



BCCNM'S COMMITMENT TO ACTION: 2023–24

Redressing Harm to Indigenous Peoples in the Health-care System

Update 2024



900 – 200 Granville Street
Vancouver, BC
Canada V6C 1S4

T: 604.747.6200
Toll-free: 1.866.7101

Territorial acknowledgment

We acknowledge the rights and title of the First Nations whose collective unceded territories encompass the land base colonially known as British Columbia. We give specific thanks to the hən̓q̓əmiñəm speaking peoples the x̣ẉməθkẉə'yəm (Musqueam) and sel̓íl̓wítulh (Tsleil-Waututh) Nations and the Sḳẉx̣ẉú7mesh-ulh Sníchim speaking Peoples the Sḳẉx̣ẉú7mesh Úxwumixw (Squamish Nation), on whose unceded territories BCCNM's office is located. We also give thanks for the medicines of these territories and recognize that laws, governance, and health systems tied to these lands and waters have existed here for over 9000 years.

We also acknowledge the unique and distinct rights, including rights to health and wellness, of First Nations, Métis, and Inuit peoples from elsewhere in Canada who now live in British Columbia. As leaders in the settler health system, we acknowledge our responsibilities to these rights under international, national, and provincial law.





Introduction

We are pleased to provide an update on our work to eradicate Indigenous-specific racism in the health-care system.

As our organization enters its fifth year of existence, we are grateful and proud of how we have grown and evolved.

We freely share our expertise and experience with our regulatory colleagues and work closely with our partners in the health-care system to move this important work forward to effect meaningful change. We often use the canoe analogy—that we are all in a boat together—gifted to us by Knowledge Keepers Sulksun (Shane Pointe) from Musqueam Nation and Syexwáliya (Ann Whonnock) from Squamish Nation, and we invite our regulatory colleagues and health system partners to paddle with us as we continue our work.

BCCNM's evolution is reflected in our ongoing commitment to eradicate Indigenous-specific racism from the B.C. health-care system. From our first day of operation, this overarching goal has informed everything we do. As we grow, our understanding of the challenges and opportunities inherent in this work also evolve. We are focused on building an anti-racist culture. As leaders and changemakers in the settler health system, we are committed to taking swift and decisive action to eradicate Indigenous-specific racism.

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We are proud to share that as of this year, half of our board members self-identify as Indigenous. The unique insights and lived experiences they bring to their governance work is instrumental in guiding and supporting us as we continue weaving Indigenous-specific anti-racism into everything we do. The board members are generous with their time and insights and are eager to learn more about where we need their support and guidance. This update outlines our progress and challenges to date.

In 2023, BCCNM's Governance Committee appointed the first B.C. First Nation chair, directly influencing how the board and college operate as they bring their First Nations thought leadership, governance, and lived experience to this strategic role. We are pleased to report the chair has been reappointed for 2024. Our committees now have 15% self-identified Indigenous representation (more on this later in the report). This reflects our concerted effort to recruit and retain at least 10% Indigenous thought leadership to our committees to guide key conversations and decision making. We thank the entire board and our committees for their time, commitment, and guidance.

Since the release of the [*Redressing Harm to Indigenous Peoples in the Health-care System Plan*](#) (Redress Plan) in April 2023, we have implemented 14 of the 42 actions outlined in the plan. This update report is not an exhaustive list of our accomplishments; rather, it's an opportunity to share some highlights, learnings, and reflections from the past year. We continue this journey with open hearts and open minds, and exercise humility and a renewed commitment to our work to ensure the health-care system is safe for Indigenous Peoples.

Since the release of the [*Redressing Harm to Indigenous Peoples in the Health-care System Plan*](#) (Redress Plan) in April 2023, we have implemented 14 of the 42 actions outlined in the plan



Baskets

The Redress Plan was created in April 2023 based on the knowledge and recommendations from foundational documents (see Appendix A). As we designed measurable outcomes for each action and learned more about our evolving regulatory environment, the focus of some actions shifted. Some intended activities were too broad and required refinement to create specific outcomes; one was identified as out of scope.

We see this evolution as healthy—rigid planning does not serve our work or journey. The new *Health Professions and Occupations Act* (HPOA) is also having a significant impact on our work, as we learn more about the Act's provisions and expectations for how our work will change (more on this later in the report).

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.

Developing learning modules to support the *Indigenous Cultural Safety, Cultural Humility, and Anti-Racism practice standard*

[From Awareness to Action: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism learning series](#) is designed to help learners apply the *Indigenous Cultural Safety, Cultural Humility, and Anti-Racism practice standard*. It was created under the guidance of a working group and an advisory group, and builds on the [2022 practice standard Companion Guide](#) project and [video learning series](#), developed in conjunction with the College of Physicians and Surgeons of BC. It is also informed by the results of an [all-registrant survey](#) about the practice standard, conducted in Fall 2023.

BCCNM's Indigenous Cultural Safety & Humility Consultant engaged the BC Health Regulators Indigenous Engagement Group (IEG) to review and provide feedback on each module. The IEG is made up of Indigenous registrants and public members from across the B.C. health regulatory colleges, and the thought leadership and living experience of its members is key to the effectiveness of the learning series. The first three modules were launched in June 2024, and the final three in September 2024.

