



# Dismantle Racism in Health Care: Two-year update

In response to the [In Plain Sight Report](#), in May 2021, the BC College of Nurses and Midwives (BCCNM), the College of Physicians and Surgeons of BC (CPSBC), the legacy College of Dental Surgeons of BC (CDSBC), and the College of Pharmacists of BC (CPBC) issued an apology to the Indigenous Peoples and communities who have experienced racism while engaging with our colleges and the health professionals we regulate.

As part of this apology, the colleges pledged to take specific actions both within our organizations, and as partners in the broader health landscape, to address and dismantle the Indigenous-specific racism that exists within our health-care system. Two years on, we are pleased to report on our progress toward meeting those commitments.

## B.C.'S CHANGING REGULATORY LANDSCAPE

The health-care regulatory environment in B.C. is changing. In late 2022, the B.C. government introduced new, overarching legislation to replace the current *Health Professions Act*. The new *Health Professions and Occupations Act* (the HPOA) takes a proactive approach to eliminating discrimination in B.C.'s health-care system. B.C.'s regulatory colleges are working together with government and our partners toward the new Act's in-effect date.

On Sept. 1, 2022, the College of Dental Surgeons of BC amalgamated with three other health professions colleges to create the BC College of Oral Health Professionals (BCCOHP), regulating certified dental assistants, dental hygienists, dental technicians, dental therapists, dentists, and denturists. The Ministry of Health is also proposing amendments to the *Health Professions Designation and Amalgamation Regulation* that would amalgamate the 11 remaining regulatory colleges into two, effective June 28, 2024.

## FUTURE UPDATES WILL BE PROVIDED BY EACH COLLEGE INDIVIDUALLY

The BCCOHP board identified health equity and cultural safety as one of the key areas of focus in its first strategic plan, and to incorporate Indigenous involvement in decision-making and adopt practices that uphold anti-racism, cultural safety, and humility. BCCOHP is now reviewing the status of commitments made by the respective amalgamation partners, which will be considered obligations under the legislation.

To enhance BCCOHP's impact and reduce duplication, the college is preparing a single progress report that will be guided by the *In Plain Sight* recommendations for regulatory colleges. As such, this two-year update will be on behalf of BCCNM, CPSBC, and CPBC. Future updates will be done by each college individually.

# AS LEADERS, WE WILL:

## 1. Be anti-racist leaders who will foster a speak-up culture, where stereotypes, discrimination, and racism are called out and eliminated

### BCCNM

We have revised our 2021-22 action plan into the [2023-24 Commitment to Action: Redressing Harm to Indigenous Peoples in the Health-care System](#). This new plan continues our previous work, while also adding more actions aimed at addressing the harm committed within the health-care system.

We are also developing a speak-up culture policy to foster an environment within BCCNM where stereotypes, discrimination, and racism are recognized and addressed. To support this initiative and ensure the organization will be well equipped to know when and how to speak up, relevant training will be sourced and provided. We have hired an Executive Director of Reconciliation, Equity, Diversity, and Inclusion (ED-REDI) to provide strategic leadership in this area and to move BCCNM forward.

### CPSBC

CPSBC is currently recruiting to replace the retiring registrar and CEO and has engaged Leaders International as the executive search firm. One of the key criteria for selecting Leaders International was its established and industry leading [Indigenous and diversity-specific search practice](#). Leaders International and the recruitment panel are tasked with ensuring that the new CEO is an anti-racist leader who can continue to shepherd CPSBC's work towards truth and reconciliation.

### CPBC

In 2022, the College of Pharmacists of BC revised its [Strategic Plan](#), adding to its core values an Indigenous cultural safety and humility value set. A series of clearly articulated key actions further describes the Indigenous-specific anti-racism deliverables of the college from 2023-2028. We have also evolved a staff-driven committee to lead anti-racism initiatives within the college and ensure that all team members have an avenue to speak out.

In 2023, CPBC participated in the Safe Spaces Dialogue Series, which was aimed at eliminating racism on regulatory boards and committees to create safe spaces for Indigenous voices to be heard and privileged.

## 2. Establish clear accountabilities for cultural safety and humility within our leadership teams

### BCCNM

The BC Health Regulators (BCHR) Indigenous Community of Practice (CoP) has added four new board and/or committee members to the group this year. The CoP has grown to include an Indigenous Engagement Group (IEG) to provide input/consultation on BCHR or member projects. The IEG is made up of the same individuals who form the CoP. The IEG is facilitated by the BCCNM Indigenous Cultural Safety and Humility Consultant (ICSHC) and the CoP is facilitated by Qoqoq Consulting and ICSHC.

