# REPORT:
# CITIZEN ADVISORY GROUP MEETING

**Saturday, October 16, 2021**

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Citizen Advisory Group
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# Saturday, October 16, 2021
# 8:30 AM—12:30 PM

## AGENDA ITEMS

### Item 1: CASLPO: Audiologist Assessment Standard – Public Explanatory Document

*CASLPO has developed a draft explanatory document for the public to accompany our new practice standards (Practice Standards for Audiological Assessment) that audiologists must follow when examining someone's hearing.*

*We are asking CAG Members to let us know if we have achieved our goal of providing a resource for the public, including patients and families, that is short, easy to read, understandable, and helpful.*

### Item 2: COTO: Culture, Equity, and Justice Practice Document

*COTO has developed a practice resource for Ontario occupational therapists to guide them in implementing upcoming national-level Competencies of Practice, including encouraging occupational therapists to practice in ways that are equitable, anti-oppressive, culturally safer, and inclusive.*

*We are asking CAG Members to provide feedback on the draft practice document (Culture, Equity, and Practice Document) to let us know if it is helpful for occupational therapists in putting the updated Competencies into practice.*

### Item 3: CMTO: Consent Resources in Massage Therapy

*CMTO is developing two documents around consent (one for the profession and one for the public) to help ensure registered massage therapists provide their clients with all the information they need and want to make informed decisions about their care, and that helps clients understand the consent process.*

*We are asking CAG Members to provide feedback on whether the guidance for massage therapists is appropriate, if the public document clarifies what to expect from massage therapists, and if these documents together help give you confidence and trust in the massage therapy profession.*

**CITIZEN ADVISORY GROUP (CAG) REPORT**
**Saturday, October 16, 2021**
**Facilitator: Misha Glouberman**

The session was called to order at 8:30 a.m. with welcoming comments and an outline of the morning's program.

Members convened in small groups in Zoom ("breakout rooms") to meet fellow Members.

The Partnership Chair provided a brief update regarding the CAG Partnership and was pleased to announce that the following **three** health regulatory colleges have joined the Partnership:

- Royal College of Dental Surgeons of Ontario,
- College of Dental Technologists of Ontario, and
- College of Registered Psychotherapists of Ontario.

## DISCUSSION ITEMS:

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## ITEM 1: COLLEGE OF AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS (CASLPO): AUDIOLOGIST ASSESSMENT STANDARD – PUBLIC EXPLANATORY DOCUMENT

**Q. Do you find the draft Explanatory Document easy to understand?**

Members had very positive feedback about the draft Explanatory Document and described it as easy to read with clear language. The majority of Members appreciated its brevity and the visual representation of information, while a few Members felt that it was a bit "dense" and suggested spreading the information out over two pages or alternately into a brochure format.

Members felt that the draft Explanatory Document could benefit from some additional information, including a brief summary or preamble at the beginning that describes its purpose, the role of CASLPO, and the role of audiologists.

Further suggestions from Members to make the draft Explanatory Document clearer were to:

- Use more descriptive words in the "*What should I expect from an audiologist?"* section so that clients know what to plan for during their visit (e.g., estimated length of test times);
- Ensure that the verb tense is consistent (e.g., first or second person perspective);
- Be more general and inclusive when listing the types of support individuals who are able to accompany clients during their audiologist appointment (e.g., could say "bring someone," rather than using the current examples listed);
- Simplify the "*What are my rights*" section (i.e., less wordy) to make it more eye-catching and by using headings (e.g., "Questions? Concerns? Complaints"); and

- Consider moving the contact information to the top of the page instead of its current location (at the bottom).

Members highlighted that the colours worked from an accessibility perspective (i.e., readability for those experiencing colour blindness) and suggested the following potential enhancements to make the draft Explanatory Document more accessible:

- Consider using "gender expression" instead of only "gender;"
- If distributed via hard copy, the hyperlinks should have the URLs written out; and
- TeleTYpe (Text Telephone or TTY) information could be included for clients with hearing or speech impairments to contact CASLPO.

**Q. Does the draft Explanatory Document effectively meet its goal of being more public-focused (compared to the *Practice Standards for Audiological Assessment* for the profession)?**

Member feedback was largely that the draft Explanatory Document reached its goal of being appropriate for a public-facing audience, is comprehensive, and informative.

A couple Members felt that the two documents are difficult to compare since a patient may not review the *Practice Standards* unless they were filing a complaint against an audiologist.

**Q. Does the draft Explanatory Document help understand what the *Practice Standards* are, what audiologists are expected to do, and what to expect from an audiological assessment?**

Overall, Members reiterated that they thought the draft Explanatory Document was clear and comprehensive in summarizing the information that the public would need to know.

