



British Columbia Public Advisory Network

## BC-PAN Meeting Summary

September 25, 2019

### Key Learnings

- Lack of clarity/understanding amongst the public that regulatory colleges work for the public's best interest; partly due to semantics (college is a place to study), or assumption that colleges protect physicians.
  - Lack of awareness around public complaint process.
- Confusion between professional societies and regulatory colleges.
- People have little trust in government, and regulators are an extension of government.
- Public advisors focused most of their feedback on their knowledge, perceptions and experiences with medical system (e.g. physicians, hospitals, clinics); very little was regarding other healthcare providers (e.g. occupational therapist).
- Public advisors recommend patients be part of the journey; they collaborate with the health practitioner on their care plan.
- Colleges should consider offering patient advocates who are well-versed with the standards and can help people file a complaint or learn about the process.

### Summary

The BC-PAN's first meeting took place on September 25, 2019 in a boardroom provided by the BCCNP. In attendance were:

#### Public advisors present

- Annie Danilko
- Dianne Johnson
- Elena Kanigan
- Emanuela Silvestri
- Jodi Gray
- John Sherber
- Margaret Jones-Bricker
- Marty Lingg
- Richard Wang
- Shawna Bennett
- Terry Brown

#### College partners present

- Anita Wilks, CDSBC
- Elizabeth Bruce, BCCNP
- Eric Wredenhagen, CMTBC
- Gillian Vrooman, COPBC
- Kathy Corbett, COTBC
- Kelly Newton, CPSBC
- Natasha Netschay Davies, CPTBC/Consultant

#### Others present

- Shenda Tanchak, facilitator

## Introductions

Kelly Newton, CPSBC Policy and Engagement Lead, opened the meeting with a land acknowledgement. She welcomed the group and thanked them for traveling to Vancouver to attend the meeting.

Shenda talked about the meeting's purpose:

- To introduce the College participants and the members of the BC-PAN to the concept of the group
- To begin to develop an understanding of how it will operate and what it might offer

## Icebreaker

All attendees participated in a round of speed meeting, receiving two minutes to introduce themselves to the person seated in front of them.

## Presentation: What is Regulation?

Kathy Corbett, COTBC registrar, talked to the group about the role and mandate of the regulatory colleges, including the powers and the limitations of what they can do. Kathy noted that the regulatory Colleges are just one part of the whole health care system.

## Highlights

- 20 health profession regulators in BC (social workers have their own, it's not under the Health Public Act (HPA))
- Designated by government through the Health Professions Act, responsibility is delegated to the Colleges
- Each health profession has a board and a College
- The regulatory College's mission is to protect the public and ensure they receive safe, competent and ethical care
- A common perception (in the media) is that Colleges (only) protect the health professional
- Colleges do their job by managing the registration and licensing of practitioners; ensuring they meet qualifications and standards so they can practice
- Colleges investigate public complaints; they act as required so incompetent behaviour does not continue
- Colleges provides registry of licensed practitioners to the public

After Kathy's presentation, comments and questions from the public advisors included:

- "How will the Cayton report impact this group?"
- "I'm here to learn and educate. I've been on the receiving end of good and bad. I have lots of ideas to share."
- "We to make the health care system better!"
- "I would like to know how to access care, how to navigate it. How do we understand healthcare economics? How can I be part of solution? How do we move from vision to reality?"

- “I notice a lot of bureaucracy in the health care system. Patients wonder why things are done the way they are?”

A comment from a college partner:

- “People tend to think only of the primary care system, i.e. the hospital, the doctors, the delivery of medical services. However, there is a variety of care that is private pay, or one-on-one care overseen by regulators.”

## Roundtable Discussions

Public advisors broke out into mini groups to identify and resolve outstanding questions about regulation.

College partners discussed their current pressures:

- Perception from registrants that Colleges can control/manage/change work environments, i.e. nurses complaining about terrible work conditions, harassment, staff issues.
- Challenge of non-regulatory care providers interpreting our standards.
- Discussions around where does regulation fit in the broader system?
- How do we partner with non-regulatory partners to better manage/oversee competence?
- How do we supervise?

*“There’s a system piece missing.”*

## Public advisor comments

- *“We are surprised that regulators also serve the public.”*
- *“What is the public perception of regulators?”*
- Apparent lack of clarity of what the regulators do for the public. Public think of Colleges as a place to study.
  - Confusion of which College to turn to when a problem occurs.
- *“Is there proactive investigation of quality assurance besides follow up to complaints?”*

This question inspired a significant discussion on how Colleges monitor performance other than when it’s tied to a complaint.

