

MEMORANDUM OF AGREEMENT

DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES AND ELIMINATING INDIGENOUS-SPECIFIC RACISM AND DISCRIMINATION IN HEALTH CARE IN SUPPORT OF RECONCILIATION

BETWEEN:

HIS MAJESTY THE KING IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA,
as represented by the Ministry of Health

(the “**Ministry**”)

AND:

**FRASER HEALTH AUTHORITY, INTERIOR HEALTH AUTHORITY,
VANCOUVER ISLAND HEALTH AUTHORITY, VANCOUVER
COASTAL HEALTH AUTHORITY, NORTHERN HEALTH
AUTHORITY, PROVINCIAL HEALTH SERVICES AUTHORITY
AND PROVIDENCE HEALTH CARE**

(the “**Agencies**”)

AND:

ASSOCIATION OF DOCTORS OF BC

(the “**Doctors of BC**”)

(individually a “**party**” and collectively the “**parties**”)

Declaration

The parties acknowledge the pervasive and ongoing harms of colonialism faced by Indigenous peoples. These harms include the widespread systemic racism against Indigenous peoples in BC’s health system, as highlighted in the 2020 *In Plain Sight* report.

The parties commit to working together to address the ongoing harms of colonialism and racism faced by Indigenous patients, and by health care staff and providers, including by:

- committing to reconciliation in health care by supporting comprehensive, system-wide changes that enable Cultural Safety through Cultural Humility and Indigenous-Specific Anti-Racism (ISAR);
- actively addressing opportunities and rectifying barriers in the Physician Main Agreement;

- increasing the representation of Indigenous physicians/other healthcare providers/workers in the healthcare workforce.

Provincial Forum

The parties acknowledge that a coordinated and integrated provincial and sector-wide approach is crucial to further these joint commitments to eliminate Indigenous-specific racism and to create a culturally safe health care system.

To date, and in furtherance of recommendation no. 19 of the *In Plain Sight* report, the Ministry has partnered with the National Collaborating Centre for Indigenous Health (NCCIH), housed at University of Northern BC, to build a collection of anti-racism, cultural safety and trauma-informed standards, policy, tools and resources for health care organizations, including developing new tools and resources specific to BC.

Accordingly, building on the work underway, the parties support the creation of a provincial forum, led by the Indigenous Health branch of the Ministry, that will include representatives from Health Employers Association of BC (“**HEABC**”), Vice Presidents (VPs) of Indigenous Health and other leaders from Agencies, representatives of other HEABC members, health sector bargaining associations, and the Doctors of BC to engage in collaborative discussions that will inform the work moving forward and best position the parties in future rounds of collective bargaining and Physician Main Agreement negotiations (the “**Forum**”). The Ministry may also invite representatives from other relevant groups identified by the Ministry, including Indigenous elders or knowledge keepers, to participate in the Forum from time to time or on an ongoing basis.

The Ministry has established the Forum with the following purpose:

- to create a Forum for health authority Indigenous leaders and other leaders, and representatives of other HEABC members, unions and Doctors of BC to have continuing dialogue on the commitments stated above. The parties may use the Forum to present their ongoing or developing organizational initiatives, including the implementation of the Cultural Safety and Humility Standard, complaints processes, education, and training to eliminate Indigenous-specific racism and to hardwire cultural safety and humility into the workplace;
- to discuss ways to leverage resources being developed by NCCIH and the Ministry, as well as raising awareness of the wealth of resources within the health system now, including the repository of work housed with the NCCIH and resources already developed by health authorities;
- to discuss ways to address recruitment and retention of Indigenous staff, physicians and other health care providers, which may include developing recommendations for changes to Collective Agreement or Main Agreement language in the next round of collective bargaining and negotiations;
- to provide an opportunity for the Ministry to solicit feedback and report out on ongoing provincial initiatives, including continuing implementation of the *In Plain Sight* recommendations and the phased roll-out of the *Anti-Racism Data Act*, SBC 2022, c.18; and

- to improve awareness of and compliance with the *Declaration on the Rights of Indigenous Peoples Act*, SBC 2019, c 44.

It is understood that the Forum should serve all interested parties in the provincial health care sector. To that end, the parties will make all reasonable efforts to promote participation in the Forum on a provincial and sector-wide basis.

The Ministry shall hold the Forum quarterly, or more frequently as deemed necessary.

Physician Specific Provincial Committee on ISAR and Cultural Safety.

