



# SUMMARY REPORT

July 2020

Key Steps and Lessons  
Learned

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The British Columbia Public  
Advisory Network

[www.bcpa.ca](http://www.bcpa.ca)

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# BACKGROUND

## Forming the BC Public Advisory Network

Engaging the public in regulatory activities is a challenging venture. Lack of public knowledge in policy and regulation and the absence of participation incentives are factors that inhibit meaningful discourse. The British Columbia Public Advisory Network (BC-PAN) was formed as a multi-college strategy to encourage public engagement. The BC-PAN is an advisory group that is utilized by the colleges to discuss important issues related to health care regulation in BC. Despite reported successes in other provinces who have developed similar approaches, BC had no coordinated effort to engage the public prior to the formation of the BC-PAN. The BC-PAN was initiated and chaired by the College of Physicians and Surgeons of BC and involved several college partners during the pilot phase. This report summarizes key findings from the pilot phase along with college actions taken following the meetings.

## Overview

The pilot phase of the BC-PAN transpired from December 2018 to February 2020. Meetings were run by an external facilitator and seven college partners were involved:

- BC College of Nursing Professionals
- College of Dental Surgeons of BC
- College of Massage Therapists of BC
- College of Occupational Therapists of BC
- College of Pharmacists of BC
- College of Physical Therapists of BC
- College of Physicians and Surgeons of BC

## PILOT PHASE

The BC-PAN public advisors were comprised of BC residents from various locations across the province, including Metro Vancouver, Northern BC, Thompson Okanagan, the Sunshine Coast, Fraser Valley, and Vancouver Island. They are a diverse representation of a variety of health conditions and demographics. Eleven public members were involved in the pilot phase. The public advisors included both patients and caregivers.

There were two separate meetings held on September 25, 2019 and January 29, 2020.

### Meeting 1 – September 25, 2019

#### Understanding regulation

College partners addressed the misconception that colleges serve and protect health-care professionals. They explained that their mission is to protect the public and ensure safe, competent and ethical health care. Advisors were unaware of all the features of regulatory colleges. There was a lack of awareness that regulatory colleges work for the public's best interest. The advisors inquired about how colleges monitor performance other than the complaint process. The partners described their practice reviews, evaluating practitioners in person and comparing them against standards, and individual accountability.

#### What makes someone trust or not trust a health professional? How can someone be confident that their provider is up to date?

Colleges are attempting to move away from “old professionalism,” where health-care professionals have mastery, and autonomy in decision-making without patient input. The goal is to shift towards “new professionalism,” where professionals utilize resources and are considerate of patients' views and needs. Public advisors emphasized the importance of being a participant in their own health care. Ensuring that health-care providers have valid credentials and up-to-date certifications which are viewable also plays a role in strengthening trust.

#### What prevents people from coming forward with concerns about boundary violations? What role can regulators play?

Clear professional boundaries ensure protection for patients and health-care professionals. Colleges have a desire to improve processes and public communication related to boundary violations, especially those of sexual nature.

The public advisors noted that there is an inherent power imbalance between the health-care provider-patient relationship. Public perception that colleges are biased in favour of registrants adds to the fear of coming forward. Members who reside in more remote municipalities fear community scorn and retribution from their local health-care provider. Moreover, there is confusion about the complaint process and how to navigate the system when patients feel that there has been wrongdoing.

## Meeting 2 – January 29, 2020

### Discussion: What should the public know about health regulation?

Knowing what is relevant to the public about health regulation will help with allocating communication strategies effectively. The consensus was that there should be more awareness that colleges serve the public. The public should know that colleges are there to address concerns and help with their needs, but colleges should work to address barriers that may make patients feel like they are not listened to.

The public advisors agreed that there needs to be better clarification on the complaint process and reassurance that they will be heard. Likewise, there should be more clarity on the power and limitations of regulatory colleges. More knowledge about the directory of registrants and how to use it may also be useful.

### College websites review

The public advisors participated in individual activities to assess practicality and ease when navigating college websites. Each advisor chose a college and attempted to find a member of that profession who lives near them, information on how to file a complaint, and find the practice standard related to record keeping. The public advisors appreciated websites that were visually clean and had simple language with a few clear options. They disliked sites that had too much information because the site felt more directed towards regulators than the public. When filing complaints, it was important that the process was short and concise yet provided space for the complainant to tell their story.

### Complementary and alternative therapies

Complementary and alternative therapies was defined as “any therapy that cannot be demonstrated to be effective through scientific means.” Colleges wanted to better understand the public’s perception towards alternative therapy to improve regulation towards it. Some advisors do not find alternative therapy more legitimate when offered by a professional, because they have distrust towards them from previous mistreatment. Others consider treatment to be more legitimate when offered by a health-care provider. Everyone agreed that either anecdotal or scientific evidence are enough to make alternative therapy worth considering. Overall, health-care providers should be ethical, ensure that patients are comfortable and disclose all relevant information when recommending alternative therapy.

### College Actions

- College of Physicians and Surgeons of BC: The conversation with the BC-PAN guided the development of a new patient resource: *Complementary and Alternative Therapies: What to Expect*.
- College of Pharmacists of BC: Learnings from pilot phase contributed to public feedback on the risks and benefits of homeopathic products in pharmacies.
- Multiple colleges: Updated college websites based on advisor’s feedback.
- BC-PAN was featured in college newsletters and annual reports.

# OPERATIONAL PHASE

## Looking Forward

After a successful pilot phase, the BC-PAN is now moving into the first year of its operational phase. The operational phase commenced in March 2020. Three annual meetings are expected to be held in the upcoming year. In addition to the initial seven college partners, several more colleges have partnered with the BC-PAN:

- College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC
- College of Chiropractors of BC
- College of Opticians of BC
- College of Psychologists of BC

Furthermore, the BC-PAN public advisor group is expected to grow to fifteen members to further reflect BC's diversity. A local facilitator, Susanna Haas Lyons, has been recruited for the operational phase, as well as a public engagement coordinator, Praise Osifo. Colleges involved can also call on the BC-PAN for ad hoc opportunities such as focus groups, surveys and more.