



Dismantle Racism in Health Care: First Anniversary Report from Health-system Leaders

May 11, 2022

One year ago today, the four largest health regulatory colleges in British Columbia issued an apology to Indigenous Peoples and communities for the racism prevalent in our healthcare system.

As the leaders of these colleges, we are grateful to report on our actions and accomplishments for the past year. Both collaboratively and individually, we have made strides towards becoming anti-racist and supporting the health professionals we regulate to do the same. This ongoing work is guided by Indigenous Elders and professionals, the recommendations from the *In Plain Sight* report, and legal and ethical requirements.

Nevertheless, we recognize that upholding Indigenous rights, eliminating racism within the healthcare system, and earning the trust of Indigenous Peoples requires consistent and persistent concrete actions. We further recognize that practising cultural safety and humility, and using this knowledge to change practice, is an ongoing journey. Together with our partners, our path towards dismantling the racism built into our colonial healthcare system will continue.

Cynthia Johansen, Registrar and Chief Executive Officer, British Columbia College of Nurses and Midwives

Regulatory college for B.C.'s 63,000 licensed practical nurses, midwives, nurse practitioners, registered nurses, and registered psychiatric nurses

Dr. Chris Hacker, Registrar and Chief Executive Officer, College of Dental Surgeons of British Columbia

Regulatory college for B.C.'s 11,000 certified dental assistants, dental therapists, and dentists

Suzanne Solven, Registrar and Chief Executive Officer, College of Pharmacists of British Columbia

Regulatory college for B.C.'s 9,000 pharmacists and pharmacy technicians

Dr. Heidi Oetter, Registrar and Chief Executive Officer, College of Physicians and Surgeons of British Columbia

Regulatory college for B.C.'s 14,000 physicians and surgeons and podiatric surgeons

PROGRESS TOWARDS ACHIEVING OUR COMMITMENTS¹

In our joint apology, the [British Columbia College of Nurses and Midwives \(BCCNM\)](#), [College of Dental Surgeons of British Columbia \(CDSBC\)](#), [College of Pharmacists of British Columbia \(CPBC\)](#), and [College of Physicians and Surgeons of British Columbia \(CPSBC\)](#) declared our commitments to dismantling racism in the healthcare system and pledged to be anti-racist. The following are the commitments the four colleges made and the actions and accomplishments we have made for each commitment collectively and individually over the past year.

¹ Please note the actions listed in this report may apply to more than one commitment statement. The information has been harmonized to reduce duplication.

AS LEADERS, WE WILL:

1. *Apologize to Indigenous Peoples for the harms suffered in a racist healthcare system, of which we are a part.*

On May 11, 2021, the four colleges (BCCNM, CDSBC, CPBC, and CPSBC) issued a formal apology to Indigenous Peoples and communities for the racism prevalent in healthcare. The apology contains a pledge to be anti-racist and lists the actions the colleges will take to uphold Indigenous rights and address racism. The apology can be accessed from each of the college websites:

- [BCCNM](#) | [CDSBC](#) | [CPBC](#) | [CPSBC](#)

