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Indigenous Cultural Safety, Humility and Anti-Racism

INTRODUCTION

The purpose of this standard is to set clear expectations for how registrants are to provide culturally safe and anti-racist care for Indigenous¹ clients.

This resource is just one part of your learning journey. We encourage you to talk to others about what you're learning, as this is just as important as the learning itself.

For non-Indigenous people, it's important to understand that it's not the responsibility of Indigenous clients, families, or colleagues to teach you how to provide culturally safe care. You can also find many other learning resources on the CPM website, or through your workplace, health authority, or the professional association.

This standard is organized into six core concepts. Within these concepts are the principles to which health professionals are held.

CORE CONCEPTS & PRINCIPLES

Standard

The physiotherapist demonstrates cultural humility and strives to provide culturally safe physiotherapy services when working with Indigenous clients.

Expected Outcome

Indigenous clients can expect that the physiotherapist will demonstrate respect and seek to understand the client's identity, values, and beliefs, incorporating this understanding into all aspects of physiotherapy service delivery.

¹ In this standard, "Indigenous" refers to First Nations, Métis, and Inuit Peoples in Canada.

Performance Expectations

SELF-REFLECTIVE PRACTICE (IT STARTS WITH ME)

Cultural humility begins with a self-examination of the physiotherapist'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 shared decision-making.

Physiotherapists:

- A. Reflect on, identify, and do not act on any stereotypes or assumptions they may hold about Indigenous Peoples.
- B. Reflect on how their privileges, **biases**, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with Indigenous clients.
- C. Evaluate and seek feedback on their own behaviour towards Indigenous Peoples.

BUILDING KNOWLEDGE THROUGH EDUCATION

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

Physiotherapists must:

- D. Undertake and participate in ongoing education on Indigenous healthcare, determinants of health, cultural safety, cultural humility, and anti-racism.
- E. Learn about the negative impact of Indigenous-specific racism on Indigenous clients accessing the health-care system, and its disproportionate impact on Indigenous women and girls and two-spirit, queer, and transgender Indigenous Peoples.
- F. Learn about the historical and current impacts of colonialism on Indigenous Peoples and how this may impact their health-care experiences.
- G. Learn about the Indigenous communities located in the areas where they work, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities.
- H. Learn about different types of trauma and their impact on Indigenous clients, including how intergenerational and historical trauma affects many Indigenous Peoples' health and health-care experiences.

ANTI-RACIST PRACTICE (TAKING ACTION)

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

Physiotherapists must:

- I. Take appropriate action when they observe others acting in a racist or discriminatory manner towards Indigenous Peoples by:
 - i. Aiding colleagues to identify and eliminate racist attitudes, language, or behaviour including microaggressions
 - ii. Supporting clients, colleagues and others who experience and/or report acts of racism.
 - iii. Reporting acts of discrimination to leadership and/or the relevant health regulatory college.
 - iv. Sharing knowledge in a respectful manner with clients, staff, and others who exhibit racist attitudes, language, or behaviors.

CREATING SAFE HEALTHCARE EXPERIENCES

Physiotherapists facilitate safe healthcare experiences where Indigenous clients' physical, mental/ emotional, spiritual, and cultural needs can be met.

Physiotherapists must:

- J. Treat clients with respect and empathy by:
 - i. Acknowledging the client's cultural identity.
 - ii. Listening to and seeking to understand the client's lived experiences.
 - iii. Treating clients and their families with compassion.
 - iv. Being open to learning from the client and others.
 - v. Care for a client holistically, considering their physical, mental/emotional, spiritual, and cultural needs.
 - vi. Acknowledge and incorporate into the plan of care Indigenous cultural rights, values, and practices, including ceremonies and protocols related to illness, birth, and death, that are meaningful to the client, where able.
 - vii. Facilitate the involvement of the client's family and others (e.g., community and Elders, Indigenous cultural navigators, and interpreters) as needed and requested.

- viii. Recognize their responsibility to ensure that reasonable accommodations are provided whenever possible to support Indigenous clients in accessing care.
 - i. Includes addressing barriers related to transportation, communication, and cultural practices to enhance equitable healthcare access.

PERSON-LED CARE (RELATIONAL CARE)

Physiotherapists work collaboratively with Indigenous clients to meet the client's health and wellness goals.

Physiotherapists must:

- K. Respectfully learn about the client and the reasons the client has sought physiotherapy services.
- L. Engage with clients and their identified support persons to identify, understand, and address the client's health and wellness goals.
- M. Actively support the client's right to decide on their course of care.
- N. Communicate effectively with clients by:
 - ix. Providing the client with the necessary time and space to share their needs and goals.
 - x. Providing clear information about the health-care options available, including information about what the client may experience during the health-care encounter along with the rationale behind the interventions provided.
 - xi. Ensuring information is communicated in a way that the client can understand.
 - xii. Behave in a manner that fosters trust between the practitioner and the client:
 - i. Engage in active listening, ensuring that Indigenous clients feel heard and respected.
 - ii. Demonstrate respect for indigenous clients' cultural values, beliefs and traditions.

