



REPORT:
CITIZEN ADVISORY GROUP MEETING
Saturday, November 2, 2019

Citizen Advisory Group
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AGENDA ITEMS

- Item 1: Nurses: Proposed Expansion to RPN Practice (45 minutes)**
Proposed regulation change to allow Registered Practical Nurses (RPN) to perform certain duties and assessments without first obtaining an order.
- Item 2: Multiple Colleges: Advertising by Regulated Health Professionals**
(Colleges: Naturopaths; Optometrists, Audiologists & Speech Language Pathologists; Physicians)
- a) Advertising by Regulated Health Professionals**
Public/patient opinions about marketing and advertising by regulated health professionals and expectations of Colleges to monitor members adherence to regulators' advertising guidelines.
 - b) Advertising and Risk-Based Regulation**
Where does advertising fall in the "low" to "high" range of risk of potential harm to public?
 - c) Incentives in Advertising**
Public/patient opinions about specific issues relating to advertising.
 - d) Before and After Photos and Videos**
Should physicians be allowed to use before and after photos/videos in advertising?
- Item 3: Opticians: Gender Identity**
College by-laws require collection of gender information from registrants for the public register. Although the registrants have an option to self-identify as "M", "F", or "X", the register does not currently display categories beyond male and female. Should the College continue with the current practice of posting registrant gender information on the public register?
- Item 4: Opticians: Updated Standards of Practice**
The College's Standards of Practice document outlines expectations of how opticians conduct themselves in their practice. The College is seeking CAG feedback on certain proposed updates.
- Item 5: Medical Laboratory Technologists: Regulation of Medical Laboratory Technicians & Assistants (45 minutes)**
Technicians and assistants are integral to the provision of laboratory services; however, they are not currently regulated. The College will explore CAG members' awareness of and concerns about technicians and assistants performing certain duties without regulatory oversight.

CITIZENS ADVISORY GROUP (CAG) REPORT

Saturday, November 2, 2019

Facilitator: Misha Glouberman

The session was called to order at 9:30 a.m. Attendees were welcomed and appreciation was noted for their participation.

PAST CONSULTATION UPDATES

Attendees heard updates from several colleges about the impact of recent CAG consultations:

Patient Rights (Naturopaths):

Patient Rights document is now available for download on the college website. CAG feedback was useful, particularly as regards tips for how to provide the document to patients.

Continuity of Care (Physicians)

CPSO recently approved four inter-related policies addressing Continuity of Care issues. CAG input helped inform expectations relating to physician availability by phone/voicemail and patient handovers in hospital.

Public Register (Audiologists/SLP)

As a result of CAG feedback, the link to find an audiologist or speech language pathologists is more prominent on the website, along with improved website search function, navigation and complaint information.

Strategic Planning (Occupational Therapists)

CAG feedback during recent focus groups has been shared with the college's council and will be incorporated into their roadmap for the future.

DISCUSSION ITEMS

1. NURSES: PROPOSED EXPANSION TO REGISTERED PRACTICAL NURSES' (RPN) PRACTICE

- **Benefits of the proposed expansion to the public**
 - Allows RPNs to make decisions in the field, which means the patient can be looked at right away
 - Positive impact on rural areas (i.e., more access to care)
 - Improving delivery of healthcare in a safe and timely matter with a positive outcome
 - Opportunities for improving healthcare are being sought
 - Baby boomers need to be looked after in their homes and it is advantageous if RPNs are able to help them
 - Better relationship between RPN and patient
 - Provision of bedside treatment by nurses

- **Concerns about the proposed expansion to the public**
 - Not convinced that the public knows the difference between RN and RPN; could it cause patient consternation?

- Content on the website should be flagged as “New” related to RNs and RPNs to avoid confusion among patients and they are better informed
- There is a difference in RN and RPN education (is an RPN qualified such as in decision-making?)
- Emphasis on documentation of the procedure being done, especially if there is a different nurse at a visit
- Ensure the same training for RNs and RPNs so that it is effective and patients receive consistent care
- There may be inconsistencies in the training practitioners receive

Overall, it was agreed the benefits outweigh concerns.

