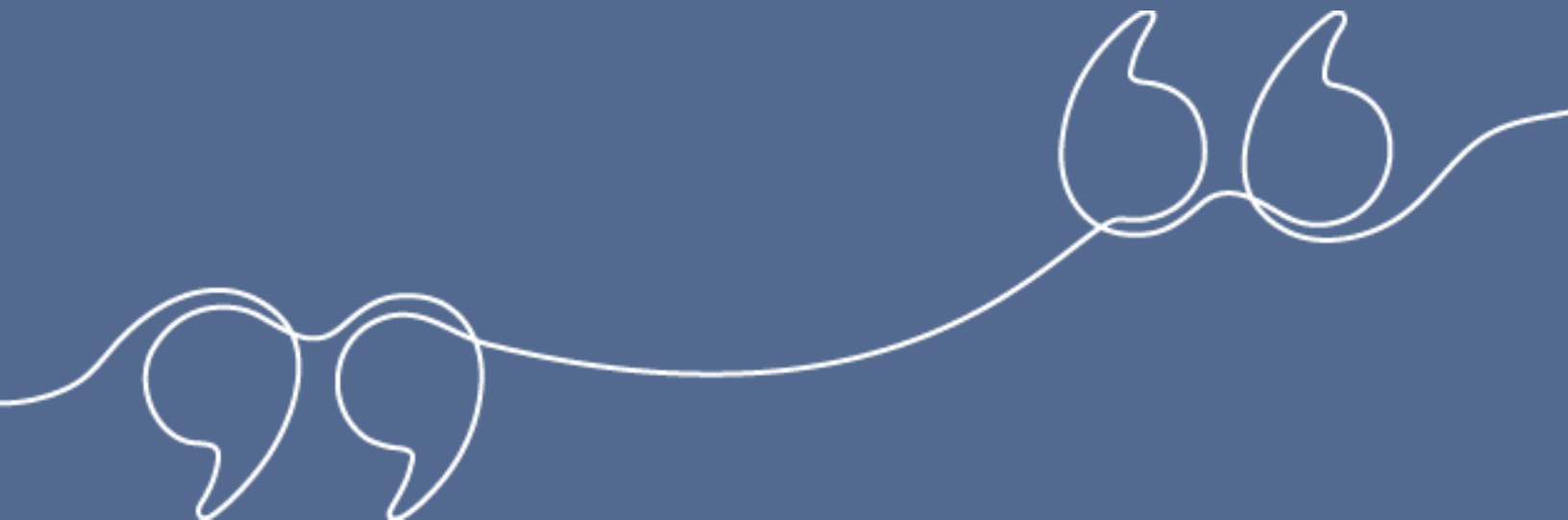




Report on BC-PAN Input Session: Professional Standards for BC's Oral Health Care Providers

June 27, 2024

Input session date: May 27, 2024



Introduction

The BC College of Oral Health Professionals (BCCOHP) is in early stages of developing its professional and practice standards for oral health professionals. To ensure that the standards reflect the needs and expectations of patients in BC, BCCOHP hosted a discussion to gather focused feedback from members of the public, as represented by the BC-Public Advisory Network ([BC-PAN](#)). This two and a half hour meeting was held online on May 27, 2024.

The BC-PAN brings the public voice and perspective to multiple health regulators in the province. BC-PAN advisors provide their feedback on important issues related to health care regulation, such as professional standards and policies, strategic priorities and communications directed at the public, and are compensated for meeting attendance.

BCCOHP invited BC-PAN advisors by asking them: *What should patients expect from a dental services experience, such as going to the dentist?* Participants were paid for their input, per the BC-PAN terms of reference.

10 BC-PAN advisors attended and were supported by small group facilitators and notetakers from BCCOHP. Susanna Haas Lyons, BC-PAN's regular facilitator, was the lead facilitator.

Input from this meeting will help shape core parts of BCCOHP's standards for oral health professionals, including principles, expectations and outcomes.

Feedback on the principles

BC-PAN advisors received the 10 draft principles in advance of the meeting and heard an overview presentation during the session. They were then asked to reflect on the principles, and their feedback is below.

