

One year in: A report on the achievements following the signing of the Declaration of Commitment to Cultural Safety and Humility

Respectfully submitted to the First Nations
Health Authority and the Ministry of Health

March 2018



Photograph courtesy of the College of Occupational Therapists of BC

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Overview

On March 1, 2017, the BC Health Regulators (BCHR) signed the Declaration of Commitment – Cultural Safety and Humility in the Regulation of Health Professionals (the “declaration”) declaring their commitment to integrating cultural safety and humility into their practices as health profession regulators. This historic commitment of the BC Health Regulators follows the landmark commitment to Cultural Safety and Humility by the First Nations Health Authority, the Ministry of Health and the six health authorities in 2015. The intent of the commitment was to effectively launch a partnership with the First Nations Health Authority (FNHA) that could help support the incorporation of cultural safety and humility in alignment with the regulators’ public interest mandates. This report provides a summary of activities taken and an anecdotal commentary on the value and importance of the achievements reached in the past year.

First Nations have a rich history of wellness that extends back in time for many thousands of years. However, the arrival of Europeans marked a change of course in the First Nations wellness journey. The process of colonization including the Indian Residential School System, the *Indian Act*, and Indian Hospitals resulted in degradation of First Nations health and wellness, practices, beliefs, and values, creating a legacy of trauma, and health and social inequities. First Nations self-determination was undermined, and decisions about health and wellness were made *for* and not *with* First Nations.

Today, commitments from the federal and provincial governments to the United Nations Declaration on Indigenous Peoples and the Truth and Reconciliation Commission (TRC) of Canada’s Calls to Action recognize the vital importance of First Nations self-determination, including related to health and wellness. The concepts of cultural safety and humility provide a set of protocols for health-care professionals, the FNHA, and health organizations to follow in their partnerships and relationships with First Nations. BC Health Regulators have committed to taking action when and where they can, based on the TRC’s Calls to Action. One such action, is the signing of the declaration. More information about the focus on Indigenous cultural safety and humility is included in Appendix A of this report.

BC Health Regulators is a society consisting of 23 health regulatory colleges. Combined the regulatory colleges oversee and regulate 107,000 health professionals in the province of BC.

The list of colleges can be found at www.bchealthregulators.ca and includes the following professions:

- Audiologists
- Chiropractors
- Dental Hygienists
- Dental Surgeons
- Dental Technicians
- Denturists
- Dietitians
- Hearing Instrument Practitioners
- Licensed Practical Nurses
- Massage Therapists
- Midwives
- Naturopathic Physicians
- Occupational Therapists
- Opticians
- Optometrists
- Pharmacists
- Pharmacy Technicians
- Physical Therapists
- Physicians
- Podiatric Surgeons
- Registered Psychologists
- Registered Nurse Practitioners
- Registered Nurses
- Registered Psychiatric Nurses
- Registered Social Workers
- Speech-Language Pathologists
- Traditional Chinese Medicine Practitioners

About BC Health Regulators

BC Health Regulators is a society of the 23 health profession regulators (or “colleges”) established under the authority of the *Health Professions Act*, and in the case of the BC College of Social Workers, the *BC Social Workers Act*.

Colleges are responsible for setting and enforcing the standards, or rules, of their professions. Under BC law, the health profession regulators’ mandate is to serve and protect the public. Each college responds to complaints from patients, the public and other health-care providers. Colleges take action if a health professional’s practice is unsafe or unethical.

Each college has a board that includes members elected by its peers and at least two public members appointed by government. Members of the profession and the public are also involved in college complaints, discipline processes and other committees.

The colleges regulate the profession. Boards oversee college activities and are accountable for how a college operates. This is called self-regulation. Self-regulation is a privilege granted by government. Government recognizes that the profession is best positioned to know what education and practice standards are needed to ensure public safety and high-quality services.

The focus of BCHR is to provide an administrative and organizational foundation that supports collaboration and engagement amongst the health profession regulatory colleges in BC. The regulators’ CEOs (or BCHR “members”) annually set out activities and projects that can be achieved through collaboration amongst them and that align with their public protection mandates. A list of the health profession regulatory colleges in BC and their registrars is included in this report as Appendix B. More about BCHR can be found on its website: www.bchealthregulators.ca.



BC Health Regulators sign the Declaration of Commitment at the 2017 Best of Both Worlds Quality Forum in Vancouver

About the Declaration of Commitment to Cultural Safety and Humility

Signed on March 1, 2017 by the members of BCHR, the First Nations Health Authority (FNHA), and the Ministry of Health, the declaration of commitment sets out the following objectives.

CREATE A CLIMATE FOR CHANGE BY:

- Articulating the pressing need to establish cultural safety as a framework to improve First Nations and Aboriginal health services in BC.
- Opening an honest, informed and convincing dialogue with all stakeholders to show that change is necessary.
- Forming a coalition of influential leaders and champions who are committed to the priority of embedding cultural humility and safety into the regulation of BC health professionals.
- Contributing to the provincial vision of a culturally safe health system as a leading strategy to enhance professional regulation in BC.
- Encouraging, supporting and enhancing cultural safety and cultural competency amongst health professionals in BC.

ENGAGE AND ENABLE STAKEHOLDERS BY:

- Communicating the vision of culturally safe health profession regulation for First Nations and Aboriginal people in BC and the critical need for commitment and understanding on behalf of all stakeholders, health professionals and clients.
- Openly and honestly addressing concerns and leading by example. Identifying and removing barriers to progress.
- Monitoring and visibly celebrating accomplishments.

IMPLEMENT AND SUSTAIN CHANGE BY:

- Encouraging and empowering staffs, governors and volunteers to develop cultural humility and foster a culture of cultural safety.
- Facilitating processes where organizations and individuals can raise and address problems without fear of reprisal.
- Leading and enabling successive waves of action until cultural humility and safety are embedded within all levels of health professional regulation.

The declaration identifies the need to report out annually on the achievements reached in support of the commitments made.

CULTURAL SAFETY is an outcome-based on respectful engagement that recognizes and strives to address power imbalances inherent in the health-care system. It results in an environment free of racism and discrimination, where people feel safe when receiving and making decisions about their health care.

