British Columbia Public Advisory Network

BC-PAN Meeting Summary

November 23 – 24, 2020

9:00 a.m. – 12:30 p.m. | Zoom

The BC Public Advisory Network (BC-PAN) is an advisory group that brings the public voice and perspective to multiple health regulators in the province. BC-PAN met for a two-day Zoom meeting on November 23 - 24, 2020.

Meeting Purpose

1. To seek input from public advisors on the appropriate use of social media by health care providers.
2. To learn about the public advisors' experiences and recommendations for improving the Colleges' complaints processes.

Key Learnings

Social media

- The public believes that health professionals should be held to high standards when using social media because they have a duty to protect the public.
- Resources for the public, such as guidelines on professional and personal relationships, can be helpful to identify the public's boundaries when connecting with practitioners online.
- Professionals should not provide unsolicited medical advice to individuals through social media.

Complaints process

- Colleges can take measures to equalize the power imbalance between the complainant and the registrant during the complaints process by supporting complainants throughout the process.
- Providing of opportunities for feedback and review of the outcome, and notifying complainants of its availability, helps to establish trust and willingness to participate.
- Regular communication to the complainant, even when there are no new actions taken, aids in avoiding discouragement and frustration.

Ethical and Professional Use of Social Media by Health Care Practitioners

November 23, 2020

Summary

Health care practitioners may use social media to provide health information to the community, improve patient and public health outcomes, develop a professional network, increase personal awareness of news, and/or educate and interact with patients, caregivers, students and colleagues. Colleges asked BC-PAN for input to better understand the public's expectations of health care practitioners who use social media and explore potential risks that may be associated with its use.

Public advisors present

- Alishia Barry (Until 10:30)
- Annie Danilko
- Dianne Johnson
- Elena Kanigan
- Emanuela Silvestri
- Helen Espiritu
- John Sherber
- Margaret Bricker
- Marty Lingg
- Shawna Bennett
- Terry Browne

College partners present

- Anita Wilks, CDSBC
- Crystal Chung, CTCMA BC
- David Perry, CPBC
- Dianne Millette, CPTBC
- Elizabeth Bruce, BCCNP
- Gillian Vrooman, COPBC
- Kathy Corbett, COTBC
- Kelly Newton, CPSBC
- Shelby Thiessen, CCBC
- Susan Prins, CPSBC
- Victoria Spooner, COBC

Others present

- Praise Osifo, public engagement coordinator
- Susanna Haas Lyons, facilitator

Welcome and Land Acknowledgement

Victoria Spooner, COBC Manager of Communications and Patient Relations, opened the meeting with a land acknowledgement. She gave definitions of traditional, ancestral, and unceded. Attendees entered in the chat the Indigenous territories they are located on.

Introductions

Susanna provided a link to randomwordgenerator.com. Public advisors used the site to generate a random question different from everyone else. The advisors introduced themselves and answered their random question.

College partners took turns sharing their name, college, and role.

Responding to BC-PAN Input

College partners shared how input from the previous meeting was used by the colleges.

Virtual Care

David Perry, CPBC Director of Policy and External Relations, gave a brief explanation of how colleges' mandate connects to virtual care. He underlined that the Health Professions Act states that colleges are

to collaborate with entities like BC-PAN. Moreover, colleges have the authority to ensure that registrants provide the same standard of care virtually and in person.

Elizabeth Bruce, BCCNP Digital Engagement Strategist, spoke about how BC-PAN's input will be considered and shared in the context of BCCNP's telehealth practice standard and a COVID-19 generated questionnaire conducted by the college. BC-PAN has helped colleges to reflect on how the public is interpreting their standards and guidelines and inserts the public in the center of colleges' decision making.

Kathy Corbett, COTBC Registrar, spoke about a survey conducted with registrants about COVID and alternatives to deliver services. The survey was conducted prior to the BC-PAN meeting, and BC-PAN input will be integrated as colleges continue to work on establishing guidelines.