Members suggested that the following standards could be expanded upon:

- *Standard 4*: *"Audiologists must remain current regarding equipment, tools, and technologies to ensure that resources used for audiological assessment are effective"* (e.g., clarify if this is achieved through mentoring or training); and
- *Standard 2*: *"Audiologists must have the resources required to conduct a safe, accurate, and reliable patient-centered audiological assessment"* (e.g., elaborate on the infection prevention and control measures in place when using assessment resources).

One Member suggested using "CASLPO" instead of "the College" and briefly mention CASLPO's roles and responsibilities as a regulatory college (i.e., not confused with a teaching institution).

**Q: If a Quick Response (QR code) was added to this draft Explanatory Document, would you know how to use it to access additional information?**

By a show of hands, all Members knew what a QR code was and would be able to recognize it, but accessibility concerns were raised (e.g., access or competency with smartphones).

Members agreed that a QR code would be a good addition as long as the information is available in other accessible formats as well (e.g., e-reader apps for visual impairments).

## ITEM 2: COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO (COTO): CULTURE, EQUITY, AND JUSTICE PRACTICE DOCUMENT

**Q. What did we get right in the draft Practice Document? What resonated with you as someone who receives or participates in health services?**

Members described the draft resource as well-formulated, very thorough, and very educational. Members were pleased that the draft Practice document acknowledges that equity does not necessarily equate to availability and accessibility for everyone (i.e., "just because it's available, it doesn't mean it's accessible"). While Members recognized that COTO's work to date (e.g., acknowledging the profession's role and influence) and this draft resource are a work in progress, these actions are commendable, a substantial step forward, and "calls out" key themes surrounding culture, equity, and justice.

In contrast, some concerns were raised about how the information in the draft *Practice Document* was framed, and some Members were unsure if it was the correct approach. One member felt that the draft resource could be viewed as ideological in approach and another worried that an overemphasis on addressing or recognizing the needs of one group or population may negatively impact others.

Members suggested that the following topics could be addressed in the draft resource:

- Expand on age groups (e.g., seniors) and recognize ageism as a form of inequity;
- While bias is addressed in the draft resource, there is no discussion on how bias can be synonymous with prejudice and the degrees to which one becomes the other; and
- Indicate if training or education for OTs is mandatory: Members agreed that either guidelines or educational credits have to be dedicated to culture, equity, and justice if COTO hopes to have an impact and cultivate change in this area.

**Q. Are there elements of culturally safer practice (or what you would consider culturally safer services from an OT) that you feel are missing from this draft Practice Document?**

Members highlighted a few suggestions on what was missing from the draft resource:

- Some felt that the draft resource was not inclusive in its language and that COTO should consider keeping it more general rather than prioritizing certain groups or communities;
- Others felt that the draft resource could recognize accessibility and ableism as concepts in this space and be more explicit in discussing the social determinants of health; and
- Some were concerned that there were a lot of assumptions in the draft resource (e.g., equity and inclusion mean different things for different groups or different individuals).

Members highlighted that it is important to recognize that this is an evolving document and resource, and was created as an effort to introduce education and awareness to the profession. Members agreed that discussion and awareness around culture, equity, and justice are most important and to try and roll this out in a way that unites the profession for positive action.

**Q. In what ways do you think this education might impact the care you receive?**

Some Members felt that excluding examples of inequities and oppression of different groups can also affect treatment. Though the draft resource should acknowledge that there are many types of inequities and injustices that exist, it could be more general in order to be inclusive.

Members agreed that the goal of the draft resource is to open minds and start the conversation around equity to ensure that all patients receive good, compassionate, and equitable care.

Members hope that this draft Practice Document, and similar resources, will empower patients to be more comfortable talking to their health care providers about perceived biases and prejudices and how it could potentially affect the care they receive.

**Q. As we continue to refine this content, what would you like to see? How else can we help the public to best understand what culturally safer practice from an OT might look like?**

Members offered the following constructive suggestions to improve the draft resource:

- Elaborate on how this draft resource was developed (e.g., if equity-seeking groups were involved) and what the strategy is going forward (e.g., if there be education and training available for the profession) in order to create buy-in and accountability;
- Highlight that this draft and COTO's corresponding efforts are a work in progress;
- Consider including links to other equity, diversity, and inclusion resources for training and education; and
- Recognizing that culturally safer practice starts at the OT office (i.e., "strategies for putting these principles into practice are key").

