

Dismantle Racism in Health Care: Two-year update

In response to the _____

AS LEADERS, WE WILL:

1. Be anti-racist leaders who will foster a speak-up culture, where stereotypes, discrimination, and racism are called out and eliminated

BCCNM

We have revised our 2021-22 action plan into the <u>2023-24 Commitment to Action: Redressing Harm to Indigenous Peoples in the Health-care System</u>. This new plan continues our previous work, while also adding more actions aimed at addressing the harm committed within the health-care system.

We are also developing a speak-up culture policy to foster an environment within BCCNM where stereotypes, discrimination, and racism are recognized and addressed. To support this initiative and ensure the organization will be well equipped to know when and how to speak up, relevant training will be sourced and provided. We have hired an Executive Director of Reconciliation, Equity, Diversity, and Inclusion (ED-REDI) to provide strategic leadership in this area and to move BCCNM forward.

CPSBC

CPBC

In 2022, the College of Pharmacists of BC revised its ______P___, adding to its core values an Indigenous cultural safety and humility value set. A series of clearly articulated key actions further describes the Indigenous-specific anti-racism deliverables of the college from 2023-2028. We have also evolved a staff-driven committee to lead anti-racism initiatives within the college and ensure that all team members have an avenue to speak out.

In 2023, CPBC participated in the Safe Spaces Dialogue Series, which was aimed at eliminating racism on regulatory boards and committees to create safe spaces for Indigenous voices to be heard and privileged.

AS PART OF THE HEALTH-CARE SYSTEM, WE WILL:

3. Build partnerships with Indigenous-led organizations to promote system change and dismantle racism

BCCNM

BCCNM continues to nurture and build relationships with Indigenous Knowledge Keepers from the host nations on which our office is located. BCCNM has been establishing and building stronger relationships with the First Nations Health Authority (both central and regional offices), Provincial Health Services Authority–Indigenous Health, and Métis Nation of B.C. to respond to care concerns brought forward. Our desire is to work collaboratively with various system partners to ensure our processes are culturally safe, accessible, and anti-racist.

CPSBC

CPSBC has close and positive working relationships with the First Nations Health Authority and often collaborates on initiatives, such as the complaints process review and the development of joint statements, to promote system change.

CPBC

The college has engaged with the BCHR Indigenous Engagement Group to elicit feedback on the Board Composition Matrix and this engagement is ongoing.

CPBC has also consulted with the UBC/FNHA Indigenous Advisory Group on other initiatives, to ensure that the college is moving in the right direction and gains the perspective of Indigenous voices throughout project lifecycles.

CPBC has developed a collaborative partnership with an Indigenous-owned and led marketing group to engage Indigenous artists in the creative process for public-facing projects.

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

BCCNM

The ED-REDI will be tasked with supporting BCCNM to implement the anti-discrimination provisions of the new A (HPOA) and ensuring BCCNM meets the requirements in the long term.

CPSBC

CPSBC will implement the anti-discrimination provisions in the HPOA and ensure CPSBC meets the requirements in the long term.

CPBC

CPBC, alongside 11 other B.C. health profession regulatory colleges, has adopted the $\cal C$. The standard sets clear expectations for B.C. health professionals on the provision of culturally safe and anti-racist care for Indigenous patients and clients.

Additionally, a public-facing document that describes what can be expected from a pharmacy care visit is under development and will be required to be posted in all community pharmacies in B.C. This document will undergo significant Indigenous engagement and will seek to incorporate Indigenous elements that are aimed to increase understanding of the expected pharmacy care experience and how concerns can be raised with the college.

AS HEALTH REGULATORS, WE WILL:

6. Draw on Indigenous Knowledge Carriers and professionals to guide our work

BCCNM

BCCNM continues to be guided and supported in our work by Qoqoq Consulting, Syexwáliya Ann Whonnock, and Sulksun (Shane Pointe).

For example, we continued to engage Qoqoq Consulting as our cultural safety and humility advisor who provided training to our board members as well as the leadership team. Qoqoq Consulting also supported BCCNM in creating the Redress Harm Plan. Further, most of BCCNM's important events are opened and closed by Indigenous Knowledge Keepers from Musqueam, Squamish, and Tsleil-Waututh Nations.

CPSBC

CPSBC is supporting a new Indigenous Community of Practice through the BC Health Regulators to bring Indigenous perspectives to health profession regulation. The group consists of Indigenous registrants and public members who hold positions on B.C. health regulatory boards and committees. The group has a unique understanding of the regulatory arena in addition to Indigenous lived experience and expertise.

CPSBC is often guided by Indigenous consultants, including Joe Gallagher, Sulksun (Shane Pointe), and Davis McKenzie. Recently, CPSBC retained the services of an Indigenous consulting firm to lead a review of its complaints process. The final report included many recommendations to ensure the complaints process is culturally accessible and safe for Indigenous Peoples.

