

BCCNM'S COMMITMENT TO ACTION: 2023–24

# Redressing Harm to Indigenous Peoples in the Health-care System

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## Redress (verb)

From Merriam-Webster Dictionary

- 1.) to set right: REMEDY
- 2.) to make up for: COMPENSATE



## The significance of cedar baskets

Cedar baskets are significant to First Nations in many parts of coastal British Columbia and further inland. They are used or have been used for cooking, storing, and transporting food and medicines. Some cedar baskets are woven to serve as baby bassinets. Weavers are so skilled that, if desired, baskets could be woven to be watertight. Regardless of the style or purpose of the basket, they are received as a cherished gift. They are typically made by using the inner bark or roots of the cedar. There are protocols and cultural teachings around the harvesting of these organic materials. For example, the cedar's growth cycle is respected, and the bark or roots are only harvested during certain times of the year.

Elder Sulksun of the x<sup>w</sup>məθk<sup>w</sup>əy̓əm (Musqueam) Nation has been a key advisor to BCCNM in developing our approach to redressing harm caused by the health-care system. As part of that redress, Sulksun has reminded us that we must centre the knowledge and experiences of Indigenous Peoples. Cedar baskets represent centuries of knowledge and are made with love and purposeful intent. We have incorporated the theme of cedar baskets into the Redress Plan, honouring the Indigenous teachings that have been shared with BCCNM staff.

We are going to carry this work with the utmost importance and significance and honour the information and perspectives we have been gifted to improve the work of BCCNM in the future.



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*This basket is a cedar root basket (left) with lid (right). It is coil woven and round. The lid was designed with a centre hole. This is a crochet basket. The ball of wool or thread would go inside the basket and the hole in the centre of the lid is for the strand of thread or wool to come out of. The maker of this basket is Mrs. David from Th'éwá:li (Soowahlie) First Nation, a community of the Ts'elxwéyeqw Tribe, one of the tribes of the Stó:lō (People of the River), a part of the broader Coast Salish collective.*



## Territorial acknowledgement

BCCNM's office is located on the unceded territories of the hən̓q̓əmin̓əŋ' speaking peoples—x<sup>w</sup>məθk<sup>w</sup>əy̓əm (Musqueam) and səííłwítulh (Tsleil-Waututh) Nations—and the Sk̓wx̓wú7mesh-úlh Sníchim speaking peoples—Sk̓wx̓wú7mesh Úxwumixw (Squamish) Nation—whose historical relationships with the land continue to this day.

BCCNM regulates nurses and midwives practising in the province of B.C. We also acknowledge that BCCNM serves all people living in the traditional and unceded territories of over 200 First Nations and Indigenous people from all parts of British Columbia. In this plan, Indigenous refers to First Nations, Métis and Inuit Peoples in Canada.

## Introduction

On Nov. 30, 2020, B.C. Minister of Health Adrian Dix released findings from an independent review into the extent of Indigenous-specific racism in B.C.'s health-care system. The report *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* highlighted the devastating and ongoing impact of Indigenous-specific racism on Indigenous Peoples in B.C.

As a health regulator, BCCNM is driven by our purpose to create unshakeable confidence in nursing and midwifery care, protecting the public by ensuring that nurses and midwives provide safe, competent, and ethical care. The *In Plain Sight* report shone an indisputable light on the fact that First Nations, Métis, and Inuit Peoples are not receiving the care they are entitled to, but instead have experienced pervasive racism, discrimination, and culturally unsafe care that violates our public protection mandate.

These findings were reinforced with the publication, in February 2022, of [\*Remembering Keegan: A B.C. First Nations Case Study Reflection\*](#). This case study reviews the circumstances that led to the death of Keegan Combes in a B.C.-based hospital. The case study, which was gifted to health-system partners in a ceremony by Keegan's family and First Nations Health Authority, confirms what Indigenous Peoples have been telling health-system leaders all along: Indigenous-specific racism in the health-care system continues to cause harm to Indigenous people and communities.