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

BCCNM	<p>On Sept. 30, 2021, BCCNM issued the action plan BCCNM's commitment: Constructive disruption to Indigenous-specific racism amongst B.C. nurses and midwives to address Indigenous-specific racism in healthcare. The action plan reflects BCCNM's commitment to enacting the recommendations put forth in the In Plain Sight report and lays out a roadmap for BCCNM to become a culturally safe and culturally humble regulatory agency. BCCNM committed to implementing the action plan as one of its strategic imperatives for 2021–2022.</p> <p>The action plan outlines 50+ steps to address eight of the recommendations from the <i>In Plain Sight</i> report. Several action items foster a speak-up culture throughout BCCNM and for its registrants, staff, board, and committee members.</p>
CDSBC	<p>The registrar and CEO sponsored the development of the staff Diversity and Inclusion Steering Committee and oversaw the launch of the first employee diversity survey.</p> <p>In 2021, CDSBC invited all staff to attend a two-day participatory workshop on Indigenous anti-racism called “Principled Engagement with Indigenous People” led by former <i>Saṇ'yas</i> facilitators Rain Daniels and Chelsey Branch.</p>
CPBC	<p>On June 29, 2020, CPBC published an article reaffirming that regulated health professionals have a duty to report racist behaviours in the healthcare system.</p> <p>Since 2017, CPBC has also regularly published articles in response to current events impacting the health and well-being of Indigenous Peoples in Canada, as well as in celebration of Indigenous culture. These articles are intended to raise awareness among registrants of the social and historical factors impacting Indigenous communities, as well as provide them with valuable perspectives to incorporate into their practices to help ensure the provision of culturally safe care.</p> <p>These articles are compiled in CPBC's Cultural Safety and Humility Article Series.</p>
CPSBC	<p>In the fall of 2020, CPSBC's board added a new pillar to the 2021–2024 Strategic Plan focused on cultural safety and humility. The new pillar addresses Indigenous-specific systemic racism by embedding cultural safety and humility into its regulatory processes, daily operations, governance structures, and practice standards.</p>

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

Collectively and with other BC Health Regulators (BCHR) – A community of practice was created for all Indigenous board and committee members from all BCHR colleges to meet monthly. The forum, facilitated by Indigenous Advisor Joe Gallagher of Qoqoq Consulting, is to provide support to Indigenous members and recognize their unique positions on boards and committees.

BCCNM	<p>Action #6 of BCCNM's action plan is to recruit and support Indigenous individuals to leadership and decision-making roles to oversee, inform, and promote system change. To pursue this action, BCCNM created an overall Equity, Diversity, and Inclusion (EDI) strategy for recruitment, with a goal of at least 10% of committee members be Indigenous members.</p> <p>The competencies matrices for board and committees were updated to ensure competencies and education regarding cultural safety and humility are clearly articulated and sought. As of April 2022, the Indigenous membership on BCCNM's Inquiry and Discipline committees is over 10% and on overall committees is at 8.9%.</p> <p>BCCNM also reviewed and updated job postings to reflect its commitment to diversifying its employee representation and specifically recruiting Indigenous applicants.</p>
CDSBC	<p>The CEO is overseeing the development of a new accountability-based organizational structure for the new amalgamated oral health college. Cultural safety and humility are included in the portfolio of senior leadership team member(s).</p>
CPBC	<p>CPBC developed a <i>Workplace Diversity policy</i> and a <i>Health and Wellness policy</i>, which have been added to CPBC's employee handbook.</p> <p>The new <i>Workplace Diversity policy</i> includes expectations for employment equity, including for indigenous Peoples. All job postings now reflect the college's diversity commitment.</p> <p>CPBC's management team participated in four training sessions hosted by Joe Gallagher and Knowledge Keeper and Elder Sulksun (Shane Pointe), focused on dismantling Indigenous-specific racism. As part of these sessions, CPBC management team members were asked to develop and commit to short- and long-term actions to address Indigenous-specific racism within their individual portfolios.</p>
CPSBC	<p>Every department at CPSBC is required to identify specific activities and reporting metrics in their annual business plans aligned with the four pillars in the 2021–2024 strategic plan, which includes cultural safety and humility. Progress towards the KPIs is reported to the board twice in a fiscal year.</p>

AS HEALTH REGULATORY COLLEGES, WE WILL:

1. *Draw on Indigenous Knowledge Keepers and professionals to guide our work.*

Each of the four colleges consulted various Indigenous Elders, Knowledge Carriers, Knowledge Keepers, advisors, or consultants to guide their work. They also jointly offered a series of lunch-and-learn sessions, presented by an Indigenous Advisor or Consultant, to build on the learnings of cultural safety and humility for board, committee, and staff members.

