

Professional Standard:
Implementing the Truth and
Reconciliation Commission of
Canada Calls to Action



College of
**COMPLEMENTARY HEALTH
PROFESSIONALS OF BC**



Principle	Outcome Statement
As a licensee, you must meet the following Principles within the Professional Standard: Implementing the Truth and Reconciliation Commission of Canada Calls to Action	People receiving health care services from a CCHPBC licensee expect that their health care practitioner will:
Principle 1: CCHPBC licensees must engage in ongoing education to build knowledge of cultural safety, cultural humility and anti-racism.	Engage regularly in learning that promotes cultural safety and cultural humility, understanding the historical and current impacts of colonialism and Indigenous-specific racism.
Principle 2: CCHPBC licensees must engage in an ongoing reflective practice.	Engage and commit to an ongoing reflective practice that supports anti-discrimination, and anti-racism by addressing their own bias, assumptions and actions
Principle 3: CCHPBC licensees must provide person-centred, strengths-based and trauma-informed care.	Provide supportive and respectful care in collaboration with them.
Principle 4: CCHPBC licensees must engage in active advocacy to identify and address Indigenous-specific racism and discrimination, and advance reconciliation.	Actively take steps to advance reconciliation and address Indigenous-specific racism and discrimination.



Definitions

cultural humility: refers to a process of ongoing self-reflection and self-critique that begins with an in-depth examination of the licensee's assumptions, beliefs, biases, and privilege, as well as the goals of the therapeutic relationship. It involves humbly acknowledging oneself as a learner and promotes a therapeutic relationship based on mutual respect, open and effective communication and mutual trust and decision-making.

cultural safety: when an Indigenous person receiving care experiences the treatment and practice environment to be culturally, physically, socially, emotionally and spiritually safe, and respectful, allowing for meaningful communication, without challenge, ignorance or denial of the person's identity.

Indigenous Peoples: a collective noun that describes First Nations, Inuk/Inuit and Métis people. Indigenous Peoples are not a homogenous group, and their languages, culture, customs, traditions, and spirituality vary in important ways.

Indigenous-specific racism: the historic and ongoing race-based discrimination, negative stereotyping and injustice experienced by Indigenous people. It contributes to and perpetuates power imbalances, systemic discrimination, and inequitable outcomes – including health outcomes – stemming from colonial policies and practices.

Principle 1: CCHPBC licensees must engage in ongoing education to build knowledge of cultural safety, cultural humility and anti-racism.

To meet this standard, CCHPBC licensees must:

- 1.1 Undertake ongoing education related to Indigenous health care, determinants of health, cultural safety, cultural humility, anti-discrimination and anti-racism.
- 1.2 Engage in learning related to:
 - 1.2.1 the Doctrine of Discovery;



- 1.2.2 the *Indian Act*;
 - 1.2.3 residential schools;
 - 1.2.4 the Sixties Scoop;
 - 1.2.5 the *Declaration on the Rights of Indigenous Peoples Act*;
 - 1.2.6 the United Nations Declaration on the Rights of Indigenous Peoples;
 - 1.2.7 Missing and murdered Indigenous women and girls;
 - 1.2.8 the Truth and Reconciliation Commission of Canada Calls to Action;
 - 1.2.9 *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*
- 1.3 Learn about the impacts of Indigenous-specific racism on First Nations, Inuk/Inuit and Métis people accessing the health care system, and its disproportionate impact on Indigenous women and girls and 2SLGBTQQIA+ peoples.
- 1.4 Engage in opportunities to connect and learn about First Nations, Inuk/Inuit and Métis communities, recognizing that languages, histories, heritage, cultural practices, systems of knowledge and laws may differ between communities.

Principle 2: CCHPBC licensees must engage in an ongoing reflective practice

To meet this standard, CCHPBC licensees must:

- 2.1 Identify and reflect on any biases, stereotypes and assumptions they may hold towards Indigenous Peoples.
- 2.2 Understand how their biases, privileges, stereotypes, assumptions and positions of power may impact the therapeutic relationship with Indigenous Peoples.



- 2.3 Understand that colonialism and trauma may affect how Indigenous people view, access, and interact with the health care system and health care practitioners.
- 2.4 Take prompt action to address feedback when provided on their actions and behaviours towards Indigenous Peoples.
- 2.5 Engage in reflective practice by actively analysing past actions and decisions related to clinical practice and individual patients, identifying opportunities for growth and continuous improvement.

Principle 3: CCHPBC licensees must provide person-centred, strengths-based and trauma-informed care.

To meet this standard, CCHPBC licensees must:

- 3.1 Identify the potential for personal or intergenerational trauma in the person's life and adapt the treatment approach to be respectful and trauma-informed.
- 3.2 Engage in strengths-based and trauma-informed communication when conducting assessments, during intake, and when obtaining informed consent.
- 3.3 Provide the necessary time and space to engage fully with the person to identify, understand, and address needs and health goals.
- 3.4 Listen with respect and compassion, taking time to understand the person, their lived experiences and what matters most to them in seeking care.
- 3.5 Provide clear, easy-to-understand information about the health care services available, including what the person can expect during their care experience.
- 3.6 Actively support the person's right to decide on their treatment plan and collaborate with them to incorporate their personal strengths to support the achievement of their health and wellness goals.
- 3.7 Acknowledge and incorporate Indigenous knowledge, ways of knowing, cultural practices, traditions, values, and beliefs, respectfully and without appropriation.



- 3.8 Respect and facilitate the person's request to have a family or community member present during treatment (e.g., community members, Elders, Indigenous cultural navigators, interpreters).

Principle 4: CCHPBC licensees must engage in active advocacy to identify and address Indigenous-specific racism and discrimination, and advance reconciliation.

To meet this standard, CCHPBC licensees must:

- 4.1 Act in a manner that advances reconciliation with Indigenous Peoples, including by:
- 4.1.1. Taking appropriate and timely action when they observe others acting in a racist or discriminatory manner towards First Nations, Inuk/Inuit and Métis peoples.
 - 4.1.2 Taking appropriate and timely action to address and prevent discriminatory or racist practices and policies in their clinical setting.
 - 4.1.3 Helping colleagues to identify and eliminate racist and discriminatory attitudes, language, or behaviour.
 - 4.1.4 Supporting patients, colleagues and others who experience and/or report acts of racism or discrimination.
 - 4.1.5 Reporting acts of racism or discrimination in health care settings to the relevant health regulatory college.