Early feedback from nurses and midwives has been promising. Overall, participants felt the information met their expectation, improved their learning and understanding of Indigenous-specific anti-racism, and better equipped them to act to eliminate racism. Participants also identified that the information

“Reading these books and having these discussions has made me better at my job.”

encouraged them to speak up and be part of the solution, rather than a bystander. Several participants were pleased to see that BCCNM is taking a leadership role in truth and reconciliation.

The Standards and Guidance team will continue to seek feedback from those who review the learning modules and will provide quantitative and qualitative data for the next board reporting period.

Indigenous book club

BCCNM leadership continues to support staff participating in the Indigenous-specific book club facilitated by the Indigenous Cultural Safety & Humility Consultant on a quarterly basis, during working hours. The meetings are well attended with thoughtful dialogue and discussion about the books as well as (un)learnings and takeaways from the debrief. To quote one member: “Reading these books and having these discussions has made me better at my job.” The BCCNM library reported that one of the titles picked by the group was the most-loaned item of 2023.

In May, BCCNM was honoured to host Angela Sterritt, an award-winning investigative journalist and national bestselling author from the Wilp Wiik’aax of the Gitanmaax community within the Gitxsan Nation.

Angela joined us to discuss her book *Unbroken: My Fight for Survival, Hope, and Justice for Indigenous Women and Girls*, and her work as an advocate and writer. The session took place in May to highlight that May 5 is the National Day of Awareness for Missing & Murdered Indigenous Women, Girls, and 2SLGBTQI+ people (MMIWG2S), also known as Red Dress Day, and to continue focusing on the ongoing national crisis of MMIWG2S, which is a direct result of colonization. According to the Canadian Institutes of Health Research, more than six in ten (63%) Indigenous women in Canada have experienced physical or sexual assault in their lifetime. The impact of these disproportionately high rates of violence is felt in all areas of life. The effects on health and wellness include inequitable access and treatment in health care and underrepresentation in health research. We are grateful to Angela for sharing her time with us and for her important work sharing the truths of the women and continuing to honour them and their families.

Information Technology updates

The Information Management team and the Research & Evaluation teams are training in Ownership, Control, Access, Possession (OCAP) ([The First Nations Principles of OCAP® - The First Nations Information Governance Centre \(fnigc.ca\)](#)). The teams are currently planning for an inter-departmental discussion group to share learnings. This learning will inform their future states.



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.

The Senior Leadership Team, Governance Committee, and board are participating in “Unlearning Clubs,” based on a structured learning program created by the BC Office of the Public Health Officer (OPHO), Unlearning and Undoing White Supremacy and Indigenous-specific Racism within the Office of the Provincial Health Officer. The first three sessions were hosted by Dr. Kate Jongbloed and then Team Reconciliation took over facilitating based on racial caucusing (working in groups based on race).

As a part of BCCNM’s commitment to the constructive disruption of Indigenous-specific racism and the [strategic goal](#) of becoming an anti-racist organization by 2027, consistent, measured learning and self-reflection are required. Continued personal and collective unlearning is fundamental to understand how we got here, why our systems, policies, procedures, and beliefs are this way, and how we can and will act to advance this critical work.

The Governance Committee discussed the need for continued unlearning and how it might be embedded more consistently and meaningfully to evolve governance practices and support the work of the board. The committee identified a need for more active, non-passive learning to help settlers understand how they are perpetuating harms, how Indigenous-specific racism and white supremacy shows up in day-to-day work through policies, practices, and processes and within our lives, and how our individual relationships with white privilege, white supremacy, and white fragility affect our work. From this conversation, staff were asked to investigate the logistics of the “Unlearning Club” and how it could be implemented for the Governance Committee and the board. The OPHO found that racial caucusing worked best for their workplace and recommended we do the same.



2. Addressing inherent systemic racism

We recognize that the health-care system has been inherently racist toward 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.

Speak-up culture

A Speak-up Culture Framework was created and shared with all BCCNM staff in January 2024. The framework supports a workplace where staff feel welcome, respected, valued, and safe in raising concerns about behaviour they experience or witness. Nurturing this culture is necessary for BCCNM to become anti-racist, anti-discriminatory, and anti-oppressive, and BCCNM is committed to leading this change from within. The framework includes expectations for staff and leaders.

Customized training for staff was rolled out in Spring 2024. The sessions were based around the concept of psychological safety in the workplace and covered three core topics: reflecting on organizational culture and how written and unwritten rules influence an experience of inclusion; understanding the link

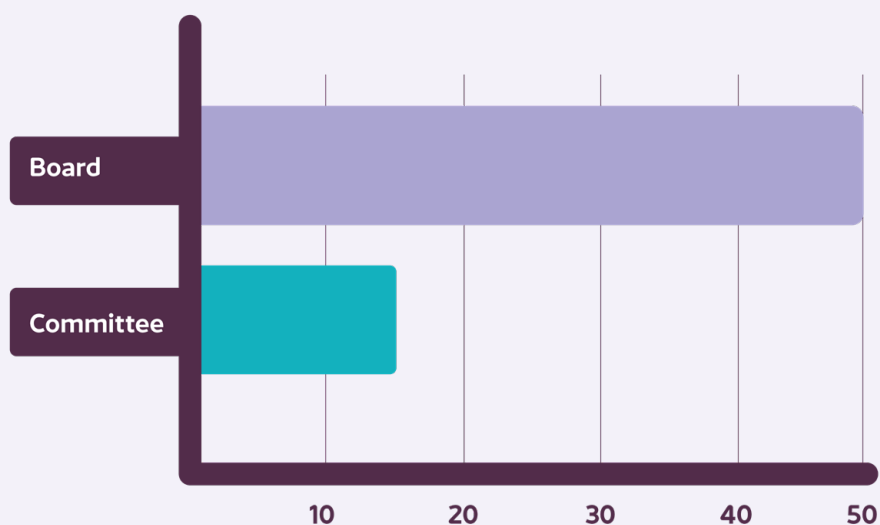
between psychological safety and reinforcing a speak-up culture; and identifying and practising the skills that support building an inclusive environment, for both calling in and receiving feedback. A version of the Speak-up Culture Framework for board and committee members is currently in development, along with a revised code of conduct.