BCCNM	<p>BCCNM engaged and consulted Joe Gallagher, Syexwáliya (Ann Whonnock), Davis McKenzie, and Shane Pointe on matters as needed. For example, Joe Gallagher acted as BCCNM’s cultural safety and humility advisor. During this time, he provided training to its board members which led to the cultural safety and humility strategy in BCCNM’s strategic plan. Joe Gallagher also supported BCCNM’s leaders on working towards constructive disruption to Indigenous-specific racism in B.C. healthcare. Further, most of BCCNM’s important events will be opened and closed by an Indigenous Knowledge Keeper or Carrier.</p> <p>Working collaboratively with CPSBC and drawing on the knowledge of Indigenous professionals, BCCNM created a new standard on Indigenous cultural safety, cultural humility, and anti-racism for its registrants. BCCNM has also involved an Indigenous advisor and consultant in their vendor selection for a complaints process reviewer and in the recruitment of an Indigenous cultural safety and humility consultant.</p>
CDSBC	<p>CDSBC’s 2021 annual meeting was opened and closed by Shane Pointe.</p> <p>CDSBC partnered with two other colleges on a lunch-and-learn event series to raise awareness of cultural safety and humility, trauma, and Indigenous-specific racism in healthcare.</p>
CPBC	<p>CPBC worked with Joe Gallagher and Shane Pointe to develop and implement a series of engagement sessions for CPBC leadership, focused on building knowledge of Indigenous-specific racism within society generally and also in healthcare specifically, as well as developing concrete actions to address these issues. Joe Gallagher also conducted education sessions for CPBC’s board.</p> <p>CPBC welcomed Indigenous Knowledge Keepers Syexwáliya (Ann Whonnock) and Shane Pointe to open its 2019 and 2020 annual general meetings, respectively. Syexwáliya and Shane welcomed meeting participants to the unceded Coast Salish territories of the Squamish, Tsleil-Waututh, and Musqueam Nations and led the group through an opening prayer and song.</p>
CPSBC	<p>CPSBC sincerely appreciates the wisdom and leadership of Joe Gallagher, Davis McKenzie, and Shane Pointe who helped guide the development of the standard Indigenous cultural safety, cultural humility, and anti-racism, and offered CPSBC the opportunity to meet with Indigenous members of the public, registrants, and other health partners who shared their experiences and feedback throughout the development process. Indigenous consultants have also been engaged to review the complaints process and make recommendations for change to ensure it is safe, accessible, and culturally appropriate for Indigenous Peoples.</p>

2. Provide education and develop practice standards to ensure Indigenous Peoples receive culturally safe healthcare.

BCCNM	<p>In collaboration with CPSBC and in consultation with Indigenous Peoples, professionals, and partners, members of the public, registrants, leaders, clients, health authorities, and academic partners throughout the healthcare system, BCCNM created a new standard for its registrants—Indigenous cultural safety, cultural humility, and anti-racism—which came into effect on Feb. 25, 2022.</p> <p>BCCNM is building learning resources with CPSBC to support registrants to meet the new standard. It also encourages registrants through regular newsletter communication to use the resources as a component of meeting BCCNM’s annual quality assurance requirements.</p>
CDSBC	<p>CDSBC revised its committee orientation program to include content about Indigenous-specific racism and the <i>In Plain Sight</i> report.</p> <p>Members of its board and staff have attended all the symposiums or educational events offered by its partner organizations, including the First Nations Health Authority, and multiple educational events organized by the BC Health Regulators.</p> <p>CDSBC has promoted the <i>San’yas</i> cultural safety course to its registrants. The course also features as a tool in CDSBC’s complaints resolution process to educate registrants on cultural safety.</p>
CPBC	<p>In addition to publishing an article on registrants’ duty to report racist behaviours in the healthcare system, CPBC also encouraged registrants to provide input into anti-racism legislation in B.C.</p> <p>Since 2017, CPBC has continued to produce and publish ReadLinks articles on its website focused on highlighting the culture and experiences of Indigenous Peoples in B.C., the importance of acknowledging racism in healthcare, and the role of cultural humility and safety in providing care.</p> <p>CPBC raised awareness of National Indigenous Peoples Day and shared resources to help health professionals practice culturally safe patient care. CPBC also raised awareness of the impacts of residential schools on First Nations communities through participation in Orange Shirt Day, and by sharing information with pharmacy professionals and hosting a virtual Orange Shirt Day ceremony with college staff.</p>
CPSBC	<p>CPSBC put a significant amount of time and resources into developing the new Indigenous cultural safety, cultural humility and anti-racism practice standard, which was published on Feb. 25, 2022. This standard was developed in collaboration with BCCNM, Indigenous partners, members of the public, registrants, and key health partners.</p> <p>Publishing the practice standard marked a big milestone for this work; however, CPSBC realizes that the practice standard will need to exist as a dynamic document that can adapt to continue to meet the needs of Indigenous patients over time. CPSBC looks forward to continually reviewing and strengthening the practice standard in collaboration with its many partners.</p> <p>CPSBC also published a series of supporting educational resources for registrants.</p>

