



Federation of  
Medical Regulatory  
Authorities of Canada  
  
Fédération des  
ordres des médecins  
du Canada

## **Framework on Wise Practices and Medical Regulation Towards an equitable and safe experience for Indigenous people**

*This Framework proposes recommendations and minimum regulatory standards to the members of the Federation of Medical Regulatory Authorities of Canada (FMRAC). It is intended to help inform the development of the medical regulatory authorities' policies and guidance to physicians and promote national / pan-Canadian consistency. It is incumbent on each medical regulatory authority (MRA) to develop policies and approaches to ensure effective regulation.*

### **A. Preamble**

FMRAC and its members, the 13 provincial and territorial medical regulatory authorities (MRAs), acknowledge that systemic-anti-Indigenous racism exists in medicine and medical regulation.

FMRAC and its members are in service to the entire public but recognize that Indigenous communities and patients often do not turn to MRAs to hold the medical profession accountable through regulation. FMRAC and its members see this as their own failures of outreach, accessibility and trust.

FMRAC and its members commit to eradicating systemic anti-Indigenous racism in their work and to being supportive allies of those within health care who seek tangible change.

To these ends, FMRAC convened a task force to develop recommendations to address indigenous-specific racism in medicine and medical regulation.

### **B. Composition of the Working Group**

FMRAC does not purport to speak on behalf of those who are experiencing Indigenous-specific racism and aims to include the appropriate participation of Indigenous people.

The Working Group included medical regulatory representatives and physicians nominated by the Indigenous Physicians Association of Canada:

- Dr. Lana Potts, Family Physician, Siksika, AB (Chair)
- Dr. Derek Puddester, Deputy Registrar, Complaints and Practice Investigations, College of Physicians and Surgeons of British Columbia
- Dr. Alika Lafontaine, Anesthesiologist, Grande Prairie, AB
- Dr. Dawn Hartfield, Complaints Director and Assistant Registrar for Professional Conduct, College of Physicians and Surgeons of Alberta
- Dr. Karen Shaw, Registrar, College of Physicians and Surgeons of Saskatchewan
- Dr. Lisa Richardson, Specialist in Internal Medicine, University Health Network, Toronto General Hospital
- Dr. Saroo Sharda, Equity, Diversity, Inclusion Lead and Medical Advisor, College of Physicians and Surgeons of Ontario
- Dre Isabelle Tardif, Directrice générale adjointe et secrétaire, Collège des médecins du Québec
- Dre Nathalie Duchesne, Médecin-conseil, Direction des études médicales, Collège des médecins du Québec
- Dr. Douglas A. (Gus) Grant, Registrar, College of Physicians and Surgeons of Nova Scotia
- Ms. Fleur-Ange Lefebvre, Executive Director and Chief Executive Officer, Federation of Medical Regulatory Authorities of Canada

### **C. Foundational Sources**

1. Joyce's Principle / le Principe de Joyce
  - en [français](#)
  - in [English](#)
2. [In Plain Sight: Addressing indigenous-specific Racism and Discrimination in BC Health Care](#)
3. [The Truth and Reconciliation Commission's Calls to Action](#)
4. HealthCareCAN's [Bringing Reconciliation to Healthcare in Canada – Wise Practices for Healthcare Leaders](#)
5. The perspectives and lived experiences of stakeholders in consultation, including, but not limited to:
  - the federal engagement sessions on *Addressing Anti-Indigenous Racism in Canada's Health Care Systems*
  - the June 2022 Joint FMRAC-CMQ Educational Conference on *Eradicating Indigenous-specific and other forms of racism and discrimination: creating a safe regulatory environment for patients*

## ***D. Success factors***

With the implementation of these recommendations, success will be defined as the extent to which there has been a positive impact on Indigenous people and communities and their relationship with the medical profession and medical regulators

Measures of success will include the extent of:

- recognition of the right to self-determination, including health care, of Indigenous people and communities;
- establishment of ongoing partnerships with members of the relevant Indigenous communities in each jurisdiction, including elders, knowledge keepers, patients, physicians and other health care providers;
- local partnerships and relationships, recognizing the differences and the heterogeneity among and within Indigenous communities across Canada;
- the adoption of wise practices (i.e., locally appropriate actions – tools, principles or decisions) in regulatory processes and procedures; and
- a positive impact on the Indigenous people and communities.

FMRAC and its members commit regularly to evaluating progress on all the recommendations by developing and applying procedures and tools to measure the achievement of these success factors. Some examples are: striving for cultural safety and humility by implementing specific Indigenous anti-racism training, story telling through publications, having internal dedicated resources for individuals within these groups, etc.

## ***E. Recommendations***

### **R1 – Recommendation One**

FMRAC and each of the MRAs commit to recognize the right of Indigenous people and communities to self-determination, including health care.

### **R2 – Recommendation Two**

FMRAC and each of its members commit to develop respectful, meaningful and inclusive relationships with Indigenous partners.

### **R3 – Recommendation Three**

FMRAC and each of its members commit to recognize and address Indigenous-specific racism, and all other forms of racism, as professional misconduct.

#### **R4 – Recommendation Four**

FMRAC and each of its members commit to recognize, in medicine and medical regulation, the importance of cultural humility as an essential component of professionalism and cultural safety as an essential component of competence.

