British Columbia Public Advisory Network

BC-PAN Meeting Summary

February 1 and 2, 2022

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

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Meeting Purpose

- Review impacts of the BC-PAN's meetings in 2021 on college partners' work.
- To seek input from public advisors to guide the college partners on developing public information resources.

Key Learnings

- Advisors value consistency across colleges in their resources – especially complaints process resources as colleges' processes are similar.
- Providing simple or detailed information is not an either/or – it is a spectrum. Advisors prefer receiving high level information then accessing details through hyperlinks.
- Including transcripts and timestamps in videos helps to make resources accessible to many communities.
- Colleges should work on creating Indigenous specific resources to explain benefits, coverage, and efforts to ensure cultural safety.
- Place resources in points of care and at the street level that includes colleges' contact information; it is unlikely that the public will go to colleges' websites for information.
- Review the mobile capability of resources to ensure it is accessible. People with lower incomes cannot afford both a computer and a cellphone and are most likely viewing resources through mobile.
- Be mindful of biases and perceptions of diversity in graphics. Colleges can source local artists to develop their graphics to show a connection to communities.
- When educating the public about the roles of lesser known health care practitioners, it is important to include information on how to access the practitioner. Addressing questions like if a referral is needed, extended insurance coverage, and practitioners near you is helpful.

Public Resources

February 1, 2022

Summary

Regulatory colleges create many types of resources for the public to provide them with information related to health care regulation. To ensure that the resources created for the public are accessible and effective, college partners are seeking the BC-PAN's feedback on current resources being developed as well as to review resources that are already available to the public. The BC-PAN's meeting started with an overview of college partners' actions taken following previous BC-PAN meetings, then transitioned to a review of resources developed by the colleges to explain their mandates. Lastly, the public advisors provided guidance to college partners on ways to make public information resources more effective and relevant to the public.

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Public advisors present

- Annie Danilko
- Cindy Fu
- Dianne Johnson
- John Sherber
- Margaret Bricker
- Marty Lingg
- Rhianna Millman
- Sandy Lambert
- Shawna Bennet
- Terry Browne

College partners present

- Andrea Bowden, COTBC
- Anita Wilks, CDSBC
- Crystal Cheung, CTCMA
- Doug Cheng, CPSBC
- Elizabeth Bruce, BCCNM
- Gillian Vrooman, CPBC
- Kelly Newton, CPSBC
- Lisa Bannerman, COBC
- Melanie Journoud, CDBC
- Susan Paul, CPTBC
- Susan Prins, CPSBC

Others present

- Susanna Haas Lyons, Facilitator
- Praise Osifo, Public Engagement Coordinator

Welcome and land ackowledgement

Doug Cheng, CPSBC Manager of Communications, opened the meeting with a land acknowledgement. Susanna recognized and held space for the findings at Williams Lake and advisors and college partners shared their thoughts and reflections. Praise Osifo, Public Engagement Coordinator, provided a list of learning resources on Indigenous reconciliation.

Member connection

Susanna led an activity where she shared a collaborative document, Jamboard, and participants added images or notes on what they want more of and/or less of in 2022. Everyone briefly shared their points.

College impacts

College partners updated the public advisors on how they have used the BC-PAN's input on topics discussed throughout the year.

Supporting the public outside of the complaints process

College of Opticians

- Created a new sitemap that is more intuitive and streamlined through pages.
- Included information about what to do "pre-complaint" instead of directing straight to complaints.

- Brainstorming and fleshing out "example complaints" and examples of what does not constitute as a complaint.
- Considering common resolutions to complaints and posting them on the site.
- Added more resources such as legal and mental health to their resource list.
- Including more information about the types of contact methods to file a complaint (Zoom, FaceTime, Text, Call, Email).
- Including information about feedback throughout the process and the ability to have a support person present.

College of Traditional Chinese Medicine and Acupuncturists

- Updated public registry to include a direct link to any public notifications.
- Revised language used in initial letter template to complainants.
- Provided brief email updates when moving to the next the complaint process or to inform them of delay.

College of Physicians and Surgeons

- Input has validated the importance of having a call center and patient navigator.

