



British Columbia Public Advisory Network

## BC-PAN Meeting Summary

February 4 and 5, 2021

9:00 a.m. to 12:30 p.m. PST

### Meeting Purpose

1. To understand the public advisors' expectations about colleges' code of ethics.
2. To explore how to increase the value, usability and public awareness of the colleges' public registers.

### Key Learnings

#### Codes of Ethics

- Cultural safety and humility, and anti-racism should be included in colleges' codes of ethics.
- Presenting codes of ethics in plain language at public points of care can help to increase public awareness of colleges' codes.
- One shared code of ethics that encompasses all health practitioners may be helpful for patients to know what to expect from practitioners.
- Codes of ethics can be a resource that supports advocacy for self and others; colleges should invest in public education about this, through social media and public campaigns.

#### Public Registers

- Consistent naming and functionalities across all colleges will enable an easier public experience accessing public registers.
- A single public register that encompasses all practitioners, followed with filters and categorizations for specific professions would make public registers easier to navigate.
- Providing practitioners with the option to display additional information such as a photograph, gender identity, continued education, and cultural safety certifications helps to build public trust.
- Colleges should consider investing in search engine optimization for their public registers.

# Colleges' Codes of Ethics

February 4, 2021

## Summary

All regulated health professionals in BC must follow their colleges' code of ethics, which articulates their ethical and professional commitments and responsibilities as a health care professional. Colleges asked BC-PAN for input to better understand the public's expectations of key elements that should be included in their codes of ethics as well as their ideas for publicly communicating codes of ethics.

### Public advisors present

- Alisha Barry
- Annie Danilko
- Cindy Fu
- Dianne Johnson
- Elena Kanigan
- Helen Espiritu
- Joaquin Mercado
- John Sherber
- Margaret Bricker
- Osob Mohamed
- Rhianna Millman
- Sandy Lambert
- Shawna Bennett
- Terry Browne

### College partners present

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

### Others present

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

## Welcome and Land Acknowledgement

Elizabeth Bruce, BCCNM Digital Engagement Strategist, opened with a land acknowledgement. Attendees entered in the chat the Indigenous territories they are located on.

## Introductions

Susanna Haas Lyons gave a brief overview of the day, as well as goals for the college partners. The public advisors took turns answering the question, who influenced you most in your life?

College partners shared their name, college and role.

## Responding to BC-PAN Input

College partners spoke about how they used BC-PAN's input from the previous meeting about social media and the complaints process.

### *Social Media*

Kelly Newton, CPSBC Policy and Engagement Lead, gave a brief presentation connecting the colleges mandate to social media, as well as outlining steps taken following BC-PAN's discussion.

- Colleges' overriding interest is the protection and safety of patients.
- The use of social media raises important questions about a registrant's professional, legal and ethical obligations.
- CPSBC recently revised their *Social Media* professional guideline and used BC-PAN input to clarify that physicians and surgeons are expected to:
  - Maintain clear boundaries with patients.
  - Refrain from establishing online connections with patients on personal social media accounts and noted that in some circumstances it may be appropriate to connect with patients for professional purposes.

### *Complaints Process*

Crystal Chung, CTCMA Director of Compliance, discussed the colleges' actions regarding the complaints process.

- Colleges are responsible for ensuring practitioners provide qualified, safe and ethical care to the public.
- Public advisors' input will be shared with CTCMA and COTBC's Inquiry Committee
  - CTCMA will also be sharing input with their Patient Relations Committee, and reporting to the board.
- Public advisors' input was shared with a research team facilitating the Complaints Process Quality Improvement Project.
- BC-PAN feedback has been helpful in CPTBC's work on reviewing and improving policies and procedures.
- CDSBC has included additional research questions in their work on improving their complaints process following BC-PAN's discussion.
- CPSBC recently hired a Complaints Navigator who assists people in the complaints process.

### *Advisor questions and comments*

- How can we ensure that there is physical access for people as well as online?
  - People can call, mail complaint, or fill online. Colleges are working to make sure the public is more aware of the complaints process.
- An advisor suggested that colleges identify a list of organizations who work with people with health issues to be advocates and work with people who have additional disabilities.

## Colleges' Codes of Ethics

Susanna gave a brief overview of the colleges' codes of ethics and initiated a poll to introduce the day's topic. She asked:

*Have you ever looked at a College's Code of Ethics before preparing for today's meeting?*

- Yes, more than a few times – 21%
- Yes, one to a few times – 43%
- No – 36%
- Unsure – 0%

## Context Presentation: Code of Ethics

Gillian Vrooman, COPBC Director of Communications and Engagement, gave a brief overview of codes of ethics for BC health regulators.

- Setting, monitoring and enforcing professional ethics is part of a college's duty, as written under the Health Professions Act.
- Colleges use their expertise and understanding of the types of health professionals they regulate to determine how they should best ensure professional ethics.
- Common aspects found in codes of ethics include acting in the best interest of the public, professional judgement, duty to provide care, conflicts of interest, and ethical business practices.
- Having standards of professional ethics is essential for holding registrants accountable when they are not upheld.
- Recommendations to modernize the provincial health profession regulatory framework includes identifying core elements of shared standards and ethics across professions to ensure consistency.

