



**BCCNM'S COMMITMENT TO ACTION**

# **Constructive disruption to Indigenous-specific racism amongst B.C. Nurses and Midwives**

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Na Na Quish ©

Raven's Moon

## Territorial acknowledgement

BCCNM's office is located on the unceded territories of the *hənqəməiħəm* speaking peoples—*xwməθkwəyəm* (Musqueam) and *selílwitulh* (Tsleil-Waututh) Nations—and the *Sḵwəwú7mesh-ulh Sníchim* speaking peoples—*Sḵwəwú7mesh 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., which includes 203 First Nations communities.

# Introduction

On Nov. 30, 2020, B.C. Minister of Health Adrian Dix released findings from an independent review, led by Dr Mary Ellen Turpel-Lafond, into the extent of Indigenous-specific racism in B.C.'s health-care system. The findings released in this report, titled *In Plain Sight*, show the devastating impact of racism and discrimination on Indigenous Peoples in B.C.

The release of the report has been a galvanizing force for BCCNM. As a health regulator, our job is to protect the public by ensuring that nurses and midwives provide safe, competent, and ethical care. The *In Plain Sight* report has shown us that First Nations, Inuit, and Métis (Indigenous) Peoples are not receiving the care they are entitled to, but instead have experienced pervasive discrimination and culturally unsafe care that contravenes our public protection mandate.

There is an urgent need for all partners in the health-care system—including BCCNM—to

take swift and decisive action to dismantle the systemic racism that has led to such poor health outcomes for Indigenous Peoples. This document reflects our commitment to enacting the recommendations put forth in the *In Plain Sight* report and lays out a roadmap for BCCNM to follow as we work to make the health-care system culturally safe.

It is our intention to use these actions to guide our work as we seek to eliminate Indigenous-specific racism amongst B.C. nurses and midwives.

**UPDATE:** The college on Sept. 29, 2022, published a one-year update on our progress.

- [Read the update now](#)

# Accountability statement

On May 11, 2021, the registrars of B.C.'s four largest health regulators issued an apology to Indigenous Peoples (First Nations, Inuit, and Métis) for the racist treatment they have received in the health-care system, and pledged to make meaningful changes.

## **As leaders, we will:**

- Apologize to Indigenous Peoples for the harms suffered in a racist health-care system, of which we are a part
- Be anti-racist leaders who will foster a speak-up culture, where stereotypes, discrimination and racism are called out and eliminated
- Establish clear accountabilities for cultural safety and humility within our leadership teams

## **As health regulatory colleges, we will:**

- Draw on Indigenous Knowledge Keepers and professionals to guide our work
- Provide education and develop practice standards to ensure Indigenous Peoples receive culturally safe health care
- Invest in supports and remove barriers to ensure that Indigenous Peoples do not feel isolated or unsafe when filing a complaint
- Ensure board, staff and committee members are trained in cultural safety and humility, anti-racism, unconscious bias and, as appropriate, trauma-informed care

- Broaden Indigenous participation on our boards, committees and staff teams
- Promote anti-racism and Indigenous cultural safety and humility as core competencies for current and future health-care providers

## **As part of the health-care system, we will:**

- Build partnerships with Indigenous-led organizations to promote system change and dismantle racism
- Work with our fellow provincial health regulators to implement the recommendations of the *In Plain Sight* report
- Identify and support changes in legislation and bylaws to deconstruct colonialism, value Indigenous ways of knowing, and eliminate harm for Indigenous Peoples

With respect to this commitment to action based on the *In Plain Sight* report recommendation, BCCNM will regularly report on the status of the actions below to ensure full transparency, evaluation and accountability for this commitment.

# The journey

In 2017, B.C.'s 22 health regulators, including the College of Licensed Practical Nurses of BC, the College of Midwives of BC, the College of Registered Nurses of BC, and the College of Registered Psychiatric Nurses of BC, signed the Declaration of Commitment to Cultural Safety and Humility in the Regulation of Health Professionals Serving First Nations and Aboriginal Peoples in British Columbia and participated in a blanketing ceremony that was led by Elder Qut Same Leonard George of the Tsleil-Waututh Nation, and included his son Gabriel as well as staff from FNHA.