College of Occupational Therapists

- Added an email link on website to support the ability to submit questions.

Practitioners leaving practice

College of Physical Therapists

- CPTBC is in the process of revising their "Leaving or Closing a Physical Therapy Practice" resource for physical therapists to include an additional heading "What public advisors tell us is important" with the addition of key points from the BC PAN meeting.

Practitioners selling products

College of Dietitians

- BC-PAN input about not being deceived and being able to trust registrants has been added to updated marketing policy documentation.
- Interprofessional communication is emphasized in website Q&As.
- Updating professional boundaries resource to address dual relationships clearly and provide behavioural strategies to registrants.

Dual relationships

College of Traditional Chinese Medicine and Acupuncturists

- Consent and dual relationships input have been shared with the Patient Relations Committee to inform program development.

College of Physicians and Surgeons

- Input from the BC-PAN helped to inform recent revisions made to the Treatment of Self, Family Members and Others Close to You practice standard and accompanying public resource.

College of Occupational Therapists

- Used the BC-PAN's information to help inform resource for registrants on starting and closing practice.

Enhancing communication and informed consent

College of Physical Therapists and College of Occupational Therapists

- Published a newsletter article with the BC-PAN's discussion highlights to raise awareness of public perspectives and expectations.
- Reviewed complaints communications to support plain language

College of Physicians and Surgeons

- Has helped inform the decision to draft a new practice standard on informed consent.

Other actions

College of Pharmacists

- Presented to the board on the BC-PAN.

College of Physicians and Surgeons

- The college now requires practitioners to have signage showing their registration with CPSBC placed in public spaces of practice.

College of Occupational Therapists

- Updates on the BC-PAN meetings shared on social media and registrant newsletters.

College of Dental Surgeons

- Advisor input from college websites is being considered as they pursue amalgamation to create a new oral regulatory college.

College of Traditional Chinese Medicine and Acupuncturists

- The Director of Professional Practice, who supports the Quality Assurance Committee, the Registration, and the Education and Examination Committee, received minutes of all BC-PAN meetings so that he may review them with the committees and put input towards CTCMA initiatives.

College of Physical Therapists

- Revamped almost all their templates, investigation reports, decision documents, and other standard correspondence based on feedback from the BC-PAN.

Context presentation – Protecting the public: staying true to the colleges mandate when developing public resources

Andrea Bowden, COTBC Deputy Registrar, gave a presentation and provided context about the roles of mandates of colleges and how it connects to the types of public resources developed.

- Colleges protect the public by:
    - Registering qualified professionals
    - Assuring quality practice
    - Responding to concerns and complaints
    - Setting practice standards
- What should colleges ask themselves when making resources?
    - Does it relate to one of the pillars of the college?
    - Does it serve the public interest?
    - Does in fall under the colleges' mandate?
    - Is there a different organization that is better suited to share the guidance?

Advisor questions and comments

- How have you relayed this information to FNHA about the process of complaints?
    - CPSBC is about to conduct a very comprehensive audit of the complaints process and will mostly certainly have representatives from the Indigenous communities.
    - BC Patient Safety & Quality Council held an event, *Provincial Dialogue: Improving the Indigenous Patient Complaints Process*, that included regulatory colleges and various Indigenous groups/organizations such as FNHA, Aboriginal Friendship Centres, Métis Nation, and more.
- Confusion about the mandatory registrations; are health professionals required to register for associations?
    - It is mandatory to be registered under a college, but they have a choice to be a member of related organizations.
- Is the association like a union?
    - Those are different types of organizations.

Advisor input: Materials to support public understanding of college mandates

Public advisors took some time to review resources that colleges have developed to explain their role and mandate, with the questions in mind:

1. Which resource was most effective, and why?
2. Which resource did you think could be improved, and how?

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3. What other recommendations do you have about resources that help to communicate college mandates?
4. What questions do you have about the topic that remain unanswered by this resource?

BCCNM. What a nursing regulator does

- Overall well done with good visuals.
- The information was clearly defined.
- Like how the visuals showed the different ways the public might interact with the profession.
- Some of the depictions are biased; ex. Why does a nurse have to be a woman?