Discrimination in Health Care

Elizabeth Bruce explained how colleges' mandate connects with the issue of discrimination in health care. Colleges share a mandate to provide ethical, safe care which includes cultural safety. Every patient has an equal right to receive safe and ethical care. Colleges also have a practice standard on a duty to report; registrants are required to report unsafe and unethical care.

Kelly Newton, CPSBC Policy and Engagement Lead, gave an update on the Principles of Cultural Safety for Health Professionals drafted by CPSBC, BCCNP and FNHA. Public Advisor's feedback was insightful and helped to revise the principles drafted. Trauma informed care was emphasized by BC-PAN and was added to the draft principles.

Informing Regulators and Others about BC-PAN Input

Dianne Millette, CPTBC Registrar, spoke about efforts to connect the BC-PAN with other stakeholders. BC-PAN's work can help to inform the work of BCHR, a collective of 19 colleges under the health professions act, by helping to fulfill two objectives:

1. To provide relevant education to support regulatory colleges in their work.
2. To build consistent regulatory approaches for regulatory colleges.

Outcomes from BC-PAN's meeting have been shared with BCHR.

BC-PAN's conversation about virtual care was shared with BC Ministry of Health's Director of Digital Health Policy. BC-PAN's conversation about discrimination in health care was shared with the office of Mary Ellen Turpel-Lafond to review.

There will be more opportunities to regularly share the outcomes of BC-PAN's meetings.

Health Care Practitioners' use of Social Media

Susanna Haas Lyons provided brief context about social media. Social media encompasses the online spaces were people create, engage, and share new or existing content. Regarding health, social media can be used to get health related information, to connect with others and discuss issues concerning health, to be educated by reading medical documents about a certain condition or disease, or to find treatment options.

Susanna initiated a poll about social media, asking:

- *Do you ever use social media?*
- *If you do use social media, what do you use it for?*
- *Have you used social media to:*
    - *Look at reviews of health treatments or practitioners*
    - *Post about your health experience*
    - *Join a health forum or online community*
    - *Discuss your health with a health care provider*
    - *Support a health issue*

Most advisors use social media multiple times a day to keep in touch with friends, family, and receive news. 70% of public advisors have looked at reviews for health treatments or practitioners.

Presentation: How Colleges Regulate Health Care Practitioners with Regards to Social Media

Kathy Corbett explained the difficulties of developing guidelines for social media use. Regulators face tensions balancing public life as a professional and health practitioners' personal life, and freedom of expression and off duty conduct. Potential issues in regulating use of social media involves client privacy and confidentiality, regulators' and colleges' reputation or public image, conflicts of interests, and supporting registrants to monitor their online presence. Regulators are seeking guidance on how to balance the right to freedom of speech and protecting public safety.

Questions from BC-PAN members:

- Do regulators actively monitor registrants on social media?
    - CPBC and BCCNP: Colleges do not look at a registrant's social media activity until they receive a complaint or alert.
    - CCBC: College is very active in monitoring social media of registrants for the purpose of initiating investigations and removing unacceptable social media posts.

Thinking About Social Media Usage

Susanna asked the advisors, "what benefits might you hope for by engaging with a health care practitioner through social media? What harms might you be concerned about?"

Benefits identified by BC-PAN advisors:

- Social media helps to personalize the patient; to be seen as a person not a diagnosis.
- Expanding the scope of opportunities to discuss an issue with input from other doctors and patients.
- Ease of access for those who have other barriers to engaging with clinicians in person.
- Health practitioners are easier to relate to when the public can see their personal lifestyle.
- Social media can be used for prevention, to develop continuity of care, to help people understand certain professions.

Harms identified by BC-PAN advisors:

- Privacy concerns: screenshotting information, accessing private information.
- Someone may rely solely on an online diagnosis or suggestion without following up with a medical professional.

- Social media is supposed to be social, not professional. May blur personal-professional boundaries.