3. Invest in supports and remove barriers to ensure that Indigenous Peoples do not feel isolated or unsafe when filing a complaint.

BCCNM

BCCNM issued a request for proposal for the review of BCCNM’s complaints process to reflect the principles of cultural safety, cultural humility, and anti-racism, and is in the process of selecting the right vendor to undertake the project. The project goals are:

- Review the complaints process and provide recommendations that would make the system anti-racist and reflect principles of cultural safety and humility.
- Bring an Indigenous lens and knowledge of Indigenous ways of knowing and make recommendations to decolonize the BCCNM complaints process.
- Consider and recommend structures, policies, practices, norms, and values that will increase Indigenous Peoples’ trust in the system, facilitate access to the complaints process, and create pathways to a resolution process acceptable to Indigenous complainants.
- Note where recommendations for changes to BCCNM’s process may require changes to the HPA.
- Make recommendations to ensure BCCNM’s complaints process is meeting the legislative framework of the Declaration of the Rights of Indigenous Peoples Act (DRIPA) and ultimately reflects the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).
- Make recommendations to ensure BCCNM’s *Indigenous cultural safety, cultural humility, and anti-racism* practice standard is upheld through the complaints process.

CDSBC

In 2020, as part of its Action Plan Commitment to the Minister of Health to address the Cayton Report, CDSBC revised and repopulated its committee structure. The application process was competency-based; all applicants were asked to bring or be willing to learn skills, practices, and knowledge to support strong decision-making in the public interest including cultural safety and humility. This was defined as:

Hav[ing] an ongoing learning, appreciation and respect for unique perspectives, cultural contexts, power imbalances, and biases in deliberation and decision-making, and recognition of the role the College plays in fostering culturally safe, humble, respectful, and quality health care, through its cultural safety and humility commitments.”

Applicants were asked to explain any diverse perspectives, experience, or background they would bring to CDSBC committees.

CDSBC has set targets for board and committee members to complete the *San’yas* Indigenous Cultural Safety Training Program, beginning with the three committees whose work is most closely related to the experience of patients and the public, i.e., the Standards & Guidance, Patient Relations, and Inquiry committees. CDSBC’s intent is that 100% of the board and committee members will have completed the course.

CDSBC—along with BCCNM, CPSBC, and CPBC—participates in the BC Public Advisory Network, which connects patients and the public with health professions regulators. Discussion topics have included making the complaints process more culturally safe. Sixteen new public advisors were recruited to reflect the diversity of B.C.’s population, including four Indigenous advisors.

3. Invest in supports and remove barriers to ensure that Indigenous Peoples do not feel isolated or unsafe when filing a complaint.

CPBC

CPBC has begun planning an external review of its complaints process with a cultural safety and humility lens to ensure it addresses the recommendations from the *In Plain Sight* report and to determine how to make the process safer for Indigenous Peoples. This review is set to begin later this year.

