



CITIZEN ADVISORY GROUP MEETING REPORT

SATURDAY, JUNE 23, 2018

**College of Physiotherapists of Ontario Offices
Suite 800 – 375 University Ave, Toronto
Toronto ON M5G 2J5**

9:30 a.m. – 4:00 p.m.

Facilitator: Misha Glouberman

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WELCOME

The meeting was called to order at 9:55 a.m. by Facilitator Misha Glouberman, who welcomed the attendees and provided an overview of the day's agenda.

Citizen Advisory Group (CAG) Partnership Chair, Lisa Pretty of the College of Physiotherapists of Ontario, provided a brief overview of the group's history and growth, noting there are now 13 participating health regulatory Colleges as CAG Partners and a broad spectrum of representation from the public as CAG members. A new initiative will focus on enhanced communications from CAG (e.g., updates on events, consultations, etc., and patient resources for sharing by some Colleges). Lisa highlighted that previous feedback from the CAG about what information should be on the public register and the definition of "patient" has been valuable.

Following Misha's review of the planned group discussion process for the day, the groups briefly convened for initial introductions and discussion. Positive feedback was shared, including the CAG's voice being heard by Sponsoring Partner Colleges.

After a review of past input and generic goals articulated by the CAG, members were asked to provide feedback on the applicability and/or shortcomings of the approach being used. The following was provided:

- It would be helpful to learn more about the goals of Colleges (e.g., having a better understanding of the role to protect the public, and receiving information on processes such as investigations and quality assurance).
- Articulate what the CAG can/cannot recommend (e.g., legislative constraints) and for the public to understand how it is protected and what can/cannot be changed.

The topics and Sponsoring Partner Colleges were noted as follows:

- "What topics are most important to you on a new CMTO webpage for clients/the public?": College of Massage Therapists of Ontario (CMTO)
- "Nurses Prescribing Medication": College of Nurses of Ontario (CNO)
- "Building and Fostering Trust": College of Opticians of Ontario (COO)
- "Risk-based Regulation": College of Occupational Therapists of Ontario (COTO), College of Physiotherapists of Ontario (CPO)

NEW WEBPAGE FOR CLIENTS/THE PUBLIC

COLLEGE OF MASSAGE THERAPISTS OF ONTARIO

The CMTO requested input on what information would be most useful on the College's website for a page for clients/the public regarding massage therapy and receiving safe, ethical, and quality care. The following topics were noted to be most important to the CAG for the public pages of the website:

- What should a patient expect during a visit to a massage therapist (e.g., appropriate boundaries, appropriate gowning and touching)
- What is massage therapy (i.e., there are licensed and non-licensed massage therapists, and how they differ in registration with the College)
- Patients don't know what to expect in a session with a massage therapist; consider providing a handout that outlines what a member of the public can expect after seeing a massage therapist and what's normal after a treatment (e.g., feeling sore), etc.
- It would be beneficial to provide a list of the benefits of visiting a massage therapist versus other professionals, and how massage therapy helps
- Ability to search for massage therapists on the website, including accessibility to the practice (e.g., doorways, washrooms, elevator) and the availability of a low examination table as a way to ensure accommodation for people with disabilities, as well as any other assistance as may be required by the client
- Who the College represents/registers is important information for the public
- It would be beneficial to have a directory of members to enable the public to determine who is licensed/not licensed, and the various specialties that members represent
- Boundaries: explanation of them and what to do if there is abuse (e.g., reporting mechanisms for the public); it is important to be explicit (e.g., the member is not working on a certain part of their body) and to have two-way communication around boundaries; provide information about zero tolerance to the public
- Invite the public to give feedback to both the practitioner and the College, as appropriate or needed
- What other languages are spoken in the clinic for clients who better communicate in languages other than English/French
- Gender of the practitioner (e.g., patient requests a specific practitioner)

Priorities:

CAG members were asked to vote on the top priorities – the most important topics for a new CMTO webpage for clients/the public. These are the results:

- What to expect from a visit: 6
- What is massage therapy and what does the therapist do: 6
- Full accessibility: 4
- Boundaries: 3
- Seeing a massage therapist versus other professionals: 3
- Database to search professionals: 2
- Know what to do if there's abuse: 2
- What is normal after treatment: 1
- What professionals the College represents: 0
- Language(s) spoken by practitioner and their gender: 0
- Communication around boundaries: 1

NURSES PRESCRIBING MEDICATION

COLLEGE OF NURSES OF ONTARIO

The pre-reading information was reviewed, noting that CNO was requesting feedback on several topics.

