

EVALUATION REPORT

Evaluating the Application of CPSBC's *Indigenous Cultural Safety, Cultural Humility,* *and Anti-racism Practice Standard*

Summary

From spring 2023 to spring 2024, the College of Physicians and Surgeons of British Columbia (CPSBC) conducted an evaluation of the newly implemented *Indigenous Cultural Safety, Cultural Humility, and Anti-racism* practice standard. The purpose of the evaluation was to assess registrants' (physicians and surgeons) awareness of the standard and the effectiveness of its application in their practice.

The evaluation involved a survey distributed to all registrants, one-on-one interviews conducted by an external consultant, and focus groups. Key findings from the survey indicate that overall awareness and application of the standard across the profession are low. Participants in the interviews and focus groups had a general awareness of the standard and highlighted self-reflection as the core concept they are most familiar and comfortable with. They acknowledged the need for more education around applying the core concepts and more communication from the CPSBC. Participants also identified systemic barriers to applying the practice standard such as time constraints and unique practice settings.

Moving forward, CPSBC will focus on building awareness of the standard and providing further information to registrants on how to apply the standard in practice.

Overall, the evaluation proved to be invaluable. It allowed CPSBC to identify opportunities for improving awareness and application and to track measurable progress. The findings provide a roadmap for CPSBC to continue working towards reconciliation and creating safer, more accessible health care for Indigenous Peoples.

Background

In February 2022, the CPSBC published its *Indigenous Cultural Safety, Cultural Humility, and Anti-racism* practice standard, along with accompanying resources. This marked an important step in an ongoing journey to end Indigenous-specific racism in health care, where patients continue to experience its prevalence, as seen in the *In Plain Sight* report.¹ The intent of this standard is to establish CPSBC's zero tolerance for Indigenous-specific racism, set clear practice expectations for physicians and surgeons (registrants), and provide various learning resources to help them apply the standard in their practice.

In British Columbia, health authorities, health regulators, and Doctors of BC have all signed the Declaration of Commitment to Cultural Safety and Humility with the First Nations Health Authority. As part of this commitment, CPSBC conducted an evaluation to assess registrants' awareness of the practice standard and to understand how they are applying its core principles in practice.

This report outlines the methods used to conduct the evaluation and the first steps to implementing the recommendations.

Methods

To evaluate awareness and application of the standard among registrants, CPSBC used a multi-step approach with the overview seen in figure 1.

Figure 1. Evaluation methods



Baseline information collection (registrant surveys)

CPSBC sent a voluntary and anonymous survey to all registrants via email, open from June 1 to 16, 2023. The goal of the survey was to find a baseline understanding of the standard's adoption. The survey included multiple choice and open-ended questions to gauge registrants' familiarity with and application of the practice standard.

After the completion of the first survey, a follow-up survey was sent to 28 registrants who self-identified their interest in participating in interviews to gather more detailed information about their knowledge of the standard.

Application of the standard (registrant interviews)

Based on the responses received from the second survey, CPSBC selected six registrants to take part in one-on-one interviews with an external consultant, Dr. Alisa Harrison, as they were further along in their cultural safety learning journeys.

Out of the six selected, five registrants took part in one-hour structured interviews with the consultant. The interviews were guided by a predetermined set of questions (shown in table

¹ Turpel-Lafond, M.E. (2020). *In plain sight: addressing Indigenous-specific racism and discrimination in B.C. health care*. Queen's Printer: Victoria, BC.

1) aimed at exploring core concepts of the standard, its practical application, and identifying barriers to implementation. The consultant asked all participants to read through the practice standard and learning resources in detail before the interview.

Table 1. Registrant interview questions

Registrant interview questions	
1.	How much of the content in the standard was new to you? Were any of the core concept(s) new to you?
2.	What part(s) of the standard seem most helpful to you? (i.e. best support your practice)
3.	Are there ways the standard could be clearer for you and other registrants?
4.	When have you applied the standard to your practice? Please share specific examples. <ol style="list-style-type: none"> What has supported you in applying the standard? If you haven't applied the standard, what barriers have you faced? What supports might help you navigate those barriers?
5.	What kinds of challenges have you encountered in applying the standard? (or practicing the core principles)
6.	Which, if any, of the accompanying resources are most helpful? What other resources might be helpful? Please share specific examples.
7.	Is there anything else you'd like to tell us about your experience so far with applying the standard's core principles in your work?

Implementation and awareness-building strategies (registrant focus groups)

Following the registrant interviews, CPSBC held two one-hour focus groups to explore strategies for enhancing awareness and application of the practice standard in the future.