One year later, the three nursing regulators amalgamated to form the BC College of Nursing Professionals (BCCNP), one of BCCNM's legacy colleges. In its 2020-2023 Strategic Plan, BCCNP made the following commitment:

*With specific reference to our Declaration of Commitment to Cultural Safety and Humility in partnership with First Nations Health Authority (FNHA), we strive to continue our cultural safety and humility learning journey by deepening our understanding of the context in which these commitments have arisen, addressing power imbalances inherent in the health-care system, and promoting environments within both practice settings and the college itself to ensure they are free of racism and discrimination. We strive to do this by promoting:*

- *Self-reflection to understand personal and systemic biases*
- *Development and maintenance of respectful processes and relationships grounded in mutual trust*
- *Acknowledgement that we do not know everything about everyone and that we need to listen without judgment to understand their experiences*

In 2020, persistent reports emerged of Indigenous Peoples experiencing racism in health-care settings while being treated by health-care workers. B.C. Minister of Health Adrian Dix appointed Dr Mary Ellen Turpel-Lafond (Aki-kwe) to lead an investigation into the allegations. Her resulting report—*In Plain Sight*—finds that B.C.'s health-care system is rife with systemic racism against Indigenous Peoples, which contributes to negative health outcomes, negative experiences, and greater incidents of harm and death. The report notes that these issues are widely acknowledged and prevalent, and that no system responses exist to prevent these harms.

In September 2020, BCCNP and the College of Midwives of BC amalgamated to form the BC College of Nurses and Midwives (BCCNM). The new BCCNM Board participated in a blanketing ceremony led by its Knowledge Carrier, Syexwáliya, to recognize the commitment to this ongoing work with *Chen Chen Stway* – standing and working to hold each other up and work together. Prior to the release of the report, BCCNM had taken initial steps to integrate the principles of cultural safety and humility into our organizational culture, our brand identity, as well as our strategic and operational plans. We encouraged registrants, staff, and board and committee members to undertake cultural safety training. We had also begun the work to embed the voice of Indigenous Peoples into our governance structures and had engaged a First Nations Knowledge Carrier to be a guide and resource to our board and staff.

We are now moving into the next phase of this important work, guided by Dr Turpel-Lafond's recommendations.

# Why focus on Indigenous-specific racism?

One of the questions we've received as we engage in the work to be more culturally safe and humble is: Why focus on Indigenous-specific racism?

The impact of colonialism on Indigenous Peoples across this country has been well documented. Colonialism has decimated populations, attempted to extinguish language and culture, and severed First Nations' sacred relationships with, and title to, their lands. Evidence is found in the imposition of the Indian Act, the taking of First Nations' lands and the moving of entire Nations into reserve systems, the establishment of residential schools, Indian hospitals, the Sixties Scoop, the Millennial Scoop, and the continued overrepresentation of Indigenous Peoples in the prison system. Evidence of the ongoing impacts of colonialism can also be found in the devastating stories and reports documenting Indigenous Peoples' experiences within the Canadian health-care system, and in the poor health outcomes of Indigenous Peoples as compared with the broader population. Indigenous women and girls continue to be disproportionately impacted by Indigenous-specific racism in the health-care system. These experiences have fueled generations of Indigenous leaders who continue to advocate for meaningful, broad-based change.

As the largest health regulator in B.C., BCCNM recognizes that it has a central responsibility in responding to these calls for change. We also know that the time for action is now. The recent publication of the *In Plain Sight* report, coupled with horrifying events that continue to dominate the news cycle, have highlighted the urgency of this work and the need for us to redouble our efforts. Moreover, B.C.'s Ministry of Health, in fully accepting the report's recommendations, is calling on all players in the health system to take immediate action.