Indigenous representation on BCCNM committees

Our 2023 recruitment data showed BCCNM board support and regulatory committees had reached over 10% Indigenous representation. All but four committees exceeded 10%. For those four:

- The Discipline Committee will be absorbed into the Office of the Superintendent of Health Profession and Occupation Oversight after the enactment of the *Health Professions and Occupations Act*;

BCCNM Board & Committee Indigenous Representation %



- The Nurse Practitioner Examination Committee will be disbanded in the near future, as a national exam is introduced, as part of the Canadian Council of Nurse Regulators' Nurse Practitioner Regulation Framework Implementation Plan Project;
- The Finance and Audit Committee may recruit from the new board members this year, once they are ready to serve on a board support committee; and
- An Indigenous committee member appointment has since come forward for the Education Program Review Committee.

By increasing the number of Indigenous committee members, we ensure Indigenous thought leadership in our regulatory and governance decision making. Further, we can ensure that there are Indigenous committee members available to be panelled in meetings, discussions, and decisions regarding Indigenous registrants.

Education Program Review update

The Education Program Review team is responsible for regulatory exam development, which includes ensuring Indigenous individuals (registrants and public) are invited to participate in exam development activities to provide their lived and living experiences to various regulatory exam development activities. As part of the recruitment process, consideration is being given to ensure we are inviting Indigenous individuals from various communities around the province and that the engagement process is respectful and thoughtful. The team is also consulting internally to ensure safe and appropriate recruitment practices are also being considered.

The Director of Education Program Review participated this spring in a national forum with the Canadian Association of Schools of Nursing for consultation on the development and review of Cultural Safety Guidelines for Nursing Education. This work is ongoing.

Indigenous recruitment pathway launched

An [Indigenous recruitment pathway](#) has been created for all Indigenous-specific postings for new Indigenous-specific staff and contractor roles. The pathway demonstrates how Indigenous-specific recruitment will be done at BCCNM, providing transparency to applicants and ensuring the recruitment process is culturally safe.

Safe Spaces Project: Eliminating Indigenous-specific racism and white supremacy in B.C. health college governance

Since the release of the In Plain Sight report, BCCNM has been actively working toward upholding and implementing Recommendation #14 – Recruit Indigenous Health Leadership. The immediate focus was to increase representation on the board and committees. However, BCCNM soon learned that Indigenous thought leaders were experiencing Indigenous-specific racism, which was confirmed by our 2023 board evaluation. We acknowledged that although we were successful in recruiting Indigenous leadership, we will not be able to retain those individuals if we continue to put them directly in harm's way.

College leadership began to ask, "How can we create safe space for Indigenous board and committee members?" and "How can we learn what we can't see (Indigenous-specific racism) when we also know it's not Indigenous people's problem to solve or responsibility to tell us?" In partnership with Qoqoq Consulting, a B.C. First Nations consultancy, BCCNM embarked on the Safe Spaces Project. In the spirit of paddling together in our collective canoe, BCCNM invited the other B.C. health regulators (BCHR) to participate in the project.

Recognizing that cultural safety is a work in progress in board and committee governance settings, the Safe Spaces Project's aim was to:

- **Illuminate** how Indigenous-specific racism, white supremacy, and cultural unsafety operates in board and committee settings.
- **Hear** from Indigenous board/committee members and thought leaders about actions BC Health Regulators must take to ensure cultural safety and anti-racism on boards and committees.
- **Develop and be accountable** to a draft set of standards for addressing Indigenous-specific racism, eliminating white supremacy, and upholding cultural safety in board and committee work.

A series of dialogue sessions were held involving the Qoqoq Team, Indigenous board and committee members, CEOs/registrars, and board chairs from the nine participating colleges (some of which have now been amalgamated). These sessions were grounded in the use of Coast Salish Protocols as guided by Coast Salish Knowledge Keeper Sulksun (Shane Pointe). The overarching question of the series and project was, "What is required to address Indigenous-specific racism and ensure cultural safety within regulatory boards and committees?"

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.

This requires understanding of both what we need **less** of (Indigenous-specific racism) and what we need **more** of (cultural humility and cultural safety) to create safer spaces in health governance. To answer this question, we must first illuminate how racism and white supremacy are currently hardwired into regulatory governance structures, policies, practices, norms, and values. As well, each participating college completed a cultural safety policy audit of board governance documents, which identified and provided recommendations for building Indigenous-specific anti-racism and cultural safety into board governance documents and practices.

Based on the insights shared by the Indigenous board and committee members about their experiences in BCHR governance spaces, and what was observed during the truth sharing sessions, a playbook was developed. The Safe Spaces Playbook outlines six core expectations and 31 recommendations to move members away from inherited white supremacy, settler colonial approaches, and persistent Indigenous-specific racism, toward an approach that upholds Indigenous rights, truth, and reconciliation. The playbook was issued to every college that participated in the project to implement.