There is an urgent need for all partners in the health-care system to take swift and decisive action to dismantle the systemic racism that has led to demonstrably poor health outcomes for Indigenous

Peoples. BCCNM has a responsibility to play a lead role alongside our partners in transforming the health-care system into a place where Indigenous people see themselves reflected and respected, where they feel safe to access the system knowing they will receive the highest quality of care, where they will be treated with respect, and where they will receive culturally safe and appropriate services.

It is time to set things right, to uphold human rights and to redress a system that was designed to eradicate Indigenous Peoples.



*This basket is a round coiled cedar root basket decorated with an imbricated design using cherry bark and wild grain stem. The maker of this basket is Mrs. David from Th'ewá:li (Soowahlie) First Nation, a community of the Ts'elxwéyeqw Tribe, one of the tribes of the Stó:lō (People of the River), a part of the broader Coast Salish collective.*



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## Our journey

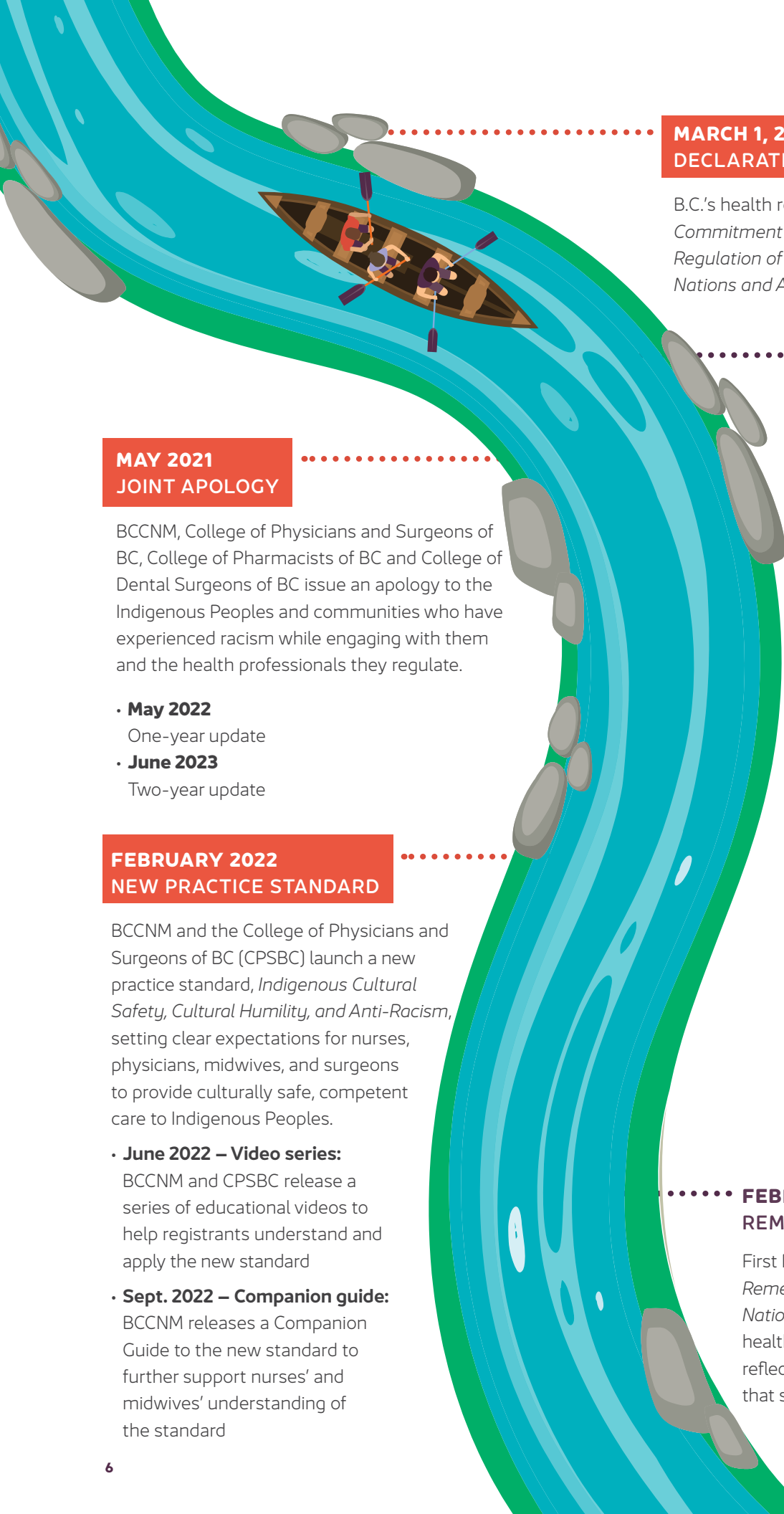
Our reconciliation journey began in 2017, when all of B.C.'s health profession regulators pledged their commitment to making our health-care system more culturally safe for Indigenous Peoples. Following this landmark moment, the college took steps to embed the principles of cultural safety and humility into the organizational culture, its governance structure, as well as its strategic and operational plans.