Kakawin  
Na Na Quish ©

This call to action takes place within a changing legal landscape in regard to Indigenous Peoples' rights: With the passing of the Declaration of the Rights of Indigenous Peoples Act (DRIPA), the B.C. government has committed to implementing the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and to aligning its laws to the declaration. Among many other things, this declaration sets out that the Indigenous Peoples' right to health includes full access to healthcare services in ways that reflect and are responsive to Indigenous worldviews and concepts of health, without discrimination. It also confirms that Indigenous Peoples have an equal right to the highest attainable standard of physical and mental health and calls on states to take steps to achieve the full realization of this right.

Further, in August of 2020, the Steering Committee on Modernization of Health Professional Regulation released its recommendations to modernize the provincial health profession regulatory framework. The first recommendation is a commitment from the steering committee to ensure that cultural safety and humility are embedded in the regulatory modernization. In short, never before have Indigenous Peoples demands for change, public awareness and sensitivity to the injustices and humiliations suffered by Indigenous Peoples, and government obligations to act, been so compellingly aligned. BCCNM's strategy reflects the urgency, obligation and opportunity to move forward.

As government develops and evolves its Indigenous-specific strategy—one that reflects Indigenous Peoples' unique history and experience of racism in Canada—BCCNM draws from and will contribute to its broader commitment and efforts to being an anti-racist, diverse and inclusive organization working to ensure our health-care system is safe for all British Columbians.

# Methodology

BCCNM has conducted an extensive research and literature review. Here are some of the key documents we reviewed:

- In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in BC Health Care (2020) ("In Plain Sight")
- Truth and Reconciliation Commission of Canada: Calls to Action (2015) ("TRC Calls to Action")
- United Nations Declaration on the Rights of Indigenous Peoples (2007) ("UNDRIP")
- Declaration on the Rights of Indigenous Peoples Act, S.B.C. 2019, c. 44. ("DRIPA")
- Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019)
- BC Human Rights Tribunal: Expanding Our Vision: Cultural Equality & Indigenous Peoples' Human Rights (2020)
- Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education & Practice; Nursing Council of New Zealand (2011)
- Declaration of Commitment: Cultural Safety and Humility in the Regulation of Health Professionals Serving First Nations and Aboriginal People in British Columbia (2020)
- #itstartswithme: First Nations Health Authority's Policy Statement on Cultural Safety and Humility

BCCNM's work in this area has also been informed by Knowledge Carrier Syexwáliya (Squamish Nation), and Cultural Safety and Humility Advisor Joe Gallagher, k'wunəmən (Tla'amin First Nation).

On Nov. 30, 2020, B.C. Minister of Health Adrian Dix released findings from an independent review, led by Dr Mary Ellen Turpel-Lafond, into the extent of Indigenous-specific racism in B.C.'s health-care system. The findings released in this report, titled *In Plain Sight*, show the devastating impact Indigenous-specific racism has on health outcomes for Indigenous Peoples in B.C.

BCCNM has used the recommendations set out in the *In Plain Sight* report to create a framework for action. In this way, our actions are based on the recommendations, applying them to our regulatory and organizational environment. Further, as per the recommendations, they are divided into three categories to address Indigenous-specific racism at the intersections of systems, behaviours and beliefs.

It is our intention to use these actions to guide our work as we seek to eliminate Indigenous-specific racism amongst B.C. nurses and midwives.

# Actions

## Systems

### Apology

In Plain Sight: Recommendation #1 - That the B.C. government apologize for Indigenous-specific racism in the health-care system, setting the tone for similar apologies throughout the health system, and affirm its responsibility to direct and implement a comprehensive system-wide approach to addressing the problem, including standardized language and definitions, and clear roles and responsibilities for health authorities, regulatory bodies, associations and unions, and educational institutions.

**BCCNM Action #1:** That BCCNM apologize for its role in perpetuating Indigenous-specific racism in the health-care system, setting the tone for similar apologies by like-minded organizations, and commit to addressing the problem, including standardized language and definitions, and a clear understanding of its role as a regulator in this space.