Most important principles

When asked, "which of the draft principles do you think are most important, and *why?*" BC-PAN advisors said:

- These four of the draft principles were most important: Put patients' interest first (#1), provide safe care (#2), communicate effectively (#6) and remain current and continually self-reflect (#3).
- Some of the principles are too general. Additional details could help define the type of risk described in draft principle #10, and collaboration between whom in #9.

- All principles are vital, but order matters. One group suggested “the order should be changed – “put patients first” and “collaborate effectively” could go together.”
- BCCOHP should consider if any principles could be combined if their purposes were highly related.

Feedback on each principle

1: Put patients’ interests first

- *This principle is too broad*
- *Care for patients should be the fundamental principle to address individual needs*
- *Patients are looking for compassionate care, being appropriate and kind in different situations*
- *Strong focus needed on individual patient needs*
- *Provide non-judgmental, accessible and safe care*

2: Provide safe care:

- *Many groups prioritized this principle*
- *Ideal care should be pain-free—reducing discomfort is important*

1+2: the other principles follow from these two principles

3: Remain current and continually self-reflect

- *Self-reflecting doesn’t fit with remaining current and updating knowledge, and should be broken into two*
- *Clarification of the term “self-reflect” is needed*

4: Act with honesty and integrity

- *Should be the norm*
- *This could be integrated with #1*

5: Be culturally safe

- *There should be more info about equity and inclusion*
- *This is “not just about patients but everyone being entitled to good dental care” - need to consider other types of equity and inclusion, e.g. socio-economic status*
- *This should include communicating effectively in a culturally safe manner*

6: Communicate effectively:

- *It’s important to support patients to understand the treatment options and risks*
- *Care should be non-judgmental, accessible and safe*

7: Obtain informed consent

- *Patient-centred*
- *Make the patient feel comfortable with the treatment process*
- *This is a basic part of a trusting patient relationship with the dental team*

8: Maintain confidentiality

- *This is a basic part of a trusting patient relationship with the dental team*

9: Collaborate effectively in the patient interest:

- *Could be clarified and changed to “respectful”, “open” or “synchronous” communication; it is important for OHPs to be personable—good bedside manners positively impact patients*
- *It is important to have shared decision-making and partnership that includes the patient—it shouldn’t be top down*
- *This is related to, or could be combined with #2, #6 and/or #1*
- *Sometimes collaboration looks like providing referrals and other options for dental care*

10: Raise concerns if patients are at risk:

- *Need to define ‘risk’; is it dental care related or something else (e.g. personal)*

Missing principles and recommendations

BC-PAN advisors were asked: *Is anything missing from this list, or do you recommend any changes to the principles?* Responses included:

- *Principles for all staff: Ensure these principles apply to all the staff in the dental office, including the receptionist, not just those providing oral health care.*
- *Clear and effective complaint procedure: Different from 10, there should be an accessible way for patients to raise concerns. Suggest putting posters in dental offices on how to report complaints. The environment needs to be clean, open, and caring.*
- *Check with other colleges for consistency in these principles.*

Patient Outcomes for the Standards

Each breakout group worked with a few of the draft principles and brainstormed what they would expect oral health care professionals to do to align with this principle. The key question they explored was: *If oral health professionals were applying this principle, what would patients hear, see, feel and know?*

1: Put patients' interests first

BC-PAN advisors suggested that if OHPs were applying this principle, patients could expect:

- *To feel well informed about their condition and recommended treatment*
- *To have their personal needs taken into consideration*
- *To be informed so they have all the information they need and feel confident,*
- *To have conversations rather than being told (agency in the decision-making process)*
- *For OHPs to be prepared (e.g. review patient records in advance) and understand individual patient health statuses*

2: Provide safe care

BC-PAN advisors suggested that if OHPs were applying this principle, patients could expect:

- *To be treated in a clean working environment*
- *To receive age-appropriate care*
- *To receive verbal confirmation of their overall health status and oral health concerns*
- *To know how to signal OHP if they need to stop during a procedure*
- *For their OHP to be fully prepared for the procedure and have a back-up plan*

3: Remain current and continually self-reflect

BC-PAN advisors suggested that if OHPs were applying this principle, patients could expect:

- *For their OHP to remain current with knowledge, equipment and technology*
- *For their OHP to learn from mistakes*

4: Act with honesty and integrity

BC-PAN advisors suggested that if OHPs were applying this principle, patients could expect:

- *For their OHP to have a collaborative approach to providing care*
- *To have their perspective and circumstances taken into consideration (e.g., economic and cultural information)*
- *To know and understand the intention and logic behind decisions*
- *To feel their OHP has taken the time to hear their needs and is not making assumption*
- *To receive treatment options and transparent cost estimates before action is taken*

5: Be culturally safe

BC-PAN advisors suggested that if OHPs were applying this principle, patients could expect:

- *For their OHP not to make assumptions or provide different treatment based on identity*
- *To be treated with empathy and understanding*
- *To feel their treatment is inclusive and equitable*
- *For their OHP to recognize that not everyone has the same access to dental treatment*
- *To have their cultural identity and needs incorporated into their oral healthcare*
- *To be informed and included in their care and treatment plans*
- *For their OHP to ask questions in a humble way (e.g., if they don't understand a cultural request)*
- *To know that their OHP is considering all patients' diversity*
- *To feel that their OHP has taken the time to respect them, despite a busy schedule*
- *For their OHPs to have ongoing cultural safety training requirements*

6: Communicate effectively

BC-PAN advisors suggested that if OHPs were applying this principle, patients could expect:

- *For their OHPs to be presentable and personable*
- *To be provided with sufficient information to make informed decisions*
- *For their OHP to explain their oral health in the context of their overall health*
- *For their OHP to allocate enough time with them (as patients)*
- *To feel their OHP is actively listening and requesting input*
- *To feel their OHP has cultural understanding*
- *To be informed by their OHPs, but also have an active role in their treatment*
- *To feel prepared prior to treatment taking place so there isn't an element of surprise or inability to respond in the moment (particularly when they are unable to respond during treatment)*
- *To have their feelings and emotions taken into account*
- *For their OHP to tailor communication to meet their individual needs (e.g., financial, emotional, cultural, language, educational, etc.)*
- *For other staff members to communicate well, including the administration team*

7: Obtain informed consent

BC-PAN advisors suggested that if OHPs were applying this principle, patients could expect:

- *To trust their OHP*
- *For their OHP to act in their best interest and not suggest or provide treatments that are not needed*
- *For their OHP not to overbill*
- *To be provided with comprehensive information*
- *To have enough time to make choices, particularly if a treatment is invasive*

- *To be supported in their choice to seek a second opinion, or consult family and friends before making a decision*

8: Maintain confidentiality

BC-PAN advisors suggested that if OHPs were applying this principle, patients could expect:

- *To have their privacy respected*
- *For OHPs to have confidential spaces (e.g. use walls etc.) to ensure that conversations about health, finances or other personal topics are not overheard by others in the office*
- *To trust that everyone in the office (regulated and non-regulated) maintains confidentiality*

9: Collaborate effectively in the patient interest

BC-PAN advisors suggested that if OHPs were applying this principle, patients could expect:

- *To be provided with guidance about where the OHP's work ends and a physician's work begins; determine what's a 'doctor' issue or a 'dentist' issue*
- *For their OHP to work with the OH team and other health professionals*
- *For their OHP to take accountability and help them navigate the healthcare system*
- *To not have to repeat themselves multiple times to different care providers*
- *To not receive a paternalistic approach to care*
- *For their OHP to recognize that they may not be able to afford all suggested OH care*
- *For non-regulated staff to be covered by the principles and standards as well*
- *To have their interests prioritized*

10: Raise concerns if patients are at risk

BC-PAN advisors suggested that if OHPs were applying this principle, patients could expect:

- *To feel their OHP has a good understanding of associated risks, including possible risks to the patient outside the dental office*
- *To trust their OHP*
- *For OHPs to be aware of other practitioners and to act in the patient's best interests*
- *To know the oral health office is clean and safe*
- *For their OHPs to maintain a respectful workplace environment*

Final advice

- Remember each patient has unique needs
- Collaborate with the patient towards informed decision making
- Be compassionate
- Put patients' interests first

- Financial aspect of dentistry is an important part of the patient experience