## Small Group Discussion: What would you expect to see in a health care profession's code of ethics?

Public advisors participated in break out groups with college partners to discuss: *what would like to see in a health care profession's code of ethics?*

### *Advisor Ideas*

- Cultural safety and humility, and anti-racism.
  - Address power imbalances between patients and practitioners and improve health outcomes for marginalized patients.
- Commitment to embedding code of ethics into training.
- Respecting autonomy to make informed choices.
- Compassionate care that seeks to understand the unique needs of each patient.
- The health professional to be an advocate for the patient.
- Executive summaries help to promote understanding to the public.
- Addressing language, communication and cultural barriers.

- Code of Ethics should be presented in ways that reflect different levels of literacy.
- Signature of acknowledgement.

The public advisors utilized Mentimeter to rank what they believe the important concepts for BC health care codes of ethics are. The top ideas were:

1. Providing care with respect, dignity, and without discrimination.
2. Commitment to acting in the best interest for patients.
3. Protecting patient’s confidentiality and obtaining informed consent.
4. Recognizing the expertise and limitations of oneself and colleagues for the well-being of the patient.
5. Compassionate care.
6. Commitment to the respect for patients.

Other ideas not ranked as often were:

- Professional honesty and integrity.
- Maintaining a safe and healthy office environment.
- Recommending evidence-based treatment.
- Addressing the institutional, financial, social, political, or other factors influencing health and health care.
- Transparency regarding fees charged to patients and being considerate about a patient’s ability to pay fees.

### Public Use of Codes of Ethics

College partners would like guidance on how to communicate these codes of ethics in a way that is useful to the public, and how codes of ethics can be used in the public’s health care experience.

### Small Group Discussion: Public use of codes of ethics

Public advisors participated in break out rooms where they discussed: *Thinking about the purpose of a code of ethics, what could help the public benefit from a college’s code of ethics?*

### Advisor Feedback

- Information directed at the public about codes of ethics at key points of care. Ex. Clinics, offices, treatment rooms.
- A standardized and consistent code of ethics to present to the public, regardless of profession, would be beneficial.
- Ethics and regulatory bodies need to be integrated into the public life.
- Codes of ethics can be helpful in identifying a complaint.
- Presenting the code of ethics in plain language for the public to easily understand.

- Colleges should promote the idea that code of ethics display confidence in a health care practitioner and is a resource that supports advocacy for self and others.
- Utilize social media for online public education on codes of ethics.

## Public registers

February 5, 2021

### Summary

Regulatory colleges protect the public by maintaining a searchable and public directory of registrants. The college partners sought input from the BC-PAN regarding what information the public expects to find on their public registers, as well as ways to increase public awareness and use of public registers.

#### Public advisors present

- Alisha Barry
- Annie Danilko
- Cindy Fu
- Dianne Johnson
- Elena Kanigan
- Helen Espiritu
- Joaquin Mercado
- John Sherber
- Margaret Bricker
- Osob Mohamed
- Rhianna Millman
- Sandy Lambert
- Shawna Bennett
- Terry Browne

#### College partners present

- Anita Wilks, CDSBC
- Crystal Cheung, CTCMA BC
- Dianne Millette, CPTBC
- Elizabeth Bruce, BCCNP
- Gillian Vrooman, COPBC
- Kathy Corbett, COTBC
- Kelly Newton, CPSBC
- Lisa Bannerman, COBC
- Michelle Da Roza, CCBC
- Susan Prins, CPSBC

#### Others present

- Praise Osifo
- Susanna Haas Lyons

### Welcome and Land Acknowledgement

A public advisor opened with a land acknowledgement. Attendees acknowledged the Indigenous lands they were located on through the chat. Susanna went over the prior day's meeting feedback as well as the objective of the day.

### Context Presentation: Colleges' Public Registers

Elizabeth Bruce, BCCNM Digital Engagement Strategist, gave a brief outline of colleges' public registers.

- Colleges are required to provide a public register under the HPA. The list must include all the current registers. When people are applying for registration, they need verification, so colleges may use it as well. Information provided includes:

- Name
- Registrants classification: designation, ex. Nurses have RN, RPN, LPN, Midwives, etc.
- Any conditions on their practice: ex. If they have provisions or a disciplinary issue, cancellations, suspensions, etc.
- Each college may have other requirements per their by laws
- Groups that use the registry may include:
  - Employers
  - Insurance companies
  - The public
- Colleges are curious as to what information the public is looking for in registers, what to call registers, and other opportunities to improve their public registers.

Susanna gave live examples of public registers and went to the websites of CPBC, CPTBC, CTCMA BC, and COBC to review and compare their registers.