CULTURAL HUMILITY is a lifelong process of self-reflection to understand personal and systemic biases and develop relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

The first year – what we achieved together

BC Health Regulators and the First Nations Health Authority have taken unprecedented steps to develop an open, engaged and transparent relationship. In addition to meeting regularly, the two organizations have intentionally set out to challenge the status quo and to identify actions and efforts to move the dial towards improved integration of culturally safe practices within the health profession regulatory framework in BC.

In order to support the effort of moving to improved integration of culturally safe practices for First Nations and Indigenous people in BC, it was recognized that BCHR needed to educate itself and its members about cultural safety and humility. Therefore, much of the past year's activities in support of the declaration have focused on achieving a basic level of education amongst BCHR members and supporting ongoing conversations about cultural safety and humility for First Nations and Indigenous people in BC. Through the gracious and kind efforts of FNHA, BCHR was able to deliver new, relevant learning and to take actions that helped to bring the commitments identified in the declaration to life.

KEY EDUCATION AND RELATIONSHIP-BUILDING ACTIVITIES

Blanketing ceremony

First Nations follow cultural protocols, ceremonies and ancestral laws to guide relationships and interactions in a good way. FNHA completed the acknowledgement of BCHR's commitment for cultural safety and humility for First Nations and Indigenous people in BC with a blanketing ceremony that was moving and educational. The ceremony marked the official beginning of the journey that the two organizations agreed to undertake together in support of the declaration of commitment. The ceremony was led by Elder Qut Same Leonard George of the Tsleil-Waututh Nation, and included his son Gabriel as well as staff from FNHA.

Speaker Gabriel George (Səlilwətaʔ Nation) shared at the BCHR Learning Day that blankets hold important ceremonial meaning in many BC First Nations cultures. Traditionally, they were woven from fibres from woolly dogs and mountain goats, which took tremendous care to gather. Blankets form part of the wealth of Coast Salish nations and represent nobility.

Esemkwu means wrapping someone in a blanket and head band, covering the heart and the mind with love. Blanketing honours the wearer and helps them to have a strong and open heart and mind. Leonard shared that the wearer is spiritually wrapped in the blanket for the rest of their life. He guided the helpers to place them over the left shoulder so that each regulator's heart was covered. Representatives of each college stood and were covered in a blanket and head wrap. Blanketing symbolizes being wrapped in love, giving protection, and recognition of work being done so that you are walking in a sacred way. Covering the head and ears symbolizes keeping the mind focused on the work, and listening carefully to the words that are spoken so that they can be shared with others.

“Our Elder here, he is covering you with his love. Your heart is covered and your mind is covered. The job you have is not easy – protecting the public interest, making sure that the public is going to be okay, knowing that lives are at stake. These blankets honour you but also help you in your work, to help you have a strong heart and strong mind, and an open heart and open mind,” said Gabriel.

Four witnesses were tasked to carry the knowledge of the day forward. Each received a 25 cent coin

from FNHA family members in recognition of their role to remember and share the work of the day. Gabriel explained that as both the giver and receiver touch the coins, their DNA comes together as one. Later, in their role as witness, each reflected back what they had seen. Witnesses in attendance observed the oral history of the event as per ceremony protocols and have shared their memory of the day at a number of subsequent gatherings extending both the learning as well as the experience to others in our community. Witnesses included Donald Scott (director of finance and corporate services, College of Licensed Practical Nurses of BC), Carmel Wiseman (deputy registrar, College of Dental Surgeons of BC), Gabriel George (Tsleil-Waututh First Nation; Leonard George's son), and Janene Erickson (Nak'azdli Whut'en; Partnership Development, CEO Office, FNHA).

Understanding the connection of cultural safety and humility to the *Health Professions Act*

A member of staff from the College of Registered Nurses of BC, who identifies as Indigenous and has done extensive work in identifying how to incorporate culturally safe practices in regulatory work and the health-care system, delivered a learning session on the definitions of cultural competency, safety and humility and their connection to the authorities granted to health profession regulators by the *Health Professions Act*. This included a number of case studies that helped participants understand what constitutes culturally unsafe or incompetent practice by registrants as well as by regulators.

Education symposium

In October of 2017, BCHR and FNHA hosted an education symposium for board, committee and staff members of all the health profession regulators. The day was rich with learning and was well received with over 140 individuals actively participating in the day. The sessions included teaching by speakers about the challenges associated with incorporating culturally safe approaches given the history of colonization and its impact on our society and the lives of Indigenous peoples. Specifically, the purpose of the education was to uncover unknown biases and to engage participants in understanding their own blind spots when it comes to incorporating the changes required to become more culturally competent individuals and organizations. The day was enriched significantly by the participation and teaching from Gabriel George, Tsleil-Waututh Nation and Elder Sywexwaliya, Squamish First Nation who spoke specifically to their experience as Indigenous persons interacting within the health-care system and the current societal constructs of British Columbia and Canada. At the end of the session, participants were asked to identify actions (both short-term and long-term) that they could take in their roles (board, committee or staff members) to improve and expand culturally competent and safe practices in their colleges. The outcome of the brainstorming exercise will form the foundation for further actions to be taken in 2018/19. A summary of the learnings from the session and the key actions is included in Appendices C and D of this report.

The journey together

Beyond the words of the declaration, is the meaning and intention and symbolic nature of the document. The signing ceremony marked the start of a journey together, to better understanding, shared accountability for making a cultural shift and being clear on what efforts both BCHR and FNHA are going to make in support of those efforts. In recognition of this, FNHA presented BCHR with a paddle on the occasion of the education symposium and BCHR presented FNHA with a silk screen print of a canoe on the occasion of the first anniversary of the declaration. Both paddle and canoe symbolize the journey that BCHR and FNHA are taking together towards cultural safety and humility.