BCCNM continues to work towards 10% Indigenous representation on committees. The ED-REDI will provide strategic leadership in this area.

BCCNM's People & Talent team will be working with the ICSHC and ED-REDI to refine and update job postings to communicate our commitment to and expectation of cultural safety and humility (CSH) and reconciliation, equity, diversity, and inclusion (REDI) to all prospective candidates.

### CPSBC

All leaders at CPSBC are required to develop department business plans that clearly outline actions and KPIs to support the 2021-2024 Strategic Plan pillar of cultural safety and humility.

### CPBC

Led by the college's Deputy Registrar, Heather Biggar, CPBC's programs are a priority. The college's management team are engaged in ICSH internal engagement meetings, designed to inform and train, with a trickle-down effect to frontline team members.

CPBC developed a Board Composition Matrix (BCM) that provides direction in recruiting Indigenous board members. A copy of the BCM has been provided to the government's Crown Agencies and Board Resourcing Office, which has been supportive and offered strategic support.

# AS PART OF THE HEALTH-CARE SYSTEM, WE WILL:

## 3. Build partnerships with Indigenous-led organizations to promote system change and dismantle racism

### BCCNM

BCCNM continues to nurture and build relationships with Indigenous Knowledge Keepers from the host nations on which our office is located. BCCNM has been establishing and building stronger relationships with the First Nations Health Authority (both central and regional offices), Provincial Health Services Authority-Indigenous Health, and Métis Nation of B.C. to respond to care concerns brought forward. Our desire is to work collaboratively with various system partners to ensure our processes are culturally safe, accessible, and anti-racist.

### CPSBC

CPSBC has close and positive working relationships with the First Nations Health Authority and often collaborates on initiatives, such as the complaints process review and the development of joint statements, to promote system change.

### CPBC

The college has engaged with the BCHR Indigenous Engagement Group to elicit feedback on the Board Composition Matrix and this engagement is ongoing.

CPBC has also consulted with the UBC/FNHA Indigenous Advisory Group on other initiatives, to ensure that the college is moving in the right direction and gains the perspective of Indigenous voices throughout project lifecycles.

CPBC has developed a collaborative partnership with an Indigenous-owned and led marketing group to engage Indigenous artists in the creative process for public-facing projects.

## 4. Work with our fellow provincial health regulators to implement the recommendations of the *In Plain Sight* report

### BCCNM

Our *2023-24 Commitment to Action Plan: Redressing Harm to Indigenous Peoples in the Health Care System* continues our previous work, while adding more actions aimed at addressing the harm committed within the health-care system. Within the Redress Plan, we have also incorporated recommendations from the B.C. DRIPA Action Plan and *Remembering Keegan: A B.C. First Nations Case Study*.

### CPSBC

This past year, CPSBC and BCCNM supported [11 other health regulators in adopting](#) their *Indigenous Cultural Safety, Cultural Humility, and Anti-racism Practice Standard*.

CPSBC's library offers curated online [reading lists](#) on race and health equity and trauma-informed care that provide access for registrants to current clinical guidance.

### CPBC

CPBC has been collaborating with health regulators who have adopted the new *Indigenous Cultural Safety, Cultural Humility, and Anti-racism Practice Standard* to further canvass registrants' perspectives, behaviours, and beliefs on Indigenous-specific racism in addition to determining registrant readiness and need for supportive mechanisms in meeting the standard (i.e., education).

In concert with BCCNM and CPSBC, CPBC continues to consult and dialogue on opportunities to share information and align approaches with respect to inviting Indigenous self-identification and subsequent data management of Indigenous metrics, outcomes of reviews of feedback processes, and potential coordination of recommendation implementation.

## 5. Identify and support changes in legislation and bylaws to deconstruct colonialism, value Indigenous ways of knowing, and eliminate harm for Indigenous Peoples

### BCCNM

The ED-REDI will be tasked with supporting BCCNM to implement the anti-discrimination provisions of the new *Health Professions and Occupations Act* (HPOA) and ensuring BCCNM meets the requirements in the long term.

### CPSBC

CPSBC will implement the anti-discrimination provisions in the HPOA and ensure CPSBC meets the requirements in the long term.

### CPBC

CPBC, alongside 11 other B.C. health profession regulatory colleges, has adopted the *Indigenous Cultural Safety, Cultural Humility, and Anti-racism Practice Standard*. The standard sets clear expectations for B.C. health professionals on the provision of culturally safe and anti-racist care for Indigenous patients and clients.

