British Columbia Public Advisory Network

Meeting Summary

June 9 and 10

9:00 a.m. – 12:30 p.m. | Zoom

Meeting Purpose

To seek input from public advisors to guide college partners on:

1. How colleges might support members of the public outside of the formal complaints process.
2. Guidance for practitioners moving or leaving practice regarding patient records and communication.
3. Expectations of health care providers who are selling or endorsing products or treatments.

Key Learnings

Supporting members of the public outside of the complaints process:

- Before there is a concern about the care received, the public should be notified of a practitioner's registration with health regulators so that they are aware that there are opportunities to follow up about their care.
- Public-focused information should be available for those who may have general questions about their care.
- When interacting with a college, the service should be responsive, accessible, respectful, and let the patient know about their options for next steps.

Patient records and communication when health care practitioners leave practice:

- When a practitioner is leaving practice, they should ensure that the process is as transparent as possible and provide advance notice, disclose any fees that may have been incurred during their care, and recommend another practitioner.
- There is an enhanced responsibility of continuity of care for patients who require complex care and a succession plan should be implemented in these cases.

Expectations of health care practitioners who are selling or endorsing products or treatments:

- Because of the power imbalance between a patient and a practitioner, health regulators should provide a clear line and enforce strong boundaries regarding the topic.
- Guidelines should ensure that the patient's interests are prioritized above the practitioner's benefits.

Public Support Outside the Complaints Process

June 9, 2021

Summary

Not all unsatisfactory interactions with a health care provider are appropriate for the formal complaints process. Colleges would like to learn how they can better address questions from the public about their interactions with a health care provider so they can make informed decisions. BC-PAN members were asked to consider what the patient's needs might be and how colleges can respond to those needs, within their mandate and capacity

Public advisors present

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

College partners present

- Andrea Bowden, COTBC
- Anita Wilks, CDSBC
- Elizabeth Bruce, BCCNP
- Gillian Vrooman, COPBC
- Joanie Bouchard, CDBC
- Kelly Newton, CPSBC
- Susan Paul, CPTBC
- Susan Prins, CPSBC

Others present

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

Welcome and Land Acknowledgement

Susanna Haas Lyons opened the meeting acknowledging the discovery of the remains of 215 children in a mass grave site of the former Kamloops residential school. Susanna lit a candle in honour of the children, and everyone held a silence of 215 seconds to hold each child in our hearts. Susanna encouraged those who have been directly impacted to do self care, and invited settlers to make meaning of this, because none of us are separate from the residential school experience.

Susanna shared suggestions on actions non-indigenous people can take in response to the news.

An Indigenous public advisor called for the BC-PAN and college partners to be accountable and take action to address ongoing colonial practices within the group and systemic racism in health care. The group took time to explore society's wider context of equity and discrimination. Public advisors shared other aspects of systemic racism towards Indigenous peoples, including

over representation in prisons, the extremely high number of Indigenous children in foster care, lack of clean water in reserves, and political apologies backed with no actions.

Responding to BC-PAN Input

Anita Wilks, Director of Strategy and Engagement for CDSBC, shared the apology to Indigenous people issued by the four largest health regulatory colleges in British Columbia. The apology included a pledge to be anti-racist and to support registrants to do the same. The colleges also met with Joe Gallagher, former CEO of the First Nations Health Authority, to recognize and respond to the loss of traction since the conclusion of Mary Ellen Turpel-Lafond's independent investigation into Indigenous-specific discrimination in B.C. health care.

The meeting agenda was adjusted to make time for the group to more deeply learn and understand the differences faced by racialized and marginalized people to better inform their contributions. As a result, college partners forewent providing detailed updates on impacts from the last BC-PAN meeting, and these are instead shared in writing below:

Code of Ethics

- The College of Physical Therapists of BC recently participated in a national conference and presented on their code of ethics. Feedback from the BC-PAN that was shared includes:
    - Evidence that the public cares about what is expected of a practitioner.
    - The BC-PAN's suggestions on how to enhance public awareness of practitioners' expectations.
    - Explicitly including cultural safety and humility, and anti-racism in colleges' codes of ethics.
- The College of Pharmacists of BC seeks to learn more about what the public expects of pharmacy professionals and develop a Bill of Rights. The BC-PAN's insights into expectations around code of ethics is helpful in exploring this topic.
- As part of the Government of BC's proposed changes for modernizing health profession regulation, there is a recommendation to identify core elements of shared standards of ethics and conduct across professions. The input from the BC-PAN will be helpful to inform how health regulators respond to potential changes to their codes of ethics.