1. Acknowledge the report and publicly commit to taking action on the recommendations.
2. Apologize for BCCNM's role in perpetuating Indigenous-specific racism in B.C. health care.
3. Work collaboratively with fellow health regulators to issue a joint apology to Indigenous Peoples and communities who have experienced racism while engaging with regulatory bodies or with the health professionals regulated by these regulators.
4. Hold information sessions reviewing and discussing the findings and recommendations of the *In Plain Sight* report for board, staff and committee members.

5. Publicly communicate actions taken on the recommendations and progress on achieving goals to ensure accountability for its commitment to cultural safety and humility.
6. Assess BCCNM bylaws, standards and policies to ensure they reflect principles of cultural safety and humility, address Indigenous-specific racism and ultimately reflect the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

### Review and Revise Complaints Process

In Plain Sight: Recommendation #5 - That the B.C. government, First Nations governing bodies and representative organizations, and Métis Nation BC (MNBC) jointly develop a strategy to improve the patient complaint processes to address individual and systemic Indigenous-specific racism.

**BCCNM Action #2:** That BCCNM, in collaboration with Indigenous partners, review and revise its complaints process to ensure that the principles of cultural safety and humility are reflected throughout the process in an effort to address the underrepresented complaints of Indigenous-specific racism and complaints that are not made due to the impacts of racism.

1. Advocate for change to the Health Professions Act that supports a culturally safe complaint process.
2. Support, inform, and implement changes brought forward by the Ministry of Health to the Health Professions Act that address complaints of Indigenous-specific racism.
3. Enhance subject matter expertise/experience of current Inquiry, Discipline & Monitoring staff and recruit for staff who can support the navigation

of complaints process system for Indigenous complainants and making the process more culturally safe.

4. Ensure staff in inquiry, discipline and monitoring has regular, experiential training on cultural safety and humility, trauma-informed approaches, anti-racism, alternative dispute resolution and restorative justice.
5. Engage an external review of the complaints processes with a cultural safety and humility lens to determine how to make the process safer for Indigenous Peoples. This review should consider and make recommendations for changes to the structures, policies, practices, norms and values of the complaints process.
6. Work to ensure Indigenous representation and knowledge on the inquiry committee such that an Indigenous lens is applied to complaints from Indigenous Peoples.
7. Learn about and consider introducing alternative dispute resolution, such as restorative justice, to the resolution process in order to reduce discrimination and continued harm to patients, create a space for complainants to share their feelings, improve relationships and build trust, impact practitioners' future behaviours and contribute to reconciliation.
8. Work with partners in the system to simplify the complaints processes between different partners, build strong collaboration, and facilitate information sharing when it is in the public interest.
9. Develop, implement and publish a tool for employers/health authorities for investigating and reporting adverse events, including racism and discrimination. Identify barriers to effective reporting by employers/health authorities and best practices to promote reporting and strengthen

patient safeguards. Support employer/health authority decision-making and facilitate adverse event reporting to BCCNM, while specifically addressing how cultural safety and humility values and considerations inform both the development and implementation of this tool.

10. In collaboration with other regulators, and the other system members, develop a consistent approach to complaints data collection and reporting regarding Indigenous-specific complaints.

## Professional Standard

In Plain Sight: Recommendation #8 - That all health policymakers, health authorities, health regulatory bodies, health organizations, health facilities, patient care quality review boards and health education programs in B.C. adopt an accreditation standard for achieving Indigenous cultural safety through cultural humility and eliminating Indigenous-specific racism that has been developed in collaboration and cooperation with Indigenous Peoples.

**BCCNM Action #3:** Publish a clear, focused and enforceable standard for nurses and midwives that will enable Indigenous cultural safety and reduce Indigenous-specific racism in health-care through setting expectations for Indigenous cultural safety and humility.

1. Plan and conduct a culturally safe and appropriate engagement process with Indigenous Peoples, Indigenous registrants, FNHA, and relevant audiences to inform the creation of a standard on Indigenous cultural safety and humility.
2. Review and analyze relevant literature, reports, legislation and other standards to inform the development of the standard.

