

**Recruitment of Indigenous Students to Canadian Physician Assistant Programs:
Challenges, Opportunities, and Pathways Forward**

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Abstract

Introduction: Colonial legacies have led to significant health disparities among Indigenous peoples in Canada, highlighting the need for increased Indigenous representation in healthcare. The Truth and Reconciliation Commission of Canada has called for action to address these inequities by increasing Indigenous healthcare professionals, yet Indigenous providers remain underrepresented. Physician assistants (PAs) play a growing role in healthcare delivery, but there is limited research on Indigenous representation within the profession. Structural barriers and systemic disadvantages in admissions processes further hinder Indigenous student recruitment in PA programs. While Indigenous admissions pathways (IAPs) have been implemented in some Canadian PA programs, little is known about their effectiveness or the broader challenges Indigenous applicants face.

Objective: This study aims to assess current admissions policies, identify barriers and facilitators to Indigenous recruitment, and provide evidence-based recommendations to strengthen IAPs in Canadian PA programs.

Methods: An environmental scan and literature review were conducted to explore Indigenous recruitment in Canadian PA programs, focusing on admission processes and IAPs. The review was expanded to include Canadian medical programs due to their similarities in application processes and shared historical context. The search strategy included peer-reviewed and grey literature from Scopus, PubMed, and Google Scholar. Inclusion criteria were primary research on Indigenous student recruitment or admissions in Canada, published between 2010 and 2025. A PRISMA flow diagram outlined the search process, identifying 204 records, with 8 articles included for analysis. Thematic analysis was conducted to identify barriers, facilitators, and best practices for Indigenous recruitment, informing recommendations for improving Indigenous recruitment in Canadian PA programs.

Results: Canada currently has five civilian PA programs, with a sixth launching in fall 2025. Canadian PA programs vary in degree offerings, seat availability, and IAPs. While most programs have IAPs, only Dalhousie explicitly reserves seats for Indigenous students. Admissions requirements differ in residency restrictions, prerequisite coursework, GPA thresholds, healthcare experience, and supplemental applications. IAPs also vary, with some schools requiring formal verification of Indigenous identity and additional application components, such as letters of intent and community endorsements. Holistic file review, Indigenous reviewers, and mentorship programs exist at select institutions, but gaps in transparency remain. A review of the literature identified key barriers and facilitators influencing Indigenous students' pathways into medical education. Six primary themes emerged: systemic and institutional barriers, supportive pathways and mentorship, personal motivations and lived experiences, holistic and inclusive admissions processes, early outreach and pipeline development, and institutional commitment and policy reform. Structural challenges such as proof of Indigeneity requirements, financial and geographical constraints, and academic cut-offs hinder access, while mentorship, targeted outreach, and holistic admissions strategies support Indigenous student recruitment.

Conclusion: Increasing Indigenous recruitment in PA programs requires addressing structural barriers and implementing holistic admissions, mentorship, and outreach efforts. These reforms promote equity and enrich the profession with diverse perspectives, improving culturally responsive care. Transparent policies, community engagement, and institutional commitment are key to supporting Indigenous students. Aligning with the TRC's Calls to Action, these initiatives will help create a healthcare workforce better equipped to serve Indigenous communities.

Introduction

Colonial legacies have significantly limited Indigenous peoples' access to quality health services in Canada, resulting in widespread health disparities (1–4). In response, the Truth and Reconciliation Commission (TRC) of Canada issued Calls to Action to increase the number of Indigenous professionals in healthcare and support their retention in Indigenous communities (4). Evidence suggests that Indigenous healthcare professionals are more likely to work in their communities, offer care that aligns with cultural values, and improve healthcare accessibility (6,7). Despite these efforts, Indigenous healthcare providers remain underrepresented (1).

Physician assistants (PAs) represent a growing healthcare profession in Canada. In 2021, PAs were the fastest-growing group of health professionals, with 902 practicing in Canada, a number that continues to rise alongside the expansion of PA programs (8,9). However, limited data is available regarding the diversity of Canada's PA population. Comparatively, Indigenous physicians constitute less than 1% of Canada's physician workforce (1), and in the United States (US), Indigenous providers are similarly underrepresented in the PA profession (10).

In the US, efforts to diversify student populations in PA programs have yielded limited results over the past two decades (11). Structural barriers – such as inadequate academic preparation, financial constraints, lower-quality primary and secondary education, lack of extracurricular experiences, insufficient supports, and racism – contribute to this underrepresentation (4,6,7,12). The competitive nature of PA programs further exacerbates these challenges, thus limiting opportunities for Indigenous students (12).

There is a demand for Indigenous PAs in northern and remote communities, where healthcare services are often difficult to access. Research exploring barriers to primary care and PA utilization in northern Manitoba suggests that PAs are underutilized in filling delivery gaps

within these communities (13). When appropriately integrated, PAs can support nursing staff, assume clinical work, and alleviate workload burdens, improving healthcare access in underserved regions (13). Increasing the number of Indigenous PAs may improve both accessibility and cultural safety in these settings.