Additionally, a public-facing document that describes what can be expected from a pharmacy care visit is under development and will be required to be posted in all community pharmacies in B.C. This document will undergo significant Indigenous engagement and will seek to incorporate Indigenous elements that are aimed to increase understanding of the expected pharmacy care experience and how concerns can be raised with the college.

# AS HEALTH REGULATORS, WE WILL:

## 6. Draw on Indigenous Knowledge Carriers and professionals to guide our work

### BCCNM

BCCNM continues to be guided and supported in our work by Qoqoq Consulting, Syexwáliya Ann Whonnock, and Sulksun (Shane Pointe).

For example, we continued to engage Qoqoq Consulting as our cultural safety and humility advisor who provided training to our board members as well as the leadership team. Qoqoq Consulting also supported BCCNM in creating the Redress Harm Plan. Further, most of BCCNM's important events are opened and closed by Indigenous Knowledge Keepers from Musqueam, Squamish, and Tsleil-Waututh Nations.

### CPSBC

CPSBC is supporting a new Indigenous Community of Practice through the BC Health Regulators to bring Indigenous perspectives to health profession regulation. The group consists of Indigenous registrants and public members who hold positions on B.C. health regulatory boards and committees. The group has a unique understanding of the regulatory arena in addition to Indigenous lived experience and expertise.

CPSBC is often guided by Indigenous consultants, including Joe Gallagher, Sulksun (Shane Pointe), and Davis McKenzie. Recently, CPSBC retained the services of an Indigenous consulting firm to lead a review of its complaints process. The final report included many recommendations to ensure the complaints process is culturally accessible and safe for Indigenous Peoples.

### CPBC

The college has and continues to engage with the FNHA, Joe Gallagher, Qoqoq Consulting, and Knowledge Keepers such as Sulksun and Syexwáliya, to invite Indigenous perspectives as initiatives are established in their early development stages.

## 8. Provide education and develop practice standards to ensure Indigenous Peoples receive culturally safe health care

### BCCNM

BCCNM and CPSBC have supported 11 other health regulators in adopting the *Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Practice Standard* jointly created by BCCNM and CPSBC.

We have created the following learning resources to support registrants to meet the standard:

- An *Indigenous Cultural Safety, Cultural Humility, and Anti-racism Practice Standard Companion Guide* to help nurses and midwives understand and apply the standard. It incorporates Indigenous experiences to help nurses and midwives learn about culturally unsafe care and reflect on their own practice.
- Jointly with CPSBC, a [series of educational videos](#) to support nurses, midwives, physicians, and surgeons to understand and apply the standard.
- An *Indigenous Cultural Safety, Cultural Humility, and Anti-racism Practice Standard* pocket guide.

We always encourage registrants through regular newsletter communication to use all available resources as a component of meeting the standard as well as BCCNM's annual quality assurance requirements.

### CPSBC

This past year, CPSBC and BCCNM supported 11 other health regulators to adopt their *Indigenous Cultural Safety, Cultural Humility, and Anti-racism Practice Standard*.

CPSBC's library curated online [reading lists](#) on race and health equity and trauma-informed care that provide access for registrants to current clinical guidance.

The library also drafted *First Nations, Inuit and Métis in the Library - Action Plan* to implement reconciliation, following many of the recommendations of the Canadian Federation of Library Association in response to the Truth and Reconciliation Commission report and in the Calls to Action.

CPSBC librarians have joined with other B.C. librarians and library technicians to form a special interest group on advancing reconciliation in B.C. health libraries.

CPSBC staff have created an inter-departmental team to manage the collection, description, archiving, and potential access to physical, textual, and audiovisual material related to our reconciliation activities.

### CPBC

In addition to adopting the *Indigenous Cultural Safety, Cultural Humility, and Anti-racism Practice Standard*, CPBC is also working with education providers such as UBC to ensure that Indigenous cultural safety and humility are part of curriculum requirements for future pharmacy students, and that additional cultural safety and humility focused professional development opportunities are available to pharmacy professionals through an online education module.



## 9. Invest in supports and remove barriers to ensure Indigenous people do not feel isolated or unsafe when filing a complaint

### BCCNM

BCCNM underwent an [external review of our Inquiry, Discipline, and Monitoring processes](#) in December 2022, and is implementing the 13 recommendations as part of our 2023-24 Redress Plan.

In response to one of the recommendations, BCCNM is in the process of recruiting an Indigenous person to help navigate filing a report. They will provide guidance and support throughout the process to ensure BCCNM's system is transformed to embed Indigenous ways of knowing and being to reflect cultural safety and humility and anti-Indigenous racism.