But the release of the *In Plain Sight* report in 2020 was a galvanizing force for BCCNM. It forced us to confront our own role in perpetuating anti-Indigenous racism in health care and commit to taking bold action to reconcile past atrocities. Since then, we have:

- **May 2021:** joined with B.C.'s three other largest health regulators to formally apologize to Indigenous Peoples and communities who have experienced racism while engaging with us and the health professionals we regulate
- **Sept. 2021:** published an action plan (*Commitment to Action*) for enacting the recommendations put forth in the *In Plain Sight* report
- **Feb. 2022:** introduced, in partnership with the College of Physicians and Surgeons of BC, a practice standard that clearly sets out expectations for registrants to provide culturally safe and humble care, while supporting anti-racist practice in health care
- **March 2022:** initiated work to decolonize our complaints process, engaging an independent consultant to review our current processes and provide explicit recommendations to make them more accessible and culturally safe for Indigenous Peoples
- **May 2022:** shared a joint update on the one-year anniversary of our joint apology
- **Sept. 2022:** shared a progress report on the one-year anniversary of our *Commitment to Action* Plan, having completed more than half of our 50-plus action items



*This basket lid—which accompanies the basket on page 3—was designed with a small handle in the centre and decorated with an imbricated design using cherry bark and wild grain stem. The maker of this basket lid is Mrs. David from Th'ewá:li (Soowahlie) First Nation, a community of the Ts'elxwéyeqw Tribe, one of the tribes of the Stó:lō (People of the River), a part of the broader Coast Salish collective.*



**MARCH 1, 2017  
DECLARATION OF COMMITMENT**

B.C.'s health regulators sign *Declaration of Commitment – Cultural Safety and Humility in the Regulation of Health Professionals Serving First Nations and Aboriginal People in British Columbia*

**NOVEMBER 2020  
IN PLAIN SIGHT**

The *In Plain Sight* report is released, demonstrating the devastating impact Indigenous-specific racism has on health outcomes for Indigenous people in B.C.

**MAY 2021  
JOINT APOLOGY**

BCCNM, College of Physicians and Surgeons of BC, College of Pharmacists of BC and College of Dental Surgeons of BC issue an apology to the Indigenous Peoples and communities who have experienced racism while engaging with them and the health professionals they regulate.

- **May 2022**  
One-year update
- **June 2023**  
Two-year update

**SEPTEMBER 2021  
COMMITMENT  
TO ACTION**

BCCNM releases *Constructive Disruption*, our action plan committing to enacting recommendations put forth in *In Plain Sight* and laying out a roadmap to follow as we work to make the health-care system culturally safe for Indigenous Peoples

- **September 2022**  
One-year update

**FEBRUARY 2022  
NEW PRACTICE STANDARD**

BCCNM and the College of Physicians and Surgeons of BC (CPSBC) launch a new practice standard, *Indigenous Cultural Safety, Cultural Humility, and Anti-Racism*, setting clear expectations for nurses, physicians, midwives, and surgeons to provide culturally safe, competent care to Indigenous Peoples.

