

BCCNM'S COMMITMENT TO ACTION: 2023–24

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

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Update 2023



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# Update on our progress forward

We are pleased to provide an update on our progress towards meeting the commitments set out in our 2023-24 Commitment to Action, [Redressing Harm to Indigenous Peoples in the Health-care System](#) (the Redressing Harm plan).

Much of our work is being driven by recommendations made in [last year's review of our complaints process](#), and in preparation for the [Health Professions and Occupations Act](#) (the HPOA). This new overarching legislation expands the mandate of health regulators to include extensive and detailed requirements to foster cultural humility, to promote reconciliation with Indigenous peoples, and to actively address discrimination.

The HPOA received Royal Assent in 2022 but is not expected to be brought into force until 2025. This timeline means a more staged approach to many of the commitments made as part of our Redressing Harm plan. The groundwork is underway in many areas, as we review our systems and processes ahead of this change. Policy and Inquiry, Discipline and Monitoring (IDM) staff are creating an overview of key HPOA touchpoints and the Declarations on *the Rights of Indigenous Peoples Act* considerations for the organization, and a cross-departmental working group has been established.

Our work to honour Keegan Combes' legacy continues. Gifted to B.C.'s health system partners in ceremony in February 2022, the [Remembering Keegan case study](#) has been a key resource for our organization. The generosity of Keegan's family in sharing his story as a teaching tool for health-care practitioners across the system has already led to significant change, and as we mark the eighth anniversary of Keegan's death on September 26, we recommit to making B.C.'s health care system a safer, humbler, and more welcoming experience for Indigenous Peoples.

On June 21, 2023, BCCNM along with the College of Physicians and Surgeons of BC and the College of Pharmacists of BC marked National Indigenous Peoples Day by providing a [two-year update](#) on our joint apology to Indigenous Peoples harmed by our college registrants. Going forward, each regulator will be providing individual updates on the commitments made in this apology, all of which have been incorporated into BCCNM's Redressing Harm plan. We will continue to work in partnership with our regulatory colleagues wherever possible to effect the system-level changes needed to decolonize our health-care system.

## Basket 1: Protecting the 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.

As part of our efforts to ensure we are collecting accurate, useful data to inform our work, we have updated our database management software to allow for enhanced Indigenous registrant and reporter data collection including allowing Indigenous reporters to self identify. We are putting mechanisms in place for increased communication among our various departments to share, learn, and enhance cultural safety and humility within BCCNM. This work also lays the groundwork for Indigenous registrants to reclaim their Indigenous names in the 'preferred name' field.

Our Inquiry, Discipline & Monitoring (IDM) team is using trauma-informed practice and exploring how to integrate trauma-informed approaches in our investigative process. Our work to develop an Indigenous Reporter Support program is underway, with one goal being to work with reporters to provide necessary resources and supports specific to their experience. This work will be expanded this fall in

partnership with external partners, including the Provincial Health Services Authority (PHSA), First Nations Health Authority (FNHA)'s central and regional offices, and other health authorities.

We are actively recruiting for our newly created position of an Indigenous Restorative Resolution & Reconciliation Consultant, and hope to have a candidate in place soon.

Ongoing policy work in preparation for the HPOA includes work on a registrant code of conduct, a jurisprudence model, and an overarching review of our standards development process to ensure Indigenous cultural safety is a key consideration. This will include guiding principles and processes for engaging with Indigenous audiences when doing projects across our Regulatory and Policy Programs teams.



This basket is a cedar root basket (left). 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.

## Basket 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.

BCCNM staff have shared what demographic data is being collected via various surveys and other channels we prepare to comply with the new *Anti-Racism Data Act*. We've met with partners including FNHA and MNBC to discuss an Information Sharing Agreement. We have also reached out to the Vice Presidents of Indigenous Health at the province's health authorities to begin discussions and are developing a questionnaire to determine data needs.

Internally, we conducted our quarterly Culture Survey, which included collecting demographic data. BCCNM currently has 9% of our committee members identifying as Indigenous. Our work to recruit and retain Indigenous board, committee and staff members continues.

