



British Columbia Public Advisory Network

BC-PAN Meeting Summary

January 29, 2020

Key Learnings

- The public usually only needs to know about health care regulators when they have a specific need, such as when they want to find a health care provider or if they have had a bad experience with a health care provider.
- Websites could benefit from being split into two general categories: “for registrants” and “for the public” – with the “for the public” section having simplified content that helps answer the fundamental question: What can the College do for you [the patient]?
- The current complaints process (and complaint form) seems daunting and could be improved to be more patient-friendly
- If a registrant is going to provide a complementary or alternative therapy, it is important that the registrant has adequate training, educates the patient, obtains informed consent, and respects the patient’s autonomy.

Summary

The BC-PAN’s second meeting took place on January 29, 2020 in a boardroom provided by the College of Physicians and Surgeons of BC. In attendance were:

Public advisors present

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

College partners present

- Anita Wilks, CDSBC
- Cortney Wiebe, CPSBC
- Dianne Millette, CPTBC (present for the morning)
- Elizabeth Bruce, BCCNP
- Gillian Vrooman, CPBC
- Kate Parisotto, CMTBC (present for the morning)
- Kelly Newton, CPSBC
- Susan Prins, CPSBC

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 went over the agenda. She asked the group to read and sign the photo consent form if they feel comfortable.

Icebreaker

Shenda introduced the icebreaker activity. All attendees reintroduced themselves to the others at their table. Each table looked for three things that they all had in common and then shared them with the rest of the group.

Presentation: Regulatory Changes in BC

Shenda introduced Dianne Millette, CPTBC registrar, to speak about modernization of health professions regulation.

- The Ministry of Health commissioned a review of the College of Dental Surgeons of BC and the *Health Professions Act* by Harry Cayton and the release of his report led to the formation of an all-party steering committee led by Minister of Health Adrian Dix
- The steering committee released a paper for consultation and received over 3000 responses
- Report highlights:
 - Governance: Boards would consist of eight to 12 people, half would be public member, all would be appointed by an independent oversight body through a competency-based process
 - Reduction in number of colleges: The 20 current colleges would be reduced to five
 - Oversight body: Functions would include investigating the performance of colleges, creating template standards, approving bylaws and operating a single registry of all health-care practitioners (HCPs)
 - Complaints: Would be conducted by colleges in a more streamlined process, colleges would be allowed to make limited public comments about ongoing investigations, prior complaints history could be considered by inquiry committees
 - Discipline: Would be conducted by independent discipline panels managed by the oversight body
- Colleges are awaiting news from the steering committee about the future of health regulation in BC, this news may affect the future of the BC-PAN as well

Comments and questions

- Is there a similar framework in other provinces?
- Great that complaints would be more public
- Will paramedics and other paramedicine health-care practitioners become regulated?
- How many of the responses to the steering committee were from the public and how many were from regulators themselves?
- Great that public members of board and committee would be appointed based on competencies as there is a concern now that the public members don't truly represent the public
- Are the final recommendations from the steering committee binding?
- Will changes to the *Health Professions Act* need to be approved by the legislative assembly?
- Would the reports from the oversight body be available to the public?

Discussion

Shenda explained that at the first BC-PAN meeting, there was discussion on ways colleges could effectively connect with members of the public which lead the regulators to ask: What is relevant about health regulation that the average member of the public needs to know? This will help the colleges

understand where to spend their communications energy and money, rather than assuming what the public needs and wants to know.

Do you think the average member of the public needs to know that the colleges exist?

- The public only needs to know about colleges when they have a need, usually when they need to find an HCP or have had a bad experience with an HCP
- There needs to be awareness that colleges are here for the public
- “I didn’t know about the colleges before I came to these meetings”
- Some people may know they can bring their concerns to colleges but there are other barriers like they don’t believe they will be listened to
- Many patients bring concerns about their care to the health authority but there are many HCPs that don’t work in health authority-affiliated facilities so the public needs to know that the college is available to address these concerns
- Public awareness campaigns may be especially important for some of the smaller colleges

What elements of regulation do you think the public need to be aware of?

- What regulators can do for you and what they can’t
- Where to go for things regulators can’t deal with
- Information on the subsets of the specific health profession and what services you can expect through each subset
- How to make a complaint
- If there are other ways to resolve my issue other than making a complaint
- That I will be heard if I do make a complaint

Should effort be put into informing the public about the directory of registrants?

- It’s valuable if the level of transparency meets the needs and expectations of the public
- Googling an HCP doesn’t provide all of the information that is available in the college directory, but it may not be practical to expect the public to use the directory because they may not know it’s there or how to use it
- Want to find the college directory easily when I Google the name of an HCP
- RateMDs sometimes comes up first when you Google an HCP but it’s based on feelings, not facts
- Colleges should consider putting money towards search engine optimization

Should effort be put into informing the public about regulatory activities like registration or quality assurance?

