to Indigenous identity. Identity formation, expression, and acceptance – as well as negotiating a policy based on a depth of connection to Indigenous identity that adequately speaks to inclusion and not exclusion – are complex. The Indigenous Students Health Sciences office, along with key Indigenous stakeholders at McMaster and from among Indigenous communities, have codeveloped and implemented an FIAP self-identification policy to address these complexities grounded in commonly held Indigenous-defined verifiers of identity, along with accepted state documentation. This policy addresses the need to move to an Indigenous-led process that speaks to a language of inclusion versus exclusion; is defined by the people; and moves away from the politics of mathematical blood quantum towards nationhood, community, and seeing the applicant as a whole being.

The development of this policy is the cumulative work of engagement and discussion over time within expert arenas and builds upon current best practices, such as the work spearheaded by the University of Saskatchewan and the Indigenous Physicians Association of Canada. This includes an environmental scan of current practices among medical schools in Canada; discussions at the National Indigenous Health Sciences Circle (NIHScC); a table of frontline Indigenous Directors and Program Coordinators dedicated to Indigenous student recruitment, retention, supports, and programming; and both formal and informal in-house discussions with the McMaster Indigenous campus community. It has also been vetted and approved by the Indigenous Health Task Force (IHTF) within the Faculty of Health Sciences along with the Indigenous Education Council (IEC) and its FIAP Working Group.[5]

4 Students must complete three years of undergrad in any discipline with a GPA of at least 3.0 on the 4.0 scale. Online application - OMSAS (including three references) CASPer (Online test) MCAT: If the MCAT was written prior to April 2015, but within five years of the application deadline, the score from the Verbal Reasoning section must be a minimum of 6. If the new MCAT was written (after April 2015), a score of 123 on the Critical Analysis and Reasoning Section is required. Students must also complete a Multi Mini Interview (MMI) successfully.

5 See page 21 for the IHTF membership. The membership of the IEC at large and the IEC FIAP working group included Indigenous Academic and Community Co-Chairs, the Indigenous Associate Director & Student Counselor of Indigenous student services, an employment equity specialist from central human resources, and the ISHS Faculty Advisor and Director.

The self-identification requirements are framed in four parts: 1. A letter of consideration; 2. Declaration of ancestry documentation; 3. Letters of recommendation; and, 4. Engagement with Indigenous community. The years of discussion and vetting about what a "self-identification" policy would resemble necessarily included discussions around who is and who is not Indigenous and who is doing the defining of Indigeneity. Is the Indigenous community defining according to its own definitions or adhering to settler definitions? Whose governance is respected? How does it try to account for all the varied experiences of Indigenous people that may impact these definitions, such as the impacts of residential schools, the Sixties Scoop, foster care, skipped generations identifying as Indigenous, and the differences between living in urban areas and rural areas? The list is endless. How do we develop a policy that reduces barriers when attempting to define Indigeneity without prejudice, while honouring the multiple forms of nationhood and collective identity, if the goal is to reduce barriers without reducing the process to a system wherein applicant A has had more barriers than B, but B has had different but equally challenging barriers, and so forth? At the same time, we must be mindful that some individuals, noting the highly desirable admissions stream within intensely competitive environments, will claim an identity for the perceived benefits and privileges. An applicant may also legitimately feel they have experienced barriers as we understand them – racism, low socioeconomic status, poor education quality or access – while maintaining a claim to an identity based on an ancestor that is four generations removed. All these are questions of who is and who is not Indigenous, or Indigenous enough. Why are they important? It becomes a question of ethics versus inclusion, and of how Indigenous people determine the discourse.

The reasons for these questions become apparent when we consider the changing landscape of Indigenous applicants. Further, how do we address these changes when we are presented with an emergence of phenomenal population growth and claims to Indigeneity among population-based organizations, as well as the communication and miscommunication of rulings such as the *Daniels* decision – which speaks to the rights of Métis and non-status Indigenous peoples – within emerging population groups in terms of rights and their potential relationship to admissions? Our goal is not to take on the larger discussion of identity politics but, rather, to acknowledge this important discussion and point out that it impacts the organic nature of how the FIAP progresses. For a more substantive discussion on identity politics, we recommend the work of Moreten-Robinson (2015); TallBear (2013); Leroux (2019); and NAISA (2015). In our approach, we attempt to escape the trap of replicating racism and colonization within the framework while respecting Indigenous nations and the barriers they face in admissions.