Efforts to increase Indigenous representation have been more extensively studied in medical schools, where facilitated admissions processes and designated seats for Indigenous students have been implemented with varying success (6). While these initiatives have increased admissions of Indigenous students, particularly Métis individuals, First Nations and Inuit students remain underrepresented (6). Indigenous admissions pathways (IAPs) aim to reduce these systemic inequities, and similar models have been adopted in PA programs.

Canada currently has five civilian PA programs, with a sixth scheduled to accept its first cohort in the fall of 2025. Of these, five have known IAPs. However, there is limited publicly available research on the implementation, effectiveness and outcomes of these pathways. Likewise, data regarding the barriers and facilitators influencing Indigenous student recruitment into PA programs remains scarce. Addressing these gaps is essential to advancing Indigenous representation within the PA profession.

This environmental scan and literature review aim to (1) examine current admission requirements and IAPs in Canadian PA programs; (2) identify published barriers and facilitators to Indigenous student recruitment; and (3) propose evidence-based recommendations to improve Indigenous recruitment to Canadian PA programs. By doing so, it seeks to inform strategies that could enhance Indigenous recruitment in the PA profession, ultimately contributing to improved healthcare within Indigenous communities. This work aligns with the TRC's Calls to Action and contributes to efforts toward achieving health equity for Indigenous peoples in Canada.

To guide this work, the following research questions were developed:

1. What are the current admissions requirements and processes, including IAPs, in Canadian PA programs?
2. What barriers and facilitators to Indigenous student recruitment have been identified in the literature on medical and PA program admissions in Canada?
3. What strategies can Canadian PA programs implement to effectively increase the recruitment of Indigenous students?

Methodology

An environmental scan and literature review were conducted to examine Indigenous recruitment in Canadian PA programs, with a focus on admission requirements, processes, and IAPs. Recognizing the limited availability of literature specific to PA programs, the scope of the review was expanded to include Canadian medical programs due to comparable admission criteria, training, scopes of practice, and shared historical context of colonization that continues to affect Indigenous access to medical education.

A comprehensive search strategy was developed in consultation with the University of Manitoba's Indigenous Health Liaison, Janice Linton. The search targeted both peer-reviewed and grey literature and included an environmental scan of Canadian PA program websites. Database searches were conducted using Scopus, PubMed, and Google Scholar. Search terms included the following: (Indigenous OR aboriginal OR "First Nations" OR metis OR Inuit*) AND (student* OR recruit* OR retention OR retain* OR mentor*) AND (Canada) AND ((school*w/3 AND medicine) OR ("health* profession*") OR ("health* provider*") OR (medic* W/4 college*) OR ("health* practitioner*") OR ("medical student*" OR "medical school*")).

Additional key words included “physician assistant”, “recruitment”, and “admission”. The full search strategy for each database is provided in the appendix, Table 1.

Inclusion criteria were as follows: (1) primary research studies, (2) a focus on Indigenous student recruitment or admissions processes, (3) studies conducted in Canada, and (4) publications dated between 2010 and 2025. Studies were excluded if they (1) were not specific to Indigenous populations or (2) lacked relevance to recruitment or admissions.

Overall, 204 total records were identified. Seventeen duplicates were removed, resulting in 187 titles for screening. Of these, 167 records were excluded: 157 for irrelevance and 10 non-primary research sources. Abstract screening was conducted on the remaining 20 records, resulting in the exclusion of 7 articles based on the inclusion and exclusion criteria. Thirteen full-text articles were assessed for eligibility, and 5 articles were excluded due to a lack of population specificity (n = 2) and due to irrelevance to the research questions (n = 3). Ultimately, 8 articles were selected for inclusion (Scopus n = 5, PubMed n = 1, Google Scholar n = 2). A PRISMA flow diagram outlining the screening and selection process is provided in the appendix, Figure 1.

The environmental scan involved a systematic review of the admissions webpages of all Canadian PA programs to document admission requirements, processes, and the presence of IAPs. Google Scholar was also used to identify relevant grey literature sources.

The paper is structured in three parts: Part 1 presents the environmental scan of Canadian PA programs; Part 2 details the literature review examining barriers and facilitators to Indigenous recruitment; and the discussion proposes evidence-informed recommendations and pathways forward. Thematic analysis of data from both sources identified recurring patterns related to barriers, facilitators, and best practices for Indigenous student recruitment, guiding the development of recommendations for strengthening Indigenous recruitment in PA programs.

Results

Part 1: Environmental Scan of Canadian PA Programs

Program Overview

Currently, Canada has five established civilian PA programs – in order of founding: the University of Manitoba (UM), McMaster University, University of Toronto (UofT), Dalhousie University, and the University of Calgary (UCalgary) – with a sixth launching at the University of Saskatchewan (USask) in fall of 2025 (14). Key characteristics of each program, including degree type, seat availability, IAPs, and interview formats, are summarized in Table 1. Data was obtained from publicly available sources, including the Canadian PA blog (15), and supplemented by input from faculty members of participating universities.

Canadian PA programs award either bachelor's or master's degrees. UM, Dalhousie, UCalgary, and USask offer master's degrees, while UofT and McMaster offer bachelor's degrees. Seat availability ranges from 20 (UCalgary, USask) to 60 seats (UofT).