- **What the public needs to know about the changes**

- Options such as home care and long-term care
- Raise awareness in the community such as through a key message: “you are being treated by a health team in a timely manner and in a way that has [the patient’s] best interests, whether by an RN or RPN”
- The public should understand the benefits of having an RPN
- Bedside manner of RPN should include stating their title and what they are trained to do
- Public would need to know what is new and what are they currently able to do as a basis of comparison
- Secure language on the website is important
- Would costs increase? This is worrisome

2. MULTIPLE COLLEGES: ADVERTISING

Audiologists and Speech-Language Pathologists; Naturopaths; Optometrists; Physicians and Surgeons

(A) ADVERTISING BY REGULATED HEALTH PROFESSIONALS

- **Potential benefits of regulated health professionals advertising their services**

- Therapy awareness: understanding technologies, letting people know that an option exists, and it can be requested
- Younger generation is always on social media (i.e., more information for them)
- Make the public aware of what services are available to them (e.g., a physiotherapist is working in your neighbourhood; what services are in my area?)
- Advertising increases patient’s options in choosing a practitioner and helps the public be informed
- Benefits addressed on members’ websites would help the public find a practitioner in their area
- While advertising is being done by practitioners, it could be enhanced and would include regulating the profession’s advertising
- Examples of the types of information a college would not have: the expertise of a practitioner, the number of years a member has been in practice, and the expertise of other professionals in the office. These types of information could be attractive to members of the public
- Foster competition (e.g., advertising) to the benefit of patients (e.g., additional services, competitive pricing, etc.)
- The scope of practice that the practitioner can do is important information in advertising to inform members of the public

- **Potential risks of regulated health professionals advertising their services**
 - Need more parameters around what services a practitioner can provide (e.g., practitioner (doctor) is licensed in their home country but isn't licensed as a doctor in Canada)
 - Patients could be trapped in unnecessary services (e.g., services not covered by OHIP)
 - False and misleading credentials presented by the practitioner
 - False and misleading advertising such as setting unrealistic expectations, offering services that they cannot provide (i.e., practitioner has to be clear as to what they can do)
 - Professionals should not be able to post testimonials because they may not be impartial
 - Protection of the College's credibility (e.g., beware of attack ads that could damage the profession)
 - Consideration of requiring the member to include their registration number in their advertisements (for credibility) and also directing them to the register on the College's website (to ensure legitimacy)
 - Benefits outweigh risks: 5; Risks outweigh benefits: 2

- **Difference between how health professionals should be regulated with regard to advertising compared with others like businesses and corporations? (Elective versus required procedures)**
 - Health warrants a different approach beyond other businesses because of its importance – it needs a different outlook and parameters of protection
 - Understanding what a patient decides to take, and its effect today or 10 years from now (e.g., more complicated, long-term effects)
 - By default, health issues will affect a certain demographic/vulnerable population and the implications have to be considered (e.g., education/marketing needs balance)
 - People should not be treated as commodities: health care is a universal right; it needs to be holistic and not just a product (such as buying a car)
 - Elective or required care: not always readily evident
 - Affordability (or not) depends on whether it's elective or required, and more transparency on this is required (only one or two participants felt they needed defined standards)
 - How is "health" defined?
 - Potential of damage for quality of life
 - Advertising may create confusion with the public (e.g., cosmetic surgery)

(B) ADVERTISING AND RISK-BASED REGULATION

- **Range of issues that Colleges have to deal with, where advertising falls on a range of "low risk" to "high risk"**
 - Advertising gets visibility when something big comes up and there is a loss of public trust
 - Could be high risk if it is complaint-driven (e.g., something has happened to a person and it is potentially serious)
 - Ensuring practitioners adhere to scope of practice (being outside the scope of practice is a problem)
 - Are colleges resourced enough to deal with bad advertisements, problem ads, etc.? It is worth recognizing that a mechanism that is more than what colleges have today could be needed
 - Consensus: "medium high" is where it is today