The approach of the FIAP Indigenous working group was to think in broad terms of inclusion instead of exclusion and approach the applicant as an individual who brings with them unique stories based on specific lived experiences impacted by colonial policy and the breadth of diverse backgrounds across Indigenous nations, while considering how we could elicit those aspects of applicant diversity within a policy. We did so being mindful

of the challenges emerging regarding definitions of Indigeneity raised by Indigenous scholars Gaudry and Andersen (2016), who state the following:

> They [new self-indigenized groups] now seek federal government redress for these perceived injustices in the form of the supposed benefits accrued to Indians through federal policies. They seek these benefits – tax exemption, hunting rights and targeted university admissions – all the while ignoring Indigenous peoples' legal orders and membership codes that already have processes in place for determining who belongs to Indigenous communities. (120)

According to Gaudry and Leroux (2016), "The major problem with using a mixed-raced understanding of 'Metis' is that it finds 'Metis' everywhere and in so doing denies the more explicit peoplehood of the Metis Nations" (27). How, then, do we reconcile this perspective within the FIAP, and would this "Metis everywhere" phenomenon impact the type and number of applicants using the FIAP? Additionally, what impact would a changing cohort of applicants have on a facilitated admissions process if, for example, you have this new cohort of students coming forward with this identification of Métis that is four generations removed, having never experienced the same obstacles and presenting outstanding GPAs and the barrier-reduced ability to display impressive extracurricular opportunities on their applications? Are they going to change admissions committees' perception of the Indigenous candidate, and, if they do, will this happen to the extent that the admissions committee will no longer see the need to have facilitated admissions because they will evaluate this cohort as being on par with the general pool, thus negating the equity issue? Moreover, if that happens, what will it mean for those Indigenous students who still face the multitude of barriers described above?

Another issue concerns learners who are referred to in the vernacular as "checkbox learners" – people who self-identify as Indigenous only at the time of application. What are the reflections around these applicants relative to their Indigenous peers? It can be said that everyone has the right to come to school and choose to self-identify or not. However, does this impact students who are visibly Indigenous and therefore unable to be absent or to absent themselves from discussions on Indigenous people? Do peers and educators assume that they have the requisite knowledge and desire to be the "Indigenous voice," thus burdening them with the role of expert and perhaps forcing them to perform their Indigeneity within the learning environment when their proper role is that of student? Also, do they experience degrees of racialized violence differently from their counterparts? Students who are visibly Indigenous and who cannot opt out of such violence have needs and lived experiences different from those of students who may visibly fit in with the majority yet still maintain an Indigenous identity and lived experiences. These are also important discussions to be had when thinking about Indigenous learners' experiences.

In addition to the need to respect the concerns of Indigenous nations, there is also the need to explain an Indigeneity discourse to non-Indigenous medical educators and administrators. Their knowledge often reflects the common understanding of Indigenous history and issues and is often minimal at best. This discourse would address common

understandings of status, non-status, First Nations, Inuit, and Métis nationhood, standing membership rules as determined by the Indigenous nations, external settler state definitions that often include frankly bizarre mathematical equations, foreign conceptualizations of Indigeneity, and notions of genetic acceptability, while assuaging the anxiety of policymakers that arises when anecdotal stories are shared, such as the story of a Caucasian leader in medical education who was able to "buy" Metis status at an Ontario organization. The knowledge required to combat these commonly held yet erroneous beliefs about Indigenous peoples would equip those with decision-making power in admissions forums to address the issues of ethics versus inclusivity, and show that a process is possible (not perfect, but possible) that could help reduce unethical applications while still being inclusive. This could be done, if not through a facilitated admissions process, then by the additional application of specific admissions tools, wherein the applicant's propensity for unethical behaviour would be flagged. The development of any admissions tool based on self-identification is fraught with legitimate concerns concerning the legal and moral implications for admissions practices within educational environments. With these considerations in mind, the FIAP was based upon best practices in Canada.

Composition of the FIAP Self-identification Policy

The FIAP was intended to meet, to the furthest extent possible, common understandings of an Indigenous applicant. The first part of the policy, the letter of consideration, is described to the applicant as follows: The letter is not scored but is used by the reviewers on the IHTF to better understand the social/cultural context of the applicant. The letter of consideration should not exceed 500 words and must include:

- A request for consideration under the FIAP
- An overview of the applicant's academic and personal background that highlights the reasons and motivation for chosen the health profession(s)
- Declaration of self-identification as an Indigenous person with a response to the following question: What does Indigenous identity mean to you?

This letter is intended to provide the applicant with an opportunity to share their story, without preconceptions, of their own social and cultural context as an Indigenous person and future health professional.