Most programs offer some form of IAP. UM accepts self-declaration of Indigenous identity, McMaster uses a Facilitated Indigenous Admissions Process (FIAP), and Dalhousie, UCalgary, and USask also offer structured IAPs. UofT's use of an IAP could not be confirmed due to limited publicly available information. Several details, such as the number of reserved Indigenous seats at certain institutions, remain unknown due to limited publicly available information. Dalhousie is currently the only program to explicitly reserve seats for Indigenous applicants (6 out of 24).

All programs require an interview. Most (UofT, McMaster, Dalhousie, and UCalgary) conduct virtual Multiple Mini Interviews (MMIs). UM requires in-person MMIs, while USask has not specified its interview format.

Table 1. Program Overview

	Degree type	Seats available	Seats reserved for Indigenous students	Indigenous admissions pathway	Interview process for selected applicants
University of Manitoba (16)	Masters	30	Does not reserve seats	Yes, via self-declaration of Indigenous status	In-person MMIs
McMaster University (17,18)	Bachelors	53	Unknown	Yes, Facilitated Indigenous Admissions Process (FIAP)	Virtual MMIs
University of Toronto (19)	Bachelors	60	Unknown	Unknown	Virtual MMIs
Dalhousie University (20)	Masters	24	6	Yes	Virtual MMIs
University of Calgary (21,22)	Masters	20	Unknown	Yes	Virtual MMIs
University of Saskatchewan* (14,23)	Masters	20	Does not reserve seats	Yes	MMIs

*Accepting first cohort fall of 2025.

“Unknown” indicates information not publicly available on programs’ webpage.

Data on the number of seats available was obtained from a secondary source: the Canadian PA blog (15).

Application Requirements

Admission requirements vary in residency restrictions, prerequisites, GPA thresholds, educational background, prior healthcare experience, and supplemental materials (see Table 2). Most programs require Canadian citizenship or permanent residency, with some prioritizing regional applicants. For example, Dalhousie restricts applications to residents of Nova Scotia and Atlantic Canada (with preference for Nova Scotian residents); UCalgary prioritizes Alberta residents; and UofT favors Ontario residents.

Prerequisite coursework also varies. UM, Dalhousie, UCalgary and USask require foundational courses in human anatomy and physiology, with UM and Dalhousie also requiring biochemistry, and UCalgary and USask requiring Indigenous studies. McMaster and UofT do not

require specific prerequisites.

GPA minimums range from 3.0 to 3.2 (with varying scales) and are assessed either cumulatively (UofT, McMaster) or based on the final two years of study (UM, Dalhousie, UCalgary, USask). However, competitive applicants often exceed the stated minimum. While all programs require at least two years of undergraduate education, most mandate a four-year bachelor’s degree. McMaster and UofT are exceptions, allowing applicants to apply after two years.

Prior healthcare experience is not uniformly required, except at UofT (minimum 350 hours) and UCalgary. Selection tools, such as CASPer, are required by UM, Dalhousie, and UCalgary. Most programs require two or three letters of recommendation, except McMaster, which does not require references. Supplemental materials – CVs, personal statements, essays, and/or additional applications are standard. McMaster and USask integrate both written and video assessments for shortlisted candidates.

Table 2. Application Requirements

	University of Manitoba (16)	McMaster University (17,18)	University of Toronto (19)	Dalhousie University (20)	University of Calgary (21,22)	University of Saskatchewan* (14,23)
Residency	Canadian citizens or permanent resident of Canada	Canadian citizens or permanent resident of Canada	Canadian citizens or permanent resident of Canada. Preference for Ontario residents.	Nova Scotian or Atlantic Canadian residents only. Preference for Nova Scotian residents.	Canadian citizen or permanent resident of Canada or refugee status in Canada. Preference for Alberta residents.	Canadian citizens or permanent resident of Canada
Prerequisite courses	Human anatomy, human physiology, biochemistry	None	None	Human anatomy, human physiology, biochemistry	Human anatomy, human physiology, Indigenous education course	Indigenous studies, human anatomy, human physiology

GPA	Min. 3.0 in last 2 years of study. Competitive is 3.5	Min 3.0 cumulative for all undergraduate study	Min 3.0 cumulative for all undergraduate study	Min. 3.0 in last 2 years of study/ 60 credit hours	Min. 3.2 in last 2 years of study	Average of at least 75% in last 2 years of study
Educational background	4-year bachelor's degree	2 years of undergraduate education	2 years of undergraduate education	4-year bachelor's degree	4-year bachelor's degree	4-year bachelor's degree, full course load in last 2 years
Prior healthcare experience	None	None	Yes, 350 hours	None	Yes	None
SJT**	Casper	None	None	Casper	Casper	None
Letter of recommendation / references	Yes, 2 required	None	Yes, 3 required	Yes, 2 required	Yes, 2 required	Yes, 3 required
Supplemental requirements	CV/resume and statement of intent for all applicants	Written and video assessment for qualified applicants	Supplemental application for all applicants	Short answer questionnaire/ supplemental form	Essay and supplemental form for all applicants	Written and video assessment for qualified applicants

**Situational Judgement Tests (SJT).

Application Requirements for Indigenous Admissions Pathways

IAP requirements vary across programs (see Table 3). UM and UCalgary accept self-declaration of Indigenous identity without requiring formal verification. Dalhousie mandates supporting documentation, which may be subject to verification. In contrast, McMaster and USask require formal verification of Indigenous status.

Further, letters of intent or consideration are required at McMaster, Dalhousie, and UCalgary, but not by UM. Letters of recommendation from members of the Indigenous community are required at McMaster and Dalhousie, but not at UCalgary or UM. USask's IAP-specific requirements remain unspecified. UofT does not declare an IAP on its program's webpage.

Table 3. Application Requirements for Indigenous Admissions Pathways

	Verification of Indigenous identity	Letter of intent/ consideration	Letter of recommendation
University of Manitoba (16)	No, self-declared	Not required	Not required

McMaster University (17,18)	Yes	Yes	Yes
University of Toronto (19)	N/a	N/a	N/a
Dalhousie University (20)	Self-declared, supporting documentation required. May be subject to verification	Yes	Yes
University of Calgary (21,22)	No, self-declared	Yes	No
University of Saskatchewan* (14,23)	Yes	Unknown	Unknown

“N/a” indicates that no Indigenous admissions stream is declared on the program webpage.

Overview of Indigenous Admissions

Table 4 summarizes key IAP features across PA programs, including holistic file reviews, Indigenous reviewer involvement, and application support programs.

Holistic file reviews – defined as Indigenous-led evaluations that consider lived experience, culture, and community involvement – are conducted at McMaster, Dalhousie, and USask. These institutions also engage Indigenous reviewers in admissions. McMaster's Indigenous Health Task Force and Dalhousie’s Indigenous Admissions Subcommittee play central roles in applicant evaluation, while USask offers applicants the option to be interviewed by Indigenous community members.

Structured application support and mentorship are available at Dalhousie and UCalgary. UCalgary’s Support to Entry Program (STEP) provides targeted guidance for navigating the admissions process, aiming to enhance access and academic preparedness.

Select programs prioritize Indigenous applicants for interviews. UM and McMaster explicitly offer interview invitations to Indigenous applicants who meet minimum requirements, with McMaster requiring endorsement from the Indigenous Health Task Force. UM, Dalhousie, and USask offer preferential admissions to qualified Indigenous applicants.

Despite these efforts, gaps remain regarding publicly available data. Several institutions do not disclose aspects of Indigenous admissions, such as holistic file review and Indigenous reviewer involvement, underscoring the need for greater transparency of IAPs across Canadian PA programs.

Table 4. Overview of Indigenous Admissions

	Application support / mentorship	Holistic file review	Indigenous reviewers	Interview invite	Preference for admission if meets minimum requirements
University of Manitoba (16)	Unknown	Unknown	Unknown	Yes, if meets min. requirements	Yes
McMaster University (17,18)	Unknown	Yes	Yes, Indigenous Health Task Force (IHTF)	Yes, if meets min. requirements and if endorsed for consideration by IHTF	Unknown
University of Toronto (19)	N/a	N/a	N/a	N/a	N/a
Dalhousie University (20)	Yes, mentoring and interview preparation	Yes	Yes, Indigenous Admissions Subcommittee	Unknown	Yes
University of Calgary (21,22)	Yes, Support to Entry Program (STEP) provides application support and mentorship	Unknown	Unknown	Unknown	Unknown
University of Saskatchewan* (14,23)	Unknown	Yes	Yes, Indigenous reviewers and option to have interview conducted by members of the Indigenous community	Unknown	Yes

Part 2: Literature Review of Challenges and Opportunities

A review of the literature identified six central themes influencing Indigenous students' pathways into medical programs, each offering valuable insights for strengthening recruitment efforts: (1) systemic and institutional barriers, (2) supportive pathways and mentorship, (3) personal motivations and lived experiences, (4) holistic and inclusive admissions processes, (5) early outreach and pipeline development, (6) institutional commitment, messaging, and policy reform. Together, these themes provide a framework for addressing existing challenges while creating new opportunities to foster equitable access and sustained support for Indigenous students.

Systemic and Institutional Barriers

Historical and ongoing structural inequities hinder Indigenous students' access to medical education. These include the administrative burden of proving Indigeneity, financial constraints, and geographic isolation (24,25). Among PA programs, half require formal documentation supporting Indigeneity. The limited number of PA programs in Canada, most of which are concentrated in urban centers, along with regional admission preferences, further restrict access.

Academic cut-offs are another barrier. Data from Dalhousie (2015-2019) and the Northern Ontario School of Medicine (NOSM, 2006-2015) indicate that Indigenous applicants often have lower GPAs but perform comparably in MMIs and supplemental evaluations (26,27). This suggests that academic cut-offs may inadequately reflect the strengths of Indigenous applicants, given systemic educational inequities. Nonetheless, PA programs maintain GPA cut-offs comparable to medical programs.

Misconceptions and stigma about Indigenous applicants' academic ability further deter students. In one study of 36 self-identified Indigenous medical students applying to postgraduate

programs (21 Métis, 9 status First Nations, and 6 non-status First Nations), participants reported fear of judgment as a barrier to applying through IAPs (25). Additionally, many Indigenous students report feelings of exclusion, tokenism, and performance pressure when applying through IAPs (24,25). Thus, reducing structural barriers and enhancing institutional understanding of the historical and social contexts shaping Indigenous experiences are needed.

Mentorship and Supportive Pathways

Mentorship consistently emerged as a facilitator of Indigenous student success. Indigenous mentors, whether clinicians, faculty, or peers, were reported to provide culturally grounded support, help navigate admissions, and foster a sense of belonging (24,25). A narrative inquiry into Indigenous medical learners' experiences found that shared lived experiences were particularly important in building trust and offering relevant guidance throughout the academic journey, especially early on (24).

Recruitment models that integrate mentorship and support throughout applications have demonstrated success. For instance, Quebec's First Nations and Inuit Faculties of Medicine reserve spots annually for Indigenous applicants and provide pre-application support, interview preparation, and continuous follow-up through to acceptance (28). However, another study evaluating admissions outcomes found that Indigenous applicants were three times less likely to accept admission offers compared to their non-Indigenous peers (27), perhaps due to relocation, cultural disconnect, and/or financial challenges. Therefore, highlighting the need for longitudinal support throughout the application and transition phases.

Personal Motivations and Lived Experiences

Indigenous students frequently cite a sense of social responsibility and firsthand experience with healthcare inequities as primary motivators for pursuing medicine (24,25). Many

students expressed a desire to return to their communities to address healthcare inequities and improve community well-being (24,29).

Awareness of IAPs also significantly influences applicants' decisions (25,29). One study evaluating the motivations of four Indigenous females found that knowledge of IAPs was the most influential factor prompting them to pursue medical education (29). Another study found that 75% of postgraduate Indigenous medical students would apply through an IAP if available (25).

Currently, only four of the six Canadian PA programs provide publicly accessible information regarding IAPs. Limited visibility of these pathways may create barriers for Indigenous applicants seeking entry to PA programs, underscoring the need for greater accessibility, transparency, and outreach.

Holistic and Inclusive Admissions Processes

Holistic admissions processes that emphasize non-academic factors, such as community involvement and lived experience, are central to increasing Indigenous representation. NOSM's context-based scoring, which considers applicants' Indigenous identity, rural or remote background, and social factors, has successfully admitted a greater number of Indigenous applicants than other Canadian medical schools (27). Specifically, between 2006-2015, NOSM reported that 6.7% of their students were Indigenous, whereas representation at other Canadian medical schools was less than 1% (27). Similarly, data from Dalhousie between 2015-2019 suggests that greater emphasis on non-academic criteria can increase acceptance rates of Indigenous applicants (26). Further analysis revealed that qualified Indigenous applicants were more commonly female, over the age of 25, or from northern or rural communities, highlighting

the importance of considering intersecting demographic characteristics within admissions frameworks (27).

Indigenous-led admissions subcommittees and equity offices further enhance fair evaluations and support recruitment (27,28). Initiatives such as the Indigenous Student Application Program, paired with dedicated Indigenous education offices, have successfully doubled their Indigenous applicant pools through more equitable selection processes (28). Currently, three of the Canadian PA programs incorporate Indigenous reviewers within their admissions process, but broader adoption of these strategies could further improve recruitment. To achieve lasting change, these efforts must be complemented by outreach, mentorship, and institutional reform to ensure Indigenous students are supported at every stage of the admissions process.

Early Outreach and Pipeline Development

Early outreach and pipeline programs are consistently identified as effective strategies in increasing Indigenous representation in healthcare. These initiatives support Indigenous students throughout different stages of their educational pathways, fostering interest in medical careers and providing assistance throughout the admissions process. Early exposure to science and healthcare fields has been positively associated with increased pursuit of medical education among Indigenous students (29).

Programs tailored specifically for Indigenous youth have shown promise in addressing systemic barriers. For example, NOSM's outreach program targeting Indigenous high school students has contributed to a larger Indigenous applicant pool and increased enrollment (27). Similarly, UCalgary's "mini-med school" provided experiential learning opportunities for junior and senior high school youth, which enhanced health literacy and stimulated interest in medical

careers (30). While the long-term impact on admissions remains difficult to quantify, these programs demonstrate the potential of early, targeted interventions. However, outreach efforts specific to Canadian PA programs remain under-documented.

Sustained community partnerships are vital to the long-term success of outreach initiatives. Collaborations with Indigenous communities provide culturally relevant mentorship and ongoing support, helping youth navigate pathways into healthcare careers (30). These partnerships also inform institutional policies and highlight areas for continued research to strengthen and expand outreach efforts (28). Nevertheless, institutional commitment and a supportive policy framework are equally critical to long-term success. Institutions must move beyond outreach alone to ensure their practices, particularly around recruitment messaging and admissions, actively promote an inclusive and equitable environment for Indigenous learners.

Institutional Commitment, Messaging, and Policy Reform

Institutional commitment, strategic messaging, and targeted policy reforms have emerged as central to addressing systemic barriers and advancing Indigenous inclusion. Institutions prioritizing Indigenous student recruitment often demonstrate higher levels of Indigenous representation among faculty. For example, NOSM's establishment of an Indigenous admissions subcommittee responsible for file reviews has been linked to increased Indigenous recruitment (27). Likewise, the creation of dedicated Indigenous medical education offices, integration of Indigenous health into curricula, and the appointment of Indigenous-focused leadership roles have expanded the applicant pool at one Canadian medical school (28).