3. Shifting organizational culture

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.

BCCNM Intranet audit

BCCNM's Intranet is a valuable and frequently used resource for staff. This spring, we began a review and audit of our cultural safety and cultural humility content, in collaboration with a First Nations communication specialist and BCCNM Communication and Strategy Governance and Reconciliation Teams.

We want staff to know and understand their role in BCCNM's work to eradicate Indigenous-specific racism in the health-care system and support them on their own journey. We offer a wide selection of resources and learning opportunities, from lunch-and-learn sessions to professional development funding for external courses, to books and internal training. Staff are expected to set two professional development goals annually related to Indigenous-specific anti-racism and the unlearning required to do this work in a meaningful way, but what those look like is up to the individual. We are all at different places on our journeys, and we encourage staff to work at their own pace.

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Part of fulfilling our mandate to protect the public is communicating. Our Communications team ensures our Indigenous-specific anti-racism work is reflected in our public-facing website and our social media channels. This year, we posted content to acknowledge [Indigenous Nurses' Day](#), [Red Dress Day](#), and [Bear Witness Day](#), and we regularly update our [dedicated website section](#). We're also pleased to report our CEO was recently featured in a video project celebrating the first cohort of students in University of Victoria's Indigenous Nursing Master's program.

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'élxwéyeqw 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.



Orange T-Shirt Day

In 2023, BCCNM commissioned a design to mark Orange T-Shirt Day, to recognize the harm that residential schools inflicted on Indigenous Peoples in Canada and throughout this province, the role the health-care system played, and the ongoing historical impacts of colonization. The t-shirt artwork was co-designed by Coast Salish Knowledge Keeper Sulksun (Shane Pointe) and his talented niece, Atheana Picha.



Elder Syexwáliya (Ann Whonnock) of the Squamish Nation opens BCCNM's all-staff meeting in September 2023.



Rikki Kooy, a Secwépemc-St'at'imc Elder, joins BCCNM staff dancing as Elder Syexwáliya (Ann Whonnock) of the Squamish Nation, drums

Remembering Keegan

We were honoured this year to launch a [dedicated website page](#) for the Remembering Keegan: A B.C. First Nations Case Study Reflection in honour of Keegan Combes. As part of marking the two-year anniversary of the report being gifted in ceremony to the health-care system, BCCNM shared an update on our work with Keegan's family, including how the recommendations from the Case Study Reflection have been incorporated into our Redress Plan.



EVERY CHILD MATTERS

Orange T-shirt logo codesigned by Coast Salish Knowledge Keeper Sulksun (Shane Pointe) and his talented niece, Atheana Picha.

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.

Enhanced territorial acknowledgment

BCCNM has taken the direction we've been given through the recommendations of the Safe Spaces Playbook to eliminate Indigenous-specific racism and white supremacy in B.C. health college governance to enhance and update BCCNM's territorial acknowledgement. We have introduced an updated rights- and distinctions-based territorial acknowledgment, which you will find at the beginning of this document. It was introduced at the April in-person all-staff meeting, where Coast Salish Knowledge Keeper Sulksun shared his insights on the distinct inherent rights and title of B.C. Nations and how they differ from the rights of other Indigenous Peoples from elsewhere in Canada.

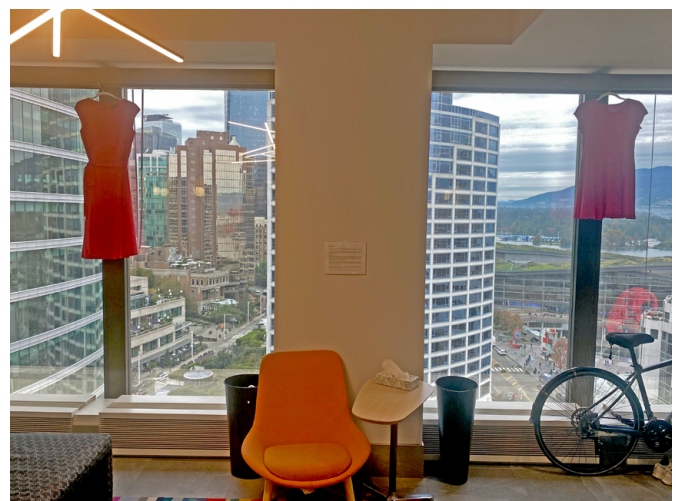
At the meeting, Rhianna Millman, BCCNM's Indigenous Cultural Safety & Humility Consultant, spoke to her rights as a Métis woman who resides as a guest in B.C., the importance of understanding distinctions-based language, and the difference between inherent rights and title for First Nations—whose collective unceded territories stretch to every inch of what is now called British Columbia—and the rights of Indigenous Peoples from elsewhere in Canada. Staff have access to a companion guide that explains more about the acknowledgment and are encouraged to learn and use it at the start of meetings, and to learn about the place they live and add their own reflections to the territorial acknowledgement.