- **The pros/cons of only addressing advertising complaints when they are brought to the college's attention**
 - If it's complaints-based, colleges have to wait for a complaint

- Colleges' resources are likely limited in assessing/investigating whether ads are compliant
 - Catch 22: nothing can be done ("the horse is out of the barn")
 - Encourage the public to come forward with concerns – increase public awareness that the college is there for them
 - Public trust: there will be untrustworthy ads out there but won't be seen until they appear somewhere
 - A lot of damage can be done by untrustworthy ads because they have already been seen
 - Feedback (show of hands): complaints-based approach: Not okay/insufficient: 6; Sufficient: 3; Not sure: 4
- **Potential risks or downsides of advertising addressed sufficiently by only responding to complaints about advertising when they are raised**
 - It is unrealistic/impossible for colleges to monitor members' advertising. Consider focusing on the ads that have had complaints raised about them and the colleges can focus on that
 - Disadvantages: people's health could be jeopardized; it is hard to stop something that hasn't happened
 - The public should show responsibility in doing their due diligence
 - Varied opinions on what is realistic to implement
- **The colleges' current approach of responding to complaints about advertising only when they are raised**
 - Raise awareness about complaints, and educate the public that is complaints-based and the college won't take action without a complaint
 - Mandate that colleges put on their website that people can refer for more information; this may help practitioners be more aware about what they can advertise
 - Leverage existing mechanisms (e.g., current quality controls)
 - Reaching out to the public and raising awareness: where is the public being notified of a member's breach (i.e., getting the message to the public: here's what we do)
 - Consider a "college seal of approval" (i.e., member would have to adhere to the standards of their college)
 - Is there an anonymous internal mechanism for reporting a non-conforming ad?

(C) INCENTIVES IN ADVERTISING

- **Appropriateness for health professionals to offer incentives in advertising**
 - Risks around incentives:
 - Clinic closes after a patient has signed up for services and the patient loses their money
 - Quality of care: feels demeaning to the profession as to why the professional has to advertise
 - New professionals are trying to establish themselves in a competitive area where they are trying to find new clients
 - Repeated services might include incentives, which benefits the patient (i.e., they trust the service and now want incentives such as two for the price of one)
 - Pressure on the patient because of insurance coverage (some might be ethically blurry)
 - Benefits:
 - Participating in trials for research (e.g., new teeth whitening product)
 - Competition is good for consumers ("they compete for my business")

- **Inappropriate incentives in advertising and types of acceptable incentives**
 - Referral: it feels wrong to be paying someone to bring in new patients
 - Package deals: inappropriate to pay for services that the patient is hoping to get in the future but doesn't have it yet; there is a notion that the patient may not get the service
 - Terms and conditions should be laid out and clearly explained to the patient
 - Customer loyalty rewarded such as through a reduced rate for good customers
 - Use of Groupon by some practitioners – is it appropriate?
 - Not appropriate to require a person to buy a block of sessions when they may not need that block of sessions (i.e., risk of over-buying)
 - Gift cards aligned with therapy (e.g., groceries for people in need)
 - Research solicitation that results in patients being offered the sale of a product (e.g., hearing aids) isn't appropriate.
 - Informal Poll: Approx. 6 – 7 members viewed incentives as appropriate; similarly, another 6 or 7 members viewed it as inappropriate.

- **Depending on whether the incentive is included in an advertisement, on a billboard, website or social media, does the medium matter?**
 - Incentives might change a person's mind
 - Don't like they are a "business", offering an incentive to attract people; it is going against democratic principles
 - Practitioners should be allowed to advertise where/how they want as long as they are compliant and it is up to the consumer to make sure they get what they want
 - Real diversity of opinions expressed
 - Concern about incentives on social media because of the ways in which social media can be confusing
 - Poll: It is up to the customer: 2-3; Doesn't feel right for health: 4-6

 - Pushed out versus passive ads: it was agreed that "pushed out" versus "passive" ads were "different"
 - Discrimination could take place where an ad goes to a specific target (e.g., income level)
 - Poll (show of hands): Targeted ads are worrisome: 8; Targeted ads are okay: 3