KEY ACTIONS TAKEN BY INDIVIDUAL BCHR MEMBERS

Registration renewal data collection efforts

A number of colleges have started collecting information from registrants at renewal time about their completion of the San'yas Indigenous Cultural Competency Training Program. For example, last year, the College of Registered Nurses of BC was able to report that almost 24% of registered nurses and nurse practitioners had completed the course and the College of Occupational Therapists of BC reported that 12% of their registrants had completed the course. The question will remain on the renewal form and the hope is that it will reach close to 100% for all professions. In the meantime, BCHR members' efforts are focused on encouraging health profession education programs (e.g. medicine, nursing, occupational therapy), to incorporate more effectively the key learning outcomes expected of the San'yas course (and like programming) into the basic curriculum. The outcome of achieving this shift would be to eliminate the need for further basic educational interventions post-entry to practice and look to engage further in ongoing learning in cultural safety and humility as it is recognized that cultural safety and humility is a lifelong journey and the delivery of continuing education in the area of cultural safety and humility will always be required.

San'yas indigenous cultural safety training

A number of BCHR members have supported staff and board and committee members to complete the San'yas Indigenous Cultural Safety Training Program. The purpose of providing this support is to further impact efforts to educate decision makers and staff about the impact of colonization on BC's Indigenous population. It is expected that this level of education will play a role in supporting change within the regulatory environment that incorporates cultural safety and humility in a better and more intentional manner.

First Nations Health Authority visits to individual regulatory boards

The FNHA has graciously attended a number of meetings of BCHR members' boards. For example, FNHA has engaged the College of Physicians and Surgeons of BC, the College of Midwives of BC and the College of Dental Surgeons of BC's boards in dialogue about the FNHA's purpose and intention. Such meetings have helped to enhance the learning of board members and support the colleges' advancements of their commitments into action for cultural safety and humility for First Nations and Indigenous people in BC. Additionally, the College of Physicians and Surgeons of BC has worked with FNHA to recommend First Nations individuals to participate in the committees that oversees complaints investigation and resolution.

Incorporating cultural humility into day-to-day operations

A number of the BCHR members have taken on college-specific activities to help initiate and embed cultural safety and humility within their own operational frameworks. For example, many of the colleges open each meeting, be it external or internal, with recognition of the unceded traditional territory on which they are situated. Further, colleges, such as the College of Midwives of BC, have created space for staff to share their experiences and learning at each staff meeting. The College of Occupational Therapists of BC has hosted two webinars for its registrants and posted those and information about cultural safety on its website.

Additionally, a number of colleges, such as the College of Pharmacists of BC (www.bcpharmacists.org/humility) have posted logs and case studies about cultural safety and humility in an effort to share and encourage learning with registrants and stakeholders. A number of the colleges are looking to partner with FNHA to identify individuals from Indigenous backgrounds to participate on committees and boards. It is recognized that there is a distinct absence of First Nations and Indigenous voices from the colleges' governance and oversight structures. Both BCHR and FNHA have committed to working together to address this gap.

WHAT'S NEXT?

In the coming year, BCHR will continue to work with FNHA to enhance and build on the foundations laid in the first year following the signing of the declaration. This includes the following actions:

- cultural safety and humility included into strategic plans
- create a common set of cultural safety and humility practices among the regulatory groups
- create a cultural safety and humility working group
- review complaints processes with a lens of cultural safety and humility
- in collaboration with the FNHA, support the strategic and systematic changes to embed cultural safety and humility within the system of health in BC, through BC Health Regulators
- at the request of FNHA, develop and implement an ethically appropriate question(s) that supports gathering data about the number of regulated health professionals who identify as Indigenous
- review existing policies, practices, and programs with a lens of cultural safety and humility, including complaints processes
- develop methods for incorporating the promotion of recommended culturally safe practices within the quality assurance programs offered by each college
- with support from FNHA, work to expand diversity on college boards and committees by increasing the number of participating individuals identifying as Indigenous
- continue to support board, committee and staff members to complete the San'yas Indigenous Cultural Competency Course and promote its completion and ongoing learning by registrants
- engage educators and the ministries of health and advanced education in ensuring that entry-level competencies for all health professionals include cultural safety and humility
- continue to build and foster a strong, collaborative partnership with FNHA through regular meetings and the exchange of ideas, experiences and opportunities for ongoing learning

CONCLUSION

This past year, BCHR and FNHA have, through the strength of their commitment to the declaration's intent, broken new ground on the way that cultural safety and humility for First Nations and Indigenous people in BC can be integrated into regulatory practices. Further, the partnership has made possible the beginnings of a cultural shift that aligns with many of the recommendations articulated by the Truth and Reconciliation Commissioner's Report and Recommendations as well as the United Nations Declaration on the Rights of Indigenous Peoples. Although sometimes difficult to measure in a quantifiable way, it is clear that BCHR and FNHA's efforts have encouraged new and better ways of supporting an overarching societal shift towards culturally safe regulatory practices.

Efforts to educate board and staff members of the colleges has resulted in outcomes that support different and better practices. Further efforts made in the coming year will continue to enhance and engage health profession regulators in leading towards transformational changes within the health-care system because of the unique nature of their work – regulating health professionals in the public interest.

WITH GRATITUDE

BC Health Regulators are very grateful to FNHA, and in particular to Joe Gallagher, Tla'amin Nation, Janene Erickson, Nak'azdli Whut'en, Davis McKenzie, Tla'amin Nation, and the entire FNHA team for their support, encouragement and generosity. Further, BCHR wishes to acknowledge and thank the George family for sharing with us their incredible history, wisdom and kindness through the words and presence of Elder Qut Same Leonard George and his son, Gabriel George, of the Tsleil-Waututh Nation.



First Nations Health Authority
Health through wellness

Appendix A

Sometimes we hear the question, “Why is there a focus on Indigenous cultural safety and not cultural safety generally for all the diverse cultures in Canada?”

The answer is rooted in the fact that Indigenous people are the original inhabitants of this land and have distinctive rights and responsibilities flowing from that status. We have long established governments, laws and ways of life that existed well before Canada became a country. Our inherent rights to self-determination are based in our historic connection to these lands and territories. We have never ceded or surrendered these rights. They are recognized and affirmed in international and Canadian law.