Non-Indigenous registrants

The first focus group was on March 5, 2024 for non-Indigenous registrants. CPSBC sent a recruitment email to just over 100 registrants from its directory based on a diverse range of ages, practice backgrounds and locations. An additional 12 registrants from the previous survey were invited following a low response rate from the first recruitment email. CPSBC sent a total of six invitations, with three registrants attending the consultant-led focus group. Two registrants practised in community-based primary care and one in a hospital.

Indigenous registrants

For the Indigenous registrants' circle on February 26, 2024, CPSBC collaborated with Tesla II (Dr. Evan Adams), an Indigenous physician involved in the standard's development, as well as the external consultant, Dr. Harrison, to find potential participants. Dr. Adams facilitated the circle with Elder Glida present to provide an opening prayer and grounding throughout the discussion, while Dr. Harrison witnessed and took notes. Three registrants, in addition to Dr. Adams, participated in the group. All participating Indigenous registrants had a background in family medicine and were in active practice in rural settings.

Focus group structure

Both the Indigenous and non-Indigenous registrant focus groups were conducted on Zoom. The focus groups began with a brief presentation where the facilitator(s)

- reviewed objectives,
- provided an overview of the development and content of the practice standard, as well as existing educational resources,
- shared results from initial registrant surveys, and
- described the evaluation process thus far.

In both focus groups, there were a series of predetermined questions shown in table 2.

Table 2. Registrant focus group questions

Registrant focus group questions	
1.	Have you noticed your colleagues talking about the standard or actively applying it in practice?
2.	How do you think the College could raise awareness among physicians about the standard?
3.	What can the College do to promote the core concepts in the standard?
4.	Which of the core concepts should the College focus on in education and/or awareness-raising efforts?
5.	What additional learning resources would be useful to further support the implementation of the standard?
6.	What else might the College do to promote the standard and support physicians in applying it in practice?

Results

Registrant survey

The first registrant-wide survey received 532 responses and consisted of both yes and no questions as well as open-ended questions shown below. The responses to the yes and no questions are outlined in figure 2, and the open-ended responses in table 3.