We are also laying the groundwork for a speak-up culture within BCCNM. A cross-organizational working group has drafted a staff guideline to work in conjunction with our Respectful Workplace policy, and we're preparing to roll it out across the organization.

*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.*



## Basket 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 behaviour.

We have begun work on developing an assessment for extra-jurisdictional applicants that includes the competencies set out in the *Indigenous Cultural Safety, Cultural Humility, and Anti-Racism* practice standard, with both literature and jurisdictional reviews complete.

Committee and staff members have continued with Cultural Safety & Humility training, including education sessions, book reviews, lunch and learns, and a presentation from the Assistant Deputy Minister of Health and government legal counsel on the HPOA and its Indigenous-specific language and requirement.

Work is almost complete on our Cultural Safety & Humility onboarding modules, which will be rolled out in the fall.



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'éwá: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.

## Basket 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.

Our fellow regulators have approved a joint plan to continue investing in Indigenous artwork for our shared space. We're also pleased that a territorial acknowledgment now appears on our front doors, welcoming visitors to our space on the unceded territories of the hə́n̓qə́miné speaking peoples – xʷməθkʷəy̓əm (Musqueam), and selíłwítulh (Tseil-Waututh) Nations, and the Sḵw̓xwú7mesh-ulh Sníchim speaking peoples - Sḵw̓xwú7mesh Úxwumíxw (Squamish Nation) whose historical relationships with the land continue to this day.

Our communications team has drafted a plan for revising the BCCNM website to simplify and better explain the complaints process and outcomes, with a special focus on ensuring Indigenous reporters are supported, understand the process, and do not face barriers.

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'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.



## Basket 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.

This summer, both BCCNM and CPSBC surveyed our registrants about their uptake and understanding of the Indigenous *Cultural Safety, Cultural Humility and Anti-racism* practice standard. Both colleges are analyzing the results, which will be used to inform resource development and engagement opportunities. Early findings from BCCNM's survey found 68% of respondents reported the standard helped them provide more culturally safe and humble care for Indigenous patients or communities to varying extents. The most common challenges applying the standard were other staff, leadership, or interdisciplinary health providers; and a lack of time, funding, or institutional policies.

Almost 70% of respondents are aware of BCCNM registrant learning resources, with almost half reporting they have used them. More than three-quarters of respondents also report using non-BCCNM learning resources related to Indigenous cultural safety, cultural humility, and anti-racism, primarily employer or Health Authority education and the San'yas Indigenous cultural safety course. We will be further analyzing these results over the coming months to identify opportunities for engagement and education with our registrants.

The entry-level competencies for midwives and all nursing designations have been reviewed. As of April 2023, RN, LPN, NP, and RM ELCs all have Indigenous Cultural Safety & Humility included. RPN ELCs will be revised in 2023/24 and will incorporate Indigenous Cultural Safety & Humility and anti-racism competencies. Once timelines are identified for the revision of the RPN ELCs, an updated timeline will be publicized.

The Education Program Review department is piloting a new, more culturally safe process to review and approve new and existing curricula at all B.C. nursing and midwifery education programs. The department has also introduced new requirements around Cultural Safety & Humility. All programs undergoing review are providing evidence on how they are addressing the Indigenous *Cultural Safety, Cultural Humility and Anti-racism* practice standard as a part of their regular review.

# Nutsamaht—We are one

We will know the health-care system is safe for Indigenous Peoples when they tell us it is. We are not there yet, but our commitment remains steadfast. We pledge to continue our work with open hearts, humility, and in partnership with Indigenous Peoples, Elders, and Knowledge Keepers. We welcome feedback—please email [culturalsafety@bccnm.ca](mailto:culturalsafety@bccnm.ca)

BCCNM's office is located on the unceded territories of the hə́łqə́mínə́m speaking peoples—xʷməθkʷəy̓əm (Musqueam) and selíłwítulh (Tseil-Waututh) Nations—and the Sḵw̓xwú7mesh-ulh Sníchim speaking peoples—Sḵw̓xwú7mesh Úxwumíxw (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.