Small Group Discussions: Public Expectations of Health Practitioners' Social Media Presence

Advisors participated in break out rooms to discuss their expectations of health practitioners when they are active online. Each group focused on a separate topic and were asked several questions:

Providing Information and News

Social media can connect health care providers with the public and patients in a way that isn't possible through traditional communication. It is direct, fast, and easily accessible. The content that health care practitioners share may be interpreted by the public based on its appropriateness and value received form the information.

- *Appropriate content: in your view, what content do you think is inappropriate for a health care practitioner to post on social media? How would you describe an acceptable social media post from a health care practitioner?*
- *Valuable content: what advice do you have for practitioners if they are sharing information via social media with the goal of improving people's health outcomes?*

Practitioner-Public Boundaries

Crystal Chung, CTCMABC Director of Compliance, gave a brief background of CTCMABC's Professional and Personal Relationships guideline. Professional boundaries set limits and clearly define a safe, therapeutic relationship between practitioners and patients. Certain relationship characteristics, such as its structure, length, and power balance, are different in personal relationships than in professional. Practitioners are required to follow specific guidelines that ensure a professional, not personal, relationship with the patient. These lines may become blurred in a social media context.

- *Participation: should health care practitioners be encouraged or discouraged from participating in social media, and why?*
- *Applying boundaries: knowing that a practitioner must carefully observe professional boundaries, what advice do you have about how they communicate or observe these boundaries? What might the public need to know in order to be able to recognize that a boundary has been broken?*

Consent

Informed consent is the process in which a health care provider educates a patient about the risks, benefits, and alternatives of a given procedure or intervention. Giving and withdrawing consent may be difficult to define in a social media context.

- *Giving consent: what information does the public need in order to give consent for a practitioner to engage with them in a social media context?*
- *Withdrawing consent: what guidance do you have about helping patients withdraw consent for online engagement? What are the signals that it is time to adjust, what is the practitioner's responsibility to support ongoing consent and comfort?*

Public Advisor Feedback

Providing Health Information and News

Inappropriate content:

- Diagnosing individuals via social media.
- Negative content that a professional “feels”; based on emotions and not facts.
- Treatment options that are not supported by studies, treatment targeted at individuals instead of generalized information.

Appropriate content:

- Examples of what certain conditions may look like and when to inquire with your health practitioner if exhibiting certain symptoms. (Ex. Melanoma).
- Proven prevention methods. (Ex. Sunscreen).
- Content posted should align with practitioner’s daily professions.

Valuable content:

- Content should not be used to promote sales or be compensated. Information should be supported by valid medical research.
- Practitioners mentioning that they are associated with a college and licensed helps to improve public trust.

Professional-Personal Boundaries

Participation:

- Registrants must be reminded to consider the perspective of their public persona or private persona whenever they post online.
- There are potential risks when professionals post content and the audience is aware that they are a professional.
- Professionals must be cautious of what they “like” and “share” as well as post.
- The public expects higher standards for professionals because they have a duty to protect the public.
- Social media platforms are constantly changing and have different purposes. Regulators must be aware of this when regulating practitioners.

Applying boundaries:

- Professionals should not be using social media to practice their profession by providing advice.
- Alternative therapies are difficult to identify boundaries and distinguish facts from opinion.
- There is an individual responsibility on health care practitioners; they should state that content provided is their personal opinion.
- Information for the public such as CTCMABC’s Professional and Personal Relationships guideline can be helpful to identify professional and personal boundaries.

Consent

Giving consent:

- The type of platform being used influences perceptions of consent. (Ex. Private online group vs. Twitter).
- Giving targeted medical advice that is unsolicited is not consent. General health information is okay.
- Members of the public putting information on social media may be taken as consent by default. Consenting to have an online presence may dismiss further need for consent.
- Public needs clarification on who they are giving consent to: the practitioner or the platform?