- The public doesn’t need to know what colleges are doing behind the scenes on a daily basis
- Assumption that HCP is required to take part in professional development, but there is skepticism that HCPs are actually doing it
- The college can let the public know in a general sense that HCPs are required to take part in quality assurance activities, but they don’t need a deep dive into details

Other comments

- Language needs to be easily understandable and concise
- Information should be presented in segments so people can get just the high-level information (e.g. FAQs) or can go deeper if they want to
- Signs in health-care facilities may be helpful in informing the public about the colleges

- Some HCPs do patient satisfaction surveys and the HCP will follow up if the patient provides negative feedback
 - This allows for mediation and takes some load off colleges
 - But there's no oversight of these surveys
- A patient advocate or navigator that could assist with all colleges and HCPs would be helpful and would eliminate the need for individual colleges to communicate about who they are and what they do

College Websites Review

Activity

Each public advisor was asked to find the list of college websites on the BC-PAN website, choose any college, find a member of that profession who lives near to them, find information about how to file a complaint, and find the practice standard related to record keeping. This isn't an exercise about achieving the goal but about identifying the difficulties in achieving the goal.

Can you find the standard related to record keeping?

- Confusion as to whether they were looking for their own medical records on the college website
- It wouldn't occur to them public to look for standards on record keeping
- Just want to know who has the records and how to get them—but wouldn't think to ask the college these questions
- Would only think of looking for the college's rules on access to records if the HCP said they had to pay for them

CDSBC Website

Each public advisor was asked to find the CDSBC website and various sections of the website. They were asked to give their opinion on its strengths and weaknesses.

Homepage

- Confusion as to whether dentists and dental surgeons are the same thing
- Busy, cluttered, "About CDSBC" would be enough for the homepage
- Not geared towards the public, content for HCPs shouldn't be on the homepage
- Visually appealing
- Readable
- Quick links are good
- Don't need to know who the members of the board are right away
 - First thought seeing the board was "that's a lot of white folks"
- No recognition that they are on unceded territory

Complaints section

- Difficult to find because there were so many options
- The tabs along the top were helpful
- The section name was "public protection" but this language might not mean the same thing to someone who doesn't work in the health-care system, "complaints" is more straightforward
- The "submit a complaint" information was thorough and understandable
- The "before you submit a complaint" and "preparing for a tough talk" information was found to be problematic

- Puts the onus on the patient to have a conversation with the HCP even though the patient’s reason for coming to the website may have been to avoid having an uncomfortable conversation
- Having a conversation may be difficult because of the power differential between HCP and patients and may be especially difficult for patients coming from a background of trauma
 - HCPs should be encouraged to take education in trauma-informed care
- “What the CDSBC can and cannot do” is helpful for managing expectations
- Should be clear that when a complaint is made, it will be investigated and won’t end up in a “bottomless pit”
- A process flow chart would be helpful on the complaints page

Find a dentist close to where you live or work

- Difficulty getting to the right page—ended up on association website
- The language “registrant lookup” isn’t clear, “find a dentist” would be better
- Could only find information about becoming licensed as a dentist

Description of dental specialties/language used

- Couldn’t find the list
- There’s a lot of technical language the average member of the public wouldn’t understand or should be defined further, e.g. “maxillofacial” and “complex medical condition”
- Mix of detailed and generic information

Other comments

- Feels like a website for dentists, not a website for the public
- Navigation is difficult, especially on a phone
- It would be helpful to have “public” and “provider” buttons and then the public button could break down further to questions like “are you looking for a dentist?” and “are you looking to make a complaint?” etc.
- Is there anywhere it talks about services for people with special needs (e.g. wheelchair accessibility)?
- The quick link on the home page called “understanding the complaints process” just takes you to the BC Health Regulators website
- Have any colleges considered an app as a supplement to the website for using on a phone?
- There should be a way for people with visual impairments or literacy issues to easily use the website

CPTBC Website

Each public advisor was asked to find the CPTBC website and various sections of the website. They were asked to give their opinion on its strengths and weaknesses.

Homepage

- No trouble finding the website
- Patients are clearly primary
- Not too cluttered or busy
- Can find how to file a complaint and disciplinary actions in less than one click
- Videos are great

- Search box isn't obvious
- Rotating banner on the homepage is distracting and unhelpful as it doesn't provide information
 - Have to wait for the images to change which stalls you
 - Difficult to read the words over the images
 - Consensus that the image showing the physical therapist and patient is good but the other images are not

Find a physical therapist in the directory

- Easy to find the directory because there is no clutter
- No way to find a physical therapist in your area without knowing their name

Find someone subject to disciplinary proceedings

- Easy to find discipline and public notices in the yellow box on the homepage
- When you look up the HCP in the directory on a PC, you can't tell there has been any discipline
- Public wouldn't know the difference between a consent agreement and another form of discipline
- Public might not understand the clinical terms used in the consent agreement
- It's not clear from the consent agreement whether the issue that occurred because the HCP was careless or whether it was out of HCP's control

What are the top reasons you would visit a college's website?