- **June 2022 – Video series:**  
BCCNM and CPSBC release a series of educational videos to help registrants understand and apply the new standard
- **Sept. 2022 – Companion guide:**  
BCCNM releases a Companion Guide to the new standard to further support nurses' and midwives' understanding of the standard

**FEBRUARY 2022  
REMEMBERING KEEGAN**

First Nations Health Authority gifts *Remembering Keegan: a BC First Nations Case Study Reflection* to help health professionals learn from and reflect on personal and systemic biases that shape their practice



**MARCH 2022 | REVIEW OF COMPLAINTS PROCESS**

BCCNM commissions review of our complaints process to reflect the principles of cultural safety, cultural humility, and anti-racism

• **December 2022 – Review completed**

BCCNM receives the report and begins work to implement recommendations

• **April 2023 – Report released**

BCCNM shares the report on its website

**NOVEMBER 2022  
NEW LEGISLATION APPROVED**

The new *Health Professions and Occupations Act* receives Royal Assent. The legislation codifies requirements for health regulators regarding culturally safe care for Indigenous Peoples

••• **MARCH 2022 | LAUNCH OF DRIPA ACTION PLAN**

Government of B.C. releases the *Declaration on the Rights of Indigenous Peoples Act* Action Plan, laying out 89 priority actions to advance the work to meet its United Nations Declaration of the Rights of Indigenous Peoples objectives over the next five years, in consultation and cooperation with Indigenous Peoples

••• **SEPTEMBER 2022 | BCPSQC SHARING CONCERNS GUIDE**

B.C. Patient Safety Quality Council conducts provincial dialogue and creates *Sharing Concerns*, a list of principles intended to lay the foundation for creating a safe, accessible, and meaningful process for Indigenous patients and families to share their experiences within B.C.'s health system

**APRIL 2023 | REDRESSING HARM PLAN RELEASED**

BCCNM launches 2023 Action Plan: *Redressing Harm to Indigenous Peoples in the Health-care System*, including our commitments for the coming years and the path forward on our journey towards reconciliation



# Redressing harm: from willingness to readiness

Reconciliation is an ongoing journey. The one-year anniversary of our *Commitment to Action* Plan gave us time to honour our achievements to date, as well as reflect on the recommendations and commitments that were still outstanding.

As the largest health regulator in Western Canada, BCCNM has a unique opportunity to influence the health professionals we regulate, as well as the broader health-care system, to break the cycle of racism, and improve health outcomes for Indigenous Peoples. BCCNM has pledged to become culturally safe and anti-racist, and to support the health professionals we regulate to do the same. Within our five-year [Strategic Plan](#) we have committed ourselves to being an “anti-racist” organization by 2027.

As an organization, we have demonstrated that we are willing to do this work. But if we are to achieve these ambitious goals, we need decisive action. It is time to move from willingness to readiness.

With this in mind, we have updated our action plan. This *2023 Redressing Harm to Indigenous Peoples in the Health-care System* plan (“Redressing Harm plan”) will continue to direct our work to address, constructively disrupt, and effectively dismantle Indigenous-specific racism, with an overall goal to set right the historical harms in which B.C. health regulators have played a part.

## Guiding documents

BCCNM’s reconciliation work has been, and will continue to be, informed by several key reports and pieces of legislation<sup>1</sup>. In addition, the updated action plan incorporates recommendations from:

- The B.C. Government’s *Declaration on the Rights of Indigenous Peoples Act* Action Plan;
- *Remembering Keegan: A B.C. First Nations Case Study Reflection*;
- Existing actions from the 2022 *Commitment to Action* plan; and,
- *Looking back to Look Forward: How Indigenous ways of being, knowing, and doing must inform the BCCNM feedback process and reflect principles of cultural safety, cultural humility, and anti-racism*, the external review of BCCNM’s investigation, discipline and monitoring processes.

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<sup>1</sup>For a full list of reports and legislation, refer to the Appendix.

*BCCNM has a unique opportunity to influence the health professionals it regulates*

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- The [B.C. Patient Safety and Quality Council's Indigenous Patient Feedback Principles](#)

BCCNM will strive to incorporate the [distinctions-based approach](#) being adopted by the Government of B.C.—recognizing that First Nations, Métis, and Inuit Peoples have unique cultures, histories, rights, laws, and governments.