Federal and provincial government commitments

Canadian Prime Minister Justin Trudeau states that, “It is time for a renewed, nation-to-nation relationship with Indigenous Peoples, based on recognition of rights, respect, co-operation, and partnership.” This commitment is echoed in the mandate letters sent to all 30 federal ministers. In a recent House of Commons speech, Trudeau further committed to creating and implementing – in consultation with First Nations, Métis and Inuit people – a Recognition and Implementation of Rights Framework. In his speech, he acknowledged that although these rights have existed for years, they have not been implemented by Canadian governments.

Similarly, BC Premier John Horgan stated in mandate letters to each of his 22 ministers that, “As part of our commitment to true, lasting reconciliation with First Nations in British Columbia our government will be fully adopting and implementing the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), and the Calls to Action of the Truth and Reconciliation Commission. As minister, you are responsible for moving forward on the calls to action and reviewing policies, programs, and legislation to determine how to bring the principles of the declaration into action in British Columbia.”

Indigenous rights to self-determination

Section 35 of the *Canadian Constitution Act*, 1982 recognizes and affirms existing Indigenous rights. They exist, “because of one simple fact: when Europeans arrived in North America, Aboriginal peoples were already here, living in communities on the land, and participating in distinctive cultures, as they had done for centuries. It is this fact, and this fact above all others, which separates Aboriginal peoples from all other minority groups in Canadian society and which mandates their special legal, and now constitutional, status” (*R. v. Van der Peet*, 1996).

The UNDRIP outlines Indigenous rights to self-determination and self-government. It recognizes our right to participate in decision-making through representatives of our own choosing and through our own processes, as well as maintain Indigenous decision-making institutions. It acknowledges our right to be actively involved in developing and determining health and as far as possible to administer such programs through our own institutions.

Embracing and implementing UNDRIP is the framework for reconciliation in Canada. Both federal and BC provincial governments have committed to implementing UNDRIP's 46 articles. In Prime Minister Trudeau's own words, "We endorsed the United Nations Declaration on the Rights of Indigenous Peoples without qualification, and committed to its full implementation, including government support for Bill C-262." Key UNDRIP articles that relate to governance and health include:

- **UNDRIP Article 3:** Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.
- **UNDRIP Article 4:** Indigenous peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions.
- **UNDRIP Article 5:** Indigenous peoples have the right to maintain and strengthen their distinct political, legal, economic, social and cultural institutions, while retaining their right to participate fully, if they so choose, in the political, economic, social and cultural life of the State.
- **UNDRIP Article 23:** Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.
- **UNDRIP Article 24:** (1) Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services. (2) Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

Current federal and BC provincial governments have also committed to implementation of the 2015 Truth and Reconciliation Commission's 94 Calls to Action. While there are many that relate to governance, health and the social determinants of health, two key calls to action are highlighted here:

- **TRC Call to Action 43:** We call upon federal, provincial, territorial, and municipal governments to fully adopt and implement the United Nations Declaration on the Rights of Indigenous Peoples as the framework for reconciliation.
- **TRC Call to Action 18:** We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

First Nations Health Authority: social innovation through self-determination

In May 2011, BC First Nations leadership came together to make the largest self-determining decision ever made in the province: to take control over their own health and wellness.

The First Nations Health Authority (FNHA), a first of its kind in Canada, was created *by and for* First Nations people and is working to change the health system from a sickness focus to one of wellness. We are the only province where First Nations have organized their health governance in this way.

Our approach serves as model for self-determination in other provinces and other sectors. FNHA champions a wholistic perspective that includes physical, mental, emotional and spiritual health and wellness. These are intrinsically linked to connections to family, community, culture and land.

Resetting the relationship through cultural safety and humility

Reconciliation requires resetting the relationship between Indigenous people and settler Canadians. Establishing trust with BC First Nations individuals, families, communities and nations requires cultural safety and humility.

- **Cultural safety** is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health-care system. It results in an environment free of racism and discrimination, where people feel safe when receiving and making decisions about their health care.
- **Cultural humility** is a lifelong process of self-reflection to understand personal and systemic biases and develop relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Addressing racism for all those who access health care in Canada is imperative. However, working towards cultural safety in health care for Indigenous people starts with recognizing that there is a unique relationship between Indigenous people and what many now call Canada. As a result, the roadmap for the way forward is unique as well. Partnering with First Nations to implement positive change is an opportunity to support the health and wellness of all people, as we bring thousands of years of knowledge to the table.

Appendix B

BC Health Regulators, Registrars



Eric Wredenhagen
Registrar and CEO
College of Registered Massage Therapists of BC

Eric Wredenhagen is a collaborative and engaging leader who has had a distinguished career as a lawyer focusing on professional regulation and administrative law. In addition to his legal practice, he has served as discipline counsel for the Law Society of British Columbia, in-house legal counsel for the BC College of Teachers, and director of legal services for the Real Estate Council of BC.



Michelle Da Roza
Registrar
College of Chiropractors of BC

Biography not available



Louise Aerts
Registrar and Executive Director
College of Midwives of BC

Louise Aerts joined the College of Midwives of BC in October 2014 as the registrar and executive director. In this role she provides strategic leadership, organizational and financial management, and carries out the duties set out for the registrar in the *Health Professions Act* and the College Bylaws.

Louise has over 10 years of executive level experience in various non-profit environments such as education, arts, and health related causes. After completing her Masters of Business Administration, Louise devoted her career to the non-profit sector most recently as the regional director for the MS Society of Canada for Southern Alberta. Previously Louise was the executive director at TESL Canada, a national membership organization for ESL teachers with over 6,500 members. There she was responsible for the overall stewardship of the organization as well as ensuring professional standards through an accreditation system for teachers and teacher training programs.

Louise is familiar with the College, having served on its board of directors as a publicly appointed member from 2009 to 2012. In that role, Louise actively served on the executive committee, supervision panel, standards of practice committee, and the registration committee. She has also had two children under the care of BC midwives. Louise is highly committed to professional self-regulation and governing the practice of health professionals in the public interest, fairness in decision-making and due process, and inter-professional collaboration.



Lisa Bannerman

Registrar and Executive Director
College of Opticians of BC

Since 1988, Lisa Bannerman practised as a specialty contact lens practitioner prior to starting in regulation in 2013.