- None—would just Google what I'm looking for or I would go to an office in person and ask for a list of practitioners
- Searching for a registrant and information about their practice like whether they do home visits or whether they work at a hospital
- Complaint forms
- Contact information for college
- Colleges should be trying to drive people to their websites by emphasizing that it is a credible source of information and the only source for certain information like disciplinary outcomes

Complaint section

- Complaint form looked simple, unthreatening, and was only three pages but still had lots of space to for the patient to tell their story
- Helpful that the complaint form, process, and outcomes was all on the same page so you can read without clicking through different pages
- Feels less alienating and traumatizing as it doesn't suggest that you go speak to the HCP involved

Complaints process

- Some patients may feel more comfortable submitting the complaint over the phone or in person than through a written form
- The language "make a complaint" feels very clinical
- Patients may be concerned that submitting a complaint may alienate the HCP and lead to limited medical services for the patient
- Process seems cumbersome

- Process should be more positive—it should be clear to the patient that colleges want to help them get through the process and that it is proactive and ensures that future patients experience something better
 - Even if the college isn't critical of the registrant doesn't mean there isn't something to be learned and this may provide patients with a sense of justice
- An “annual accountability report” would be informative for registrants and the public—could cover complaint themes and what the college has done about them

Other comments

- Visually it's good but functionality leaves something to be desired
- Can't find whether I need a referral to see a physical therapist

Complementary and Alternative Therapies

Shenda introduced the discussion on complementary and alternative therapies. For the purposes of this discussion, complementary and alternative therapies was defined as “any therapy that cannot be demonstrated to be effective through usual scientific means.” Some examples from colleges that are here today are dry needling, cell therapies, therapeutic touch.

If a regulated health professional is offering the therapy, does that make it seem more legitimate?

- No for patients who have experienced mistreatment by HCPs and therefore have a sense of mistrust—these patients are protected from the fallacy that “if my doctor told me to do it, then it's the right thing”
- Yes, for others it does legitimize a therapy when a regulated HCP promotes or performs it
 - Patients presume that regulated HCPs have a code of ethics that will guide the way they treat them

How does the regulator ensure that patients are receiving helpful interventions without being a barrier to progress?

- There needs to be a balance
- HCPs should have to undertake measurable education before offering any new therapy, colleges should prohibit HCPs from performing a therapy they are not trained to do
- Informed consent is important for any therapy
- HCPs need to inform patients about the evidence or lack of evidence so patients can make their own decision about the treatment
- Patients need full disclosure about the risks of a complementary or alternative therapy, more invasive therapies require more disclosure
- Regulators have a duty to help the public make informed decisions by requiring their registrants to educate themselves and their patients
- The validity of a therapy be debatable, but the regulator needs to regulate the way the therapy is provided
- Therapies should be banned when there is quantifiable harm or evidence of unacceptable risk

How to regulate therapies that there might not be science behind? How much science do you need?

- Evidence doesn't have to come from science, there may be anecdotal evidence from patients who have seen positive outcomes
- Some complementary or alternative therapies are focused on the mind, these are not physically invasive but may provide healing

- Colleges shouldn't leap forward to prohibit things; they should find a way to honour traditional methods of healing
- What works for one person doesn't work for everyone
- Even regulated evidence-based therapies may turn out to be harmful

Other comments

- There can be interactions between complementary therapies and proven therapies so it's important that HCPs make patients should feel comfortable to tell them about the complementary therapies they are using
- The distinction between complementary and alternative is important—foregoing an evidence-based therapy in favour of an unproven one is very different than offering a new unproven complementary therapy in addition to a proven scientific treatment

Members' Forum

Public advisors were invited to raise questions or identify regulatory issues or concerns that may warrant further exploration.

Going forward, what do you want the role of the colleges to be at the meetings?

- Beneficial to have them present as they should hear the public perspective in person
- Do the colleges feel they are getting something out of the meetings?

Is this effective and a valuable use of your time?

- Yes

Potential topics for discussion at future BC-PAN meetings

- Colleges encouraging patients to initiate a conversation with their HCP before filing a complaint
- Another avenue through the college to address patient concerns other than filing a complaint
- How to make the complaint process more humane

Other comments

- Will topics we discuss be followed up on in future meetings so we can see our comments being translated into action?
- Some things we discuss may be outside of the colleges' scope, can these be reported to the Ministry of Health?
- Are the colleges deciding about whether the BC-PAN will continue after the pilot phase?
- Concerns about registrants making offensive comments on social media
 - Is there a practice standard or guidance for registrants on their social media conduct?
 - Could they be reminded about behavior on social media in a college newsletter?