The visibility and clarity of IAPs were repeatedly cited as influential in students' decisions to pursue medical education (25,29). However, an analysis of Canadian medical schools' website messaging revealed diversity messaging often frames inclusion as an end goal rather than

emphasizing the value of diverse lived experiences (31). Such limited framing risks perpetuating tokenism and may obscure genuine commitments to equity and inclusion (31). In contrast, schools that explicitly recognize the contributions of Indigenous students to the medical field tend to be perceived as more supportive and inclusive (31).

Policy reforms have also been identified as critical in mitigating barriers. A narrative inquiry into Indigenous medical learners' experiences identified several challenges, including the burden of proving Indigeneity, financial constraints, and misconceptions regarding academic competitiveness (24). Targeted policy measures, such as reducing identity verification burdens and prioritizing hiring of Indigenous representatives, were further cited as measures to improve accessibility (24). Furthermore, continuous data collection and policy evaluation are essential to ensure admissions processes remain responsive to the evolving needs of students (28). Moving forward, PA schools should focus on embedding these commitments into their core policies to ensure long-term, sustainable progress in Indigenous student recruitment and representation.

Discussion / Pathways Forward

In alignment with the TRC's calls to action, Canadian PA programs have both an ethical and practical obligation to reform admissions practices to be more inclusive of Indigenous perspectives. While medical schools have made strides in Indigenous recruitment, PA programs must develop parallel initiatives that reflect their distinct training models and institutional contexts. The following recommendations are proposed to support Indigenous recruitment within PA education: (1) Standardization and Transparency of Admissions Policies, (2) Adoption of Holistic Admissions Processes, (3) Enhancing Mentorship and Pre-Admissions Support, (4) Strengthening Outreach and Pipeline Development, (5) Continuous Evaluation and Accountability.

Standardization and Transparency of Admissions Policies

This review identifies several structural barriers faced by Indigenous applicants, including the administrative burden of verifying Indigeneity and the limited visibility of IAPs within PA programs. Currently, half of PA programs require documentation supporting Indigeneity—a process that, while aimed at preventing identity fraud, may deter applicants due to its complexity (32).

To address these challenges, PA programs should collaborate with Indigenous nations to develop a standardized framework for verifying Indigeneity. The National Consortium for Indigenous Medical Education recommends establishing a centralized national portal to streamline admissions and verification processes for Indigenous applicants (32). Such standardization would minimize regional inconsistencies and offer a clear, unified framework that prospective Indigenous applicants can utilize.

In tandem with verification reform, PA programs must improve the visibility and accessibility of IAPs. This includes clearly outlining eligibility criteria, available supports, and holistic review processes on institutional websites and recruitment materials. Messaging should move beyond a superficial emphasis on diversity to explicitly affirm the value of Indigenous applicants and lived experience within healthcare, thus mitigating stigma (31,33). Clearly articulating the purpose of IAPs, such as addressing systemic inequities, can help shift the institutional culture toward genuine inclusion (31).

Adoption of Holistic Admissions Processes

Evidence from medical education indicates that Indigenous applicants often present with lower GPAs, reflecting systemic challenges such as inequitable access to quality education, financial constraints, and rural or remote schooling barriers (26,27). Despite this, holistic

admissions approaches that consider non-academic factors, such as community involvement and lived experience, have successfully increased Indigenous recruitment (26–28). While MMI performance is comparable across applicants, Indigenous cohorts tend to include a higher proportion of mature and female applicants (27). This trend highlights the importance of flexible admissions criteria that consider a wide range of applicant experiences and competencies.

Successful models in medical education, such as those at NOSM and Dalhousie, have demonstrated that context-based scoring improves admissions (26,27). Indigenous-led selection processes further enhance fairness by incorporating cultural perspectives and lived knowledge into admissions decisions (27,28). However, only half of Canadian PA programs currently incorporate holistic file reviews and Indigenous reviewers, indicating the need for broader adoption.

An equitable and inclusive admissions process requires PA programs to move beyond rigid academic metrics and incorporate context-based and holistic evaluation practices. Holistic file reviews should assess GPA trends rather than apply rigid cut-offs and consider the full academic history, accommodating exceptional circumstances and non-traditional education pathways (32). Applicants meeting general GPA thresholds should be granted interviews where feasible, to support a more comprehensive evaluation (32). Additionally, PA programs should implement context-based scoring that considers geographical location (e.g., rural or northern), culture, and community involvement (27).

PA programs should collaborate with Indigenous community partners, including Elders and Knowledge Keepers, to co-develop holistic admission frameworks and serve on selection committees (33). Integrating Indigenous representatives into the admissions process can enhance cultural sensitivity and ensure assessments reflect the historical and social realities of Indigenous

communities. All admissions assessors should receive training on anti-racism, cultural safety, and the ongoing impacts of colonization to ensure equitable and informed decision making (32).