### CPSBC

CPSBC's complaints process underwent an external review by an Indigenous-led consulting firm. The review process included the establishment of an Indigenous Advisory Panel, comprised of First Nation and Métis public members and physicians. The review was completed in February 2023 with many positive recommendations to ensure the complaints process is culturally safe and accessible.

A second complaint navigator was hired to continue to build on the positive relationships cultivated with the FNHA Quality Care and Safety Office.

Building on the work of the complaint navigator with FNHA, CPSBC is developing a framework to accept "soft complaints," where a patient can share their experience without further action. A soft complaint might include a patient sharing their experience in a safe environment without having to engage in a formal or lengthy complaints process.

CPSBC recognizes the serious nature of complaints involving Indigenous racism and triages these matters to a panel of the Inquiry Committee, which includes at least one member who identifies as Indigenous.

### CPBC

CPBC has updated the language in its complaints process to improve cultural safety and begin to remove barriers for all potential complainants. As specifically articulated in its Key Actions, CPBC has initiated a review and implementation of recommendations to address Indigenous-specific racism within its complaints and investigations processes and further decolonize this branch of the college's regulatory functions.

CPBC identified colonial connotations associated with the coat of arms in its logo and thus conceived of and developed a new logo, removing the coat of arms from all its existing branded materials.

## 10. Ensure board, staff, and committee members are trained in cultural safety and humility, anti-racism, unconscious bias, and, as appropriate, trauma-informed care

### BCCNM

Staff and committee members were offered several educational opportunities over the last year. Examples include:

- CSH collaboration series 2022 Part 1: DRIPA and UNDRIP with Joe Gallagher (Principal, Qoqoq Consulting; Vice President, Indigenous Health, Provincial Health Services Authority)
- Chair/Vice-Chair education session (including cultural safety)
- CSH collaboration series 2022 Part 2 (hosted by College of Dietitians of BC): Nutrition Experimentation and the Legacy of Residential Schools on the Health of Indigenous People (guest speaker: Ian Mosby)
- Book review with Joe Gallagher (*Structures of Indifference: An Indigenous Life and Death in a Canadian City*)
- Lunch & Learn – Governance 101
- Lunch & Learn – Navigating & Managing Conflict
- Lunch & Learn – CSH collaboration series 2023 part 1 (hosted by College of Dietitians of BC): *Health Professions and Occupations Act* and Cultural Safety & Humility (guest speakers: Brian Westgate and Lisa Fong)

BCCNM is developing a new-hire orientation that will acclimate new staff to our current progress on addressing Indigenous-specific racism. This will build into a separate education for current staff, contractors, and board and committee members.

### CPSBC

CPSBC continues to prioritize cultural safety training for employees and board and committee members. Training includes the San'yas Anti-Racism Indigenous Cultural Safety Training core module and the advanced training module Bystander to Ally (BTA). Ongoing education on illuminating implicit bias and trauma-informed practice is prioritized for the college's leadership team, and for all board and committee members.

### CPBC

Led by CPBC's Deputy Registrar, the college continues to provide monthly information and training sessions to staff, with the board driving CSH initiatives as part of the profession's governance. The college has recently expanded its Indigenous CSH commitment to include anti-racism initiatives in general as part of its mandate. Staff are required to complete ICSH-specific training as a core part of their professional development and customized training sessions have been held with Joe Gallagher and Robin Adams to provide content specific to regulators (e.g., complaints and investigations).

CPBC Registrar and Deputy Registrar have participated in the Flying V group as a component of the Safe Spaces Dialogue Series to address harm and inequity experienced by Indigenous board and committee members. The CPBC board Chair and an Indigenous board member also participated in this workshop series.

## 11. Broaden Indigenous participation on our boards and committees and staff teams

### BCCNM

Between attrition and new applications, Indigenous representation on BCCNM committees has remained consistently at 9.5% overall.

We hired an Indigenous Cultural Safety and Humility Consultant in 2022 to advise internal teams and build relationships. This person was recruited from a BCCNM committee, impacting the representation noted above. As mentioned previously, we are also recruiting an Indigenous person for the IDM team.

Two of 10 BCCNM board members have Indigenous heritage: one public and one registrar.

We are working to develop an Indigenous verification process to ensure elevated voices are representative of the communities and experiences served by BCCNM registrants.

Currently BCCNM is having pre-dialogue sessions with Indigenous board and committee members from various BCHR colleges about their experiences, illuminating how Indigenous-specific racism, white supremacy, and cultural unsafety operates in board and committee settings to develop a draft set of standards to address the above.

In consultation with local Knowledge Keepers and an Indigenous advisor, BCCNM is in the process of reviewing how to make its office space more culturally safe. We purchased art from a local Musqueam Nation artist for display in the main boardrooms.