Welcoming new colleges into the Hub

The amalgamation of B.C.'s health profession colleges is now complete, and BCCNM was pleased to welcome the College of Complementary Health Professionals of

BC and the College of Health and Care Professionals of BC into our shared office space, known as the Hub. Having our regulatory colleagues in the same space means better collaboration across the colleges, which is particularly important as we get closer to the implementation of the new *Health Professions and Occupations Act*. We engaged with the BCHR Indigenous Engagement Group to discuss and get their feedback on ways we can improve the Hub space to provide a more culturally safe space. Many of the legacy BCHR colleges that also work at the Hub donated Indigenous artwork to be placed throughout the Hub. The spaces now feature Indigenous artwork in many meetings rooms and a territorial acknowledgment on the lobby doors.

We also have a permanent Red Dress Day display in our lobby, honouring the memory of MMIWG2S Peoples, as well as an Orange Shirt display, honouring those children who did not return from residential schools. Our work to make the health-care system



Permanent Red Dress Day display in the BCCNM office lobby.

safer for Indigenous Peoples is made more urgent by the disproportionate numbers of Indigenous children, women, girls, and two-spirit people who go missing, are murdered, or do not receive culturally safe and appropriate care when seeking health care.

Our regulatory and policy teams are collaborating on a process to engage with Indigenous audiences in a way that respects the time and contributions of individuals while ensuring we do not rely on the same group of individuals for every consultation. Under the new HPOA, we will be expected to consult even more with the public, and we want to ensure we have clear, transparent, and appropriate processes in place.

Complaints program review

In March 2022, BCCNM issued a Request for Proposals to review the college's complaints process, with the aim of incorporating the principles of Indigenous cultural safety, cultural humility, and anti-racism in the process. In April 2023, BCCNM [published the resulting report](#) by Novatone Consulting, *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 report made 13 recommendations applying to different areas of our regulatory work, including complaints process reform.

We have revised the information on the complaints process on our public website to make it clearer, more visually appealing, and simpler to understand. We added information on other relevant review bodies that receive feedback on health-care services. We will be adding the option for individuals submitting a complaint to self-identify as Indigenous.

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.

This self-identification is voluntary, does not require proof of Indigeneity, and can be provided or withdrawn at any time in the process.

Collecting information about a person's Indigenous identity allows us to support them, their families, and their communities with culturally relevant programs and resources to improve their experience when engaging with BCCNM. We collaborate with individuals and their support networks whenever possible. Our goal is to ensure our complaints process is responsive to the needs and values of Indigenous Peoples and that barriers to addressing harms in the health-care system are removed. This work is in alignment with recommendation seven of the Novatone Report and supports future work to meet recommendation four.

One of our goals is to improve health-care equity through learning and information-sharing about discriminatory care, in alignment with recommendation two. We are doing this in several ways. First, we are exploring alternative names for our complaints process and have completed an environmental scan of what complaints processes are called in similar regions. Second, we are reducing barriers to engagement. Patient experiences are shared in several ways with our complaints team, whether in writing or by phone or video meeting. In some cases, our staff meets people where they live or work, aligning with recommendation five.



5. Being champion for change

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.

BCCNM internal learning modules

We are excited to report that our work to develop a series of training modules for staff, contractors, and board and committee members was completed in early September. The *Nutsamaht – Nch’ú7mut: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Program* is designed to introduce BCCNM staff, board/committee members, and contractors to the history of Indigenous-specific racism in B.C., how Indigenous-specific racism operates in the health-care system, and what BCCNM is doing to address it. In deciding what to name this resource, BCCNM connected with Knowledge Keepers Sulksun (Shane Pointe) from Musqueam Nation and Syexwáliya (Ann Whonnock) from Squamish Nation, who shared their knowledge and suggested the title.

Naming these modules to reflect the lands, peoples, and languages that are deeply rooted and tied to these territories centres the rights and title holders of these lands and “thee eat”—truth.

**“Nutsamaht – Nch’ú7mut”
We are one (hə́ŋqəmiḥə́m/Salish)—
be at unity/be in one unit (Squamish)**

Syexwáliya shared that she offered this word in Skwxwú7mesh Sníchim because, “eliminating Indigenous-specific racism is about creating unity . . . to be as one . . . unity is what cultural safety & humility is about.”

**“I offered this word in Skwxwú7mesh Sníchim because, “eliminating Indigenous-specific racism is about creating unity . . . to be as one . . . unity is what cultural safety & humility is about.”
- Syexwáliya**

These beautiful words continue to speak to the generosity of Indigenous Peoples. Being given permission and direction to use them in the program name is an honour and responsibility that we hold very closely. It is a reminder of why we are doing this important work of eliminating Indigenous-specific racism to improve the health outcomes of the First Nations from these territories.

Distinctions-based approach

In keeping with the provincial government’s *Declaration on the Rights of Indigenous Peoples Act (DRIPA) Action Plan and Distinctions Based Approach Primer*, BCCNM is striving to take a distinctions-based approach to our Indigenous-specific anti-racism and cultural safety and cultural humility work. This means acknowledging the specific rights, title, interests, priorities, and concerns of Indigenous

Peoples with unique cultures, histories, rights, laws, and governments. We recognize that Indigenous communities are extremely diverse, and to ensure this training has the broadest and most accurate learning possible, we engaged with multiple subject-matter professionals and Indigenous Peoples with varied lived and living experiences from different nations for advice, expertise, and support.

We expect everyone working for BCCNM to understand the history of settler colonialism in B.C. and across Canada and the impacts it still has on Indigenous Peoples. As such, this course will be mandatory as part of BCCNM's onboarding program for new staff. Building this collective understanding is helping BCCNM meet its strategic goal to achieve an anti-racist culture: we confront Indigenous-specific racism in our health-care system and workplace and uphold the principles of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the Declaration on the Rights of Indigenous Peoples Act (DRIPA) towards cultural safety and humility. We apply an anti-racist lens to our organizational processes, communications, standards, interactions, and daily operations, and promote a 'speak-up' culture.