Members of CPBC's senior leadership team have been involved in dialogue sessions hosted by the BC Ministry of Health and the BC Patient Safety and Quality Council focused on Improving the Indigenous Patient Complaints Process.

CPSBC

CPSBC is currently undertaking a critical review of the current state of its complaints process to address the following questions:

- What are the barriers and enablers to its utilization?
- How does it uphold the B.C. Declaration of Commitment to Cultural Safety and Humility in health services?
- How are reporting relationships currently established with Indigenous Peoples, communities, and organizations?
- How does it respect the diversity of Indigenous Peoples and communities?
- How is it informed by Indigenous knowledge?
- How is it pertinent and useful to Indigenous Peoples?

CPSBC will analyze and synthesize findings to craft a future state of the complaints process that addresses the recommendations from the *In Plain Sight* report, including but not limited to:

- Bylaw and policy changes required to implement anti-racism and cultural safety perspectives that align with the UN Declaration as required by the Declaration on the Rights of Indigenous Peoples Act; should changes to the Health Professionals Act be enacted, the experts will need to take them into account in their efforts and deliverables.
- Removing barriers to utilization
- Identifying activities (support roles, training and education, protocols, policies, and procedures) to create a desired future state
- Identifying risks associated with meeting, or not achieving, productive outcomes of these activities
- Identifying how restorative justice and early dispute resolution pathways for Indigenous Peoples can be incorporated into complaint processes, if chosen
- Guidance on how potential shifts in process can be consistent, where appropriate, with the larger health system response led by the Ministry of Health

CPSBC's complaints department has recently reviewed its complaint categories and intends to add a specific category for Indigenous-specific discrimination. These categories will be reviewed by Indigenous leaders prior to implementation.

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

BCCNM, CDSBC, and CPBC jointly offered a series of lunch-and-learn sessions, presented by an Indigenous advisor or consultant, to build on the learnings of cultural safety and humility for board, committee, and staff members.

- July 7, 2021 – Presentation on the findings of the *In Plain Sight* report by Harmony Johnson, who served as executive director of the investigation into Indigenous-specific racism in BC's health care system
- September 15, 2021 – Presentation on how regulators should make space for trauma and cultural humility by Métis lawyer Myrna McCallum
- December 7, 2021 – Talk on “Two-eyed seeing” in health care: Exploring how Indigenous knowledge and western medicine can work together by Dr. Evan Adams, Deputy Chief Medical Officer of Public Health, First Nation and Inuit Health Branch, Indigenous Services Canada

BCCNM	<p>BCCNM held many training sessions and offered learning opportunities to board, committee, and staff members. For example:</p> <ul style="list-style-type: none"> • Information sessions reviewing and discussing findings and recommendations of the <i>In Plain Sight</i> report for board and senior staff • Book discussion with Joe Gallagher: <i>21 Things you may not know about the Indian Act</i>, for board and committee members • Organization-wide training on unconscious bias • A four-part series on self-directed learning in Indigenous-specific anti-racist health leadership, as recommended by Indigenous advisors for staff. The series included settler colonialism, privilege, how Indigenous-specific racism is operating in your sphere of influence, and organizing and strategizing to act • Self-guided training opportunities by Indigenous Relations Academy, founded by Bob Joseph • Specialized training in trauma-informed practice with Myrna McCallum for Inquiry staff members • Workshops on Remembering Keegan: A BC First Nations case study <p>BCCNM is also developing orientation materials on cultural safety and humility for board and committee members, which will be used in orienting current and new members. BCCNM also increased its library resources on cultural safety and humility.</p>
CDSBC	<p>Like many of its fellow regulators, CDSBC has incorporated a land acknowledgment into its formal meetings, on agendas, and within email signatures.</p> <p>Members of the Inquiry Committee and the Complaints team attended a presentation by trauma expert Dr. Lori Haskell, called “Trauma-informed investigations: Understanding the neurobiology of trauma.”</p>
CPBC	<p>CPBC’s Board and Leadership Team have taken part in multiple training sessions focused on Indigenous-specific racism and cultural safety and humility hosted by Joe Gallagher of Qoqoq Consulting.</p> <p>CPBC’s onboarding process for new committee members includes an orientation on the <i>In Plain Sight</i> report, as well as the college’s cultural safety and humility activities.</p>

