

CITIZEN ADVISORY GROUP (CAG)

CAG Meeting Report: February 25, 2023

DATE: Saturday, February 25, 2023
TIME: 9:00 am—12:00 pm
LOCATION: Virtual (Zoom)
FACILITATOR: Cate Creede, The Potential Group

INTRODUCTION:

The session started at 9:00 am with welcomes, a land acknowledgment, and an outline of the agenda. Members introduced themselves and shared how long they have been part of the CAG.

1. COLLEGE OF OPTICIANS OF ONTARIO'S (COO) STANDARDS OF PRACTICE AND REFRACTION

Opticians in Ontario can perform refraction—a vision test to determine whether corrective lenses are required and what the power of these lenses should be, if needed. COO currently has two separate [Standards of Practice \("Standards"\)](#) that address opticians' ability to refract (*Standard 8: Refraction* and *Standard 10: Delegation*) and wanted to learn if Members found this confusing for patients who may use them for information on what to expect from an optician.

COO provided a brief distinction between the *Standards*, an explanation of delegation and refraction, and the potential risks to the public that these *Standards* are trying to mitigate.

Q. As a client, when would you use *Standards of Practice* and how could they be clearer?

Members were asked to think of instances where they would look up *Standards* and what could make them clearer. Consensus from Members was that the two COO *Standards* were unclear, overly complicated, and difficult to follow. Members agreed they would use *Standards* if they:

- had questions or concerns after a visit with an optician,
- were unhappy with the results of a visit with an optician, or
- wanted to file a complaint against an optician.

Members acknowledged that they would not use the *Standards* as they are currently written since they are too confusing. Concerns were raised that patients or caregivers with valid questions or complaints may be deterred after reading the *Standards* due to their complexity.

Suggestions to make the *Standards* clearer and more helpful for the public included to:

- incorporate concepts of accountability and oversight,
- include introductory plain language summaries,
- use visuals (such as infographics or flow charts) to help the public understand the different roles, tests, and processes related to opticianry,
- develop a glossary of terms that use clear, plain-language definitions, and
- explain what a comprehensive eye exam entails so that the public knows what to expect, including the differences between ophthalmologists, optometrists, and opticians.

Members agreed that the *Standards* should clearly indicate the potential risks to patients to ensure that the public is receiving safe and quality care, that they should be accessible for patients and caregivers, and that they should clearly state what opticians can and cannot do.

2. ONTARIO COLLEGE OF SOCIAL WORKERS AND SOCIAL SERVICE WORKERS' (OCSWSSW) CODE OF ETHICS AND STANDARDS OF PRACTICE REVIEW

Since this was the first time that OCSWSSW engaged with Members, OCSWSSW provided an overview of the social work (SW) and social service work (SSW) professions, their mandate and legislative oversight, and also explained who can perform the controlled act of psychotherapy.

OCSWSSW drafted an updated *Code of Ethics and Standards of Practice* (“Standards”) to ensure that they are relevant, current, and reflect the practice of SWs and SSWs and wanted to know from Members if the proposed updates made so far do enough to support clients’ needs.

Q. What is important to you, as a patient or caregiver, to see in these Standards? Do the updates OCSWSSW have made to the draft go far enough to support clients’ needs?

In general, Members thought that the draft *Standards* were comprehensive, relevant, and in line with social change. Notwithstanding this, some Members raised concerns about the document’s readability. Since the *Standards* are quite complex, Members felt that they should be more digestible and concise, with added infographics and a tabulated format for easier navigation.

Members noted that clients (or their caregivers) with mental health concerns may want to look to the *Standards* for guidance, and if they are in a vulnerable state, they may not be able to find the information they need within the draft *Standards* as currently written. One Member felt that the language on OCSWSSW’s website was much more accessible than the draft’s language.

Q. Are there any principles or guidance missing that you would expect to see?

Suggestions from Members to help the draft *Standards* better serve clients’ needs were to:

- include principles and further guidance related to transitions in care,
- highlight ongoing training and education requirements for SWs and SSWs,
- elaborate on the disclosure and the limits of confidentiality of information,
- clarify the distinction between “consultation” and “supervision,” and
- describe the differences between SWs’ and SSWs’ scopes of practice.

Q. Would a companion guide that’s specifically designed for the public be more helpful?

The group agreed that the draft is *not* patient-centric but is rather tailored to the profession. Members encouraged OCSWSSW to conduct additional in-depth interviews with clients and to review these draft *Standards* through the lens of vulnerable clients seeking help or information.

Members felt that a public-facing companion resource would be valuable, and it should include information on how to make a complaint, offer feedback, or to seek clarity and ask questions.

3. OCSWSSW'S EQUITY AND INCLUSION DATA INITIATIVE

As part of their public protection mandate to advance equity and inclusion and to address discrimination, OCSWSSW will start to collect race-based demographic information from their registrants on a *voluntary basis* through the [Equity and Inclusion Data Initiative \(“Initiative”\)](#). OCSWSSW wanted to learn from Members if the purpose and public protection aspect of this Initiative was clear and to know if there were any concerns with undergoing this work.

Q. Is this Initiative important? Are there any concerns with OCSWSSW doing this work?

Members felt that the Initiative is important and valuable but did have questions about its methodology. Members asked about adequate disclosures and safeguards to ensure that this sensitive information remains private, how this information will be used against comparable data sources (e.g., Canadian census), and around the specific language and questions to be used.

Q. What’s most important for OCSWSSW to keep in mind to respect marginalized groups, preserve privacy, and meaningfully improve services for clients as part of this work?

Members agreed that data collection must be transparent, avoid tokenism, account for negative outcomes, and ensure anonymity for registrants. One Member recommended looking at the demographic information that the Canadian Institutes of Health Research (CIHR) collects.

Requests from Members were to collect data on registrants’ age, gender, and disability as these are embedded within equity and diversity work and can be useful for human resource planning. Another suggestion was that OCSWSSW should collect data on whether or not registrants have completed training on gender and anti-racism issues, as well as any cultural safety training.

Members questioned if the Initiative is purely internal (i.e., “registrant-only”) and if the client voice will be represented at a later point in this process (for example, by potentially using language preferences to match registrants to clients) and asked about potential next steps.

Members felt that this Initiative could be an opportunity to evaluate gaps in current registrants’ training and education and to potentially address geographic and accessibility disparities. Members agreed that OCSWSSW should report on these outcomes with actionable next steps in order to meet the needs of clients and families across Ontario.

REFLECTIONS:

Members agreed that they enjoyed the discussions in their breakout rooms, that all Members made valuable contributions, and thanked Cate Creede for her meeting facilitation.

Adjournment

Members were thanked for their input and feedback and the meeting adjourned at 12:00 pm.