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Paddling together: BCCNM's journey

MARCH 1, 2017 | DECLARATION OF COMMITMENT

**NOVEMBER 2020
IN PLAIN SIGHT**

MAY 2021 | JOINT APOLOGY

**SEPTEMBER 2021
COMMITMENT
TO ACTION**

**FEBRUARY 2022
NEW PRACTICE STANDARD**

- June 2022 – Video series
- September 2022 – Companion guide

**FEBRUARY 2022
REMEMBERING KEEGAN**

**MARCH 2022 | REVIEW OF
COMPLAINTS PROCESS**

- December 2022 – Review completed
- April 2023 – Report released

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

**SEPTEMBER 2022
BCPSQC SHARING
CONCERNS GUIDE**

**NOVEMBER 2022
NEW LEGISLATION APPROVED**

**APRIL 2023
REDRESSING HARM
PLAN RELEASED**

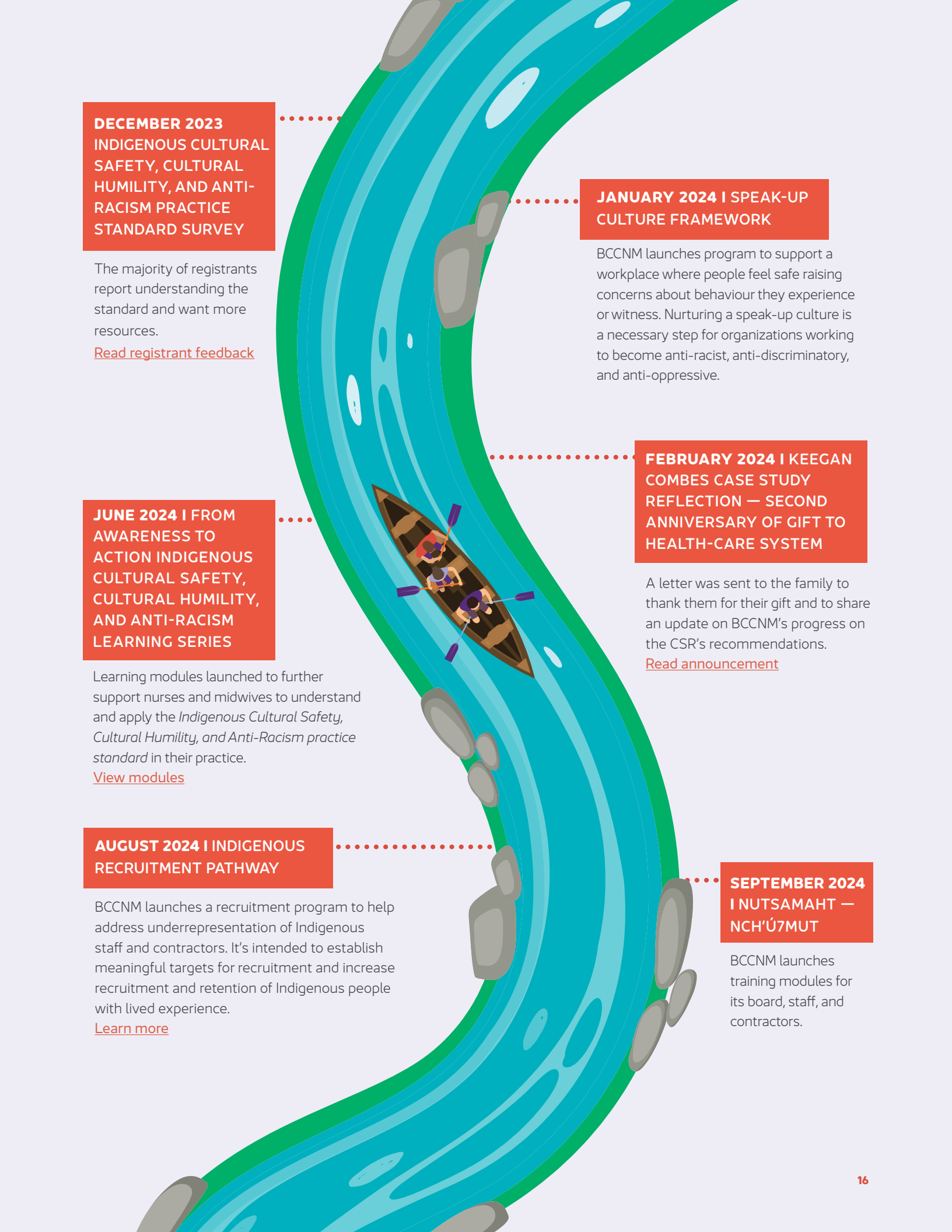
2024 UPDATE

**SEPTEMBER 2023
REDRESSING HARM
PROGRESS UPDATE**

[Read update](#)

**NOVEMBER 2023 | SAFE
SPACES PROJECT**

Addressed Indigenous thought leaders experiencing Indigenous-specific racism in college governance. Brought together leaders from all health colleges. Outcome was a playbook outlining six core expectations and 31 recommendations to move members away from inherited white supremacy, settler colonial approaches, and persistent Indigenous-specific racism, toward an approach that upholds Indigenous rights, truth, and reconciliation.