The second part concerns declaration-of-ancestry documentation. It states "The applicant must provide specific information and documentation regarding their First Nation (Status and Non-Status), Métis, Inuit, Band Council, Tribal Council, Treaty, community, nation or organizational affiliation." Accepted supporting documents of ancestry may include:

- A copy of a valid Indian Status or Treaty card
- A copy of a valid Nunavut Trust Certificate card, roll number, or any other proof accepted by Inuit communities

- A copy of a membership card from a Métis registry recognized by the Métis National Council (Métis Nation of Ontario, the Manitoba Métis Federation, the Métis Nation of Saskatchewan, the Métis Nation of Alberta and the Métis Nation British Columbia)
- A copy of a membership card from a Métis Settlement General Council community
- Proof that an ancestor's name has been entered in the Indian Register according to the Indian Act, or on the band list of an individual band, or on the Inuit roll
- Written confirmation of nationhood in a federally recognized band council that *has its own citizenship code*
- A declaration of Indigenous (status or non-status) identity by the candidate with supporting documentation from either an official in a recognized Indigenous organization or a relative in an Indigenous community

Applicants are strongly encouraged to request supporting documentation for proof of ancestry as soon as possible so the application can be processed in a timely manner. We reserve the right to verify the documentation submitted.

What is important to note in this section is, first, that the phrase "may include" acknowledges the diversity of documentation and, second, that the applicant can submit any mix of documentation, whether one piece or many. Further, it reflects the policy's intent to be mindful of the varied narratives of an applicant, who is viewed as an individual with a unique history, and not just a candidate with a certain card.

The third part is a letter of recommendation. Here again, the goal is to create space for the applicant to share why they chose this stream and to remain mindful of all the various letter writers they may wish to access. Our discussions include situations such as that of an applicant whose parents did not self-identify and that of someone who grew up in urban environments or was adopted out from their home community but who is connected or trying to reconnect. This space also allows a community to say "Yes, we know this person, they are known to us." It also takes into consideration the fact that a letter may come from an Elder in the community who may wish to provide an oral recommendation rather than draft a letter. This section is presented as follows: "(Written or Oral forms accepted) Provide one letter of recommendation from an Indigenous community that outlines why the community supports the applicant seeking consideration through FIAP". Acceptable letter writers can come from diverse Indigenous communities/organizations, such as Elders, Friendship Centres, teachers/professors, guidance/academic counsellors, mentors, or professionals who can speak to the relevance of the applicant's attributes to the chosen program. An Oral Recommendation option is also available. This puts the onus on the applicant to do the work and make the connections with the community and knowledge keepers, Elders, and leaders who could support them in an Indigenous stream of learning, and also gives them a basis of responsibility to the communities they are laying claim to and representing.

The fourth part deals with our ability to support incoming learners, to create opportunities for success, and to offer a sense of belonging via engagement with the Indigenous community. It is presented to the applicants as follows: "Applying to McMaster through the FIAP is an agreement by the applicant to meet with the Faculty Advisor or Director of the ISHS office twice a year." This passage was modelled on the work led by Val Arnault-Pelletier, Indigenous Coordinator, College of Medicine, University of Saskatchewan. The objectives of these meetings are to ensure that the applicant is meeting their academic goals and is aware of the multiple supports available to them (e.g. scholarships, bursaries, tutoring, mentorship, Elders, advocacy, professional development). In addition, students are provided with a connection to Indigenous communities (via the Indigenous Students Health Sciences office, Indigenous Student Services, and undergraduate and graduate student groups) at McMaster.

This section is important for the retention, well-being, and success of the applicant. It also aims to provide cultural supports for Indigenous students who have historically been excluded and "othered" in postsecondary education institutions/cultures. This policy recognizes that creating a facilitated process to enhance admissions is only one part of the solution for increasing the number of Indigenous health professionals in Canada. Students need to be made aware of the supports available to them in a way that emphasizes their importance and place at the institution. Health professional education is challenging. Given the extensive canon on Indigenous learners' experiences in postsecondary environments, we know that creating safe, supportive spaces and communities is important to many Indigenous learners. Some Indigenous applicants are highly competitive and may not use this process for its facilitation but may choose to use the facilitated self-identification process for its grounding in community support and recognition instead.

The final part of the policy explains how the applications will be reviewed. It states:

> Members of the IHTF will review the applications. Applications will then be endorsed by the IHTF for consideration under the facilitated admissions process for the program(s) applied for or recommended for consideration in the general pool. An endorsement by the IHTF of an applicant does not ensure acceptance to a program. It allows the applicant to apply under the Indigenous specific criteria of the program. Applicants must still complete all program and supplementary applications. The IHTF membership includes the Faculty Advisor and Director of ISHS, Indigenous Health Lead FHS, an Indigenous community representative and an Indigenous health professional or health organization member, an ISHS Mentor, and Elders. The decisions of the IHTF are final. NOTE: Only one FIAP application is necessary if applying to more than one program within the Faculty of Health Sciences at McMaster University. Applicants must be mindful of the various deadline dates if applying to more than one program using the FIAP.