Before being appointed registrar and executive director of the College of Opticians of BC, she worked as deputy registrar for the Alberta College and Association of Opticians. During this time she assisted in the development of a jurisprudence module for opticians, worked closely with government on an increase in scope of practice, helped secure grant funding for various projects, and facilitated discussions about the future demands of the profession with educators and other stakeholders.

Lisa also has experience as a member of a disciplinary tribunal, and has participated in accreditation for optician programs across Canada.



Kathy Corbett

Registrar and CEO
College of Occupational Therapists of BC

Kathy Corbett has held the position of registrar and CEO of the College of Occupational Therapists of British Columbia since September 1999, appointed shortly after the College was established under the *Health Professions Act*. She steered the development of this new College through development and approval of its first bylaws and building the organization to meet its regulatory obligations set out in the Act. Accountable to the Board and guided by its strategic plan, Kathy is responsible for all aspects of the College's administration and operations and for ensuring quality regulatory processes are in place to meet its mandate.

Kathy is the president of the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) and is also leading a five-year national project, the ACOTRO Harmonization Project which will result in common registration standards and tools for the assessment of internationally educated occupational therapists. Kathy is currently the co-chair of the Health Regulatory Organizations of BC.

An occupational therapist, Kathy began her professional career working with children with special needs and practised clinically until 1996, when she moved into management positions with the Vancouver Island Health Authority.

Photograph
not available

Howard Greenstein

Registrar and CEO

College of Naturopathic Physicians of BC

Howard Greenstein has been the registrar of the College of Naturopathic Physicians of BC since 2007. During this period, he worked closely with the Ministry of Health, other colleges and organizations to plan and implement prescribing authority for naturopathic doctors in BC, the first province in Canada to do so.

He previously served in the BC public service as the director, Judicial Administration, Superior Courts Judiciary and in various roles within the Alcohol and Drug Programs, Ministry of Health of BC, including director, administration. He served as executive director, Saskatchewan Alcohol and Drug Abuse Commission within the Saskatchewan public service and served as consultant to Health and Welfare Canada in developing the National Drug Strategy in the '80's. Mr. Greenstein served as executive director, Office of Victim Services, County Manager's Office, Miami-Dade County, as Director, Department of Justice System Support, Miami-Dade County and Executive Director, Ethics Commission, Miami-Dade County before returning to B.C.

During the years in Miami-Dade, Howard was associated with development of the first comprehensive domestic violence court in the US, as well as Drug Court. Originally trained in clinical and community psychology, Howard spent many years developing and administering programs in the fields of addictions and victim services, including domestic violence, child abuse, sexual abuse and rape, as well as services for survivors of homicide. He considers his work with the regulatory college for naturopathic physicians to be very exciting and rewarding and he highly values excellent working relationships with the Ministry of Health, colleagues within the HRO and many related organizations.



Carina Herman

Executive Director and Registrar

College of Licensed Practical Nurses of BC

Carina Herman is the executive director and registrar of the College of Licensed Practical Nurses of British Columbia (CLPNBC). Carina came to the CLPNBC in January 2012 as the director of policy and practice. She served as interim executive director/registrar from March 2012 until June 2012 when she became permanent in the role of executive director/registrar.

Carina is a registered nurse who has worked in Canada and the United States in areas of clinical practice, education, research and administration.

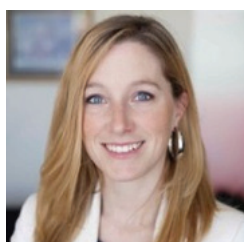
Prior to coming to CLPNBC, Carina worked at the College of Registered Nurses of British Columbia for thirteen years. A major focus in that position was scope of practice and implementation of the nurses (registered) and nurse practitioners regulation. During that time she also worked collaboratively with CLPNBC providing practice support and education throughout British Columbia around registered nurses and licensed practical nurses working together.

On a provincial level Carina works closely with the registrars from the College

of Registered Nurses and the College of Registered Psychiatric Nurses and also participates in the BC Health Regulators society.

Nationally, Carina is the vice-chair of the Canadian Council of Practical Nurse Regulators and participates in the National Nursing Assessment Services.

Carina represents CLPNBC at National Council of State Boards of Nursing (NCSBN) in the United States whose vision is to advance regulatory excellence worldwide. Carina has a strong regulatory background and a passion for building excellence in regulation.



Joanie Bouchard

Registrar

College of Dietitians of BC

Joanie Bouchard became registrar at the College of Dietitians in May 2017. She is from Quebec where she was previously the director of professional affairs for the Ordre Professionnel des Diététistes du Québec (OPDQ), Quebec's regulatory college for Dietitians.

In addition to being a registered dietitian, she has over five-years' experience in a leadership and management role that includes board and committee support, quality assurance, stakeholder collaboration and strategic communications.



Dianne Millette

Registrar

College of Physical Therapists of BC

Dianne Millette joined the College of Physical Therapists of BC in May 2017.

Dianne brings a strong background in physical therapy and health-care regulatory affairs. As a well-established, effective and tested leader in the regulatory world, she comes with over 25 years of experience. Dianne was previously the registrar and chief executive officer for Physiotherapy Alberta – College + Association, and has served on the board and as the chair of the Canadian Alliance of Physiotherapy Regulators. Dianne also did some work related to quality and competence with the Federation of State Boards of Physical Therapists in the United States.

Dianne was educated as a physical therapist and holds a Master of Health Science, Health Administration degree from the University of Toronto. She started her career as a public practice physiotherapist before branching out into the regulatory world. She has been involved extensively with quality development and practice programs for the profession throughout various initiatives.



Cynthia Johansen

Registrar and CEO

College of Registered Nurses of BC

Cynthia Johansen joined the College of Registered Nurses of BC (CRNBC) in 2006 as the director of registration, inquiry and discipline. She was appointed to the position of registrar and CEO in April 2012. CRNBC is responsible for the regulation of more than 40,000 registered nurses and nurse practitioners in British Columbia.