DECEMBER 2023
INDIGENOUS CULTURAL SAFETY, CULTURAL HUMILITY, AND ANTI-RACISM PRACTICE STANDARD SURVEY

The majority of registrants report understanding the standard and want more resources.

[Read registrant feedback](#)

JUNE 2024 | FROM AWARENESS TO ACTION INDIGENOUS CULTURAL SAFETY, CULTURAL HUMILITY, AND ANTI-RACISM LEARNING SERIES

Learning modules launched to further support nurses and midwives to understand and apply the *Indigenous Cultural Safety, Cultural Humility, and Anti-Racism practice standard* in their practice.

[View modules](#)

AUGUST 2024 | INDIGENOUS RECRUITMENT PATHWAY

BCCNM launches a recruitment program to help address underrepresentation of Indigenous staff and contractors. It's intended to establish meaningful targets for recruitment and increase recruitment and retention of Indigenous people with lived experience.

[Learn more](#)

JANUARY 2024 | SPEAK-UP CULTURE FRAMEWORK

BCCNM launches program to support a workplace where people feel safe raising concerns about behaviour they experience or witness. Nurturing a speak-up culture is a necessary step for organizations working to become anti-racist, anti-discriminatory, and anti-oppressive.

FEBRUARY 2024 | KEEGAN COMBES CASE STUDY REFLECTION — SECOND ANNIVERSARY OF GIFT TO HEALTH-CARE SYSTEM

A letter was sent to the family to thank them for their gift and to share an update on BCCNM's progress on the CSR's recommendations.

[Read announcement](#)

SEPTEMBER 2024 | NUTSAMAHT — NCH'Ú7MUT

BCCNM launches training modules for its board, staff, and contractors.

Relevant HPOA principles

The *Health Professions and Occupations Act* (HPOA) specifically addresses discrimination, including Indigenous-specific discrimination. It aligns with the *BC Declaration on the Rights of Indigenous Peoples Act* (DRIPA), legislation that mandates the government to bring laws into alignment with the articles in UNDRIP.

The HPOA was also informed by the articles in UNDRIP, which recognizes the right to be free from discrimination, and the *In Plain Sight* report.

Everyone regulated under the HPOA—including the superintendent, regulatory colleges, and the discipline tribunal—are bound by the guiding principles in the HPOA, including the requirements to always:

- Protect the public from harm and discrimination;
- Support and promote awareness of reconciliation with Indigenous Peoples; and
- UNDRIP;
- Take anti-discrimination measures; and
- Be fair and transparent while respecting the privacy of individuals.

Expectations of health professionals

For regulated health professionals, discrimination will be considered a form of misconduct. Health professionals engaging in discriminatory behaviour will be held accountable by their regulatory college.

Health professionals will also have to take anti-discrimination measures, such as ensuring the health services they provide foster physically, culturally, socially, emotionally, and spiritually safe practices. They will be obligated to report discrimination when they see other health professionals engaging in discriminatory behaviour.

Expectations of regulatory colleges

Colleges will be required to report any determination or misconduct, including discrimination, to the practitioner's employer, and to not release information about the specifics of an investigation until it is complete and only when the college has taken specific action against the professional for misconduct.

The HPOA will allow the individual making the complaint to request that their identity be protected during the investigation. Anyone who makes a complaint, assists with it, or gives information, can apply for this identity protection order.

Trauma-informed practices

The HPOA also enables trauma-informed practices to inform disciplinary hearing proceedings, such as allowing physical barriers to be placed during the hearing process and for cross-examinations to be conducted in writing only or without the accused health professional being present.

The journey to becoming an anti-racist organization includes setting clear expectations for the nurses and midwives we regulate and supporting them to deliver safe and culturally appropriate care.