Enhancing Mentorship and Pre-Admissions Support

Mentorship plays a critical role in the success of Indigenous applicants, offering academic guidance, career planning, and culturally affirming support (24–26). While Dalhousie and UCalgary have implemented mentorship and application assistance, it is unclear whether similar initiatives exist across PA programs. The absence of structured pre-admissions support may hinder Indigenous applicants' ability to navigate a complex and competitive admissions process. Moreover, Indigenous students are less likely to accept admissions offers (28), emphasizing the need for sustained support throughout and following the application process.

To address these gaps, PA programs should partner with Indigenous alumni, healthcare professionals, and community leaders to develop mentorship initiatives that provide holistic preparation (34). Such initiatives can support academic writing, interview skills, and admissions readiness while also offering role models with shared cultural backgrounds and experiences. Pre-admissions workshops, bridging programs, and culturally relevant guidance can further strengthen academic preparedness.

To address GPA-related barriers, a structured “modified year” could be introduced, offering academic upgrading, financial support, and milestone-based progression to improve retention within the application pool and academic preparedness (32). Additionally, comprehensive lists of available supports – academic, financial, and cultural – should be provided early in the admissions process to ensure applicants are aware of the resources available to them (32). Such initiatives would build applicant confidence and better equip candidates for the rigors of PA training.

Strengthening Outreach and Pipeline Development

To increase Indigenous representation meaningfully, PA programs must invest in long-term, community-driven outreach strategies that begin early and continue throughout the educational pipeline. For instance, building strong partnerships with Indigenous stakeholders and creating culturally safe environments that foster interest and preparedness from a young age (24,25). Although evidence from medical education highlights the importance of sustained engagement from elementary school through higher education (27,28,30,32), PA-specific outreach efforts remain largely undocumented.

A life-course approach that integrates culturally safe learning environments and Indigenous perspectives can create meaningful pathways into PA education (32). PA programs develop partnerships with Indigenous organizations, high schools, and community centers to deliver early and sustained outreach. Initiatives such as K-12 career fairs, STEM programs, and pre-health seminars can introduce students to the PA profession and cultivate long-term interest (34). More importantly, structured pipeline programs should offer continuity of support from primary education through to PA school, integrate Indigenous knowledge systems, and foster learning environments that are culturally safe (32). Effective initiatives require ongoing collaboration with local Indigenous stakeholders to ensure approaches are culturally relevant, community-driven, and sustainable (28,32,33).

Continuous Evaluation and Accountability

Robust monitoring and accountability measures are essential to assess the effectiveness of IAPs and to uphold institutional responsibility. Currently, limited data exist on Indigenous applicant outcomes in Canadian PA programs, thus making it challenging to evaluate the impact

of diversity initiatives. Establishing clear evaluation practices will enhance institutional accountability and build trust with Indigenous communities.

To address this, PA programs should implement systematic data collection practices to track Indigenous applicant demographics, application volumes, and acceptance outcomes (28). Separate reporting for First Nations, Métis, and Inuit applicants may reveal important distinctions and gaps in representation (33). Anonymous post-admissions surveys could also be employed to assess applicants' experiences of cultural safety and institutional support during admissions (32). Further, annual reports should assess whether IAPs are meeting their intended goals and identify areas for improvement (34).

Institutions must foster a culture of accountability and transparency in their efforts to increase Indigenous recruitment. PA programs should clearly outline their selection policies and, in accordance with Indigenous data governance principles, publicly share annual admission statistics (32). Collaborating with Indigenous community partners in yearly debriefing sessions can help evaluate successes, identify challenges, and refine strategies for improvement (32). Transparent, community-informed evaluation processes will not only improve admission practices but also demonstrate a sustained commitment to reconciliation and Indigenous student success.

Conclusion

Increasing Indigenous representation in PA programs requires a comprehensive, multi-faceted approach that addresses structural barriers and facilitators to recruitment. While progress has been made in incorporating Indigenous perspectives into admissions, significant work remains to dismantle systemic inequities and promote equitable access. To advance Indigenous inclusion in Canadian PA education, reforms must move from intention to action. This review

identifies five interrelated strategies—standardizing admissions processes, embedding holistic and culturally grounded evaluation methods, providing mentorship and pre-application support, investing in long-term outreach, and establishing clear accountability mechanisms—as critical pathways forward. These are not standalone solutions, but components of a cohesive framework that PA programs can adopt to foster meaningful change.

These reforms are essential not only for addressing historical injustices but also for enriching the PA profession with diverse perspectives that support culturally responsive healthcare. Transparent policies, community engagement, and institutional commitment to equity are critical in ensuring that Indigenous students are supported throughout their academic and professional journeys. Aligning with the TRC’s Calls to Action, these initiatives will help create a healthcare workforce better equipped to serve Indigenous communities in a culturally safe manner. Moving forward, collaboration between PA programs, policymakers, and Indigenous leaders will be key to ensuring these efforts are effectively implemented and sustained.

Limitations

This research has several limitations to consider. A major constraint is the limited availability of publicly accessible data on IAPs in Canadian PA programs. Unlike medical schools, which have more established IAPs and reporting, PA programs lack transparency regarding their recruitment efforts, making it difficult to assess their effectiveness. Additionally, research specific to Indigenous recruitment in PA education is scarce, with most literature focused on medical education more broadly.