STRENGTHS-BASED AND TRAUMA-INFORMED PRACTICE (LOOKING BELOW THE SURFACE)

Physiotherapists have knowledge about different types of trauma and their impact on Indigenous clients, including how intergenerational and historical trauma affects many Indigenous Peoples during healthcare experiences. Physical therapists focus on the resilience and strength the client brings to the healthcare encounter.

Physiotherapists must:

- O. Work with the client to incorporate their personal strengths that will support the achievement of their health and wellness goals.
- P. Recognize the potential for trauma (personal or intergenerational) in a client's life and adapt their approach to be thoughtful and respectful of this, including seeking permission before engaging in assessments or treatments.
- Q. Recognize that colonialism and trauma may affect how clients view, access, and interact with the health-care system.
- R. Recognize that Indigenous women, girls, two-spirit, queer, and trans Indigenous Peoples are disproportionately impacted by Indigenous-specific racism in the health-care system and consider the impact gender-specific trauma may have on the client.

Related Standards:

Health Equity and Anti-Racism

Boundary Violations

Communication

Continuing Competence

Definitions

Indigenous: within this standard indigenous refers to First Nations, Inuit and Metis peoples in Canada

Microaggressions: subtle, comments, actions, or behaviors that convey negative, stereotypical, or derogatory messages about a person's race, ethnicity, or other marginalized identity. They can manifest in everyday interactions and environments, often reflecting unconscious bias. Examples include making assumptions about someone's abilities based on their race, questioning a person's Indigenous identity, or dismissing their lived experiences.

Racism: a system of beliefs, attitudes, and actions that creates or perpetuates inequality, discrimination, or prejudice against individuals or groups based on their race or ethnicity. It often involves the use of power and privilege to advantage one group while disadvantaging others.

Bias: prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair. This can include both explicit and implicit bias. Implicit bias refers to having attitudes, stereotypes, or prejudices towards people or groups without being consciously aware of them.

Cultural safety: an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Cultural humility: a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience

Acknowledgement: This Standard is based on the Indigenous Cultural Safety, Humility, and Anti-racism Standard (2022) first developed by the [British Columbia College of Nurses and Midwives](#) and [the College of Physicians and Surgeons of British Columbia](#).

It has also been informed by the contributions of physiotherapists who identify as indigenous or work with indigenous clients and an Indigenous elder in Manitoba, whose perspectives, expertise and lived experiences helped shape this document.

Appendix:

History of this standard:

Eleven health profession regulatory colleges in BC have adopted this Indigenous Cultural Safety, Humility and Anti-Racism Practice Standard for registrants. This collective work was guided by Sulksun (Shane Pointe), proud member of the Coast Salish Nation, Musqueam Indian Band and Knowledge Keeper to all and Joe Gallagher (k'wunəmen), Tla'amin Nation, Principal at Qoqoq Consulting Ltd.

This Standard was adapted for physiotherapy in BC with permission from the British Columbia College of Nurses and Midwives (BCCNM) and the College of Physicians and Surgeons of BC (CPSBC) who collaboratively developed the Indigenous Cultural Safety, Cultural Humility and Anti-Racism Practice Standard (January 2022).

We gratefully and humbly acknowledge the contributions from Indigenous people and guidance from Indigenous leaders during the consultation process, which informed the development of the BCCNM and CPSBC Standard.

In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care report provides evidence of Indigenous-specific racism in the B.C. healthcare system. Indigenous-specific racism and discrimination negatively affects Indigenous clients' access to healthcare and health outcomes. These impacts include lower life expectancy, higher infant mortality, and the increased presence of chronic health conditions.

BCCNM Indigenous Cultural Safety, Cultural Humility and Anti-Racism PRACTICE STANDARD
COMPANION GUIDE excerpt:

“Update Jan. 5, 2023:

Some registrants and members of the public have raised concerns about the BCCNM’s reliance on the In Plain Sight Report, the final report of the Addressing Racism inquiry, given the recent questions about one of its key authors, Dr. Mary Ellen Turpel-Lafond. The In Plain Sight team was comprised of a number of recognized Indigenous advisors and leaders. While Dr. Turpel-Lafond was the chair of the investigation, the investigation as a whole is larger than her. The report and its recommendations are a summation of the experiences, stories and facts of thousands of Indigenous people highlighting their experiences within the B.C. health care system. The information, data, facts and recommendations from the report are not contestable. Indigenous specific racism is prevalent throughout B.C.’s health care system and it has its origins in the province’s history of settler colonialism. It is important for us to continue to recognize and honour the contributions of these individuals to the report, and to use their shared knowledge and guidance to improve the health care system. The work stands on its own merit and we value the evidence it has provided as we work to meet our obligations and commitments as a regulator, to minimize the harms caused to Indigenous people by systemic racism within the B.C. health care system.”