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

CPBC

CPBC has hosted a number of training sessions and panel discussions for staff, also focused on Indigenous-specific racism, cultural safety and humility, and unconscious bias. These sessions have been facilitated by Joe Gallagher and representatives of Bakau Consulting. A number of CPBC board members and management staff have also completed the San’yas Indigenous Cultural Safety Training Program. Completion of this program has been incorporated as a mandatory part of both the onboarding process for new board members and the performance evaluation process for management staff.

CPSBC

All CPSBC board members and senior management team members have completed the San’yas Indigenous Cultural Safety Training Program.

Members of the Inquiry, Registration, and Non-Hospital Medical and Surgical Facilities Accreditation Program committees have undergone training on the illumination of implicit bias, offered through a combination of a seminar produced by the Continuing Legal Education Society of BC and outside counsel who created targeted offerings for each group; each group session included learning how to have more constructive and respectful discussions of biases as they arise, and to be aware of and address them effectively.

All Inquiry Committee members who adjudicate serious complaints have undergone specialized training in trauma-informed practice; Dr. Lori Haskell led the initial training, and Myrna McCallum is retained as a consultant to refine internal processes.

5. Broaden Indigenous participation on our boards and committees and staff teams.

BCCNM

BCCNM currently has one Indigenous board member. As mentioned above, BCCNM aims to have Indigenous representation and knowledge on board and committees and encourages applications from Indigenous Peoples to join its committees. The competencies matrices for board and committees were updated to ensure competencies and education regarding cultural safety and humility are clearly articulated and sought. BCCNM is committed to reaching a goal of at least 10% Indigenous representation on its committees. As of April 2022, the Indigenous membership on BCCNM’s Inquiry and Discipline committees is over 10% and on the overall committees is 9%.

BCCNM also reviewed and updated job postings to reflect its commitment to diversifying its employee representation and specifically intentionally recruiting Indigenous applicants.

CDSBC

In 2021, CDSBC recruited an Indigenous dentist for a vacant registrant position on the 2021/22 board and recruited an Indigenous public member to serve on the Patient Relations committee.

CPBC

CPBC has one board member who identifies as Indigenous, and it aims to hire at least one Indigenous person into a leadership position in 2022.

CPSBC

CPSBC currently has two board members who are Indigenous. Most panels of the Inquiry Committee include at least one Indigenous person recommended by the First Nations Health Authority (FNHA).

6. Promote anti-racism and Indigenous cultural safety and humility as core competencies for current and future healthcare providers.

In collaboration with other BC Health Regulators (BCHR) - The BCHR Cultural Safety Task Force is developing a resource toolkit—[Health Profession Regulator’s Indigenous Cultural Safety & Humility Education Toolkit](#)—that can be used by each college to develop and implement a mandatory Indigenous cultural safety and humility (ICS&H) education framework that aligns with individual regulatory requirements and the practice environments of its registrants. This collaborative project minimizes duplication efforts and aligns the colleges in their approach to ICS&H education for registrants. The goal of this educational resource is to establish an entry-level ICS&H competency standard (based on knowledge, skills, and attributes) for individuals who are new/returning to a regulated health profession in B.C. or new to practice in this province, and to support the ongoing development and maintenance of the ICS&H knowledge and skills required for regulated health professionals.