Public Registers

- CPSBC used the BC-PAN's comments about colleges' public registers to validate user experience testing and terminology to be used in their new website. The college will be making efforts to ensure that the features of their register are well communicated.
- CPBC conducted an engagement on their website and public register. They will be developing recommendations for changes which will include the BC-PAN's input.

Supporting Unsatisfied Members of the Public Outside of the Complaints Process

Context Presentation

Previously, the BC-PAN spoke about what may be done to support each patient at each stage of the complaints process. Now, the BC-PAN would reflect on how the public may be supported outside of the formal complaints process. Anita Wilks gave brief context about the day's discussion topic:

- If a patient has an unsatisfactory experience, often they just want to check in with someone to see if their own reaction is off base, or if what they experienced is aligned with regulator's expectations.
- In a February 2021 survey, CDSBC asked their public board and committee members: How important do you think it is for CDSBC to provide a patient services function to enable patients to make inquiries about their care?
    - 68% said very important.
    - 26% said somewhat important.
    - 5% said unsure.
- Patient resources provided by colleges vary. Some colleges have no formal service for the public, and some have practice advisory services that also accept calls from the public.
- In a May 2021 comprehensive survey of 2000 BC residents, CDSBC asked questions about patient agency – the ability to ask questions and be informed about your dental care. Results are pending; the responses are meant to aid in addressing the knowledge gap that exists for health regulators regarding supporting the public outside of the complaints process.

Public advisors responded by chat to the question: *What types of scenarios might prompt members of the public to get in touch with a college?* Responses included:

- Concerns about unwarranted treatment. Is it a required or a way to pad the practitioner's wallet?
- Unwelcome inspections. For example, being asked if you do drugs and you say no but the doctor looks for needle punctures anyway.
- The standard of care received, especially for those who can't communicate for themselves. Getting information and records to review the care they received and knowing who was involved in their care to be able to follow up with them.
- How the physician referral system works, or not.
- Zoom consultations – defining a problem and being requested to get a test rather than talking about treatment.
- Negative and inappropriate interactions with healthcare and hospital staff in situations needing immediate care and attention, especially when in between health districts.

- When an individual is receiving treatment from multiple health care providers, being unable to receive reports from all involved in their care.

Modelling the Patient Experience: College Support Outside of the Complaints Process

Using their own experiences, or one of the scenarios just shared, public advisors were asked to:

1. Write down one or more needs a patient might have in one of these types of situations, which a college may be able to address.
2. Draw a model responding to: How should colleges support someone who had an unsatisfactory interaction with a health care practitioner, but isn't ready or needing the formal complaints process?

Advisors were asked to consider:

- What needs does a person in this situation have?
- What is the college best suited to do in this situation?
- Would patients want their concern informally recorded by the college? If so, how should they collect this information and what should the college do with it?
- Who else might play a role, and how?

In breakout rooms, advisors shared their ideas:

Advisor Input

Patient needs

- Connection: being able to have personalized human contact with the college.
- Accessibility: providing different means of communication (via phone, Zoom, email, etc.)
- Clear expectations: receiving clear communication about any timelines for following up, what to expect following the communication, etc.

How should colleges support someone who had an unsatisfactory interaction with a health care practitioner, but isn't ready or needing the formal complaints process?

1. Before there is a concern
    - Notification: a posted notice of a practitioner's registration with the college brings attention to the regulator-practitioner relationship.
    - Awareness: a touch point at the place where care is delivered should make the public aware that they can follow up with a college if there are concerns or questions about the care they received.
2. Learning or understanding options
    - Public focused information: a frequently asked questions page is helpful for those who may not have individual concerns but require more information.
    - Available services: an informal hotline, email, or physical address should be provided for the public to direct their concerns to. Tools and resources should be simple to use.