Withdrawing consent:

- The onus is on the health care professional to monitor consent as an ongoing process.
- May be useful to incorporate online consent in regular consent forms.
- Health regulators should be regularly monitoring health care practitioner's social media.

Regulator Use of Digital Tools/Social Media

The group briefly discussed how colleges use social media. Regulators interact with the public through:

- Complaints
- Sharing important updates about the regulated health field and practice
- "What to expect" information about interacting with a practitioner
- Requesting feedback on college's work and/or consultation processes

Advisors were asked split into pairs and asked:
How should BC's health regulators use social media to engage with the public? Ideas on other digital tools are also welcome.

Advisor Comments

- Social media can be a good resource on directing the public on how to use the complaints process in a simplified way.
- Social media is easier to navigate and may sometimes be used more than a college's website.
    - The public can use social media to gain basic information but then being redirected to the actual website to find out more.
- Include information about:
    - Registrants needing to comply with code of ethics.
    - Education about roles of the college.
    - What to expect from practitioners on social media and what not to expect.

Members Connecting with One Another

Praise created a Facebook group for public advisors to connect with each other. She encouraged its usage and those who have not joined should contact her.

Meeting Evaluation

College partners and public advisors were asked to fill out a meeting evaluation survey on Mentimeter.

College Complaints Processes

November 24, 2020

Summary

Regulatory colleges are responsible for ensuring that health care practitioners provide qualified, safe, and ethical care to the public. Part of this role is to respond to complaints from the public about health care practitioners. The college partners understand that patients may face numerous barriers throughout the complaints process. Colleges wanted to hear about the public advisors' experiences and expectations related to filing a complaint so that they can seek out ways to improve the pubic experience throughout each stage of the complaints process.

Public advisors present

- Annie Danilko
- Dianne Johnson
- Elena Kanigan
- Emanuela Silvestri
- Helen Espiritu
- John Sherber
- Margaret Bricker
- Marty Lingg
- Shawna Bennett
- Terry Browne

College partners present

- Anita Wilks, CDSBC
- Dianne Millette, CPTBC
- Elizabeth Bruce, BCCNP
- Eric Wredenhagen, CMTBC
- Gillian Vrooman, COPBC
- Kathy Corbett, COTBC
- Kelly Newton, CPSBC
- Shelby Thiessen, CCBC
- Susan Prins, CPSBC
- Victoria Spooner, COBC

Others present

- Praise Osifo, public engagement coordinator
- Susanna Haas Lyons, facilitator

Welcome and Land Acknowledgement

Diane Millette, CPTBC registrar, opened the session with a land acknowledgement. Susanna tied in the topic of the day's meeting, colleges' complaints, and mentioned that the process of creating a complaint can be a colonial interaction. Colleges are looking for advisors' feedback to help deconstruct barriers.

Context Presentation: Regulators and the Complaints Process

Eric Wredenhagen, CMTBC registrar, presented a brief explanation of the complaints processes led by BC health regulators.

- In Canada, professional regulatory bodies are created by the Health Professions Act (HPA), with their powers and duties defined and limited by their statutes.
- Colleges regulate individual health practitioners – they do not have authority over systems or institutions.
- Section 32(I) of the HPA requires a person who wishes to make a complaint against a registrant to deliver the complaint in writing to the registrar.
    - Colleges cannot accept anonymous complaints, and complaints may be delivered through an online submission, email, or letter – depending on the college.

- An Inquiry Committee, consisting of registrants and public representatives, reviews and investigates the complaint.
- Options for resolution of a complaint by the Inquiry Committee includes:
  - Dismiss the complaint.
  - Resolve the matter between the complainant and registrant.
  - Reach an undertaking or consent agreement with the registrant.
  - Direct that a citation should be issued for a discipline hearing.
- Discipline hearings are formal adjudicative processes; hearing panels consist of registrants and public representatives.