### Individual Reflection

Public advisors were asked to individually reflect and make notes, answering:

1. *What might you use a college's public register for? Consider uses before and after your interaction with a health professional.*
2. *For this purpose, what information would you like to know about the practitioner?*
3. *What website functionality would help the public use the register?*

### Small Group Discussion: Using the register

Public advisors participated in break out rooms, discussing their ideas from their individual reflection.

#### *Advisor Feedback*

*What might you use a college's public register for?*

- To see if someone is in good standing and/or has any citations on their practice.
- When searching for a new practitioner.
- To see if a practitioner has worked in remote, rural, or urban communities.
- To confirm a practitioner's credentials and qualifications.
- To find a practitioner with a specific cultural background.
- To access services when someone is new to a community.
  - Most people are likely to Google "practitioner in my area"

*For this purpose, what information would you like to know about the practitioner?*

- Areas of specialization that other practitioners may not have. Ex. Mental health.
- Languages spoken.

- Whether a practitioner may be able to accommodate specific disabilities. Ex. Sign language.
- If a practitioner accepts specific benefits or status cards, alternative payment plans, and if they submit paperwork on a patient’s behalf.
- If a practitioner is on the recommended list for services through the FNHA.
- Whether a practitioner is accepting new patients.
- Additional education helps to strengthen public trust in a practitioner’s experience.
  - School attended and graduation year.
  - Extra courses, continuing education, and cultural safety certifications.
  - Length of experience in practice.
- Practitioners could opt to display a photograph and gender identity.
- Overview of infractions, if any.

*What website functionality would help the public use the register?*

- Registries should be easily accessible from the college’s home page.
- Consistency across colleges.
  - Consistent additional search filters such as locations, languages, specializations, accessibility, etc.
- Mobile capabilities.
- Including a “for the public” section in the website.
- A single source search function to find all register links.
  - “How to check that my BC health professional is registered.”
- A google map feature.
- Colleges should consider investing in search engine optimization for their public registers.
- If there are no disciplinary actions, including “none” instead of leaving it blank.

*If we were making a poster to promote the public register, to display at points of care, what key messages should be featured to encourage the public to make use of the register?*

- Is this practitioner right for you?
- Find a professional near you.
- Find a professional that represents your identity and needs.
- Find a professional who practices cultural humility.
- You have choices.
- Find a family doctor in your neighbourhood.
- Looking for a practitioner to suit your needs?
- Would you like to be more involved in your health care? The colleges would like to assist you.
- Use the public register to learn more about your practitioners.
- Know more about your practitioners: look up!

- Have you checked that your health professional is registered to practice?

#### *Additional comments*

- Once the public finds out about colleges, they will see that it is a real asset and will be advantageous in navigating the health care system.

#### Naming and Promoting the Public Register

Susanna asked the public advisors to participate in a survey on Mentimeter asking: *Thinking about the purposes of the register described earlier, if you were tasked with naming this service, what would you name it, and why.*

Key words included:

- Health practitioners
- Portal
- Directory
- Register
- Gateway

#### Small Group Discussion: Naming and promoting the public register

Public advisors went into break out rooms to discuss the following questions:

- *Should each college use the term that fits best for their context, or should all BC colleges use the same term for their public register?*
- *What other guidance do you have for the colleges about these registers?*

#### *Advisor feedback*

- Colleges should strive to align their registry names with key google search words:
  - Health professional, directory, registry, search, portal.
- Consistency across colleges.
  - Publicly promoting the registry will be more helpful to the public with consistency.
- Practitioner directory.
- One directory for all health practitioners with subheadings underneath different professions may be helpful.
- Public registers currently seem to be more targeted at practitioner than the public.

#### End of Year Closing

Praise gave an overview of what BC-PAN has achieved over their first operational phase.

- BC-PAN has helped colleges to reflect on how the public is interpreting their standards and guidelines, as well as inserts the public in the center of colleges' decision making.
- Social media and branding.

- BC-PAN developed a new logo.
- A new Twitter and public advisor Facebook group.
- BC-PAN has grown to now include
  - 16 public advisors
  - 11 college partners
  - A new facilitator and public engagement coordinator

Susanna asked participants to reflect on the work the BC-PAN has done together. Participants shared their take-a-ways, wishes, and appreciations of BC-PAN's year.

#### *Take-a-ways*

- Greater understanding and interest in efforts to decolonize the health care system.
- Useful information about topics that public advisors have not been familiar with.
- Open perspective to different points of views.
- Understanding own individual privilege.

#### *Wishes for next year's BC-PAN*

- In person meetings.
- BC-PAN will continue and continue to have opportunities to impact the health care system.
- More work towards cultural safety and reconciliation.
- Options to send in written reflections after each meeting.

#### *Appreciations*

- BC-PAN's public engagement coordinator and facilitator.
- Diversity of BC-PAN.
- Openness of the group, flow of conversations and vulnerability.

Praise went over the next steps following the meeting. Susanna closed with a meeting evaluation on Mentimeter.