Nurses prescribing medication

It was shared that it is important for the public to understand that nurses are prescribing and how it is different from a doctor prescribing. The following were voted on by CAG members in order of priority:

- Understanding who can prescribe what (including the terminology and differences in training etc.): 9
- Training; they are certified, current, and do continuing education: 5
- “Your nurse can now prescribe your medication”: 4
- Limitations: narcotics can’t be prescribed without special training (scope of practice): 2
- Nurses are regulated through the College of Nurses of Ontario in what they do: 1
- If there is an issue or complaint around a nurse prescribing, where would a member of the public go (e.g., wrong drug prescribed and there was a reaction): 1

Additional feedback included:

- Nurses stay current in the changing landscape (e.g., opioids) through continuing education
- Some language is ambiguous (e.g., “authorized prescriber”). Can some of the content be made clearer?
- “Training” should be more pharmacologically directed (educated rather than trained)
- All Colleges mandate that their members take a certain amount of continuing education (important topics include boundaries and ethics). The registration practices at the College are already in place for some of the topics under discussion but the public doesn’t know that.

It was generally noted and agreed that the information is confusing.

Understanding Registered Practical Nurse (“RPN”), Registered Nurse (“RN”) and Nurse Practitioner (“NP”)

Under the concept of the three registered groups – RPN, RN and NP – the CAG was asked to provide feedback on enhancing the clarity of information, notably because it appears that the terminology is confusing to the public (e.g., “registered” nurse). The following was shared:

- Nurses have training
- “Non-complex” means different things to different people and some people don’t know what it means (i.e., non-life altering medication was assumed; there is a strong sense that the public doesn’t know what that words means)
- Why is a “Nurse Practitioner” not called a “Registered Nurse”; confusion exists about why two of the three nursing titles include “Registered”, but not all
- Dislike was expressed about the term “entitled to”, which gives a perception of “entitled” and is attached to negative examples (sense of entitlement); it is not a positive perception; consider an alternate word such as “authorized to”, which is better wording
- What does “Independent Prescriber” mean?
- “Prescriber” doesn’t say what we want; would an ordinary person understand that term?
- There is a need for being sensitive with people whose first language is not English and seniors who would not have heard that terminology and may be hearing it for the first time
- Suggested wording: “authorized to prescribe medication but not controlled substances” or “authorized to prescribe medications including controlled substances”
- Some concern was expressed that many people don’t understand “controlled substances”; consider calling it “narcotics” or provide clarity (include a glossary)
- Denote hierarchy with other practitioners, not just nurse practitioners and doctors (i.e., who can prescribe what)
- What is the role of the physician in the patient/nurse relationship

Find a Nurse Service

Discussion ensued regarding when a patient might be looking for information about a nurse on the public register (online “Find a Nurse” service), understanding that often it could be after an interaction with the nurse, i.e., not to search for one. An example of proactive searching could be identifying a nurse who could prescribe medication. The following was noted by the CAG to be helpful:

- When someone needs a health care professional in a rural area, provide some direction on what to do when there aren’t doctors

- If someone has been seen by a nurse who has prescribed something for them and the person wants to check the College's website to see if that individual is authorized to do so, the "Find a Nurse Service" would likely provide that information
- Long-term care/nursing homes/retirement facilities (e.g., if a doctor isn't on site and there is an immediate need)

When asked if the public register is clear to members of the public, the following comments from the participants were noted, with the majority of opinions being that it mostly felt unclear:

