



**Regulation Matters:
a CLEAR conversation**

Episode #49: Organizational Transformation – Cultural Safety and Humility in Healthcare **January 11, 2022**

Line Dempsey: Welcome back to our podcast, Regulation Matters: a CLEAR conversation. Once again, I'm your host, Line Dempsey. I am currently the chief compliance officer with Riccobene Associates Family Dentistry here in North Carolina. And I'm also CLEAR's president-elect.

As many of you are aware, the Council on Licensure, Enforcement and Regulation, or CLEAR, is an association of individuals, agencies and organizations that comprise the international community of professional and occupational regulation. This podcast is a chance for you to hear about important topics in our regulatory community.

Our guests today are with the College of Physicians and Surgeons of British Columbia - Dr. Heidi Oetter is the Registrar and CEO there. Derek Puddester is Deputy Registrar, and Susan Prins is Director of Communications and Public Affairs. We're certainly glad to have you with us today; welcome.

Guest speakers: Thank you.

Line: We're glad to speak to you today. I also want to thank our listeners for joining us today. On today's podcast episode, we're going to talk with the College of Physicians and Surgeons of BC about organizational transformation. I think CLEAR's audience will benefit from hearing your story of how you are addressing Indigenous specific racism in healthcare in British Columbia. To start the discussion, Heidi, could you give us some background on the College's commitment to cultural safety and humility and how that came to be an important focus?

Heidi Oetter: Thanks, Line. Along with all the other regulated health professions in the province of British Columbia, we signed a declaration to cultural safety and humility with our First Nations Health Authority partners in 2017. By signing the declaration, the health regulators publicly committed to strengthening relationships with Indigenous peoples and, most importantly, ensuring that culturally safe practices were embedded in College day-to-day operations and formal proceedings.

Since that initial commitment, we have focused on transforming our organization to take meaningful steps in truth and reconciliation, making culturally safe and humble care an expectation at point of care and starting a rebranding project to shed our 140-year-old corporate logo that is distinctly colonial.

Line: That transformation you describe certainly sounds ambitious. Heidi, could you talk about specific actions or strategies have you employed to ensure you are successful on this journey?

Heidi: Yes, thanks for that question. I have to say that we are on the journey and we will be on this journey for some time. The first thing we did was, we started with education. The tone at the top is really important. We made it mandatory for our board members and our senior team members to complete an eight week online training program on cultural safety and humility. And it's really a process of learning and unlearning. And once we started that educational process, things just flowed from there.

We really dug into truth and understanding the impact of colonization on Indigenous people in Canada and in British Columbia. And this has now blossomed into an annual suite of educational training and support for the entire organization - our board and all of our committees. And we focus on implicit bias, cultural safety and humility training, as well as trauma-informed processes.

The next thing that I think that was really important for the organization and its transformation is that we issued an apology to Indigenous people. And we did that, together with our regulatory colleges from nursing and midwifery, from dentistry, and from pharmacists. And it's really a pledge to be anti-racist.

And the last thing that we did that I think it's been really important is that we've strengthened Indigenous representation in our governance throughout the College. So that includes Indigenous members on our board as well as our committees, as well as ensuring that our hiring practices are truly reflective of our commitment to equity, diversity and inclusion.

Line: Wow! Well, it's clear that you have done a lot of work internally in terms of education for your board and staff. What specifically are you doing for the physicians and surgeons that you regulate, and what are you expecting of them? And I'm going to put that to Susan, if you would.

Susan Prins: Yeah, thank you, Line. Well, we're currently developing a practice standard on cultural safety and humility that really sets out very clear expectations of our registrants in terms of their daily practice. And our practice standards are akin to policies. They reflect a minimum standard of professional behavior and conduct that's expected of our registrants on a specific topic or issue, and they are enforceable under our legislation. So in developing the standard, we also undertook a very comprehensive, year-long consultation process with members of the public, and we did this through our BC public advisory network or the BC-PAN.

The BC-PAN is a public engagement initiative, which is sponsored and governed by ten of British Columbia's health regulators. It consists of fifteen members of the public who represent the diversity of our population in the province. And the goal of the BC-PAN is to encourage more comprehensive and meaningful public engagement on issues related to health care regulation. So in this case, the public advisors were asked to provide their feedback on a set of core principles that were related to cultural safety and humility, which was a very insightful starting point for us.

We also had the opportunity to meet with Indigenous patients and Indigenous registrants through virtual facilitated focus groups, or “digital circles.” And in this case, we provided the core principles to the participants in advance of the sessions. And we're really interested in their thoughts on three key questions. The first one was, “Are there any important concepts that we may have missed in the practice standard?” And two, “For successful implementation, what sort of educational resources might be helpful when we launch the standard?” And the third question we asked was, “What barriers might we anticipate from registrants?”