3. Review other BCCNM standards to ensure alignment with the cultural safety and humility standard.
4. Incorporate the new standard into jurisprudence modules.
5. Embed cultural safety and humility into the quality assurance process including assessment of competency in self-assessment, professional development and multi-source feedback.
6. Embed entry-to-practice cultural safety and humility competencies into competency assessments for new nurses and returning to practice nurses and midwives.
7. Create communications and regulatory learning resources with regards to the new standard, e.g., FAQs, case studies, engagement tools.
8. Collaborate on the creation of the standard with the College of Physicians and Surgeons of BC and share all relevant learning and outcomes with other regulators.
9. Engage with cultural safety and humility advisor and BCCNM's Knowledge Carrier with the standard building and with the development of the standard, engagement with Indigenous Peoples, and the dissemination of the standard.

## Create Space

In Plain Sight: Recommendation #10 - That design of hospital facilities in B.C. include partnership with local Indigenous Peoples and the Nations on whose territories these facilities are located, so that health authorities create culturally appropriate, dedicated physical spaces in health facilities for ceremony and cultural protocol, and visibly include Indigenous artwork, signage and territorial acknowledgements throughout these facilities.

**BCCNM Action #4:** Create a space at BCCNM's physical offices that acknowledges the nations and territories on

- which it sits, includes Indigenous artwork and signage, and provides education on Indigenous history and ways of being.
1. Engage with local First Nations consultants to determine what steps and space are needed to create a culturally appropriate and safe space.
  2. Source local First Nations artists and display their works.
  3. Ensure recognition of the First Nations' traditional and unceded lands on which the office sits.
  4. Use the artwork and signage to educate on First Nations history, Indigenous ways of being and the impacts of settler colonialism on First Nations.

## Behaviours

### Speak-up Culture

In Plain Sight: Recommendation #11 - That the B.C. government continues efforts to strengthen employee "speak-up" culture throughout the entire health-care system so employees can identify and disclose information relating to Indigenous-specific racism or any other matter, by applying the Public Interest Disclosure Act (PIDA) to employees throughout the health-care sector without further delay.

**BCCNM Action #5:** Foster a "speak-up" culture throughout BCCNM and with its registrants, staff, board and committee members so they can identify and disclose incidents of Indigenous-specific racism.

1. Initiate a "speak-up culture solidarity" campaign with other regulators and health system partners —no one can do everything, but everyone can do something!
2. Create a culture of being the best human you can be at BCCNM, which includes speaking up when racism occurs or is witnessed. Speaking up includes but is not limited to complaints, education and acknowledgement.

3. Consider how to incorporate behavioural expectations that support a “speak-up culture” during revisions to the standards of practice for nurses and midwives.

## Increase Indigenous Leadership Capacity

In Plain Sight: Recommendation #14 - That the B.C. government, the Provincial Health Services Authority (PHSA), the five regional health authorities, B.C. post-secondary institutions with health programs, health regulators, and all health service organizations, providers and facilities recruit Indigenous individuals to senior positions to oversee and promote needed system change.

**BCCNM Action #6:** Recruit and support Indigenous individuals to BCCNM’s leadership and decision-making roles to oversee, inform and promote needed system change.

1. Create a targeted strategy to recruit Indigenous Peoples to board, committee and staff positions and ensure the organization works towards equity and inclusion for all.
2. Achieve a goal of having at least 10% of committee membership be Indigenous members.
3. Support committee members to work effectively with diverse membership which includes establishing committee meetings as safe spaces, providing training on how to have difficult conversations, allyship and anti-racism, and conducting relational process-based work.
4. Revise board and committee competencies matrix to ensure competencies and education regarding cultural safety and humility are clearly articulated and sought out for new committee members.
5. Create a community of practice for Indigenous board and committee members in order to provide support and recognize their unique positions on our

boards and committees.