- The term "prescriber" doesn't need adjectives (i.e., "authorized" or "independent"); the College should keep it simple with "prescriber" being enough on its own
- Better wording would be "authorized to prescribe" or "not authorized to prescribe"
- Consider colour coding for wording such as "not authorized to prescribe", making it easier for the public to see/understand
- With respect to the concept of "entitled to practise without restrictions", what does this mean to the public? What is "practise" versus "prescribing"; referencing "without restrictions" when not being able to prescribe was considered to possibly be perceived as a restriction by some CAG members
- Ensure that the wording is clear as to who has restrictions and who can prescribe; this would be confusing to the public

Searching for a Nurse Practitioner who can Prescribe Controlled Substances (narcotics)

The group was asked for feedback on "Can a Nurse Practitioner Prescribe Controlled Substances (narcotics)?" communications. The following was provided:

- Unanimously agreed that it was unclear
- Consider a legend, glossary or tool to explain terms (e.g., controlled substances)
- Some prescriptions are non-refillable and the public should be made aware if a nurse practitioner can prescribe repeats; this is particularly important around controlled substances
- Ensure clarity for the public with respect to appropriate wording about colour coding, prescribers, etc.
- Use symbols rather than words on prescriptions to make it easier for users

BUILDING AND FOSTERING PUBLIC TRUST

COLLEGE OF OPTICIANS OF ONTARIO

The CAG was presented with the COO's objective to seek and receive meaningful feedback from the CAG on how the COO can build and foster public trust through governance policies and initiatives.

The following initial feedback was received:

- Transparency is very important, particularly what they say and intend, and they should have a willingness to ask questions and be willing to make changes.
- Increasing public trust could be done through public engagement (e.g., having members of the public on Council and committees for good governance and transparency).
- The ratio of professional members (8) and public members (6) is good and appropriately includes public involvement.
- There should be a willingness to have discussion that is positive rather than waiting for an issue to arise.
- What is the best way to communicate to the public? How does the public get to know the good work that the College is doing (e.g., website)?
- More diverse public members to represent the broader spectrum (age, gender, etc.) are needed.
- Consider an equal number of members and public members (50/50 split). Following an informal vote of the attendees as to whether they preferred a 6/8 split or a 50/50 split, the vote was 10 for the 50/50 split and 3 for the 6/8 split.
- Information about what the members of the profession do and differentiation in the field (e.g., opticians, ophthalmologists, optometrists, etc.).
- What qualifications are required for public members to serve on Council? It is important they are placed according to their credentials, experience, etc. Selection should be on their abilities and not who they know; this ensures a diverse group.
- Real-life first-hand experiences among the members who are appointed to Council are very valuable (e.g., people who have experienced the health system).
- It is important for Council members to know what is expected of them once they become a Council member. Being a public member on a Council is a significant contribution.

It was agreed that, on the whole, what was presented looks good and there is no mistrust, etc. Some improvements could be considered such as the importance of transparency and engagement. The majority of attendees felt that more public representation would be better but is sufficient. More diversity in public members is also desirable.

Priorities regarding Governance

The CAG was asked to consider what is most important for increasing public trust, including how Council and committee members are chosen, who else may serve, and what is most important for increasing public trust. The following priorities were identified in terms of how Council and Committees are composed:

Transparency: 8

General public engagement and public members on Council: 5

Ensuring diverse public members: 4

Assessing qualifications of Council members: 1

Real life public experience: 0

Increasing the Public Trust

CAG members were asked to vote on what else the College could do to increase public trust:

- How many people know there is a College or a site for opticians? Let people know (e.g., through social media) and explain it's there for them and to protect them, and there are processes to follow
- More transparency is needed for the complaints process to ensure public trust (e.g., information on complaints, disputes and their resolution is on the website)
- The site details the complaints process (e.g., the steps in making a complaint)
- Opticians are a profit-making business so this could reduce trust; let people know about the College and address that public perception
- Understanding who opticians are and their role within the eye care sector and their value
- Let people know more about "Find a..." and also discipline cases, the practitioner's specialty (this is an excellent source of information so people should be advised it's there)

Priorities:

- Awareness of the public about the website for the College and opticians: 6
- Enhanced transparency for complaints to ensure public trust: 2
- Let people know more about "Find a...": 1
- Understanding who opticians are and their role in the eye care sector: 1
- Clarity on how to make a complaint and the process: 1

RISK-BASED REGULATION

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO, AND COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

WHAT ARE THE RISKS THAT MOST COLLEGES SHOULD FOCUS ON?