We will also take direction from the new *Health Professions and Occupations Act* (HPOA), which received Royal Assent on November 24, 2022. The HPOA includes requirements for regulators centred on Indigenous-specific racism, discrimination, anti-racism, and reconciliation. The HPOA's in-effect date is not yet known. For now, BCCNM will work towards meeting the objectives it sets out, while preparing for the legislation to take effect.

## Core focus areas (baskets)

BCCNM has identified five core areas of focus for our work. As noted above, we are embracing the knowledge shared with us by Elder Sulksun and want to think of each focus area as a basket. Each basket contains the associated recommendations and actions from the reports referenced above. We will carry these five baskets on our journey and hold the contents within them with great care:

- Protecting the human rights of Indigenous Peoples in contact with BCCNM and its registrants
- Addressing the inherent systemic racism within the health-care system
- Shifting BCCNM's organizational culture to proactively address Indigenous-specific racism

- Enhancing BCCNM's relationship with Indigenous Peoples
- Being a champion for change in eradicating Indigenous-specific racism in the health system

BCCNM recognizes that the actions we have committed to may fall within multiple baskets. We have placed these actions within the basket that feels most relevant to our work, but this does not diminish their intersection across several of BCCNM's goals.



*This basket is a coiled cedar root basket with slat foundations and simple interlocking coiled work. Additional loopwork has been used to form trim and handles. The basket is decorated with an imbricated star design using cherry bark. The maker of this basket is Slawo'iyá — Mrs. Lucy Tommy (née Sepass) from Th'ewá:li (Soowhalie) First Nation, a community of the Ts'elxwéyeqw Tribe, one of the tribes of the Stó:lō (People of the River), a part of the broader Coast Salish collective. The sister of the late Chief William K'hhalseten 'Billy' Sepass, she married into the neighboring tribe, the Semá:th, when she married a shxwlá:m, a traditional healer, named Tasalt, commonly know as Catholic Tommy. When Mrs. Tommy went blind, her daughter Susan (Mrs. Willie Dick) would go on to finish the baskets started by her mother.*

# “Nothing for us without us”

We recognize that we can only truly achieve our goals by proactively increasing Indigenous representation at all levels of our institution, specifically at the governance and strategic leadership level, to uphold Indigenous Peoples’ inherent right to socio-economic prosperity and to privilege Indigenous voices at decision-making tables. The need for Indigenous leadership within our organization, and on our board and committees, has been a consistent recommendation and is imperative if we are to become the anti-racist organization we aim to be. We need to honour the Indigenous principle of “nothing for us without us” in all that we do.

## Nutsamaht—We are one

Elder Sulksun reminds us of *nutsamaht* (“We are one” in *hənq̓əmiṇəm*) when he is guiding us in our work. In the words of BCCNM’s Registrar and CEO, Cynthia Johansen, “What this means to me is that we work hard to lift each other up; we encourage and support one another.”

In undertaking the important work outlined in this *Redressing Harm* plan, BCCNM will continue to be guided by Elders, Knowledge Keepers, and Indigenous Peoples, and in collaboration with other system partners. We are unlearning and relearning both personally and professionally to apply an anti-racist lens to our organizational structures, processes, communications, standards, interactions, and daily operations.

We will do this by actively listening, demonstrating humility and self awareness, challenging ourselves and our processes, acting in a trauma-informed and culturally safe way, and confronting our biases and fragilities in order to create cultures of safety, understanding, respect, and accountability.

We will make mistakes, experience setbacks, and confront new challenges. But as long as we are working together, ‘paddling in the same canoe,’ we will make progress in our efforts to dismantle systemic racism in the health-care system.



*This basket is a cedar root basket (below) with lid (above). It is coil woven and round. The lid was designed with a centre hole. This is a crochet basket. The ball of wool or thread would go inside the basket and the hole in the centre of the lid is for the strand of thread or wool to come out of. The maker of this basket is Mrs. David from Th'ewá:li (Soowahlie) First Nation, a community of the Ts'elxwéyeqw Tribe, one of the tribes of the Stó:lō (People of the River), a part of the broader Coast Salish collective.*



As an organization, we have demonstrated that we are willing to do this work. But if we are to achieve these ambitious goals, **we need decisive action**. It is time to move from willingness to readiness.