We learned a lot from these circles. Participants really had an informative exchange and discussion amongst themselves. And some of the points they made were that, of course, people exist on a broad spectrum in terms of their personal cultural safety and humility learning journey.

And, as it relates to our registrants, of course, we know that they'll all be in a different place, and it's going to be really important that Indigenous registrants aren't left carrying the burden of managing this process on behalf of their non-Indigenous colleagues. We really recognize at this point that this is our problem to fix, not theirs.

Line: So, Derek, I understand that there was an investigation ordered by your Minister of Health into allegations of racist behavior by healthcare workers specifically targeting Indigenous in British Columbia in hospitals. I feel like this might have been the impetus for some of this change, but can you tell us a little bit more about that?

Derek Puddester: For sure, Line. There were a group of learners who were participating in the cultural safety and humility course that was developed by Indigenous educators across British Columbia, and in the course of discussions in the program, allegations were brought forward. It's very sad to say, and it's actually kind of hard to talk about. Allegations were brought forward that emergency room staff we're playing a game when Indigenous peoples presented for care, and that game was called The Price Is Right. And allegedly, the goal of the game was to guess the blood alcohol level of the Indigenous patient who had presented for care.

I mean, this is a time of great social change, and I think when our officials heard that, they really wanted to act in a thoughtful and thorough way. So, the Minister recruited a very well regarded member of the legal community to open an investigation.

And it's interesting, Line. I mean, the College was certainly aware that we didn't receive many complaints from Indigenous peoples, and it was something that we were actively working on. But this investigation, you know, was very much a listening exercise. And when the lead investigators said to the community, "if you've experienced something that's really a complaint, please let us know," – they got they got thousands of calls. And this not only included Indigenous patients, but their family members, their community leaders and also Indigenous registrants.

So I mean, clearly a staggering sign that systemic racism against Indigenous peoples is unfortunately part of the healthcare experience in British Columbia. And I thought the report was very appropriately named, you know, "In Plain Sight." We take this incredibly seriously. Not only does this fit into our mandate, but you know, this is our community. We work in relationship with people; we take very seriously our obligations to serve. We have studied each of the recommendations that have come out of that report, and I mean there's really no doubt. Simply put: We must and we will respond to every single recommendation that was issued by the Ministry.

Line: Let me ask you this then: with this opening of the floodgates, if you would, do you think that there were a lot of people that maybe didn't know how to file a complaint? I mean is that part of the process as well and that we're now getting an open communication, open dialogue if you would, on this is how to do it. Because I know in North Carolina when I was with the North Carolina Dental Board, one of the things that we saw regularly is certain populations were very well versed in the complaint process and other people didn't even know that even existed. So that's something that I think gave some information to the people.

Derek: Absolutely. And one of the things that we're constantly looking at is how do we remove barriers for patients and families to access the complaint processes. And, you know, I would put forward that our complaints processes are fairly privileged and so it's really what can we do to make everything as accessible and as culturally safe and respectful and welcoming as possible. And that's what we're committed to do.

Line: That's awesome! I mean, it seems like the conversation has always been about increase access to care, but also let's maybe with that increase access to our licensing agencies as well.

Let me ask you this, and I'll again start with Derek and I know Susan's gonna be involved in this as well. Do you expect that the practice standard that you're developing now will be enough on its own to change racist behavior? I think that's a loaded question, but I'll ask it anyway.

Derek: Well, you know it's a question, though, that we hear often, and I think it is a question that's part of the dialogue in this work. I think that the superficial very easy answer is "no." A practice standard won't lead to that specific outcome. But I think the reality is that the practice standard is part of a suite of efforts and activities that we can contribute to as we go along our individual

journeys in exploring our responsibility and our role in this work, but also how we influence the profession, the system, and the relationships that we engender across communities in our province.

So, where do we start? You know, I think we start by trying to make things as easy and welcoming as possible to our registrants. Here's a framework; this has been done in system and in relation with Indigenous partners across British Columbia; and here's some basic principles to meet, looking at power imbalance, being aware of how important culture is in the patient journey through the healthcare system, and having a sense of being committed to learning as much as possible about the cultural values and beliefs of others, and being open to how we consciously and unconsciously influence behaviors in system and in relation with our patients.

So, I think if anything, the standard is meant to be that expectation of first steps to help facilitate journeys as our registrants continue to provide really good care.

Susan: And if I can just build on that in terms of what else we're doing and what we're planning to put in place. Once our board has approved the practice standard, which we anticipate in February of this year, the standard will be published, it will become operational, we will communicate about it widely, and registrants at that point will be expected to start complying with it.

But we do know that the rollout is also going to require educational resources to ensure that our registrants are not only aware of the standard but that they feel really supported as they learn about it and start to operationalize it in their daily practice.

