

Notice to the Professions

Employment Roles that Conflict with Professional Obligations

September 28, 2022

The College of Speech and Hearing Health Professionals of BC has adopted a new Standard of Practice for Indigenous Cultural Safety, Cultural Humility, & Anti-Racism, along with 10 other health profession regulators in BC. The standard is informed by the recommendations from the [In Plain Sight report](#) (PDF) and by a standard that the BC College of Nurses and Midwives (BCCNM) and the College of Physicians and Surgeons of BC (CPSBC) collaboratively developed and launched in February 2022.

The Standard of Practice supports the College's commitment to eliminating Indigenous-specific racism and fostering culturally safe practice in BC's health care system. It acknowledges that Indigenous-specific racism exists in health care and sets expectations for Registered Audiologists (RAUDs), Registered Hearing Instrument Practitioners (RHIPs), and Registered Speech-Language Pathologists (RSLPs) to provide culturally safe and appropriate care to BC's First Nations, Métis, and Inuit peoples.

CSHBC and the 10 other colleges who have adopted this Standard of Practice are marking the launch of the standard with a ceremony on September 30, 2022, as part of the [National Day for Truth and Reconciliation](#). We'll share more information about the standard over the coming days and weeks.

What does the implementation of this Standard of Practice mean to me in my practice?

This practice standard provides clear expectations for how registrants should conduct themselves in their interactions with Indigenous clients. Registrants are expected to familiarize themselves with the standard, which includes principles organized into seven categories that registrants are asked to incorporate into their practice:

- 1. Self-reflective practice — it starts with me**

Cultural humility begins with a self-examination of the health professional's values, assumptions, beliefs, and privileges embedded in their own knowledge and practice, and consideration of how this may impact the therapeutic relationship with Indigenous clients. Cultural humility promotes relationships based on respect, open and effective dialogue, and mutual decision-making.

2. **Building knowledge through education**

Health professionals continually seek to improve their ability to provide culturally safe care for Indigenous clients.

3. **Anti-racist practice – taking action**

Health professionals take active steps to identify, address, prevent, and eliminate Indigenous-specific racism.

4. **Creating safe health care experiences**

Health professionals facilitate safe health care experiences where Indigenous clients' physical, mental/emotional, spiritual, and cultural needs can be met.

5. **Person-led care – relational care**

Health professionals work collaboratively with Indigenous clients to meet the clients' health and wellness goals.

6. **Strengths-based and trauma-informed practice – looking below the surface**

Health professionals have knowledge about different types of traumas and their impact on Indigenous clients, including how intergenerational and historical trauma affects many Indigenous Peoples during health care experiences. Health professionals focus on the resilience and strength the client brings to the health care encounter.

What resources are available to help me meet this standard?

Registrants can consult the following resources to support their learning about the standard and its expectations:

- [Videos series to support culturally safe care](#) (developed by BCCNM and CPSBC)
- [Practice Standard Companion Guide](#) (PDF) (developed by BCCNM and CPSBC)
- [Learning Resources](#) (PDF) (developed by CPSBC)

CSHBC acknowledges that registrants will need additional support to successfully implement the new Standard of Practice, and we are committed to creating space and hearing from both Indigenous and non-Indigenous registrants about the standard. Considering the significant pre-existing work and engagement conducted by BCCNM and CPSBC, the 11 colleges who had adopted this standard are discussing how best this can be done collectively, while hearing about profession-specific elements.

We are committed to regularly updating this information and sharing it frequently so that registrants feel supported in applying the standard to their practice.