6. Ensure competencies and education in cultural safety and humility as desired/required competency for new staff, board and committee members.
7. Provide ongoing training and education on cultural safety, Indigenous human rights, substantive equality, trauma-informed practice, and unconscious bias for staff, board and committee members.
8. Update job postings to reflect that BCCNM is seeking diversity and encouraging diverse applicants and intentionally recruit Indigenous applicants.
9. Consult Indigenous Peoples and experts on issues where we lack internal Indigenous expertise; be deliberate with specific engagement with Indigenous Peoples and experts.

## Beliefs

### Cultural Safety and Humility Education

In Plain Sight: Recommendation #20 - That a refreshed approach to anti-racism, cultural humility and trauma-informed training for health workers be developed and implemented, including standardized learning expectations for health workers at all levels, and mandatory, low-barrier components. This approach, co-developed with First Nations governing bodies and representative organizations, MNBC, health authorities and appropriate educational institutions, to absorb existing San’yas Indigenous Cultural Safety Training.

**BCCNM Action #7:** Increase staff, board members’, committee members’ and registrants’ knowledge of Indigenous histories, culture and practices, and competence to become anti-racist and to provide culturally safe and humble care to Indigenous clients.

1. Increase the number of registrants who have completed basic cultural safety and humility training by setting expectations and requirements around training and provision of culturally safe and humble care by the end of 2022.
2. Provide the board members with opportunities for formal and informal training.
3. Engage an Indigenous leader to be an advisor on cultural safety and humility and ensure the board and leadership team have access to and support from the advisor.
4. Research, engage and fund education and training on cultural safety and humility with a focus on Indigenous-specific racism for board and committee members and staff.
5. Increase learning and resources available to staff and board and committee members for self-directed learning.
6. Initiate an approach to encourage self-directed learning among registrants through Quality Assurance.
7. Add questions regarding culturally safety and humility to the self-assessment questions registrants are asked at renewal.
8. Continue to build relationship with BCCNM's First Nations Knowledge Carrier looking for opportunities to share their knowledge throughout the organization.

governing bodies and representative organizations, MNBC, Indigenous physicians, experts, and UBC or other institutions as appropriate, establish a Joint Degree in Medicine and Indigenous Medicine. That the B.C. government, in partnership with First Nations governing bodies and representative organizations, MNBC, Indigenous nurses, experts, and appropriate educational institutions, establish a similar joint degree program for nursing professions.

**BCCNM Action #8:** Ensure all nursing and midwifery recognized programs include adequate cultural safety and humility competencies so that graduates are able to meet BCCNM's standard on cultural safety and humility.

1. Consider how the Education Program Review process sets out expectations regarding cultural safety and humility and Indigenous-specific racism competencies in nursing and midwifery programs.
2. Work with national councils of regulators to ensure adequate inclusion of competencies regarding cultural safety and humility and Indigenous-specific racism are included in entry-level competencies for BCCNM's regulated professions.
3. Create and add B.C. specific entry-level competencies that address cultural safety and humility and Indigenous-specific racism when they are not yet included in national competencies.
4. Review how the Education Program Review process will review education programs for Indigenous nurses and/or Indigenous midwives.

## CSH Training

In Plain Sight: Recommendation #23 - That the B.C. government, in partnership with First Nations



# About the Artist

## **Cultural Background: Tla-o-qui aht First Nation, Nuu-chah-nulth Pacific Northwest Coast**

Na Na Quish is a proud member of the Tla-o-qui aht First Nation located on the traditional territory of the Nuu-chah-nulth peoples on the beautiful Pacific Northwest Coast of Vancouver Island.

Na Na Quish was born and raised in Chemainus, B.C. and is a hereditary descendant of the whale house, which is his primary inspiration for producing his designs.

His love for art and his culture began at a young age having grown up listening to the stories from his late great uncle Dr George Clutesi and Nuu-chah-nulth Elders and relatives, as well as while working in his mother's art stores.

Today, these beliefs and teachings continue to be a source of strength for him and the richness of his culture is reflected in his art designs.