# Action items

## 1. Protecting the human rights of Indigenous Peoples in contact with BCCNM and its registrants

BCCNM is committed to ensuring that Indigenous Peoples who interact with BCCNM, either as a registrant; a member of the public; or as BCCNM staff, board, or committee members, are treated fairly, equitably, and in a culturally safe manner. We take seriously our responsibility to ensure registrants of BCCNM incorporate these values into their own practice and that BCCNM operates in a manner reflective of these values.

### ACTION ITEM

- 1.1 Establish relationships with key audiences to ensure clear information on feedback<sup>2</sup> processes and facilitation of information sharing on investigation and outcome data.

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- 1.2 Deliberately increase communication, collaboration, and reporting amongst the Regulatory Policy and Programs teams (Education Program Review; Inquiry, Discipline and Monitoring; Policy & Integration; Research & Evaluation; Practice & Regulatory Learning; Quality Assurance; Registration) to share, learn, and enhance cultural safety and humility within BCCNM.

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- 1.3 Develop supports for clients harmed by BCCNM registrants, in compliance with expectations set out in the *Health Professions and Occupations Act*.

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- 1.4 Develop learning resources on the ethical use of interventions that impact the human and Charter rights of clients, such as seclusion and restraints, in a manner that is applicable across any health profession.

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- 1.5 Develop a registrant Code of Conduct, reflective of the principles and concepts set out in the BCCNM *Indigenous Cultural Safety, Cultural Humility and Anti-Racism* practice standard and the requirements set out in the *Health Professions and Occupations Act*.

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<sup>2</sup> "Feedback" refers to concerns about a registrant brought forward to BCCNM for investigation and potential resolution. Formerly referred to as a complaint, the process is being renamed to make the terminology safer. This is distinct from reviews that may occur in Registration or Quality Assurance processes.

## 2. Addressing inherent systemic racism within the health-care system

We recognize that the health-care system has been inherently racist towards Indigenous Peoples. As a member of this system, with a clear position of power, it is incumbent on BCCNM to use its authorities and tools to address the racism built into health-care services and within our organization.

### ACTION ITEM

- 2.1 Work with the Vice Presidents of Indigenous Health (BC Health Authorities), Métis Nation, First Nations Health Authority, and any external partners to establish what data collection is needed within BCCNM's scope and ensure integration of the *Anti-Racism Data Act* to develop consistent data collection and reporting on key regulatory issues (e.g., cultural safety and humility training; feedback processes; etc.).

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- 2.2 Develop a culturally safe data collection process to determine numbers of registrants, staff, board, and committee members who are Indigenous.

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- 2.3 Develop a BCCNM policy to create and foster a speak-up culture within BCCNM and initiate a staff-facing campaign to champion it.

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- 2.4 Transparently address the underrepresentation of Indigenous staff and contractors by establishing targets for recruitment by developing a dedicated strategy for increasing recruitment and retention of Indigenous people with lived experience to leaders, staff and contractor roles.

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- 2.5 Transparently address the underrepresentation of Indigenous knowledge by establishing targets for recruitment by developing a dedicated strategy for increasing recruitment and retention of Indigenous people with lived experience to board and committee roles.

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- 2.6 Transform language in existing job descriptions to ensure candidates are being considered with lived experience as an Indigenous person or other equity seeking or marginalized groups with the same weight as is used for formal colonial education.

## 2. Addressing inherent systemic racism within the health-care system

### ACTION ITEM

2.7 Create a process to utilize Indigenous subject matter experts to provide representation on committees when the subject of the complaint/review or the person bringing a complaint/review forward is of Indigenous heritage, and to advise on supports or approaches to manage issues affecting Indigenous people.

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2.8 Develop a communications plan for reviewing actions on cultural safety, cultural humility and anti-racism on the anniversary date of BCCNM’s apology, as well as issuing an “update report” on the National Day for Truth and Reconciliation.