### CPSBC

CPSBC currently has three board members who identify as Indigenous, including two appointed public members and one physician member, and three additional members who identify as Indigenous on its statutory committees:

- Drug Programs – Prescription Review Panel: two members
- Patient Relations, Professional Standards and Ethics Committee: one member
- Complaints and Practice Investigations – Inquiry Panels: three members

### CPBC

CPBC developed a Board Composition Matrix that makes recommendations for greater Indigenous representation on the board and is actively seeking to include individuals with an Indigenous background for leadership positions. A unique Indigenous leadership role has been outlined in the CPBC Commitment Statement for recruitment in 2024.

The Board Composition Matrix was developed and feedback from the BCHR Indigenous Engagement Group was incorporated, with the most recent version forwarded to the Crown Agencies and Board Resourcing Office for consideration when the HPOA is in force as it relates to regulatory body boards.

## 12. Promote anti-racism and Indigenous cultural safety and humility as core competencies for current and future health-care providers

### BCCNM

Cultural safety and humility education is now a mandatory part of the quality assurance self-assessment process for all registrants. Since 2022, registrants are asked the following questions:

- *I reflect on how my beliefs, values, biases, conduct, and position of power as a health-care provider may impact Indigenous clients' health-care experiences.*
- *I take action to identify, address, prevent, and eliminate indigenous-specific racism.*

In analyzing responses, registrants reported they regularly or usually reflect on the impact of their values, beliefs, biases, conduct, and position of power. Most registrants indicated that overt racism was not prevalent in their workplace; however, a few registrants indicated that they are taking action to combat racism by speaking out or reporting racist remarks/conduct and advocating for their Indigenous clients. Lastly, most registrants felt that they regularly or usually take action to combat Indigenous-specific racism in their workplace.

All BCCNM-recognized nursing and midwifery education programs were asked to confirm they have integrated the *Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Practice Standard* into their curricula; all programs confirmed they had done so as of September 2022.

BCCNM entry-level competencies are developed at a national level. Currently the LPN, RM, and RN entry-level competencies have been updated to reflect concepts of cultural safety and cultural humility. The NP entry-level competencies were updated in January 2023 and will go into effect in January 2024 to give education programs time to revise their curricula. The RPN entry-level competencies are being updated this year.

As part of the *Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Practice Standard*, the Regulatory Learning department developed a companion guide to help explain the concepts. BCCNM and CPSBC also developed learning videos as stated above and have pointed registrants to external resources for ongoing learning. BCCNM is also developing a pocket guide to support its registrants as mentioned above.

## CPSBC

CPSBC's accreditation programs—Diagnostic Accreditation Program (DAP) and Non-Hospital Medical Surgical Facility Accreditation Program (NHMSFAP), which are responsible for the accreditation of all public and private diagnostic and medical and surgical facilities in the province—developed a new standard on cultural safety, cultural humility, and anti-racism.

The purpose of this standard is to set clear expectations for the provision of culturally safe and anti-racist care for Indigenous patients in health-care facilities accredited by the DAP and the NHMSFAP.

The standard aligns with the principles in the college's *Indigenous Cultural Safety, Cultural Humility, and Anti-racism Practice Standard* for all registrants, which was implemented in February 2022 and was developed with input from Indigenous registrants, leaders, patients, health authorities, and other partners, and involved multiple consultations over approximately two years.

Standard criteria include:

- Staff and registrants engage in annual self-reflective exercises to evaluate their views, values, and beliefs of Indigenous Peoples.
- Staff and registrants undertake initial and ongoing education on Indigenous health, cultural safety, cultural humility, and anti-racism.
- Policies and procedures that address Indigenous-specific racism and discrimination.
- Policies and procedures for reporting and responding to Indigenous-specific racism and discrimination.
- Staff and registrants ensure safe health care for Indigenous patients that includes holistic care, respect, and empathy.

## CPBC

CPBC has created a CSH practice standard that all registrants are required to adhere to. The college is also developing other materials and consulting with education providers such as UBC and FNHA to ensure that CSH is a part of curriculum requirements for future students in addition to being available for registrants' professional development.

In allyship with FNHA, the BC Pharmacy Association, UBC, and the Ministry of Health, CPBC staff have visited multiple Northern First Nations communities and health centres to better understand the needs of these communities in receiving timely, effective, and accessible pharmacy care. Staff have also presented to pharmacy professionals in these areas to emphasize the importance of delivering culturally safe care and to provide learned insights on how Indigenous Peoples may wish to receive care.