AS HEALTH REGULATORY COLLEGES, WE WILL:

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

Each of the four colleges consulted various Indigenous Elders, Knowledge Carriers, Knowledge Keepers, or consultants to guide their work. They also jointly offered a series of Land Learn sessions, presented by an Indigenous Advisor or Consultant, to build on the learnings of cultural safety and humility.

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

BCCNM

In collaboration with CPSBC and in consultation with Indigenous Peoples, professionals, and partners, members of the public, registrants, leaders, clients, health authorities, and academic partners throughout the healthcare system, BCCNM created a new standard for its registrants — Indigenous cultural safety, cultural humility, and anti-racism — which came into effect on Feb. 25, 2022.

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

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

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

BCCNM

BCCNM held many training sessions and offered learning opportunities to board, committee, and staff members. For example:

- Information sessions reviewing and discussing findings and recommendations of the In Plain Sight report for board and senior staff
- Book discussion with Joe Gallagher: 21 Things you may not know about the Indian Act for board and committee members
- Organization-wide training on unconscious bias
- A four-part series on self-directed learning in Indigenous-specific anti-racist health leadership, as recommended by Indigenous advisors for staff. The series included settler colonialism, privilege, how Indigenous-specific racism is operating in your sphere of influence, and organizing and strategizing to act
- Self-guided training opportunities by Indigenous Relations Academy, founded by Bob Joseph
- Specialized training in trauma-informed practice with Myrna McCallum for Inquiry staff members
- Workshops on Remembering Keegan: A BC Firif

4. *Ensure board, staff, and committee members are trained in cultural safety and humility, anti-racism, and*

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6. *Promote antiracism and Indigenous cultural safety and humility as core competencies for current and future healthcare providers*

CPBC is in discussions with the University of British Columbia to develop pharmacy-specific cultural safety and humility resources for pharmacists. UBC has confirmed that it

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

BCCNM

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

BCCNM

Action #2.1 and #2.2 of BCCNM's action plan BCCNM's commitment: Constructive disruption to Indigenous-specific racism amongst BC nurses and midwives set out BCCNM's strategy to advocate for change to the Health Professions Act that supports a culturally safe complaints process. These actions also support, inform, and implement changes brought forward by the Ministry of Health to the Health Profess