CPTBC. About the college video

- Clear speaking voice is understandable.
- Video was clear but adding a link to the website would be helpful.

CCBC. what is the College of Chiropractors of BC?

- Not engaging.
- Cramped page.
- Website visuals are difficult and busy.

CTCMA video for registrants – what does the college do?

- Simple, clear concise language.
- 7 minutes is too long of a video for the public.

Information sheet from Doctors of BC about difference between college and association

- Simple and informative.

General comments

- Offer language options, and ASL as well. Slow the frames down to match the speed of audio and vice versa.
- There are a lot of big words about a lot of processes that can be simplified in plain language.
- For the videos, giving a transcript of the videos in different languages could provide accessibility for different communities.
- Having timestamps and section labels for longer videos might make it easier for the public to sort through the information
- Ideal length of a video for the public is under 2 minutes.
- How are these resources accessible to people who don't have access to internet or have barriers with technology?
- Regulatory colleges should review their resources through mobile to ensure it is accessible. People with lower incomes cannot afford both a computer and a cellphone

and are most likely viewing resources through mobile. Factors like the size of the homepage banner can hinder visibility.
- Access to printable versions of documents would be nice.

Guidance for public information resources

Susanna briefly reviewed previous feedback that pubic advisors have given to the colleges about effective information resources. The input was from the BC-PAN's discussions on colleges' websites and supporting the public outside of the complaints process.

Previous advisor input: Effective information resources

- Notification: A posted notice of a practitioner's registration with the college that brings attention to the regulator-practitioner relationship.
- Connection: Being able to have some sort of personalized human contact with the college.
- Accessibility: Providing different means of communication, diverse language, with cultural, mental and physical addressed.
- Clear expectations: Clear communication about timelines, what to expect, etc.
- Awareness: A touch point at the place of care that directs the public to follow up on college site.
- Public focused information: An FAQ page is helpful for not having individual concerns but still requiring more information.
- Available services: Have additional info for a hotline, email, or address for following up.
- Simplicity: Tools and resources should be simple to use
- Next steps: A way to direct the public on where to go for more info, follow up, etc.

Advisor input: Guidance for public information resources

Advisors separated into breakout rooms to discuss questions and provide feedback:

For what topics should the colleges develop public resources?

- Colleges should work together more to develop shared resources on common information that can all be found in one place.
- Share colleges' public engagement initiatives like the BC-PAN or other working groups, also sharing opportunities to engage with the colleges.
- Telehealth as it becomes more common. Answering FAQs about platform security, recording sessions, limits on health care practitioners, the difference between a health care portal vs. telehealth services provided by individual practitioners, etc.
- Supporting the public to advocate for themselves within the patient-practitioner relationships. Empowering the public navigate difficult conversations about their care such as health care practitioner;s vaccination status.

- Increasing awareness to the public about the complaints process, clarifying all steps needed to make a complaint, outlining examples of complaints and how they may be dealt with.
- Clear information on what colleges do, their roles, where the public can go to access information about areas that may not be dealt with by colleges.

Where would the public look for college resources about their experience of receiving services form their regulated health professional?

- Accessible language on pamphlets readily available at the point of care; in offices and/or waiting area.
- Increase colleges' capacity so that patients can easily call the college to receive further information.
- Advertisements on television or the internet to help spread awareness about what the colleges do.
- Follow up text or email after a visit with a health care practitioner to notify patients about the presence of regulatory colleges.
- Reach vulnerable populations at the street level. Ex. Bus shelter ads, bus adds, in newsletters of organizations that serve vulnerable populations. Support vulnerable populations to reach out.

What does the public think about the importance of providing "real time" resources about current hot topics? What is the best way to share emerging information? Where would the public look for this material?

- There is value in the colleges working together to be proactive and address real time concerns.
- The public uses various news apps: colleges can provide media releases to circulate topics of interest.
- When colleges bring a human-interest story forward, it is engaging, and people will see that colleges are real. Write ups of the BC-PAN should go beyond annual reports.
- It is good for the colleges to get in front of an issue instead of playing damage control.