Questions and comments:

- What is the reporting line/complaints process for registrants employed by health authorities?
  - Anyone can lodge a complaint – from health authorities it may be a patient, manager, another professional, etc.
- Who decides on the public representatives?
  - Public representatives on the Board are appointed by the Minister of Health. The selection is done by the Crown Agencies and Board Resourcing Office (CABRO).
- As a result of the Cayton Report, colleges are required to ensure that there are no board members on the inquiry committee.

Video Feedback

Public advisors were provided background material prior to the meeting, with three videos to watch. Susanna replayed the videos for attendees to review:

Videos:

1. BCHR
2. College of Pharmacists of BC

(a third video was also provided in pre-readings, College of Occupational Therapists of BC)

The public advisors were separated into break out groups to discuss their thoughts on each video.

Advisor Feedback

- Simple, calm, and concise videos are easy to follow.
- Include key words alongside images.
- Less professional and more patient focused is encouraged.
- Videos describe the process but not where to go to make a complaint.
  - Including contact information in the video is helpful, or ways to get more information.
- It is important to have representation; videos should reflect diversity.
- Sharing a complaint as a story may be beneficial and more accessible.
- Subtitle options should be included to help with language barriers.

Patient Experience with the Complaints Process

Susanna shared feedback that advisors provided about their personal complaints experience:

- Correspondence was useful but took a long time.

- Advisors felt that although they had personal capacity and skills, it was still a challenging process and must be much more challenging for those who lack their capacity.
- Most felt validated by the process, the degree of justice, and felt that the process was meaningful.
- There was frustration that their experience was not reflected in the final decision. Although the practitioner was within standards, it personally did not feel reasonable or acceptable.

Colleges' Understanding of the Patient Experience with the Complaints Process

Anita Wilks, CDSBC Director of Strategy and Engagement, gave a presentation outlining CDSBC's understanding of the complaints process:

- In 2016 CDSBC started to measure registrants and complainants experience of the complaints process through an exit survey.
- General findings:
    - Most agree that their complaint was handled with courtesy and respect, but mixed feedback on how fair, thorough, and timely complaints were investigated.
    - When the outcome of the complaint matched the participants expectations, their satisfaction with the process is higher.
- CDSBC's action plan, following the Cayton Report:
    - Re-evaluate information needed to inform process improvements that will enhance the patient experience.
    - Develop new opportunities to collect input from patients throughout the process.
    - Capitalize on existing opportunities to document feedback from the public.
    - Review and enhance survey.
- CDSBC established the Voice of Patent program, a research-based measure to understand the factors that drive positive and negative experiences.

Dianne Millette explained that several health regulators have embarked on a quality improvement project for colleges' complaints process. Six of the seven colleges involved are also members of the BC-PAN. The project is supported by a research firm and is in its early phases, which includes:

- Conducting a mapping exercise to look at the complaints process across regulators.
- Cross tabulation to recognize relationships between outcomes.
- Exploring and understanding the perceptions and experience of all users in the complaints process.

The partners in the project are looking to identify opportunities to improve and provide recommendations for next steps.

Successfully Engaging the Patient Throughout the Complaints Process

Joelle Berry, Manager of Inquiry and Discipline at CPTBC, walked the advisors through the main touch points that a complainant will have with the college during the complaints process. She mentioned that colleges tend to have similar touch points, and although legislation may be coming to impact the process, the purpose of this meeting is to identify current opportunities in the current framework to improve the patient experience.

Colleges Complaints Process Overview

Awareness of the Complaints Process

1. Understanding – Knowing what a college can investigate, and what a college cannot do as part of the complaints process. Understanding limitations on the results of a complaint. Colleges accept complaints about conduct and competence.
2. Sharing – Speaking to someone about their concerns before filing a complaint. College staff is available to assist complainant in recognizing whether their experience can be filed as a complaint.

Filing a Complaint

3. Filing – The Health Professions Act requires a complaint to be made in writing to the registrar of the college. Most colleges accept fax, mail, and some may have online portals.
4. College response – Colleges will acknowledge the receipt of a complaint by mail or email. A file number will be assigned.