1. In recognition of:
 - a. the unique and important role physicians play in the healthcare system;
 - b. the nature of many physicians' relationships with the healthcare systems as independent contractors (some of whom have no relationship with the Agencies); and
 - c. the opportunity for collaborative work through existing Physician Main Agreement Joint Committee structures, and also the need to ensure that the work of the Joint Committees with respect to ISAR and Cultural Safety and Humility is aligned;

the parties established a new physician specific provincial ISAR and Cultural Safety committee (the "**Committee**").
2. The Committee is composed of eight members, four of whom are appointed by the government and four of whom are appointed by the Doctors of BC, or such greater, equal number of members as agreed to by the Government and Doctors of BC. The members appointed by the Government will consist of at least one representative from the VPs of Indigenous Health, one representative from the Office of Indigenous Health and Reconciliation, one representative from Health Authority/PHC Medical Affairs and one representative from First Nations Health Authority.
3. The Committee will:
 - a. provide a provincial forum to consult on physician-specific issues related to Indigenous-specific racism and Cultural Safety and Humility. For example, ongoing or developing organizational initiatives, such as implementation of the Cultural Safety and Humility Standard, complaints processes, education, and training to eliminate Indigenous-specific racism and to hardwire cultural safety and humility into the workplace;
 - b. provide advice and recommendations to the Physician Services Committee (PSC) and the Provincial Medical Services Executive Council (PMSEC), on matters related to Indigenous-specific racism, Cultural Safety and Humility and supporting improvements in the care experiences for Indigenous peoples in advance and in support of the PSC engaging with the Joint Committees in the process set out at

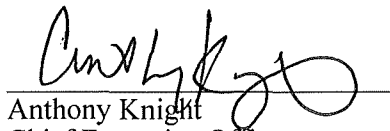
section 6.3(a) of the Physician Main Agreement. Decisions by the Committee will be made by consensus.

- c. consider measures to address the under-representation of Indigenous physicians.
4. The Committee may engage on matters of importance regarding ISAR and cultural safety including policies, processes and Medical Staff Rule changes related to ISAR or cultural safety activities.
5. The parties agree to share relevant and de-identified aggregate data, and information that may be utilized by the Committee based on the shared interests of the parties related to recruitment and retention. The Committee will determine what data is relevant by consensus.
6. The Terms of Reference for the committee would include requirements that decisions regarding recommendations are made by consensus and that the parties share relevant information to conduct the Committee's work.
7. The Committee and its operations will be funded through the Joint Clinical Committees as determined by the PSC. In addition to funding related to Committee operations, the Committee will, through the processes related to the development of the Joint Clinical Committees' work plans and budgets, access funding via the Shared Care Committee to create and lead a gathering of primarily Indigenous physicians and physicians who provide services to Indigenous communities. This gathering will occur every 2 years and not exceed 50 delegates.
8. The Committee will meet a minimum of four times per year and will be co-chaired by a member chosen by the Government members and a member chosen by the Doctors of BC members. Either co-chair may call additional meetings. Any such additional meetings must take place within two weeks of the call, unless otherwise agreed.

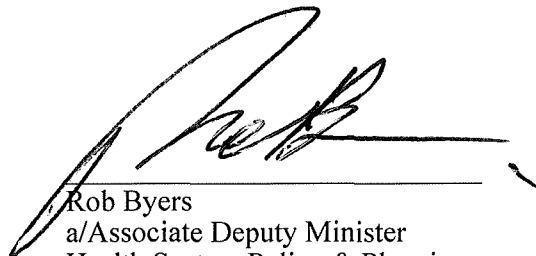
Dated this 1st day of April, 2025



Dr. Adam Thompson
President
Doctors of BC



Anthony Knight
Chief Executive Officer
Doctors of BC



Rob Byers
a/Associate Deputy Minister
Health System Policy & Planning
Ministry of Health



Dermot Kelly
President and CEO
Fraser Health Authority



[Fiona Dalton \(Jul 15, 2026 17:02:14 PDT\)](#)

Fiona Dalton
President and CEO
Providence Health Care



[Kathryn MacNeil \(Jul 15, 2026 11:42:39 PDT\)](#)

Kathy MacNeil
President and CEO
Vancouver Island Health Authority



[Ciro Panessa \(Jul 15, 2026 12:35:40 PDT\)](#)

Ciro Panessa
President and CEO
Northern Health Authority



[Sylvia Weir \(Jul 15, 2026 11:49:12 PDT\)](#)

Sylvia Weir
President and CEO
Interior Health Authority



[Paul Mochrie \(Jul 15, 2026 14:26:48 PDT\)](#)

Paul Mochrie
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[Vivian Eliopoulos \(Aug 13, 2026 10:27:06 PDT\)](#)

Vivian Eliopoulos
President and CEO
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