Public Resources Continued

February 2, 2022

Summary

The BC-PAN continued from the previous day's meeting on public resources, and public advisors reviewed several college-specific resources. Public advisors reflected on resources about the colleges' complaints process, an infographic provided by COTBC, and colleges' resources that explain what health care practitioners do.

Public advisors present

- Annie Danilko
- Cindy Fu
- Dianne Johnson
- Elena Kanigan
- John Sherber
- Margaret Bricker
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College partners present

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- Melanie Journoud, CDBC
- Susan Paul, CPTBC

Others present

- Susanna Haas Lyons, Facilitator
- Praise Osifo, Public Engagement Coordinator

Welcome and land ackowledgement

Sandy Lambert, a public advisor from Talcree First Nation and Metro Vancouver, opened the meeting with a land acknowledgement and smudging.

Meeting orientation

Susanna stated the purpose of the day's meeting: to continue the work from yesterday on providing feedback and guidance to the college partners on their public resources. The resources of focus for the day relates to colleges complaints process and college specific resources.

Advisor input: Complaints process resources

Susanna recalled the BC-PAN's previous meeting on the complaints process from a public perspective. Asking public advisors to draw on that discussion, they reviewed CPSBC's infographic outlining the colleges' complaints process and CDBC's complaints process webpage and video.

	CPSBC	CDBC
What is most effective about these resources? Consider content, language, tone, design, etc.	- Concise, easy to use in a variety of mediums. - Colourful and easy to follow. - Included information about what colleges can't do to help manage expectations.	- Clear, step-by-step process, case outcome is good information to have access to. - Very thorough, links to other resources to review. - Includes FAQs.

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	• Examples provided are on opposite ends of the spectrum.	• All information is on one page. • Useful information for someone who is committed to launching a complaint. • Video is colourful, easy to understand, and the voice is calming. • A short video is good.
What would you change about the resource and why? Is anything missing?	• Focus on the point of view of the potential complainant. Use "you" more than "we". • Some language is off-putting and condescending. ○ Indigenous communities may perceive some of the wording as negative. Shorten and simplify the details. • Have the resource in different languages. • Keep the resource non-threatening. • Add hyperlinks or icons so that people can click to learn more about certain components of the resource. • Must be cautious about triggering or re-traumatizing people who are recounting a complaint. • Move the information about the patient navigator to the top of the page.	• Academic in approach, the amount of words on the screen is intimidating. • Elaborate and complicated. Remember to keep things simple. • Feels like it is dissuading someone from going further. • Errors on the website does not inspire confidence.

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Is this the right medium to provide this information? Are there other mediums might it be more effective?	• It would be convenient to place the infographic in a practitioner's place of practice. • Comfortable to read. • Share in various languages and include spoken audio.	• Video is more accessible by a variety of people.
What questions do you have about the topic that remain unanswered by this resource?	• What is the time frame for a complaint? • Missing contact information. • What is included when colleges mention supporting individuals through the process?	• Is the video available in other languages? • Include more information about how decisions are made.

General comments and questions

• There are a lot of similarities in colleges' complaints process so it would be helpful for colleges to work together to produce these resources so that the public can see that they are on the same page.
• Add a timeline in each stage of the complaints process to reduce anxiety.
• Community radio in rural communities is a commonly used medium.
• Colleges should aim to have a variety of mediums for their resources.
• Having a simple infographic as well as hyperlinks that lead to more detailed info.
• Address concerns about negative impacts on the patient-practitioner relationship from making a complaint.
• Provide and notify the public about emotional resources for individuals who may be triggered during the complaints process.
• What happens when it is a system failure?
  ○ HPA tells colleges to look at complaints against an individual. But CDBC inquiry facility has taken it upon themselves to write to the facility when they see systemic issues and highlight what their reviewer has concluded and writes recommendations.
• Provide information for follow up.
• There is not much diversity in the videos.
• The public is unlikely to go to the colleges' website for information, so it is important to place these resources in accessible points of contact.