Prior to her work at CRNBC, Cynthia served as the registrar and CEO of the College of Dental Hygienists of BC. She has also served as chief of staff to the Minister of Health in BC and has worked in the Premier's Office under the leadership of former premier, Gordon Campbell.

Cynthia has a BA in political science, an MA in leadership studies and an MSc in information management. Cynthia has extensive experience in investigating and reporting on issues of public safety and access to care. She is committed to working with government, the public and stakeholders on improving professional practice standards and health profession regulation.



Kyong-ae Kim

Registrar and Executive Director

College of Registered Psychiatric Nurses of BC

Kyong-ae Kim has been the executive director/registrar at the College of Registered Psychiatric Nurses of BC (CRPNBC) since May 2010. Her career has encompassed the practice of law, senior management experience and more than a decade of work in the area of professional self-regulation. She brings to her role strong experience in legal analysis, strategic planning, policy development, fiscal administration and stakeholder relations.

Kyong-ae also sits on the board of the Vehicle Sales Authority, which regulates motor dealers and salespeople.

Prior to being with CRPNBC, she worked with the Legal Services Society where she was responsible for managing the province-wide delivery of family and civil legal aid in BC. In that position she oversaw offices in five locations across the province providing a number of diverse services and programs. She also had a leadership role in several major projects, including establishing a pilot justice access center in collaboration with the Ministry of the Attorney General.

Kyong-ae has also worked with the Law Society of BC, regulating the ethical conduct and competence of lawyers. As a staff lawyer at the Law Society, she dealt with a wide range of disciplinary, competency and credentials issues.

Additionally, Kyong-ae's past experience includes work with the Health Employers' Association, the Office of the Ombudsman, and private practice in civil litigation and administrative law.



Andrea Kowaz

Registrar and CEO

College of Psychologists of BC

Andrea Kowaz is the registrar and CEO of the College of Psychologists of BC in Vancouver. She has a PhD in clinical psychology from Simon Fraser University, where she served on the faculty as director of the clinical psychology graduate training clinic from 1989 to 1995. Along with research and consultation work, Andrea's private practice focused on individual psychotherapy, provision of supervision to beginning therapists, and provision of workshops on professional boundary issues.

She was appointed to her current position of registrar and CEO of the College of Psychologists in the fall of 2000.



Jennifer Lawrence

CEO and Registrar

College of Dental Hygienists of BC

Jennifer Lawrence joined the College of Dental Hygienists of BC (CDHBC) as CEO and registrar in 2007. Prior to joining CDHBC Jennifer served in a variety of roles with the BC government, including the ministerial assistant for the Minister Responsible for Child Care and the executive assistant to the Minister for Health Planning.

She has expertise in a variety of areas including communications and strategic planning, as well as policy and program development/implementation.

Jennifer holds a Bachelor of Arts degree with a major in political science from the University of Victoria and holds certificates in executive leadership and not-for-profit governance. In addition, she currently serves as the chair for the Federation of Dental Hygiene Regulatory Authorities.



Chris Hacker

Acting Registrar

College of Dental Surgeons of BC

Chris Hacker directs the operations of the College of Dental Surgeons of BC (CDSBC), including the regulatory and policy responsibilities set out in the *Health Professions Act*, Regulations and Bylaws. As CDSBC's director of professional practice, Chris also oversees the complaints team. He serves as an examiner for the National Dental Examining Board, was a founding member of the Study Club Alliance of BC and practised general dentistry for over 35 years.



Sheila Begg
Acting Registrar
BC College of Social Worker

Biography not available



Bob Nakagawa
Registrar
College of Pharmacists of BC

Bob Nakagawa was formerly the assistant deputy minister of the Pharmaceutical Services Division with the Ministry of Health. He has a pharmacy degree from UBC and a residency in hospital pharmacy from St. Paul's Hospital in Vancouver, and is a Fellow of the Canadian Society of Hospital Pharmacists.

Bob has worked both in hospital and government in developing innovative services and policies for the last three decades. He has served as president of the College of Pharmacists of BC as well as the Canadian Society of Hospital Pharmacists.



Cameron Cowper
Registrar and CEO
College of Speech and Hearing Professionals of BC

Cameron Cowper was appointed registrar and CEO of the College of Speech and Hearing Health Professionals of BC on January 1, 2017. Cameron joined the College as deputy registrar in 2015 after more than twelve years in senior policy and advisory roles within BC's Ministry of Attorney General.

As deputy registrar, Cameron managed the complaints, investigations, and discipline files, and took a lead role in initiating a comprehensive review of the College's policies and Bylaws, as well as a complete re-build of the College's registrant database and website (schedule for launch in the fall of 2018). Since 2016, Cameron has also represented the College as a board member of the Canadian Alliance of Audiology and Speech-Language Pathology Regulators.

Cameron earned a BA and a Masters of Public Administration from the University of Victoria, as well as a law degree from the University of London.

Photograph
not available

Valerie Osborne
Registrar
College of Podiatric Surgeons of BC

Valerie Osborne trained as a biologist and lawyer, and has worked chiefly in administrative law, with an emphasis on environmental matters, professional regulation and information and privacy, both as an independent practitioner

and consultant, as well as in in-house positions.

She has wide-ranging experience in such areas as litigation, legal advising, management, complaint investigation, discipline counsel, policy advice and formulation, legislative drafting and training.

Valerie has been registrar of the College of Podiatric Surgeons of BC since late 2013, assisting the College and profession in the transition from regulation by an association to the regulatory mandate under the *Health Professions Act*. In this capacity she has helped to develop and refine many aspects of the College's infrastructure and augment its internal and external communications. She has also initiated the formation of the Canadian Alliance of Podiatry Regulators.



Heidi Oetter

Registrar and CEO

College of Physicians and Surgeons of BC

Dr. Heidi Oetter has held the position of registrar of the College of Physicians and Surgeons of BC since November 2008. In this role, she is accountable for ensuring compliance with statutory obligations, implementing and monitoring the policies and direction set forth by the board, and managing the daily operations and administration of the College. Heidi led the College in its transition to the *Health Professions Act* in 2009.

Heidi joined the College as a deputy registrar in May 2004. During this time she was involved in all aspects of the College, including ethics, quality assurance and peer review, and the prescription review and methadone programs.