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2.9 Establish a distinct, integrated, and accessible entry point for Indigenous individuals to bring forward feedback that is culturally safe and where BCCNM will provide meaningful responses.

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2.10 Create, document, and implement a process for culturally safe investigations and hearings when the client or registrant is Indigenous.

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### 3. Shifting the organizational culture to proactively address Indigenous-specific racism

Organizations have historically responded to concerns about racism in the health-care system. BCCNM will shift this lens and work to address culturally unsafe aspects of the health-care system *before* clients encounter harmful behaviours.

#### ACTION ITEM

- 3.1 Develop an assessment for extrajurisdictional applicants that includes the competencies set out in the *Indigenous Cultural Safety, Cultural Humility, and Anti-Racism* practice standard.

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- 3.2 Establish mandatory training for staff, contractors, board, and all committee members on Indigenous-specific racism, cultural safety and humility, anti-racism, disability awareness, trauma- and violence-informed practice, and other intersectionalities.

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- 3.3 Establish mandatory additional training for staff, contractors, and committee members involved in direct interactions with Indigenous people or groups, to ensure cultural safety and Indigenous ways of knowing and being within those processes.

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- 3.4 Upholding the need for distinctions-based approaches, establish a process to ensure consent resolutions are negotiated and drafted in a way that respects the protocols of the family, territorial leadership and territorial Elders or Knowledge Keepers, when the client or registrant is Indigenous.

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- 3.5 Establish a culturally safe process for Indigenous individuals to obtain updates on their report/case, which is guided and centred on their needs.

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- 3.6 Increase Indigenous representation to 10% of members on all BCCNM committees.



## 4. Enhancing our relationship with Indigenous Peoples

Indigenous Peoples have suffered disproportionate levels of harm from the health-care system. As a key participant in that system, BCCNM has a duty to work with Indigenous Peoples to find ways to mitigate the harm the system is built to cause.

### ACTION ITEM

- 4.1 Engage with local First Nations to determine what steps and space are needed to create a culturally appropriate and safe space in the BCCNM office.

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- 4.2 Ensure recognition of the First Nations' traditional and unceded lands on which the BCCNM office sits.

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- 4.3 Use artwork and signage to educate on First Nations history, Indigenous ways of being and the impacts of settler colonialism on First Nations.

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- 4.4 Develop guiding principles and processes for engaging with Indigenous audiences when doing projects across our Regulatory and Policy Programs teams.

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- 4.5 Create a barrier-free name-changing process for Indigenous registrants reclaiming their names.

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- 4.6 Address barriers for Indigenous reporting by creating multiple pathways to capture a reporter's health-care experience through written, oral, audio, and/or video truths, with the option to have staff go to communities and obtain reports, if invited.

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- 4.7 Create plain language information on how feedback on registrant practice is brought forward, who is the most relevant body to review such feedback, and what are the potential outcomes in a manner that also shows the role of a health regulator and how we interface with other health-care bodies.

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- 4.8 Ensure the reporter's concern is provided, verbatim, to investigators and committees as part of the inquiry and discipline process.

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- 4.9 Establish a process to provide a culturally safe opportunity for reporters or registrants to self-identify Indigeneity during the reporting process.

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- 4.10 Revise language in the health-care concerns process to ensure Indigenous people are reflected within the process and will not contribute to the harm they have experienced (e.g., language, images, terminology, self-identifiers, accessibility).

## 5. Be a champion for change in eradicating Indigenous-specific racism in the health system

Moving the relationship between the health-care system and Indigenous Peoples forward requires using our tools to push for change in other areas of the health-care system that we interact with, even if we do not have direct oversight of that area.

### ACTION ITEM

- 5.1 Initiate a joint review of the *Indigenous Cultural Safety, Cultural Humility, and Anti-Racism* practice standard with the College of Physicians and Surgeons of BC. Share methods and findings with other B.C. health regulators.

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- 5.2 Integrate review of learning resources into planned review of the *Indigenous Cultural Safety, Cultural Humility, and Anti-Racism* practice standard.