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Advisor input: College of Opticians sight test vs. eye health exam infographic

Susanna introduced the next resource for review, the [College of Opticians' infographic on a sight test vs. an eye exam](). Advisors individually reflected on the infographic and then moved to pairs to discuss their thoughts. Feedback was then shared with the entire group.

- Graphics are antiquated – colleges can call out for local artists (especially Indigenous) to use as graphic designers for their resources. It shows to the public that there are efforts to connect with communities.
- Colleges should work on creating Indigenous specific resources to explain benefits, coverage, and cultural safety.
- It was confusing that there is no prescription provided from a sight test but there is from an eye exam. An eye exam should be put first because of this.
- No reference to what is covered by MSP or mention of what happens after someone is 64 years old.
- Why is it important to have an eye exam periodically in your life?
- The organization of the graphic is quite busy. Follow a who, what and why flow.
- How well will this look in different formats? The font sizes are quite small. If words are more succinct then the font can be larger.
- Some terms can be simplified.
- How will the information be translated to audio? Many communities rely on that.
- For some individuals a white background can be harsh on their eyes.
- Is this a companion piece to a more detailed document? If so, include a hyperlink to the detailed information.

Advisor input: About the profession resources

Susanna briefly introduced colleges' resources about the roles of health care practitioners for the group to review. Advisors broke out into small groups to reflect on [CDBC's 'What is a dietician?'](), [COTBC's 'What do occupational therapists do?'](), and [CPTBC's 'What is physical therapy?']() resources.

	CDBC	COTBC	CPTBC
What is most effective about these resources? Consider content, language, tone, design, etc.	• Easier to read on the mobile version than on the website. • Good understanding after reading the document and lots of information. • Amount of information provided helps with transparency. • Hyperlinked resources to click through are helpful • Helpful to see what registrants should know vs. what the pubic needs to know.	• Engaging and inviting. • Aesthetically pleasing. • Graphics and language well understood. • Interactive features like ability to toggle and increase size of font. • Great call to actions: Provide feedback and find out if your occupational therapist is registered. Invitation to provide feedback is very valuable to the public. • Appreciate reference for additional services. • Great reference for other colleges to follow.	• Header provides a good summary of what physical therapists do.
What would you change about the resource and why? Is anything missing?	• Info between nutritionist and dieticians and differences. • Too much text in the beginning. Could use more colour and graphics. • Choice of words "food and human nutrition" is odd – why "human"? • Two columns of information can be overwhelming to consume.	• It is good to learn about what an occupational therapist does, but provide more information on how to get there, what is needed to see an occupational therapist, etc. • Include the difference between an occupational therapist and a physical therapist.	• Combination of photos and text is overwhelming. • No specifications on how to access a physical therapist. • Not much diversity in photos. • No mention of payment implications.

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	• Quite academic, complex wording is not accessible for everyone. • Provide information on how to access the professional – do you need a referral? Not many people know you can phone 811 and get a referral. • Are they in the community? More of what they do rather than text heavy explaining who they are • What is the role a dietician has in translating diets to ethnic preferences and enjoying traditional foods?	• Specify assessments that need to be done and what home management entails. • Add concrete examples or scenarios.	
Is this the right medium to provide this information? Are there other mediums might it be more effective?	• Not the friendliest medium for someone who is not academic. • Start off with a template and allow layered access as people's needs change. • Increase the variety of mediums.	• Video is more accessible by a variety of people.	• A PDF is a good medium for those who like to print resources. • Should be reformatted for those who will be accessing it on different devices.

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Meeting evaluation

The advisors separated into pairs to discuss their thoughts on the day's meeting, then shared their feedback on a collaborative document.

Closing

Praise gave a presentation reflecting on the BC-PAN's activities throughout the year and changes for the next year.

- The BC-PAN's new website will be live in the upcoming weeks.
- The group watched the BC-PAN's explainer video and gave positive feedback.
- The BC-PAN is in the process of recruiting a new engagement coordinator as Praise will be finishing her time with the group by mid-April.
- Doug Cheng will be handling Kelly Newton's responsibilities moving forward as Kelly will be going on maternity leave.

The group closed by using a collaborative document to share some gratitude and appreciations for our time together this past year.