## ITEM 3: COLLEGE OF MASSAGE THERAPISTS OF ONTARIO (CMTO): CONSENT RESOURCES IN MASSAGE THERAPY

Members provided feedback on CMTO's two draft documents around consent (one for the profession and one for the public) to accompany the new *Standard of Practice: Consent*, which helps ensure that clients receive the information they need and want from their Registered Massage Therapist (RMT) in order to make an informed decision about their care.

**Q. Is the draft consent resource for the public clear on what clients/patients can expect from RMTs when discussing consent?**

Comments from Members were positive (e.g., the draft resource for the public is "very appropriate" and "optimal" for a client to receive) and included the following key suggestions:

- Some of the language in the draft resource is vague and the scope of what's required of the RMT is sometimes unclear (e.g., the language alternates between "may" and "must");
- Use the term "client" rather than "patient" throughout the draft resource for consistency;

- Some of the details could be represented in a table or a graphic to make the draft resource appear less dense;
- There is no mention of who can give consent and it also assumes that a substitute decision-maker will be present with the client at all appointments; and
- Clients may see more than one RMT for treatment so it may be helpful for CMTO to describe what consent discussions in these scenarios may look like.

Some Members wondered if consent could instead be implied if there is an established provider-client relationship in order to streamline the consent process for both parties, while others felt that express consent should be obtained at each appointment.

**Q: Do you think the draft consent resource for the profession sets out appropriate expectations for RMTs when discussing consent?**

Members felt that the six elements of consent found in the draft resource to the profession should also be included in the public-facing document. In particular, the sixth element (*"their right to ask questions about the information provided and that assessment or treatment will be stopped or modified at any time at their request"*) was identified as very important to Members and some thought that it should be either highlighted or bolded in the draft public resource.

Members strongly felt that the client's ability to withdraw or change their consent at any time, for any reason, without fear of reprimand should be highlighted in the draft public resource.

Members suggested that clients should receive a copy of any documentation (i.e., consent forms) that they sign (which could be helpful for a client's family member to help review).

For some clients, such as those with hearing impairments, immigrants, or English Second Language (ESL), including an illustration of a human body to demonstrate which sensitive areas will be worked on during the session would be prudent (rather than using text or verbal cues).

**Q. Do these draft documents together give you confidence in the Massage Therapy profession to help you feel comfortable, safe, and respected during treatment?**

Some Members felt that verbal consent is a "thing of the past" and that all consent discussions should be documented (to protect both the client and the provider) while others noted that a client may not have the physical ability to sign a document (from an accessibility perspective).

- All Members agreed that they would want written documentation that the consent discussion took place before getting on the table. Once on the table and the treatment has commenced, they would be comfortable with verbal confirmation consent.

Members noted that the two draft resources contain differing information and it was suggested that both documents be reworked to contain the same information and level of detail, but with simplified language for the public-facing resource. Additional Member comments included:

- Other complexities around consent, such as age of consent, should be included as a link to a resource or footnote;

- Explain that the client can expect an RMT to communicate and discuss consent in a way that is clear and acceptable to them (in the public-facing document).
- Each resource should hyperlink to the other when they're published online (i.e., the public resource should be a link to the resource for the profession, and vice versa).

**Q. When it comes to providing consent to your RMT, are there other risks or challenges you would like CMTO to consider (about sensitive areas as defined in the draft resources or more broadly)?**

Members described the following challenges for CMTO's consideration:

- The RMT should keep in mind that a client may not be proficient in English (whether reading, writing, or speaking). Use simple and user-friendly language (i.e., ensure the reading level is appropriate so it is accessible to wider audiences, including youth, older adults, ESL, etc.) and ensure the resource is available in languages other than English;
- Electronic or written consent may be a challenge for some with disabilities or difficulty communicating (and suggested verbal consent may be required in these instances); and
- If the consent discussion differs when the client is underage.

## REFLECTIONS ON THE DAY:

Members discussed some areas that went well at the meeting and what could have been done differently.

**Q. What went well?**

- It was helpful to have a Partner college representative at the meeting to speak to the objective of each agenda item and to provide feedback on the discussion;
- Facilitation and teamwork (everyone's participation was encouraged and Members felt safe enough to share their opinions);
- Breaks were important and allowed the meeting to flow well while avoiding burnout; and
- The breakout rooms for each question was effective in keeping Members engaged.

**Q. What could be done differently?**

- An 8:30 AM start was too early for a few Members;
- When switching into new breakout room groups, Members should take a moment to introduce themselves.

**Adjournment**

Members were thanked for their input and feedback, and the meeting was adjourned at 12:20 p.m.