#### **R5 – Recommendation Five**

FMRAC and each of its members commit to regulate physicians who fail to demonstrate cultural humility and commit to cultural safety.

### ***F. Principles***

The above recommendations were founded on the following eight principles that will guide FMRAC and the MRAs.

They are described in Appendix 1.

- Humility
- Relationship
- Reconciliation
- Respect
- Recognition
- Reciprocity
- Self-determination
- Non-appropriation

### ***G. Definitions***

The following words and terms were often used in the discussions and reference documents. They may or may not appear in this Framework. Rather, they are provided as a resource to the members and other readers.

They are defined in Appendix B.

- Wise Practices
- Indigenous
- Lived experience
- Storytelling
- Elder
- Knowledge keeper
- Traditional knowledge
- Restorative justice
- Complaint or grievance
- Concern
- Navigation
- Trauma-informed regulation
- Ceremony
- Systemic racism

## **H. Reference documents**

- [The Black Dog Institute \(Australia\)](#)
- University of Saskatchewan – [\*The Power of Indigenous Storytelling\*](#)
- [Canadian Encyclopedia](#)
- Queen's University Office of Indigenous Initiatives – [\*Ways of Knowing: Elders, Knowledge Keepers, and Cultural Advisors\*](#)
- [Oxford English Dictionary](#)

## **Appendix 1 – Eight Principles**

### Humility

The examination of the values, beliefs, experiences and biases of the organization, governance, committees, staff and members of the profession through self-reflection and lifelong inquiry with the intention of developing mutual understanding, successful partnerships and cultural safety.

### Relationship

The establishment and maintenance of a mutually respectful and helpful relationship between Indigenous and non-Indigenous people as a key element for reconciliation to take place.

### Reconciliation

The result brought about by an awareness of the past and an acknowledgement of the harm done to Indigenous people that leads to atonement for the causes and a commitment to ongoing action to change behaviour. This includes an awareness of current and ongoing racism.

### Respect

The due regard for the rights, traditions, ceremony, ways of being and ways of knowing of Indigenous people.

### Recognition

The solemn and formal acknowledgement of Indigenous people and their right to self-determination, their languages and their cultures; a commitment to honouring all treaties; recognition of the truth as told by the person who experienced the harm; and recognition of systemic racism.

### Reciprocity

The wise practice through which Indigenous and non-Indigenous people and communities exchange with each other for mutual benefit, including knowledge and the granting of privileges.

### Self-determination

The ability or custom of Indigenous people and communities to act independently and make decisions without authorization.

Non-appropriation

A commitment that the language, knowledge and other aspects of the culture of Indigenous people will not be used without their explicit permission.

**Appendix 2 – Definitions**

*Wise Practices*

Locally appropriate Indigenous actions that contribute to sustainable and equitable conditions.

*Indigenous*

Whenever and wherever FMRAC uses the word “Indigenous,” it is understood to mean First Nations (treaty and non-treaty, status and non-status), Inuit and Métis

*Lived experience*

A lived experience is the effect on a person of ongoing negative historical impacts and/or specific events on their social and emotional wellbeing. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the Indigenous individual, family or community.

*Storytelling*

Indigenous storytelling is a valid and inherently trustworthy way to transfer information in an effort to share knowledge of the mind, body, and soul in connection to the earth through experienced and trusted knowledge keepers.

*Elder*

A respected individual who plays key roles in Indigenous communities. They are important knowledge keepers, and they also help to ensure cultural continuity. As living connections to the past, Elders serve as teachers, healers, advisors and counsellors.

*Knowledge keeper*

Someone who has been taught by an Elder or a senior Knowledge Keeper within their community. This person holds traditional knowledge and teachings, they have been taught how to care for these teachings and when it is and is not appropriate to share this knowledge with others.

*Restorative justice*

A system of conflict resolution that focuses on rehabilitation and reconciliation with victims and the community at large. Restorative justice is not about finding fault.

*Systemic racism (or institutional racism)*

The processes of racism that are embedded in laws (local, state, and federal), policies, and practices of society and its institutions that provide advantages to racial groups deemed as superior, while differentially oppressing, disadvantaging, or otherwise neglecting racial groups viewed as inferior.

(D.R. Williams, J.A. Lawrence and B.A. Davis, *Racism and Health: Evidence and Needed Research*. Ann. Review Public Health 2019.40: 105-125.)

*Complaint or grievance*

A formal expression of dissatisfaction, however made, about actions taken or a lack of action. While the noun “complaint,” verb “to complain” or adverb “complaining” are often associated with a negative connotation for marginalized people, some medical regulatory authorities may be bound to this language through legislation.

*Concern*

An expression of worry or doubt over an issue considered to be important and for which reassurances are sought.

*Navigation*

Navigation helps patients overcome barriers to appropriate regulation, including access, and move through an often complex continuum of processes and procedures.

*Trauma-informed regulation*

An awareness and an understanding that people may be coming to the encounter with a history of events that have been traumatic and have shaped their experience. It is about having an approach and an awareness of that trauma.

*Ceremony*

Having very respectful intent around protocol. Ceremony has very respectful intent around protocol. It is nuanced and heterogenous and varies among Indigenous communities. In some communities, this is a protected word that should not be appropriated.