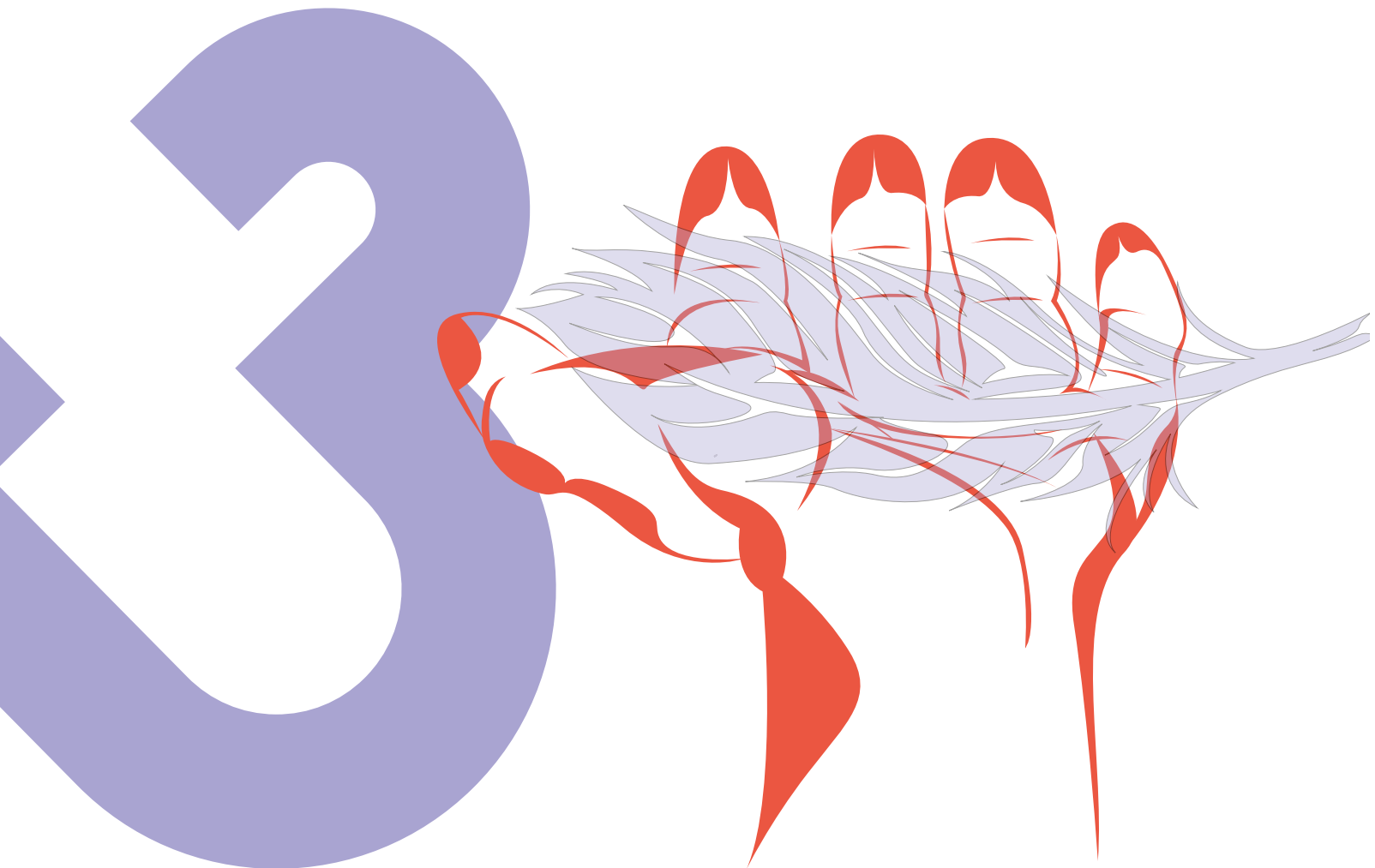
Our role

BCCNM fully supports the new Act. We have been reviewing and revising our own processes to ensure alignment with these new requirements. As part of the settler health-care system, we acknowledge that we are part of the problem—and we are committed to making our processes safe and welcoming for Indigenous Peoples.

The journey to becoming an anti-racist organization includes setting clear expectations for the nurses and midwives we regulate and supporting them to deliver safe and culturally appropriate care. We began this work in 2022 with the introduction of the *Indigenous Cultural Safety, Cultural Humility, and Anti-racism practice standard*, which sets specific expectations for nurses and midwives when providing care to Indigenous Peoples. We've supported nurses and midwives on their learning journeys with a

practice standard companion guide, video series, and our recently launched From Awareness to Action: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism learning series.

In partnership with the First Nations Health Authority and other health authorities, Elders, Knowledge Keepers, Métis Nation Government in British Columbia, and our regulatory colleagues, we are transforming our approach to Indigenous-specific anti-racism education and professional development. Many employers now also offer or require training to ensure their nurses and midwives clearly understand the inherent racism in our health-care system, and how they can begin to effect change from within. It's not easy—behaviours and systems are entrenched. But we know health-care workers want the very best for their patients. And we believe they can be leaders in this change.



Indigenous-specific anti-racism: Language matters

Readers will notice we have begun using more specific language to talk about our work. While we continue to use terms such as cultural safety and cultural humility, we're shifting to more specific, determinative language to acknowledge that to practise cultural safety and humility, we must first become anti-racist.

Indigenous-specific racism

Indigenous-specific racism is racism targeted at a person because of their Indigenous identity or heritage. It can present as overt discrimination or indirect biases that arise because of misconceptions of Indigenous Peoples. It includes ideas and practices that establish, maintain, and perpetuate power imbalances, systemic barriers, and inequitable outcomes that stem from the legacy of colonial policies and practices in Canada that continue today.

Anti-racism, anti-racist

Anti-racism is the practice of identifying, challenging, preventing, eliminating, and changing the values, structures, policies, programs, practices, and behaviours that perpetuate racism. It is more than just being "not racist."

To be anti-racist involves actively eliminating racism from our policies and institutions, understanding how the present exists upon colonial and racist foundations, and committing to educate oneself and take action to create conditions of greater inclusion, equality, and justice.

Anti-racism is an action that involves calling out and dismantling racism in its many forms. Having self-awareness and being self-reflective are important steps toward becoming anti-racist. We do this through engaging in ongoing self-reflection of our own biases, privileges, and prejudices and committing to dismantling the "colonial knots" that keep racism alive.

Indigenous-specific anti-racism

Indigenous-specific anti-racism is defined as anti-racist actions that specifically address the presence of Indigenous-specific racism in society. This is the evolution of how we view this work. Specifically aimed at identifying, challenging, and eliminating Indigenous-specific racism, Indigenous-specific anti-racism is being woven into everything we do. When we develop or revise standards and policies, we ensure Indigenous-specific consultation is built in.

Appendix A

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](#)
- [BC Patient Safety & Quality Council - Indigenous Patient Feedback Principles](#)
- [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



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

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