- Safe environment: reassuring the public that it is okay to raise a concern – support the public to follow up if they have concerns. Services should be culturally appropriate and compassionate.

3. Experience with the college
    - Responsive: the service should have a quick turnaround period.
    - Accessible: diverse language, cultural, mental, and physical needs are addressed.
    - Personnel: staff should be knowledgeable and culturally competent.
    - Respect: the time of the individual is valued. Colleges are there to assist the individual to understand the system.
    - Next steps: the individual should be made aware of how the college may proceed to address their concerns, or options the individual may have.

Practitioners Leaving Practice and Selling Products and Services

June 10, 2021

Summary

Patient Records and Communication when Health Care Practitioners Leave Practice

Health care providers may leave their practice when moving to another location, retiring, or discontinuing care for any number of reasons. Some colleges set out clear expectations for health care providers who are leaving practice, while others do not. Colleges would like to learn what the public advisor's expectations are of health care providers who are leaving practice to help guide practice standards, guidelines, and patient resources.

Expectations of Health Care Practitioners who are Selling or Endorsing Products or Treatments

When health care providers engage in the sale or endorsement of products or treatments, it may constitute a conflict of interest, where the health care provider's own interests' conflict with the duty to act in the best interest of the patient. At the same time, some members of the public may desire access to these additional services or products. Understanding what the public may find questionable, unethical or confusing when health providers endorse or sell products or treatments will be helpful for the colleges in regulating conduct.

Public advisors present

- Alisha Barry
- Annie Danilko
- Dianne Johnson
- Elena Kanigan
- Joaquin Mercado
- John Sherber
- Margaret Bricker
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- Sandy Lambert
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College partners present

- Andrea Bowden, COTBC
- Anita Wilks, CDSBC
- Crystal Chung, CTCMA
- Elizabeth Bruce, BCCNP
- Gillian Vrooman, COPBC
- Joanie Bouchard, CDBC
- Kelly Newton, CPSBC
- Susan Paul, CPTBC
- Susan Prins, CPSBC

Others present

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

Welcome and Land Acknowledgement

An Indigenous public advisor opened the meeting with a land acknowledgement and opening prayer.

Susanna facilitated space to acknowledge the horrific anti-Muslimism attack that occurred earlier in the week. She encouraged everyone to make space in their hearts and set personal intentions to combat Islamophobia.

Meeting Orientation

Susanna notified the public advisors that the college partners will be having a meeting the following week to discuss the concerns about the BC-PAN's processes that were raised the previous day.

Patient Records and Communication when Health Care Practitioners Leave Practice

Context Presentation

Susa Paul, Manager of Professional Practice for CPTBC, and Andrea Bowden, Deputy Registrar for COTBC, gave an overview of what to expect when a health care practitioner leaves practice.

- Reasons for leaving practice may include moving to a new city, retiring, or moving to a different area of practice.
- For health practitioners working in a clinic, there may be tensions between the business contract with their clinic that limits their ability to take patients to a new practice, and the moral and ethical obligations to offer patients continuity of care.
- Some patients are interested in following their provider to a new practice, while others want to keep receiving services at the original clinic and are open to working with new health care providers.
- The Health Professions Act outlines that the mandate of the college to act in the public's best interest. The HPA does not give regulators power over business contracts – they can only regulate professionals. They cannot tell registrants what they can agree to in a contract.
- What does this mean for the public?
    - Notifying patients: sometimes providers are unable to tell patients in advance that they are leaving a practice, which begs the question, what is proper notice?
    - Health records: who will be the custodian of the record? Who will keep the record? The practitioner or clinic? How will patients access their records?
    - Ongoing care needs: what does this mean with the patient's right to choose their care provider? What options should be presented to the patient? To stay with the clinic, knowledge of other providers, or follow their provider?
- The core piece is ensuring patient safety. If the practitioner is retiring or moving to another clinic, all colleges have guidelines to support records maintenance.