Figure 2. Registrant survey responses

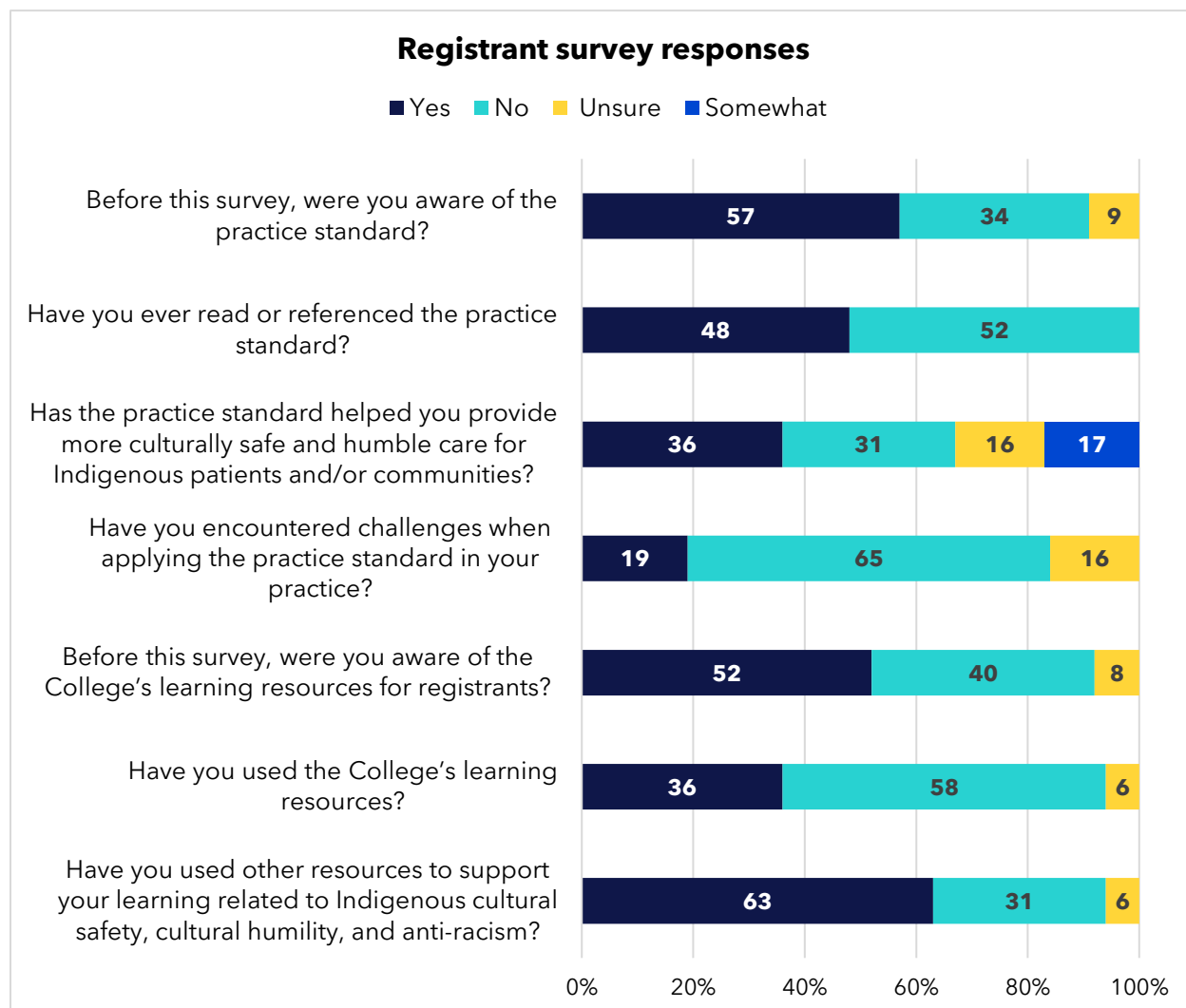


Table 3. Open-ended survey responses

Survey question	Responses
Please provide an example of how the practice standard has helped you provide more culturally safe care. (n=80)	<p>Of the registrants who responded, the most common response was that the standard improved awareness. This included awareness of personal and/or systemic biases; Indigenous culture, colonialism, intergenerational trauma, barriers to care and work towards reconciliation; trauma informed practice; and what “cultural safety” means.</p> <p>Outside of awareness, registrants commonly reported that the standard promoted deeper self-reflection into current practice and to engage in further learning, recognizing this to be a continuous journey.</p>

Survey question	Responses
Please share the types of challenges you have encountered (e.g. barriers in your practice setting, lack of confidence or comfort with the standard, etc.). (n=41)	<p>The primary challenge reported by registrants were challenges within systems. This included systemic racism and bias, as well as a colonially built health-care system; restrictive policy; and the current model of care, citing time and adequate compensation.</p> <p>Registrants also commonly cited internal challenges such as recognizing one's own biases, making personal change, and having challenging conversations with others, especially with colleagues.</p>
Please share some examples of resources that you found helpful. (n=218)	<p>The most common resource found to be helpful by registrants was the <i>San'yas</i> Indigenous Cultural Safety Training Program. This was mentioned by approximately one quarter of respondents. Other key resources mentioned were from registrant's respective health authorities, Doctors of BC, UBC and CMPA.</p> <p>Multiple registrants also responded that their Indigenous patients and peers have provided them with valuable insight and learnings. Overall, there was an extensive list of resources provided, showing a strong sense of self-directed learning.</p>

Registrant interviews and focus groups

The data from interviews and focus groups revealed several key insights regarding registrants' awareness and application of the practice standard. Overall, participants had a general sense of the standard's existence but lacked detailed knowledge about its development, content, application, and enforcement. Indigenous registrants were more informed about the standard's content than non-Indigenous registrants.

All interview participants had extensive experience working in Indigenous communities, with most very familiar and one familiar with the core concepts prior to the standard's development. Participants emphasized the overall importance of the standard, viewing it as embodying good medical practice principles, with a few noting it confirmed their long-standing practices.

In both interviews and focus groups, participants emphasized being familiar and comfortable with the concept of self-reflection, linking it to delivering patient-centered and humble care. Despite their awareness, registrants were less familiar with applying self-reflection through an Indigenous cultural safety lens. Indigenous registrants highlighted the need for more education on core concepts beyond self-reflection.

There was notable uncertainty about CPSBC's role in this work. Registrants did not call for more educational resources but asked for stronger communication from CPSBC about the standard, its enforcement, and actions taken in response to complaints.

Participants also named systemic barriers to applying the standard, such as time pressures, heavy workloads, and working in diverse practice environments, such as in solo practice or in emergency rooms.

Analysis

Each stage of the evaluation process offered unique insights into the level of awareness and application of the practice standard. It also showed emerging needs of registrants in their own journeys to provide more culturally safe health care.