So, we're currently working with a video production company, and we're looking to develop a series of video vignettes, which will really serve as a key or foundational resource to introduce and expand on the principles contained in the standard that Derek just spoke about.

We're also looking at developing a detailed catalog of learning resources, including webinars, articles, books, movies, e-learning modules to support registrants. We also anticipate that we'll be needing to regularly review the standard over time as we start to receive feedback from both our registrants and also maybe Indigenous members of the public. And we'll continue to engage, to validate what we've learned. We're really committed to this process, and we'll make amendments to the practice standard as necessary.

Line: That's great! Well at the beginning of the conversation, you mentioned that part of this work includes the rebrand of your organization. So, why is this an important step in the process? And let's hear from the CEO first, from Heidi please.

Heidi: Thanks, Line. Currently we have a crest or a logo that was adopted by the Council of the day back in 1886. And we have since learned that many of the graphic elements on the College crest were taken from the Royal Arms of the UK. The symbols are very colonial. Specifically, it has a lion - the lion

was used in many crests including ours, which represents supreme power and authority of the monarchy. And the Crown symbolizes the right of the monarchy to claim, or in this case steal, land. Back in the age of discovery, white Christian explorers were granted the right to claim land for their monarchs through Doctrines of Discovery, even though those lands were already inhabited by Indigenous people.

We've come to realize that these symbols do not reflect our current day beliefs and values of inclusivity and accessibility to all people. And this is inconsistent with our efforts towards Truth and Reconciliation. So, this is a very important strategic priority for this organization to come up with a new way of identifying our organization. Susan?

Susan: Yeah, thanks, Heidi. Of course, a corporate brand is not just a logo, or a crest in our case; although of course it's typically the most recognized and front-facing aspect of a brand.

A brand is reflected in everything we as staff and representatives of the College do - in our behavior, our language, our symbols, our style, the perceptions we leave, our procedures and processes, like the complaints process. A brand is how we show up and what we say, how we say it. It's our personality and our character, and so all of us will have to embody and live it.

So, this is going to be really significant exercise for the College. We anticipate it will take approximately eighteen months. And it's going to involve four distinct phases, with each one informing the next. So we're currently in the discovery phase, which is where we're collecting stakeholder feedback, understanding what people think of us today. We're doing current state analysis and environmental scanning. And the next phase is going to be defining the actual brand strategy, which will lead us into the design phase where we will develop the visual identity and all the related assets. And then, in eighteen months, we anticipate deploying the brand, which means retiring the College crest formally and rolling out the new identity across all of our applications.

So as Heidi mentioned, this is really an important initiative in terms of our strategic pillars in our strategic plan and will demonstrate very publicly, we think, our genuine commitment to cultural safety and humility.

Line: Well, that certainly is fantastic to do something like that, a rebranding of that nature. And so it certainly sounds like you are taking the right approach and being very careful and very thoughtful in your process. Well, I think this has been just an absolutely great conversation, so I do want to thank you, Heidi, Derek and Susan, for speaking with me today.

Guest speakers: Thank you.

Line: It really has been a pleasure. And I understand that we'll be following up with you in the summer for a CLEAR webinar on the changes to your complaints process in response to your commitment to

Truth and Reconciliation with British Columbia’s Indigenous peoples. We’ll look forward to hearing more about that later this year.

I also want to again thank our listeners for tuning in for this episode. We invite you to continue the conversation through our CLEAR Discussion Forum. The podcast episode will be posted in CLEAR Communities, and members can reply to the post with your comments or reactions. Listeners can post questions if you’re addressing Equity, Diversity and Inclusion in your regulatory practices. A couple of questions to get you thinking about it:

- What specifically are US regulators doing towards truth and reconciliation with their Indigenous peoples?
- How are you supporting the educational opportunities for staff and board/council members’ development in your organization? How are you being an “equity regulator”?
- How are you engaging with the public that you serve on a proactive basis?

We’d love to continue that discussion more in CLEAR Communities.

And we’ll be back with another episode of Regulation Matters: a CLEAR conversation very soon. If you’re new to this CLEAR podcast, please subscribe to us. You can find us on Podbean or any of your favorite podcast services. If you’ve enjoyed this podcast episode, please leave a rating or comment in the app. Those reviews help us improve our ranking and make it easier for new listeners to find us. Feel free to visit our website at www.clearhq.org for additional resources and a calendar of upcoming online programs and events.

Finally, I’d like to thank our CLEAR staff, specifically Stephanie Thompson, content coordinator and editor for our program. Once again, I’m Line Dempsey, and I hope to be speaking to you again very soon.

The audio version of this podcast episode is available at https://podcast.clearhq.org/e/cultural_safety_humility.