(D) BEFORE AND AFTER PHOTOS AND VIDEOS

- **Before/after photos and videos to make a decision about undertaking a procedure or therapy?**
 - No benefits to seeing before/after photos because it depends on the type of medical procedure, etc. that is being done; in lots of areas, the photos wouldn't help
 - More relevant to certain types of procedures; in some cases, cannot be realized through a photo and in others such as a cosmetic or skin condition where it would be more helpful
 - A picture is worth 1000 words and provides a better understanding of the procedure
 - Use of video (e.g., person stuttering: before/after would be helpful)
 - Poll: Benefits: Low: 8; High: 3

 - Testimonials: historically not permitted (CPSO); before/after photos may have a role to play
 - Results for one person may differ from another
 - Plastic surgery would be one area it would be beneficial (e.g., to see the results)

- **Allowing physicians to use before/after photos and videos in their advertising does it depend on whether it's an advertisement, billboard, website, social media?**
 - Do not like the idea of general advertising with photographs; considerations include:
 - the honesty factor (e.g., manipulating the photos)
 - quality
 - where the pictures were taken
 - whether or not it was a bad marketing tool
 - would it be more credible if the doctor shows a before/after in their office after some discussion?
 - how much digital manipulation is too much?
 - what is the context around the photos (e.g., describe the length of time to get from start to finish so it is clear to the viewer)
 - Poll: No before/after photos allowed: 1; Yes, but properly regulated: 12; No idea: 1

3. OPTICIANS: GENDER IDENTITY

- **Should the College continue to post gender information on the public register?**
- **Does the disclosure of gender on the public register protect the public? If so, how does this intersect with the rights of health care professionals to not have their gender information displayed?**
 - Would want to know "male", "female" or if self-described as something else; should not have to reach for this information but there may be reasons (e.g., religion, trauma because of past negative situations, right to know)
 - As informed choice, a person might want to see a non-binary professional
 - Right to know and right to decide
 - Poll: 50% feel it reflects the person's belief; some people want to choose
 - Several comments supported that it "feels like" this involves patient rights or it's a bit discriminatory in choosing the gender of a practitioner
 - Rights of patients: if they identify as not male/female but binary and people know where they work, they could be targeted
 - Consider the safety of opticians; what are the trends out there? There is no desire to be discriminatory
 - Should gender be used as an identifier?
 - Poll: What should the COO do in this matter: Stop revealing gender information: 7; Keep revealing gender: 2; Not sure: 2

Reasons for stopping:

- Protected status (gender, ethnicity)
- College could make it available on request (agree: 50%)
- Let people choose whether or not they want to be on list but that puts other names on the list at risk; mixed views on letting people optionally providing their gender on the renewal form
- Consider making the information available on request with the practitioner's wishes
- College won't reveal an individual's gender; would have to go to the practitioner
- The preference for where it is revealed is the point of sale not the clinic

4. OPTICIANS: UPDATED STANDARDS OF PRACTICE

- **Efficacy of the proposed updated standards in protecting the public**
 - There is an extremely extensive list, which protects the public very well
 - Positive support was expressed for Standard #7 (Telepractice & Technology) as it is progressive and it does a good job as well as drawing others in who can report on issues, listening to clients, etc.
 - It is moving in the right direction: lots of changes and some nuances will impact practitioners and, as this group can't comment on this, there is a need to ensure the language is appropriate; it is a high-level summary at this point
 - Alignment with other jurisdictions and groups/other similar organizations
 - This is a bold step and the College is congratulated for putting this together; while the scope seems large, it is a small step and a huge change of mindset.
 - Strong consensus for moving forward and additional feedback is welcome at the College
- **Are the standards in line with changing technology and patient preference when it comes to optician services?**
 - Fitting of eyeglasses: people who wear glasses only want to go to one fitting
 - Delivery of glasses in less central areas is advantageous because it is not necessary for the person to travel for a fitting and saves expenses
 - It is a convenience (if the glasses fit)
 - Risks: first time fitting; understand what "fits" or "doesn't fit"; the person may not be familiar with the eyewear; lines may not be correctly aligned; the person doesn't know what is "normal"
 - Poll: Good proposed changes to regulation: 11; Somewhere between risks and benefits: 1

The majority of opinions noted the downsides and that the benefits are worth it. Some concern was expressed about the quality of the lenses, how they fit, sit on the person's face, etc.