Small sample sizes in existing studies reflect the broader underrepresentation of Indigenous students in health education. Challenges in recruiting Indigenous participants further constrain the generalizability of findings. Selection bias is also a concern, as the perspectives

captured may not be representative of all Indigenous identities, genders, or communities. Structural factors, such as systemic racism in academic institutions, can shape who is most accessible to researchers, potentially leading to the overrepresentation of certain subgroups. Gender dynamics may also influence participation and outcomes, further complicating efforts to draw universally applicable conclusions.

Additionally, many studies rely on self-identification of Indigenous status, which can introduce missing data from individuals who choose not to disclose their identity or who may be misclassified. This limitation can lead to gaps in understanding the full extent of Indigenous students' experiences in admissions and enrollment.

Future Directions

Recommendations for future research include the following:

- Consult faculty members, Indigenous students, and community stakeholders to assess the relevance and practicality of recommendations.
- Conduct comprehensive studies on the demographics of Indigenous students applying to PA programs to better understand the barriers and facilitators affecting this group.
- Investigate the influence of gender and Indigenous identity on PA program admissions, experiences, and outcomes.
- Evaluate the effectiveness and impact of IAPs in Canadian PA programs specifically.
- Explore best practices for sustainable Indigenous mentorship models in PA education.
- Assess outreach program impacts on Indigenous student enrollment in PA programs.
- Investigate strategies that support both recruitment and long-term retention of Indigenous students in alignment with the TRC's Calls to Action.

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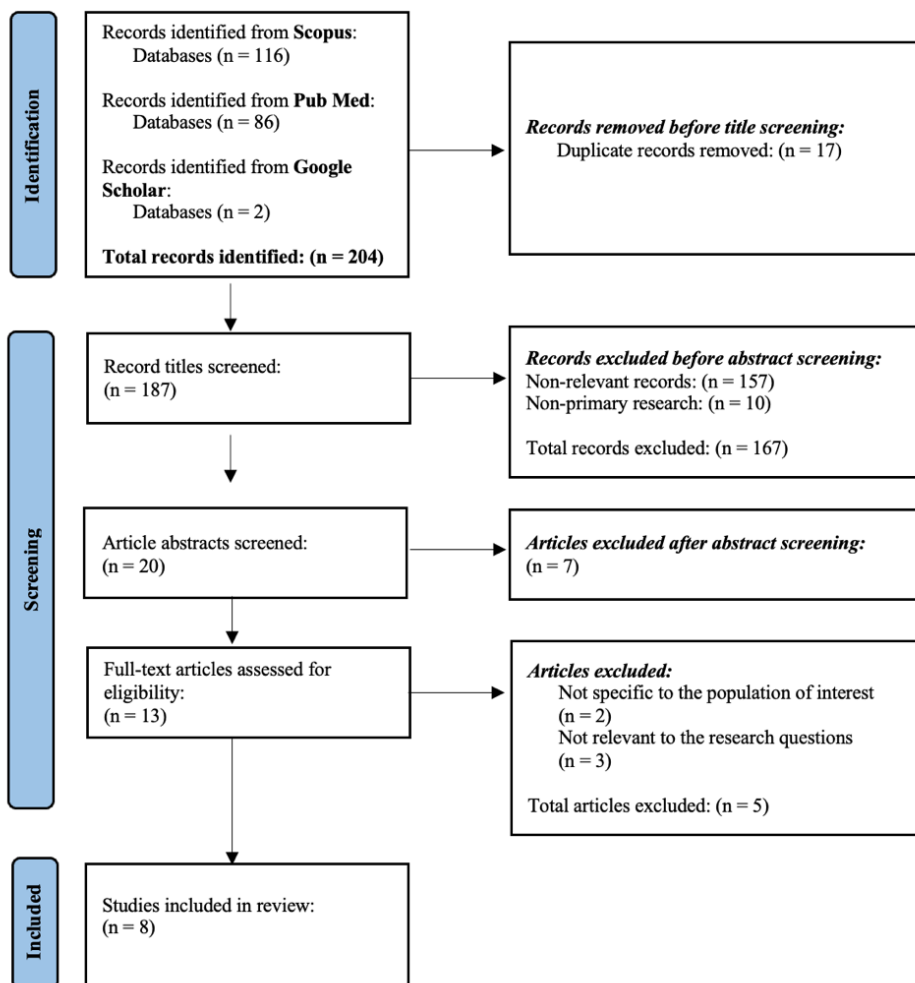
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Appendices

Table 1. Database Search Strategies

Database	Search String
Scopus	(student* OR recruit* OR retention OR retain* OR mentor*) AND (Indigenous OR aboriginal OR "First Nations" OR metis OR Inuit*) AND (school*w/3 AND medicine) OR ("health* profession*") OR ("health* provider*") OR (medic* W/4 college*) OR ("health* practitioner*") OR ("medical student*" OR "medical school*")
PubMed	(Indigenous OR Aboriginal OR "First Nations" OR metis OR Inuit*) AND (student* OR recruit* OR retention OR retain* OR mentor*) AND ("medical student*" OR "medical school*") AND (Canada)
Google Scholar	"Canada", (Indigenous OR 'First Nations' OR Metis OR Inuit OR Aboriginal), "physician assistant", "recruitment", and "admission"

Figure 1. PRISMA Flow Diagram



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