Investigation into a Complaint

5. Roles – Include the complainant, registrant, and others. Others are witnesses and/or organizations that may have relevant information. The college staff manages the process, decisions are made by the inquiry committee, and the colleges investigator is charged with conducting a fair, neutral and balanced investigation.

6. Timelines – The length of the process is dependent on several factors. Under the Health Professions Act, colleges are required to resolve a complaint within 120 days, but extensions allow up to 255 days. If the investigation has not been resolved by 255 days, the complainant or registrant can request a review by an oversight body.
7. Withdrawals – There is no mechanism for withdrawing a complaint. The complainant can withdraw their participation in the process, meaning they will not receive notice of the resolution nor can they request a review.
8. Evidence – During the investigation process, colleges gather evidence such as written interviews, related clinical records, and information from other organizations.
9. Updates – Some colleges will provide regular unsolicited updates; others may only connect when needed. The Health Professions Act requires that parties are notified when deadlines are met.

Results of a Complaints Investigation

10. Decision – Colleges provide the complainant and registrant with an investigation report. The decision is communicated to parties by a written letter, which outlines a brief summary of the complaint, relevant legislation, and reasoning for the decision. If parties are unsatisfied with the outcome, they can request a review board.
11. Wrap up – There is no further contact with the college unless initiated by the complainant. If the matter goes to a discipline hearing, a different phase begins, and the complainant will be notified about next step information.

Small Group Discussion: Supporting the Patient Experience in the Complaints Process

Advisors were separated into break out rooms to following Joelle's presentation. They were asked:

After thinking about the whole process, what are the most important ways to support the patient's experience at each stage of the complaints process, and why?

Advisor Feedback

Before a complaint is filed:

- What would make a complainant feel safe to call college staff for information?
  - Quality customer service throughout the process.
  - Contacting colleges by phone to speak with a real, trained person provides a human element and helps to show compassion.
- Notifying complainants that exit interviews are available during the initial conversation offers comfort in undertaking the process.
- Complainants should be asked their preferred method of communication. Some may prefer the intimacy of a phone call rather than formal emails.
- There is a perception that making a complaint may be permanently on a patient's record and impact future care.
- Materials about the complaints process should be available at visual points of care such as clinics and offices.
- Clarify in the initial contact the roles and expectations of the parties involved.

During the process:

- Timely contact is important to avoid frustration or discouragement. Regular communication helps for reassurance, even if there has been no further action taken.
- Complainants need transparency, resources and support to have confidence in their ability to participate in the process.
- Sensitivity should always be exercised – colleges should assume that the person may be physically or mentally traumatized from their experience.
- Clarify that complainants can include a person for their support other than lawyers.
- Materials about the complaints process should be available at visual points of care such as clinics and offices.
- A Patient Relations Expert would be helpful to implement to explain and support complainants.
- Complainants are sometimes emotionally, physically, mentally, and financially unprepared to undergo the complaints process – support needs to be provided to them.
- Power imbalance concerns include unequal access to legal consults, lack of understanding of regulatory processes, and perception that colleges favour registrants.

After the outcome:

- Provide support for the complainant to review and understand the outcome of a complaint. Letters that communicate the outcome should be written in plain, understandable English.
- Sharing the outcome in a form other than a letter would be helpful; when the complaint is resolved that favours the registrant, the complainant may be discouraged and confused.

Logo and Advisor Recruitment Update

Praise presented updated logos for the BC-PAN and gave a brief rationale for each design. The advisors debated the choices and drew consensus on a final design. Praise then updated the group on

recruitment efforts; interviews to recruit up to four more advisors will be conducted in the following week.

Meeting Evaluation

College partners and publica advisors were asked to fill out a meeting evaluation survey on Mentimeter.

Closing

The next BC-PAN meeting will be on February 4 and 5, 2021. Meeting minutes will be sent out in the upcoming weeks. Further communication and updates will be sent via email.