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- 5.3 Complete cultural safety, cultural humility, and anti-racism onboarding module for all staff, contractors, board, and committee members.

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- 5.4 Create, review and, if necessary, add B.C.-specific entry-level competencies that address cultural safety and humility and Indigenous-specific racism for all B.C. registrants.

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- 5.5 Modify Education Program Review processes to ensure a culturally safe approach to review education programs for Indigenous nurses and/or Indigenous midwives.

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- 5.6 As part of regular Education Program Review cycles, review all nursing and midwifery education programs to assess how they are incorporating the *Indigenous Cultural Safety, Cultural Humility, Anti-Racism* practice standard into their curriculum. Develop regular communication processes with nursing and midwifery education programs to share learning resources e.g., *Remembering Keegan* case study reflection.

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- 5.7 Create system partnerships with relevant bodies (e.g., the Office of the Ombudsperson, Patient Care Quality Offices, Ministry of Health, other health regulators, B.C. Health Authorities, Métis Nation, First Nations Health Authority, and any other external partners) to identify areas where feedback processes can be more collaborative to reduce the impact and potential for retraumatizing those coming forward to share their truths, and to share information. This process should be reflective of the requirements set by the *Health Professions and Occupations Act* and the *Anti-Racism Data Act*.

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- 5.8 Develop a process that ensures all new or revised bylaws, standards, and related learning resources, and policies (including regulatory, operational and financial) will be developed and revised in alignment with the *Health Professions & Occupations Act* and the *Declaration on the Rights of Indigenous Peoples Act*.

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# Appendix

We recognize that not every action item shows a clear link to all of these reports. We believe the reports we reference directly (*In Plain Sight*, *Remembering Keegan Case Study*, the B.C. DRIPA Plan, the BCCNM *Commitment to Action Plan*, and the 2022 external review of BCCNM's complaints process) build and reaffirm the work previously done and are important to recognize going forward.

- [Report of the Royal Commission on Aboriginal Peoples \(1996\)](#)
- [Final Report of the Truth and Reconciliation Commission \(2015\)](#)
- [Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls \(2019\)](#)
- [United Nations Declaration on the Rights of Indigenous People](#)
- [Declaration on the Rights of Indigenous Peoples Act, SBC 2019, c. 44](#)
- [Declaration on the Rights of Indigenous Peoples Act Action Plan \(2022-2027\)](#)
- [In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care](#)
- [Remembering Keegan: A BC First Nations Case Study Reflection](#)
- [Health Quality BC — Sharing Concerns: Principles to Guide the Development of an Indigenous Patient Feedback Process](#)
- [BCCNM's Commitment to Action: Constructive disruption to Indigenous-specific racism amongst B.C. Nurses and Midwives \(2022\)](#)
- [Dismantle Racism in Health Care: First Anniversary Report from Health-system Leaders \(BCCNM, CDSBC, CPBC, CPSBC\) \(2022\)](#)
- [Looking Back to Look Forward](#): How Indigenous ways of being, knowing, and doing must inform the BCCNM feedback process and reflect principles of cultural safety, cultural humility, and anti-racism (2022 external review)
- [BCCNM Strategic Plan \(2023-2027\)](#)
- [Health Professions and Occupations Act](#) Protecting the human rights of Indigenous Peoples in contact with BCCNM and its registrants

# About the cedar baskets

These baskets were donated by Edna Pearl Dusterhoeft (née Crankshaw) in 1989 and are part of the Dusterhoeft Collection in the Stó:lō Material Culture Repository. They were made between 1925 and 1935 by three women from Th'ewá:li (Soowahlie) First Nation, a community of the Ts'elxwéyeqw Tribe one of the tribes of the Stó:lō — People of the River, a part of the broader Coast Salish collective.

These cedar baskets are located in the Stó:lō Material Cultural Repository in the Stó:lō Resource Centre and cared for by the Stó:lō Research and Resource Management Centre, which is a department of the Stó:lō Service Agency. They are presented with the following permissions:

- adding relevant cultural value to BCCNM and implementation of its mandate
- intended respectful use
- non-commercial use
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