5. MEDICAL LABORATORY TECHNOLOGISTS: REGULATION OF MEDICAL LABORATORY TECHNICIANS & ASSISTANTS

- **Medical laboratory assistants and technicians are not regulated**
 - Almost all attendees were surprised to learn that medical laboratory technicians and assistants were not regulated. It was noted that as patients are in a vulnerable position, the medical laboratory assistants and technicians should be regulated.
- **Importance of medical laboratory assistants and technicians being subject to comprehensive oversight. Should they be able to draw blood?**
 - As patients are in a vulnerable position, full support was articulated that medical laboratory assistants and technicians should be regulated
 - The importance of getting the right data when drawing blood and ensuring the patient's safety and comfort was stressed
 - The needle has to be administered by someone who is properly trained
 - Ensure the safety of the equipment, needles, etc.

- Reminder: the laboratories are regulated, not the professionals
- Processes are important, they have to be done right
- Are people doing things they are not regulated to do in a clinic?
- If there was oversight of these professionals, it would standardize quality assurance, entry-to-practise and comprehensive processes
- What safeguards would a patient expect to see: training in drawing blood; training under a certified program (not office)
- Vulnerable sector check: Can anyone be hired? Is a background check done on them prior to hiring?
- Regarding consistency of care, there is some consistency but not all is benchmarked to the same standard

Breakout group discussions:

- In regulating the medical laboratory technicians and assistants, what are the hurdles?
- Have to convince both parties and ensure the public is aware of the training of these people. Another option could be to go to the assistants to sell them on the benefits/protection if they become members of the college
- Is it an option to not just roll it out and mandate it as they did with Blood Services?
- Consider developing its own curriculum, licensing, etc., and promote it as a safer alternative (i.e., an “opt in” approach)
- Consider setting educational requirements and a curriculum as first steps as well as some interim steps before an individual can be licensed
- To make it more of a hot issue, media attention (e.g., Toronto Star) requires data gathering, measuring (before/after) and developing a competency framework, looking at what’s happening in other jurisdictions (e.g., collect data to show inconsistencies, etc.) to at least have something to discuss with government
- Enhanced public knowledge through an advertising campaign that communicates these individuals aren’t regulated
- Determine what the community colleges have for their admission requirements with consideration to being more standardized and having a way of tracking graduates, where they are working, etc.

REFLECTIONS ON THE DAY

1. What went well?

- Managed to cover all material and finished on time
- Representatives from individual colleges are concise in what they say and have background knowledge to help the group's discussion
- This group's feedback has helped regulation move forward and it is making a difference
- Facilitation brings everything together
- Well-organized materials; covered a considerable amount of it
- Good location
- Excellent feedback from the colleges in bringing forward important issues and providing good direction for the steps they are going to take
- Respect for different opinions
- Although large, the volume of reading material for participants is necessary
- Because there were no newcomers, everyone was "on track"
- Timing of the day went well (i.e., going to 4:30 pm)

2. What could be done differently?

- Keep providing the readings ahead of the meeting to better inform the discussion; online materials help as well (good reading but took quite a bit of time)
- Shuffling the breakout groups is positive; consider if people could stand up/walk so there could be flexibility about sitting and/or standing (space in the room)
- Being advised ahead of the meeting to enable preparation is beneficial
- Consider a slightly larger room if possible
- Regarding the possibility of earlier reimbursement on some parts of the expenses, it was noted this was not possible.

The CPSO agreed to collate the ideas generated at this meeting and to circulate a brief survey to the attendees.

ADJOURNMENT

The participants were thanked for their input and feedback. The meeting adjourned at 4:20 p.m.