Advisor questions and comments

- What about the independent practitioner that may work from a home office?
    - Most colleges will have a requirement about notifying the college and where those records are being stored and how patients can access them after

- What is the procedure to ensure that records are only accessed by privileged parties?
    - All electronic records have an audit system that records who is accessing records. Personnel should only access records on a need to know basis.
- Are the standards different for deceased people?
    - The obligation around the retention of records does not change if the person is deceased. The security and retention period standards remain the same.
- If someone that passed away was receiving care in the hospital and working with different health practitioners, do you need to go to the individual people to access records?
    - Hospitals maintain records themselves in public practice. A medical records department has all records in one comprehensive clinical record. Colleges do not regulate hospital records management.
- A high percentage of Indigenous people don't have regular doctors, so often go to several walk ins and hospitals to access care. Their medical records may be stored in multiple places and they don't have the same autonomy over who accesses their medical records. How are their records maintained?
    - In public practice, all records stay with the hospital. It is only in the private setting where the records may stay with the clinic or move with the professional.
    - Walk in clinics are private practice and are regulated by the colleges. Records would either stay with the practice or move with the physician.

Discussion: Custody of records

Public advisors were asked to brainstorm a list of pros and cons from a public perspective for patient health records to be in the custody of (1) the health care business owner, or (2) the health care practitioner. They were encouraged to consider a range of health care providers.

Advisor Feedback

	Pros	Cons
Health care business owner maintaining health records	• Continuity of care at the location. • Known and convenient location. • Easier in small-town environments.	• Refusal to provide records due to a patient being unable to pay service fees. • The patient would likely want to follow up with their practitioner. • Concerns of records duplication. • The succeeding practitioner may interpret records differently regarding contextual information.

Health care practitioner maintaining health records	• Continuity of care with the health care practitioner. • The health care practitioner can supplement records with personal and contextual information. • Relationship with the practitioner has already been established – trust exists.	• Records may be lost if the practitioner retires or moves away. • Patient would need to track down the practitioner. • Concerns about the transport and storage of records at a new location.
Other considerations	• Security standards must be the priority for all records. • Colleges should ensure that the public understands how the process works. • Patients should know that they have a right to their records. • How does the consent process work? Would patients be notified?	

Advisor Input: Informing the Patient and Continuity of Care

In breakout rooms, public advisors discussed three questions and providing the following input:

What information does the public want and need to know?

- What are the credentials of the succeeding practitioner?
- What are the options for continuing are? Patients should have the autonomy to choose whether they would like to follow the practitioner.
- The opportunity to meet the proposed new practitioner before deciding about care.
- Where can the patient access their records?
    - What are the costs associated with accessing records?
- Who can the patient contact to receive answers to their questions?
- Communication from the regulator about patient's rights regarding this topic.
- Notification as to whether the practitioner is leaving practice because they are facing a complaint investigation or conducted themselves inappropriately.

What should be the obligations of a practitioner?

- Practitioners should provide ample notice for planned endings of practice.
    - It is incumbent upon the practitioner to alert patients as soon as possible.
    - Provide written notification when possible.
- Transparent process: advance notice, reason for leaving, and any incurred fees.

- The leaving practitioner should provide a recommendation or referral for another practitioner.
- Ensuring patients' privacy is protected.
- Colleges should consider educating registrants about the complexities of contract details and how non-complete clauses may affect patients' care.

Considerations for vulnerable patients

- Depending on the therapeutic relationship, more care may need to be exercised. In long term practitioner-patient relationships, the practitioner should make more efforts to accommodate the patient.
- Vulnerable patients transitioning from youth care to adult care should be cared for.
- People in rural communities have limited options when finding another practitioner.
- Patients who require complex care may need an enhanced responsibility of continuity of care and have a succession plan.
    - Notes on a patient's history may not always be accurate or capture all context.

Expectations of Health Care Practitioners who are Selling or Endorsing Products or Treatments

Context Presentation

Joanie Bouchard, CDBC Registrar, provided advisors with context for the discussion on practitioners selling services or products. For dieticians, there is a large industry of dietary supplements and products available to the public. Many other fields also offer additional services and products.