For 18 years prior, she worked as a family physician in Coquitlam. Reflective of her strong interest in mental health, she was a member of the department of psychiatry and the department of family practice at Royal Columbian Hospital. She is a past president of the British Columbia Medical Association (2001-2002), past president of the Federation of Medical Regulatory Authorities of Canada (2012-2013) and served as a BC representative on the Canadian Medical Protective Association Council.

Heidi obtained her medical degree from the University of British Columbia in 1985.



Robin Simpson

Registrar

College of Optometrists of BC

Robin Simpson was appointed registrar of the College of Optometrists of BC in July 2011. He has been a registrant since 1983. He graduated from the University of Waterloo with a Doctorate of Optometry. He has a BSc from Pacific University.



Ron Revell

Registrar

College of Dental Technicians of BC

Ron Revell moved to BC in 2001 to assume a new position with the College of Dental Technicians of BC as its technical assistant and laboratory inspector. He worked in that capacity for four years and then was asked by the board to act as the College's interim registrar in 2005 during a transitional period in the College's history. Ron was subsequently appointed as registrar in August 2006.

Although Ron began his career practising dental technology in Ontario in 1978, he now has over 20 years' experience as a regulator for the dental technology profession in both Saskatchewan and British Columbia.



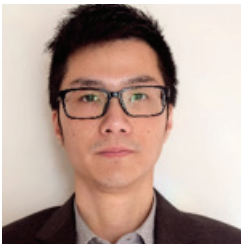
Jennifer Roff

Registrar

College of Denturists of BC

Jennifer Roff has been with the College of Denturists of BC (CDBC) since 2004 and registrar since 2008. As registrar, she has experience in many key functional areas, such as: board and staff management; strategic planning; budgeting and financial management; written and oral communication; and building relationships with key stakeholders. Jennifer also currently serves on a steering committee to assist in the development of a national competency profile for denturists.

Jennifer holds a Bachelor of Arts degree with majors in sociology and psychology from the University of British Columbia. Her majors have given her an understanding of people and their needs. It has created a passion for helping others and making a positive difference, which fits nicely with CDBC's mandate to serve and protect the public.



Jonathan Ho

Registrar and CEO

College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC

Jonathan Ho has served as acting registrar of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC (CTCMA) since the departure of the previous registrar, Dr. Mary Watterson. Jonathan has been with the CTCMA since 2012. Prior to becoming registrar, Jonathan served as the deputy registrar of the College. In that role, he was responsible for the registration, examinations and quality assurance programs.

He also led a number of regulatory projects in areas of competency development, policy development, and compliance and risk management. He attended the University of Manitoba and is pursuing a Masters of Business Administration at the Edinburgh Business School.

Appendix C

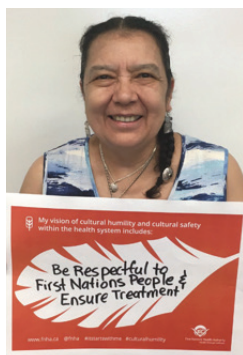
Compilation of BC Health Regulators' Workshop Session – October 13, 2017

THEME	SPECIFIC ACTIONS
Hardwire cultural safety and humility: <ul style="list-style-type: none"> - Within the BC health regulatory group - Within the individual colleges 	<ul style="list-style-type: none"> • Cultural safety and humility included into strategic plans • Create a common set of cultural safety and humility practices among the regulatory groups • Creation of a cultural safety and humility working group • FNHA to support advancement of cultural safety and humility in partnership with college boards • Discuss relationship with the FNHA at the college AGM • Develop and share a BCHR cultural safety and humility strategy plan on the BCHR website
Increase First Nations representation on boards and staff	<ul style="list-style-type: none"> • First Nations representation from around the province (not just Vancouver) • Increase college board and staff knowledge of shared history. Part of orientation.
Continue on cultural safety and humility journey	<ul style="list-style-type: none"> • For boards, staff and health professionals • Continuous knowledge exchange <ul style="list-style-type: none"> o Provide staff and professionals with info re: “bias,” “unconscious bias,” articles, etc. (incorporate into newsletters, lunch and learns, orientation manuals, etc.) o Share communication with all health professions, BCHR journey, Indigenous learnings, stories, cultural safety and humility resources, etc. o Include traditional medicinal knowledge and spiritual approaches • Encourage talking about it more (formally even) • Request for cultural safety and humility practice support tools • Encourage and champion cultural safety and humility learning (e.g. credits for courses and experiential learning) • Suggested reading list
Review existing policy, practices and programs	<p>Policy:</p> <ul style="list-style-type: none"> • Comprehensive review of policy and standards with a cultural safety and humility lens • Adapting communication style and language with a cultural safety and humility lens • Include First Nations perspective in policy processes/development • Amend code of ethics to reflect cultural safety and humility <p>Practice standards:</p> <ul style="list-style-type: none"> • To include annual learning <ul style="list-style-type: none"> o cultural safety and humility training o San'yas o Other courses o First Nations experience/learnings annually o Engagement (meetings, teaching, etc.) • Establish measures and standards • Incorporate into competencies • Complaint processes • Influence education system through practice standards <ul style="list-style-type: none"> o Encourage First Nations curriculum and cultural safety and humility training (e.g. ask post-secondary schools to include training in competencies, standards for program renewals, standards for staff-values, included in job appraisals). <p>Continuous education programs:</p> <ul style="list-style-type: none"> • Explicitly articulate Indigenous courses

THEME	SPECIFIC ACTIONS
Share advancements on cultural safety and humility with communities and practitioners through an annual report	<ul style="list-style-type: none">• Shared annual report to First Nations and colleges
Engage with Indigenous people within profession	<ul style="list-style-type: none">• Colleges to include an Indigenous identifier as a component of registrant registration/annual renewal<ul style="list-style-type: none">o Support capacity development within the colleges and within the professionso Develop a health human resources strategy, increase the number of indigenous professionals working in the health-care fieldo Establish an indigenous professionals group, creating an opportunity to benefit from internal cultural safety and humility capacity• Learn as a college how to “live it” (e.g. acknowledge traditional territory in meetings, embed in college policies and processes, learning as a standing agenda item)<ul style="list-style-type: none">o Learn more from the College of Pharmacists of BC on their initiativeso Work with the FNHA to engage with communities
Review complaints processes with a lens of cultural safety and humility	<ul style="list-style-type: none">• Opportunity for self-ID• Indigenous orientated patient rights information• Complaints vs. barriers/boundaries - how do we address this?• Work with FNHA to liaise with community when doing investigations, possibly include indigenous investigators or knowledge keepers