- Infection control and equipment maintenance (e.g., did the table get cleaned/new sheet of paper after the previous patient, was there proper washing of hands, putting on gloves, etc.)
- Risk that the professional is unqualified (restricted titles, specialties, etc.)
- Boundaries and sexual abuse and what they mean (need to be specific about what the boundaries are and what sexual abuse is), and better communication
- Improving communications between patients and professionals could be a focus for professional standards in communicating with a patient/client (respectful, being careful)
- Advertising and unsubstantiated claims: focus on risk (e.g., advertising remedy that doesn't work, unsubstantiated claims)
- Consent: the patient consents to treatment; also ensure they get consent from the practitioner as to whether others will be in attendance (e.g., medical students), what will transpire, etc.
- Right to a second opinion by the patient
- Ensuring and welcoming caregiver involvement
- Conflict of interest: some patients want to thank their professionals but accepting gifts can be a conflict of interest for the practitioner and therefore could be a disappointment to the patient
- Ensuring that practitioners are representing their profession so if there's a problem with an individual practitioner, they could be creating a bad name on that profession (i.e., professional conduct; how the profession is thought of broadly; and the reputation of the College in setting the standards and enforcing them)

Priorities:

- Infection control and equipment maintenance: 5
- Risk of unqualified professional: 5
- Boundaries and sexual abuse: 4
- Improving communications between professionals and patients: 4
- Advertising and unsubstantiated claims: 1

- Consent from the patient, including who will provide the treatment: 1
- Patient's right to a second opinion: 0
- Conflict of interest (e.g., gift giving): 0
- Practitioners are appropriately representing their profession: 0

WHEN YOU OR A LOVED ONE SEE A PROFESSIONAL, WHAT DO YOU WORRY ABOUT?

- "They first see me as a condition and not a person." Given a voice and choice is positive.
- Power imbalance – what happens if they don't listen to me? There could be a feeling of vulnerability.
- Does my loved one understand? Asking good questions is important as well as overall communication.
- Recognizing the expertise of the caregiver and the health professional (acknowledge expertise on both sides).
- Competency of the practitioner and the patient's knowledge of their condition (e.g., they know they don't know – am I seeing the right person? Are they uncomfortable treating me?)
- Promoting patients as partners in the public protection area of the Colleges; the public could be helping the regulatory Colleges, such as being partners. Patients could be considered as experts in their own right ("Consider me a partner in my care. I know my body.")
- Will I get the right treatment?
- People worry about not being listened to and respected, and want to be treated as an individual, not a condition

Priorities:

Power imbalance: 7

The professional considers me as a partner: 5

Getting the right treatment: 3

Competency of the professional: 2

The condition, not the person: 1

Voice/choice: 1

Right questions/understanding them: 1

Fear of not being listened to: 1

WRAP-UP

What went well?

- Covered the agenda
- Good pace during the day and well-facilitated
- Less time spent on procedural information as people have been here before
- Pre-meeting material was excellent (e.g., the video, mix of different things, not just a wall of text, content dealt with the real and relevant issues that this group needs to work on)
- Small group discussions are positive. Moving participants around in them is also positive for the dynamics, the opportunities in meeting more people, and sharing knowledge
- Everyone participated, which is possible in small groups
- Having representatives from the Colleges at the meeting is very positive (i.e., they were helpful in answering questions or providing clarity where needed, it is positive to hear about the issues, etc. first-hand)
- Food was good!
- Communication on meeting logistics in advance was helpful and positive (“thank you” extended to Beth Ann and Lisa)
- Very productive, more on point and more in-depth than in some previous meetings
- Accomplished a lot
- Faster paced is positive
- The meeting space is great

What can be done differently?

- Lighting harsh (3)
- Deadline for survey sent on short notice (more time needed) (2)

NEXT STEPS

It was noted that participants will be advised in the next two-three weeks as to next steps, including an outline of the three upcoming meetings, reports, and additional information from other Colleges related to consultations and public communiqués.