BCCNM

B.C. First Nations have a health governance partnership with the province of B.C. In 2006, the parties identified “practicing certified First Nations health care professionals” as an indicator of progress of the Transformative Change Accord: First Nations Health Plan. This data will be used to inform reporting on this indicator. In partnership and collaboration with the First Nations Health Authority, BCCNM has been collecting data about the Indigenous status of registrants during registration renewal.

BCCNM has communicated its expectation that recognized education programs integrate the new standard on Indigenous cultural safety, cultural humility, and anti-racism into program curriculum. It has also collaborated with national regulators to ensure cultural safety and humility and Indigenous-specific racism are adequately addressed in the entry-level competencies for the health professions they regulate.

CDSBC

CDSBC contributes to UBC Dentistry’s curriculum by delivering content to students at various times in its program. CDSBC’s CEO delivers the presentations to incoming dentistry students as part of the orientation process and 4th year students preparing to graduate. In 2021, these presentations were re-imagined:

- The CEO co-presented with Musqueam Knowledge Keeper Shane Pointe.
- The content highlighted cultural safety and Indigenous-specific racism and introduced the concept of individual accountability in addressing health inequities.
- In contrast to the traditional focus on information and facts about the college, CDSBC has reframed the content to focus on defining competent, safe care in the context of the *In Plain Sight* report, and why not everyone in B.C. receives that level of care.

CDSBC collects data from registrants as part of the annual renewal process, with the results published in the annual report:

- Whether they have completed the *San’yas* Indigenous Cultural Safety Training Program
- Whether they identify as Indigenous

CPBC

As part of the BC Health Regulators Cultural Safety Task Force, CPBC developed the Health Profession Regulator’s Indigenous Cultural Safety and Humility Education Toolkit proposal, which was approved by the BC Health Regulators.

6. Promote anti-racism and Indigenous cultural safety and humility as core competencies for current and future healthcare providers.

CPBC is in discussions with the University of British Columbia to develop pharmacy-specific cultural safety and humility resources for pharmacists. UBC has confirmed that it intends to add cultural safety and humility as core content in PharmD curriculum, and CPBC continues to collaborate with the university on this subject.

CPSBC has an important role to play in ensuring registrants practise medicine with awareness and create environments free of racism and discrimination, where people feel safe accessing, making decisions about, and receiving care. Since 2016, CPSBC has collected data from registrants on the Annual Licence Renewal Form about:

- Whether they have completed the *San'yas* Indigenous Cultural Safety Training Program
- Whether they identify as Indigenous

CPSBC provides aggregate numbers to the First Nations Health Authority.

CPSBC

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

BCCNM	<p>BCCNM has continued to build on its partnerships with Indigenous organizations and Indigenous rights holders. It has worked closely with Indigenous Elders, Knowledge Carriers, Knowledge Keepers, advisors, and consultants to guide its work in meeting its action plan.</p>
CDSBC	<p>CDSBC has had a formal relationship with the First Nations Health Authority since dental therapists became regulated by CDSBC and is continuing to collaborate with them.</p> <p>For the first National Day of Truth and Reconciliation on Sept. 30, 2021, CDSBC staff had the option to take paid time away from work to participate in a community event, or to participate in the programming arranged by CDSBC to build understanding of the legacy and ongoing trauma associated with residential schools.</p> <p>The National Centre for Truth and Reconciliation invited all Canadians to wear orange and “light up” their communities. CDSBC invited all staff to receive an official orange shirt, and more than 40 of them wore theirs on Sept. 30.</p>
CPBC	<p>CPBC regularly engages the First Nations Health Authority to consult on its bylaws and policy development, as well as to further its understanding of the challenges faced by Indigenous Peoples in pharmacy care in B.C. and potential solutions to these challenges.</p>
CPSBC	<p>CPSBC leaders met with Dawn Thomas, Associate Deputy Minister, Indigenous Health and Reconciliation in 2021 and continued to work with her office during the development of the <i>Cultural safety, cultural humility, and anti-racism</i> practice standard. CPSBC worked closely with FNHA's Chief Medical Office to develop the practice standard. In May 2020, CPSBC released a joint public statement with FNHA on misleading COVID-19 information, which was targeting Indigenous communities.</p>

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

BCCNM

BCCNM issued an action plan [BCCNM's commitment: Constructive disruption to Indigenous-specific racism amongst B.C. nurses and midwives](#) to reflect its commitment to enacting the recommendations put forth in the *In Plain Sight* report. The plan lays out a roadmap for concrete actions and steps, some of which require BCCNM to work with its fellow provincial health regulators.