Appendix D

BC Health Regulators Fall Symposium: Cultural Safety and Humility – *Teachings*



Elder Syexwaliya – Opening protocols

Elder Syexwaliya (Skwxwú7mesh Úxwumixw) introduced herself. She shared that her grandfather Chin-nal-set (Jericho Charlie) lived at Ee'yullmough, a Musqueam village at what is now known as Jericho Beach. She told us about her grandmother who was the last resident at Xwáyxway, a Skwxwú7mesh village where Lumberman's Arch now stands in what is known as Stanley Park. Both ancestors were forced to relocate from their homes to reserve land.

Syexwaliya asked us to join her in prayer, explaining, "Our Elders say you don't pray for yourself...the people on each side of you are praying for you." She spoke about the different perspectives each of us bring. If we pray in a circle, and face the eagle feather placed on the drum in the centre of the circle, we would each see the feather differently even though we are looking at the same thing. Together, our perspectives contribute to the full perspective of that drum and feather in a way a single view does not capture.

Take action, learn more about whose territory you work, live and play in and learn their traditional names.



Dr. Charlotte Loppie – "Racism as a social determinant of health for Indigenous peoples"

Dr. Charlotte Loppie (Mi'kmaq ancestry) from the University of Victoria's Centre for Indigenous Research and Community-Led Engagement (CIRCLE) presented about racism and health. She asked BC's health regulators to begin to unpack deeply held beliefs that underpin Canada's institutions and relationship with First Nations people.

"Discomfort is okay. Typically, we're not learning much if we're not uncomfortable," she explained.

She shared that race is a social construction and has contributed to an ideology of a racial hierarchy. Colonization of Canada was justified by belief in a racial hierarchy, which led to discrimination and inequities that are still being perpetuated by the systems we live in. She described the impact of systemic racism on Indigenous people's health using the metaphor of a tree. "When you notice the leaves of a tree dying the cause of illness is not in the stem but much deeper, in the roots of the tree. The root determinants of racism are unseen and uninvestigated yet addressing them holds the most potential to change to outcome." She spoke about racism within the health system having real consequences for health and wellness of First Nations people.

Dr. Loppie challenged all participants to interrogate their personal and professional beliefs.

Take action, learn more: Watch Dr. Loppie’s webinar on “Racism as a Social Determinant of Health for Indigenous Peoples” from the FNHA and BC Patient Safety & Quality Council cultural safety and cultural humility webinar action series. Or, check out her webinar on “Racism and Privilege in the Everyday” through the Indigenous Cultural Safety Collaborative Learning Series.



Speaker Gabriel George – Experiential learning session

Speaker Gabriel George (Səlilwətaʔ Nation) shared that he had inherited two things from his ancestors who came before him. One was trauma and hurt related to colonization of Canada, including smallpox which reduced his nation’s population from 10,000 members to a few dozen people and the residential schools that his father, grandfather, aunts and uncles attended. The other was their traditional teachings and way of understanding the world – thousands and thousands of years of unbroken knowledge.

He shared reflections from the Blanket Ceremony with BC Health Regulators held in May 2017. Ceremony is a communal way of coming together to restore connections and heal, which is important for wellness, he explained. Blankets hold important ceremonial meaning. Traditionally, they were woven from fibers from woolly dogs and mountain goats, which took tremendous care to gather. Wrapping someone in a blanket and head band represents covering the heart and the mind with love. Blanketing honours the wearer and helps them to have a strong and open heart and mind.

Take action, learn more: See The Fabric of Our Land exhibit (at the Museum of Anthropology until April 2018).



BC Chief Coroner Lisa Lapointe – Systemic change and system-wide leadership

BC Chief Coroner Lisa Lapointe shared her insights from the BC Coroners Service’s ongoing cultural safety journey with the FNHA. The learning journey began with Makara’s Story, when a BC First Nations infant passed away suddenly and tragically in 2012 and her family’s protocols were in conflict with those of the coroner’s service.

“Humility begins when we as a coroner’s service can question whose interests are being served by policy and decisions that we make. Sometimes humility means stopping what you are doing when you realize what you are doing is causing harm,” she said. “Because ‘we’ve always done something’ is the worst reason to continue to do something.”

Take action, learn more: Watch FNHA CEO Joe Gallagher’s webinar, “Leading a Framework for Cultural Safety & Humility” where he shares the impact of Makara’s story.



Overarching – Paddling together to transform the health system

Canoe paddling reflects a First Nations perspective of health and wellness, a key theme throughout the event. Gabriel shared how picking up a paddle started him on a journey that included physical, mental, emotional and spiritual wellness.

“There’s a lot of great people in the room that are committed to make change. We’re inviting you into the canoe. So now you’re in it with us and we’re paddling together,” said FNHA CEO Joe Gallagher (Tla’amin Nation). “We all fit in this together, we are all partners in it. Together we’re going to work to transform the system of health care. We are building a health and wellness system that reflects the best of both mainstream medicine and the best of our traditional knowledge.”

Elder Syexwaliya added, “Joe was talking about getting in our canoe and moving forward, paddling together. I don’t if you know when you get in a row boat, you face backward and row. You’re always looking back. Someone said, you don’t want to have a row boat mentality of always looking back at what’s behind you, and what’s happened. You want to be in the canoe, and all be pulling and looking forward to the destination we’re all working towards.”

Joe Gallagher, on behalf of the FNHA, presented Cynthia Johansen of the BC Health Regulators with a carved paddle as a symbol of the partnership journey ahead.

Take action, learn more: Read the Truth & Reconciliation: Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples.