The college has and continues to engage with the FNHA, Joe Gallagher, Qoqoq Consulting, and Knowledge

8. Provide education and develop practice standards to ensure Indigenous Peoples receive culturally safe health care

BCCNM						
BCCNM and C	CPSBC have su A	ipported 11 othe	er health regulators jointly cr	in adopting the eated by BCCNM	C and CPSBC.	
We have creat	ted the followi	ng learning reso	ources to support r	egistrants to mee	t the standard:	:
			A ly the standard. It i e care and reflect o	ncorporates Indig	enous experier	on Guide to help nces to help nurses
	CPSBC, a and apply the		to suppor	rt nurses, midwive	s, physicians, a	nd surgeons to
• An	C	C	A		pocket gu	uide.
			egular newsletter c as BCCNM's annua			
CPSBC This past year,	, CPSBC and E A	BCCNM support	red 11 other health i	regulators to adop	ot their	С
		ne <u></u> nical guidance.	on race and health	n equity and traun	na-informed ca	are that provide acces
	y of the recon		the Canadian Fed in the Calls to Acti		•	reconciliation, response to the Truth
		d with other B.C 3.C. health libra		rary technicians to) form a specia	ıl interest group on
		•	ental team to man material related to	_	•	archiving, and potentia
CPBC In addition to		С	С	А		,
humility are p	art of curricult mility focused	um requirement professional de	ders such as UBC t s for future pharm evelopment opport	acy students, and	that additiona	l cultural

IM underwent an	1	l. , , D. ,	<u>.</u> ,. M	<u></u> i	n December 2022,

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

BCCNM

Staff and committee members were offered several educational opportunities over the last year. Examples include:

- CSH collaboration series 2022 Part 1: DRIPA and UNDRIP with Joe Gallagher (Principal, Qoqoq Consulting; Vice President, Indigenous Health, Provincial Health Services Authority)
- Chair/Vice-Chair education session (including cultural safety)
- CSH collaboration series 2022 Part 2 (hosted by College of Dietitians of BC): Nutrition Experimentation and the Legacy of Residential Schools on the Health of Indigenous People (guest speaker: Ian Mosby)

A

- Book review with Joe Gallagher (
- Lunch & Learn Governance 101
- Lunch & Learn Navigating & Managing Conflict
- Lunch & Learn CSH collaboration series 202[†] part 1 (hosted by College of Dietitians of BC):

 A and Cultural Safety & Humility (guest speakers: Brian Westgate and Lisa Fong)

BCCNM is developing a new-hire orientation that will acclimate new staff to our current progress on addressing Indigenous-specific racism. This will build into a separate education for current staff, contractors, and board and committee members.

CPSBC

CPSBC continues to prioritize cultural safety training for employees and board and committee members. Training includes the San'yas Anti-Racism Indigenous Cultural Safety Training core module and the advanced training module Bystander to Ally (BTA). Ongoing education on illuminating implicit bias and trauma-informed practice is prioritized for the college's leadership team, and for all board and committee members.

CPBC

Led by CPBC's Deputy Registrar, the college continues to provide monthly information and training sessions to staff, with the board driving CSH initiatives as part of the profession's governance. The college has recently expanded its Indigenous CSH commitment to include anti-racism initiatives in general as part of its mandate. Staff are required to complete ICSH-specific training as a core part of their professional development and customized training sessions have been held with Joe Gallagher and Robin Adams to provide content specific to regulators (e.g., complaints and investigations).

CPBC Registrar and Deputy Registrar have participated in the Flying V group as a component of the Safe Spaces Dialogue Series to address harm and inequity experienced by Indigenous board and committee members. The CPBC board Chair and an Indigenous board member also participated in this workshop series.

C

C

11. Broaden Indigenous participation on our boards and committees and sta teams

Between attrition and new applications, Indigenous representation on BCCNM committees has remained consistently at 9.5% overall.

We hired an Indigenous Cultural Safety and Humility Consultant in 2022 to advise internal teams and build relationships. This person was recruited from a BCCNM committee, impacting the representation noted above. As mentioned previously, we are also recruiting an Indigenous person for the IDM team.

12. Promote anti-racism and Indigenous cultural safety and humility as core competencies for current and future health-care providers

BCCNM

Cultural safety and humility education is now a mandatory part of the quality assurance self-assessment process for all registrants. Since 2022, registrants are asked the following questions:

In analyzing responses, registrants reported they regularly or usually reflect on the impact of their values, beliefs, biases, conduct, and position of power. Most registrants indicated that overt racism was not prevalent in their workplace; however, a few registrants indicated that they are taking action to combat racism by speaking out or reporting racist remarks/conduct and advocating for their Indigenous clients. Lastly, most registrants felt that they regularly or usually take action to combat Indigenous-specific racism in their workplace.

All BCCNM-recognized nursing and midwiferly education programs were asked to confirm they have integrated the C C A into their curricula; all programs confirmed they had done so as of September 2022.

BCCNM entry-level competencies are developed at a national level. Currently the LPN, RM, and RN entry-level competencies have been updated to reflect concepts of cultural safety and cultural humility. The NP entry-level competencies were updated in January 2023 and will go into effect in January 2024 to give education programs time to revise their curricula. The RPN entry-level competencies are being updated this year.

As part of the $\ C$ $\ C$ $\ A$, the Regulatory Learning department developed a companion guide to help explain the concepts. BCCNM and CPSBC also developed learning videos as stated above and have pointed registrants to external resources for ongoing learning. BCCNM is also developing a pocket guide to support its registrants as mentioned above.

CPSBC's accreditation programs	—Diagnostic Accreditat	ion Program (DAP) and	d Non-Hospital Medica	Surgical

BCCNM CPSBC CPBC D. . _ 1. 1. H _ C 13