CDSBC

CDSBC participates in regular meetings with the CEOs of BCCNM, CPBC, and CPSBC, as well as Indigenous leaders Joe Gallagher and Shane Pointe.

CDSBC collects and publishes data on the number of registrants who self-identify as Indigenous.

CPBC

As part of the BC Health Regulators Cultural Safety Task Force, CPBC developed a Health Profession Regulator's Indigenous Cultural Safety and Humility Education Toolkit proposal, which was approved by the BC Health Regulators.

CPBC is working with the BC Health Regulators to develop and implement a cultural safety and humility practice standard.

CPBC is updating its strategic plan to create a clear path forward for action related to its cultural safety and humility journey. As part of the updates to its strategic plan, CPBC will be incorporating a cultural safety and humility focus area to clearly articulate its commitment to this work.

CPSBC

CPSBC:

- Added a new distinct pillar on cultural safety and humility to its 2021–2024 Strategic Plan
- Offered a humble apology to Indigenous Peoples who have experienced racism while engaging with the college and its registrants
- Ensured the board and committees have Indigenous representation around governance tables
- Provided ongoing cultural safety and humility training and education for board and committee members, medical consultants and assessors, and staff, including workshops on unconscious bias and trauma-informed practice
- Implemented a new *Indigenous cultural safety, cultural humility, and anti-racism* practice standard for registrants
- Launched a significant re-branding effort
- Started a critical review of the current complaints process
- Hired a First Nations complaints navigator to assist complainants throughout the process

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

BCCNM	<p>Action #2.1 and #2.2 of BCCNM’s action plan BCCNM's commitment: Constructive disruption to Indigenous-specific racism amongst B.C. nurses and midwives set out BCCNM’s strategy to advocate for change to the Health Professions Act that supports a culturally safe complaints process. These actions also support, inform, and implement changes brought forward by the Ministry of Health to the Health Professions Act that address complaints of Indigenous-specific racism. Together with other BC Health Regulator colleges, BCCNM submitted recommendations and feedback on changes to the Health Professions Act.</p>
CDSBC	<p>CDSBC regulates dental therapists who provide care in First Nations communities, particularly in remote and isolated locations. CDSBC is engaged in ongoing and proactive discussions with dental therapists to discuss their concerns regarding their ability to provide appropriate and required care.</p> <p>CDSBC has taken deliberate steps to raise the profile of dental therapists, including by:</p> <ul style="list-style-type: none"> • Revising its bylaws in 2019 to allow for a dental therapist to be elected to the CDSBC board • Revising its bylaws in 2019 to allow dental therapists to vote for any elected position on the CDSBC board <p>In response to the engagement phase (2020) of the all-party steering committee on the modernization of health profession regulation, CDSBC’s submission recommended specific action that would support a consistent approach to cultural safety and humility by regulators.</p>
CPBC	<p>CPBC is working with the BC Health Regulators to develop and implement a cultural safety and humility practice standard. It will be conducting a review of its complaints processes, and as part of that work, will implement any changes in CPBC requirements, as needed.</p> <p>CPBC has begun planning an external review of its complaints process with a cultural safety and humility lens to ensure it addresses the recommendations from the <i>In Plain Sight report</i> and to determine how to make the process safer for Indigenous Peoples. This review is set to begin later this year.</p>
CPSBC	<p>CPSBC submitted several recommendations to the government on modernizing the Health Professions Act. Amendments to the Act are being reviewed and discussed now.</p>