As shown by the results of the survey, overall awareness of the standard was low, with only just more than half of the registrants being aware the standard exists, and less than half having read the standard. A practice standard reflects the minimum standard of professional behaviour and ethical conduct on a specific topic and registrants should be aware of all standards. Other indicators suggest there is low awareness of CPSBC standards in general so this may not be an issue isolated to the *Indigenous Cultural Safety, Cultural Humility and Anti-racism* practice standard.

Most promisingly, registrants are working towards providing more culturally safe care, with over 60% responding to having used other resources to support their learning. This information was a valuable finding to learn. Registrants are actively engaged in providing more culturally safe care but are not necessarily using CPSBC resources to do so, as seen by only 36% of respondents having used CPSBC's learning resources.

Conducting purposeful interviews with registrants who are more deeply engaged in practising cultural safety showed what could be achieved if more were applying the principles in their own medical practice. Even amongst those "championing" work in cultural safety, registrants were not naming the practice standard as the primary resource guiding their actions. Retrospectively, registrants were clearly proving the principles of the standard in their work, highlighting their applicability to providing culturally safe care. This also shows that there is a place to build on existing knowledge of registrants in promoting the standard, as well as ways to improve practice by fine-tuning what registrants may already be doing.

Having in-depth discussions with Indigenous and non-Indigenous registrants through focus groups was a valuable part of the evaluation. While the survey provided the baseline information, the focus groups allowed for more in-depth insight into why there is a lack of awareness and to hear more about what registrants need to apply the standard. Having a separate Indigenous focus group gave the added context missing from only speaking with non-Indigenous registrants. The perspective of Indigenous registrants is unique and added to what registrants may need for improving the application of the standard to meet the needs of Indigenous patients.

Recommendations

Most broadly, CPSBC will focus efforts around increasing awareness of the standard amongst registrants. While there is evidence of registrants applying concepts in practice, CPSBC can do more to ensure registrants are aware of the expectations. Many of the core concepts within the standard are not new topics to registrants, with many already integrating them into their daily practice. The gap lies in the lack of awareness that the principles in the practice standard are mandatory requirements. Additionally, it will be challenging to further evaluate any impacts the standard has on patient care if registrants are not aware of it.

1. Consistently utilize existing touchpoints with registrants to promote the standard.

- Annual licence renewal is a task undertaken by all registrants, unlike emails which not all registrants read (unless requiring a response). Utilizing the annual licence renewal

process to include more information about the *Indigenous Cultural Safety, Cultural Humility and Anti-racism* practice standard can enable broader reach across the province.

- Similarly, CPSBC will continue to use its regular electronic newsletter, the *College Connector*, to promote the standard through case studies on how to apply it. Throughout the evaluation process, registrants voiced a desire for more examples in what it looks like to apply the standard in practice or what happens when a patient makes a complaint about Indigenous-specific racism.
- Most recently, CPSBC published its second installment of the new *Connecting the Dots* podcast highlighting the work of a BC physician and culturally safe care from a health quality perspective. CPSBC will explore methods such as webinars, online learning, etc. to build on what is already happening but with more intention. CPSBC can also use these channels to celebrate and share the commendable work of registrants.

2. Promotional messaging should go beyond awareness, to sharing more of what the standard means.

- The messaging behind promotion will hold significant weight. It is important to note that CPSBC does not provide Indigenous-specific education, but rather will provide further context and examples in what it means to apply the standard. Registrants also don't typically seek "education" from CPSBC; however, they will look for examples and cases on how to apply the standard in practice and what happens in the case of a complaint.

3. Efforts should highlight the connections between good medical practice and specific cultural safety strategies.

- Much of this work is foundational to good medical practice and includes principles registrants are very familiar with. Ideally, by highlighting the connections between good medical practice and specific cultural safety strategies, registrants can feel more equipped to do this work or know how they can make changes.

4. Avoid "reinventing the wheel."

- Understanding how the standard can be promoted or integrated into certain existing education can avoid any "reinventing of the wheel" and reach registrants where they are more likely to seek learning opportunities. Other groups such as UBC CPD and Divisions of Family Practice are already sharing great work and often referencing the standard. The goal is to continue to build on this and create stronger connections.

Conclusion

Evaluation is a vital step in making progress. Without it, it is impossible to know what has worked and how to improve. This process was an important learning opportunity for CPSBC not only in the commitment to truth and reconciliation efforts, but in how to begin evaluating other practice standards.

Following the implementation of the recommendations, CPSBC will conduct a similar survey to measure if the efforts were effective in improving awareness. The evaluation process can also be replicated with other practice standards in future.

CPSBC appreciates the willingness of the registrants to participate in this evaluation, the facilitators of the focus groups and Elder Glida.