Beyond meeting the obvious need for transparency regarding application review, this section of the policy makes clear to the applicant that their application will be assessed by an Indigenous panel that represents diverse backgrounds and has the knowledge required to understand and value Indigenous contexts. These contexts include those noted by

Corntassel (2003), who notes the failure of current discourse in the field to account for "ceremonial cycles, sacred history, language, and to some degree ancestral homelands" (93). The FIAP theoretically relieves the applicant, through this process, of the problematic burden of being the perceived "good" applicant by circumventing the privileged discourse of being outside the confines of the main demographic, as shown earlier concerning medical class composition. The intent of this policy, in addition to facilitating admissions, is to reinforce to the applicant that they, as an Indigenous person, are of value and are valued. It also provides them with the information required to determine if they wish to apply through the Indigenous stream or general stream of a program, and reduces the number of times they would need to self-identify if they are applying to more than one program in health sciences. It also demonstrates the commitment of the institution to be inclusive of Indigenous applicants and respect the principles of equitable admissions.

Admissions to postsecondary education can be challenging for Indigenous applicants and is even more so in competitive programs such as undergraduate medicine and health professional programs, whether undergraduate or graduate, within health science faculties. The barriers facing First Nations, Inuit, and Métis differ from those facing other minority populations and equity groups and require substantive changes to current admissions practices. Many Indigenous applicants face biases and unequal access to academic preparation and are affected by social and cultural contexts that are unique to their Nations. Further, they are subject to a modern colonial agenda, as is seen in the difference between how the state defines Indigeneity and how Indigenous Peoples define their nations and membership.

The questions around the *Daniels* decision and the larger discussion around Metis identity are full of complexities and require ongoing exploration. These discussions are not for the FIAP to formally address; rather, they serve to provide points of consideration as we strive to create a respectful, inclusive process. The overarching discussion around Indigenous identity is best left to the Indigenous Peoples who shape these ideas and negotiate their meaning. This work has attempted to share and address the complexities involved when trying to develop a self-identification policy centred on capturing the robust, and at times contrasting, definitions of Indigeneity in relation to facilitated admissions. We have also attempted to capture the emerging discussions on the ways in which Indigenous Peoples have defined their nations historically and in response to recent significant events such as the *Daniels* decision. It asked the following questions: Is it possible to negotiate a policy based on a depth of connection to Indigenous identity that adequately speaks to inclusion and not exclusion, while meeting its intended objectives? What are the roles of stakeholder definitions of identity, and how are they negotiated? By whom can one's Indigeneity be verified, and is a fair and ethical policy possible?

Conclusion

Have these questions been answered? Technically, yes. At the time of writing, the FIAP self-identification policy had been approved for implementation at the undergraduate lev-

el for the Faculty of Health Sciences and at the graduate level by Senate vote. At the time of publishing, due to this newer, more inclusive Indigenous-defined policy, all Faculty of Health Sciences undergraduate and graduate programs have an Indigenous admissions stream. In having implemented and piloted the FIAP through a full admissions cycle, we have seen an increase in applications from Indigenous learners across the faculty in all programs. What remains unknown is the number of Indigenous applicants who choose not to use the FIAP. Other insights gained include the need to expand the initial question posed in part 1 of the application ("What does Indigenous identity mean to you?"), which now asks, "What does Indigenous identity mean to you and how do you expect that it will influence you in your program of study?" It was also determined that student support staff in the ISHS office, who work closely with students, should stay at arm's length from the process to ensure applicant confidentiality and safety.

The exploration of the development of this policy and its implementation suggests that it may be impossible to develop a self-identification policy that accounts for the diverse conceptualizations and changing ideas of Indigenous-defined identities while proving beneficial to the Peoples whose needs it is trying to address, since Indigenous-defined identities are impacted by ongoing settler interference, which situates the understanding of Indigenous identity and policy within a colonial context. Further, can this policy help an institution meet the intent of reconciliation as mapped out in the TRC's Calls to Action? Our work aims to speak to an ethical and inclusive admissions process that upholds and privileges academic excellence while removing race and socioeconomic markers of success from our admissions considerations for the benefit of all our students at McMaster. Decentring Western narratives means making space for Indigenous voices within our student body. Working to create an ethical and fair admissions process is part of working towards reconciliation, while being guided, reviewed, and determined by Indigenous Peoples. Providing a policy for a representational student body that reflects an engaged and diverse community is a recognition of our relationships, our collective history, and a cultivation of all our human potential.

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