- Section 16(2) of the Health Professions Act outlines that regulators must monitor and enforce standards of practice to reduce incompetent, impaired, or unethical practice amongst registrants.
- If a health care practitioner is selling something, there may be a bias that comes with the incentive of making more money.
- Some risks to the public include:
    - The product/service may not be needed to maintain or restore health.
    - Other products/services may be better, as good, cheaper, or more culturally appropriate.
    - Uniformed, incomplete, or false information/claims.
- Key issues:
    - Conflict on interest, disclosure, and mitigation.
    - Objective and evidence-based recommendations.
    - Transparency.
    - Undue pressure and diminished trust in the patient-practitioner relationship.

Advisors answered a poll: *have you ever had an experience of buying a product, treatment or service from a regulated health care professional?*

- Yes, many times – 20%
- Yes, one or two times – 60%
- No – 13%
- Unsure – 7%

A public advisor shared their experience with occupational therapists selling alternative health products. As the parent of a child with a severe brain injury and development issues, they experienced an occupational therapist using contact with patients to facilitate the sale of alternative health products. The advisor pointed out that some parents are very susceptible to practitioner recommendations, given their drive to help their children.

Advisors were asked to review CDBC's draft Conflict of Interest and Sales Guidelines prior to the meeting. The guideline is in its final stages of development and will be implemented in the fall.

- Guideline 1: Speaks to conflict of interest concerns when practitioners undertake the dual role. Dieticians are required to identify a potential, real, or perceived conflict of interest. Guidance is provided on how conflicts of interest should be disclosed and managed.
- Guideline 2: Addresses objective practice and evidence-based information. Offers guidance on how practitioners should address the lack of evidence so patients can give informed consent. Suggestions on how to make communication to the patient culturally appropriate are welcome.
- Guideline 3: Provides guidance on ensuring transparency and fairness throughout the whole process.
- Guideline 4: Differentiates practitioners' professional practice from their personal lifestyles. Combining personal and professional social media is becoming popular, and regulators are seeking guidance on how to help the public to be aware of what is professional information and what is personal.

Questions and comments

- Are there Canadian guidelines?
    - Health Canada is responsible for approving products that can be sold in Canada. Regarding claims and efficacy, there is a minimum that companies must meet.

Advisor Input: Expectations of Registrants Selling Services and Products

Advisors went into break out groups and discussed:

1. Thinking about the issue of registrants selling services and products, what do you hope a guideline like this will enable or prevent?

- Ensure that the interests of the patient are above the benefits for the practitioner.
- Practitioners will need to provide evidence on why the specific product is needed.
- The requirement to provide an alternative product of what is being recommended.

- It is important that practitioners disclose if they are receiving a benefit or incentive from selling products to patients.
- Enable patients to seek a second opinion.
- Prevent a practitioner being unduly influenced by corporate incentives, which undermines the integrity of the practice.
- Ensures clear communication of pros and cons of products or treatments.

2. Review the CDBC Conflict of Interest Sales Guidelines. What's missing?

- A way to help the public understand if something has been approved by Health Canada as a pharmaceutical or if it is a natural health product.
- Respect that Indigenous people use traditional medicines that are outside of Western "evidence based" systems.
- Highlight the power imbalance between the patient and practitioner – a patient may feel obligated to purchase a product from their practitioner or may not feel safe to ask questions.
- Practitioners should fully disclose possible risks or side effects of the products or treatments.
- In the context of a shared clinic space where there may be regulated practitioners and unregulated professionals, what may this mean for the patient?
    - The regulated practitioner may be unintentionally endorsing other treatments, and there should be a clear statement whether they do or do no endorse products offered by others.
- Incentives go beyond money and may include gifts, which should be addressed.

Other comments

- Consider implementing a decision tool for patients to help make informed decisions about recommended products.
- Health regulators need to set a clear line and enforce strong boundaries surrounding this topic.

Closing

Praise gave an outline on next steps for the BC-PAN following the meeting.

- Praise and Kelly will be conducting check-in meetings with public advisors the following week.
- Praise will be sending an email that outlines college actions from the BC-PAN's last meeting, presentations from this meeting, and a summary of the 2020-21-year evaluation.
- The BC-PAN's summer plans were mentioned – the next BC-PAN meeting will take place in October.