- CPBC college partner described their Practice Reviews, a process of dropping in at practices, to watch registrants work, and review them against the standards.
- Topic of fake patients, known as secret shoppers, came up. Regulators said this could be a tactic only when there is a suspicion.
- CMTBC regulator talked about redesigning a proactive element in their quality assurance program to prevent complaints.
- COTBC college partner noted a College might initiate a review if something in the news comes up
- Regulators talked about individual accountability, meaning a practitioner should report something about a colleague if they see them doing something not right.

## Who Regulates the Regulators?

College partners described how the Ministry of Health is the “boss” and how the HPA defines regulators’ role.

Discussion about the Cayton report lead to questions about if regulators are able to regulate themselves?

### Resources cited:

- Professional Standards  
<https://www.professionalstandards.org.uk/home>
- Cayton Report  
<https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-College-of-dental-surgeons-2018.pdf>

A lengthy discussion about how the Health Professions Review Board ensued. Comments from public advisors included the HPRB can represent a system of patronage, collusion.

- “I don’t see these people as a member of the public.”

Public advisors asked why the regulators decided to form this group, did they have to, was there an issue? Were they (regulators) under scrutiny?

College partners circled back to how this group, its purpose, is a proactive initiative.

*“It’s timing. Things have bubbled up and there’s a gap. Not a problem, but a gap. We know there’s a need for more outreach and we want to learn what’s the impact of how we regulate our registrants.”*

## Terms of Reference Discussion

The group reviewed the Terms of Reference (ToR). Some items were edited on the spot, including changing the name from BC Patient Advisory Group (BC-PAG) to BC Patients Advisory Network (BC-PAN). Other items are noted in the updated ToR, which will be shared.

## Topics of Discussion

3 Questions from College Registrars

### **1. What makes someone trust or not trust a health professional?**

Anita Wilks, CDSBC Director of Strategy and Engagement, introduced the first topic. Her comments included:

- Trust is a key part of our work.
- As a regulator we regulate conduct and competence
- We investigate 300 complaints annually

- Dentistry is a fee-per-service
- Most conduct issues are ethics based
- Health care providers work in pressure, in teams, deal with changing technology
- What can we do to help them?

A goal is to move away from “old professionalism” (as noted in Cayton report):

- Mastery – they know everything they need to know
- Autonomy – they can make a decision
- Trust me, we know what’s best for you ...

And move to new professionalism:

- You have expertise ... you don’t know everything but have resources
- You have team resources
- You have empathy, and understand patient point of view

**Public advisor comments:**

- Have a check in and check out process when arriving at health care provider’s (HPA) office
- How do I relate to doctors? How do they relate to patient?
- Are they respectful? Will they allow me to be a participant in my healthcare?
- Where can I see their credentials?
- How do I access and navigate system?
- Can I bring a companion, another pair of ears, to help listen and understand? (To help anxious or intimidated patients.)

**2. What prevents people from coming forward with concerns about boundary violations by health professionals? What can we do or provide to increase the likelihood that people will come forward?”**

Kelly presented the second topic. Her comments included:

- Introduction of boundary violations
- Background information on independent review, and recommendations for CPSNS
- College’s desire to improve processes and public communication related to sexual misconduct complaints
- Description of sexual boundary violations, and what that could entail

**Public advisor comments**

- People are afraid of big money, of power, of political connections
- Small town patients fear community scorn, of doctor not wanting to treat them (retribution)
- Doctors are powerful, there’s an imbalance of power
- Perception of Colleges being there for the registrants, not the patient
- Fear of disclosing to a family member or friend, not being believed by them that a doctor did something wrong.

- Not knowing where to take complaint
- How do you get something removed from your files/report?  
Expectation of poor treatment by marginalized populations
- Colleges are biased; they are protective of their registrants as their fees pay for Colleges

#### **Public advisor recommendations**

- Signage in community centres and senior centres, word-of-mouth about complaint process for each College
- Provide a patient advocate (could be an experienced peer) to help navigate the system
- Signage in practitioner's office with list of boundaries and contact info to Colleges
- Ex: This HCP is a registrant of College XXX. Questions or concerns? Call xxx-xxx-xxxx

### **3. What does a patient or caregiver need in order to feel confident that their health care provider is up to date?**

This topic was introduced by Shenda.

#### **Public advisor comments**

- Viewable, renewable license with expiry date and statement that requirements are met
- HCPs should indicate relevant credentials and that they are a registrant of College XXX
- HCPs should provide a bio and credentials on patient fill out sheets
- Use Secret Shoppers for random visits to check on health code, i.e. are MOAs chit chatting or working?

College partners noted that public needs to know if an issue is a complaint for a regulatory College, and if not, where to turn.

*“There’s a big health care system issue, which has nothing do to with regulatory Colleges.”*

Tie HCP concerns to hospital accreditation; can there be a relationship between facilities and Colleges?

#### **Wrap Up**

Public advisors were asked for feedback on the day and what to “keep” and “change”: