

Regulation of Physician Assistants under the *Regulated Health Professions Act (RHPA), 1991*

Application Form

Health Professions Regulatory Advisory Council
(HPRAC)



Ontario

Health Professions Regulatory
Advisory Council

Conseil consultatif de
réglementation des professions
de la santé

Table of Contents

1. Application Guidelines and Instructions	1
2. Contact Information	3
3. Access to Information	5
4. Questionnaire	6

1. Application Guidelines and Instructions

A new profession requesting regulation under the *Regulated Health Professions Act, 1991 (RHPA)* will be assessed according to the criteria and process outlined in the accompanying Application Guide. The Health Professions Regulatory Advisory Council (HPRAC) will assess professions to determine whether to recommend them for regulation under the *RHPA* only if the Minister of Health and Long-Term Care directs the Advisory Council do so. HPRAC also wishes to remind interested parties that the purpose of regulation under the *RHPA* is to protect the public. The onus is on the applicant to provide sufficient evidence to HPRAC so the Advisory Council can effectively assess the application against the criteria for regulation of a new profession under the *RHPA*.¹ The following guidelines are intended to assist a profession seeking regulation to compile its application. For additional details about the criteria, please refer to the accompanying guide.

Please refer to the following guidelines and instructions to assist you in completing the application form.

Documentation of Evidence:

You are required to include evidence that contains the best of the current research related to the profession, and demonstrate how the regulation of the profession under consideration may enhance public protection. The evidence should logically support why you are pursuing your application and should provide justification for why you are pursuing regulation under the *RHPA*.

Any references to evidence (where applicable) should be formatted using American Psychological Association (APA) style.² All notes, structure, and writing style must be typed as normal text in APA style. Please ensure that all references (including URLs) are error-free and completed in APA style.

Application Format:

The main body of the application should not exceed 40 pages in total with no more than 40 pages of accompanying documents (i.e., appendices) attached for a total of 80 pages at a maximum. The appendices may include items such as data tables, summaries of consultations/surveys, business plans, etc.

Responses to the questionnaire should be typed using Arial Narrow font, 12 points, single-spaced on letter-size (8 x 11.5 inches) paper.

Long quotations and extracts should be indented ten points from the left and right margins.

This is an example of an extract or quotation. Note the indent on both sides. Quotation marks are not necessary if you offset the text in a block like this, and properly identify and cite the quotation in the text.

Footnotes should be consecutively numbered throughout with superscript Arabic numbers. Footnotes should appear at the bottom of the page, separated from the text by a blank line space and a thin, half-point rule.

¹ Please see Appendix A of the accompanying Application Guide for a description of appropriate evidence.

² The APA style requirements are focused on citations and references. For further information about the APA style, you may visit: <http://owl.english.purdue.edu/owl/resource/560/1/>

Figures, drawings and tables should be placed throughout the paper near the place where they are first discussed. Do not group them together at the end of the submission. If placed at the top or bottom of the page, illustrations may run across both columns. Figures must not invade the top, bottom, or side margin areas. Insert figures using your page-formatting software. Number figures sequentially, for example, figure 1, and so on. The illustration number and caption should appear under the illustration. Leave some space between the figure and the caption and surrounding type; 1/4 inch should suffice.

Submission:

The application and all supporting documents must be submitted in English. Please make six (6) hard copies of your application and supporting documents. Two-sided printing is encouraged. Please place your contact details and consent form, completed application and appendices into a binder, suitably divided into different sections for each of the criteria.

In addition, the application and appendices must be submitted as one file in MS Word format. If it is not feasible to submit appendices in MS Word format, you may submit them in PDF format. Any security features in the PDF document must be disabled.

All electronic documents must be submitted to HPRAC on compact disk (CD) or memory stick.

Please review the entire application package and check that it is in order before submission. The completed application package should include:

- Contact information form (section 2 of this document)
- Access to information form (section 3 of this document)
- Proposal (i.e., responses to questions outlined in section 4 of this document))
- Relevant appendices

Proposals not meeting these guidelines may be returned for revision prior to review by HPRAC.

Deadline:

The application and all supporting material are due by 03.00 PM EST on Friday January 06th, 2012.

The application and all supporting material should be addressed to:

Health Professions Regulatory Advisory Council
55 St. Clair Avenue West, Suite 806, Box 18
Toronto, Ontario M4V 2Y7
Attention: Referral on Regulation of Physician Assistants

2. Contact Information

Note: The contact information section is in fillable Portable Document Format (PDF). This means you can fill out this section on-line by typing your answers directly into the online form. To do so your computer must have Adobe Acrobat Reader to open it. If you do not have Adobe Acrobat Reader, you must first download the Adobe Acrobat software. You can do so by visiting <http://get.adobe.com/reader/>. Once completed, please make sure to save your input by clicking on *File* and then selecting *Save As*.

Name of Main Contact (First/Last):

Title:

Address:

City:

Province:

Postal Code:

Telephone (including area code):

Fax Number (including area code):

E-Mail Address:

Organization Name:

Address:

City:

Province:

Postal Code:

Telephone:

Fax Number (including area code):

E-Mail Address:

Website Address:

3. Access to Information

Comments submitted will be considered by the Health Professional Regulatory Advisory Council (Advisory Council) and will help it to determine appropriate recommendations to make to the Minister. To ensure transparency and encourage open dialogue, the feedback received by the Advisory Council may be posted on our website in accordance with our Privacy Statement, available at www.hprac.org/en/privacy.asp.

Please note that unless requested and otherwise agreed to by the Advisory Council, any information or comments received from organizations will be considered public information and may be used and disclosed by the Advisory Council. The Advisory Council may disclose materials or comments, or summaries of them, to other interested parties (during and after the consultation period). An individual who makes a submission and who indicates an affiliation with an organization in his or her submission will be considered to have made his or her submission on behalf of the affiliated organization.

The Advisory Council will not disclose any personal information contained in a submission of an individual who does not specify an organizational affiliation in his or her submission without the individual's consent unless required to do so by law. However, the Advisory Council may use and disclose the content of the individual's submission to assist it in fulfilling its statutory mandate.

The Advisory Council reserves the right to refuse to post a submission, in whole or in part, that, in its sole discretion: is unrelated to the issue under consultation, and, is abusive, obscene, harassing, threatening or includes defamatory comments. If you have any questions about the collection of this information, you can contact the Advisory Council at 416-326-1550.

By signing below I agree to the above statement.

Signature

Date

4. Questionnaire

To determine whether a health profession should be regulated under the *RHPA*, HPRAC will apply the primary and secondary criteria outlined below. The primary criterion must be met in order to be considered for regulation under the *RHPA*. If the applicant meets the primary criteria, it will then be assessed on the extent to which it meets the secondary criteria. The secondary criteria will each have equal weight. The secondary criteria have been organized by the following themes: professional autonomy; competency and scope of practice; mechanisms of regulation and economic impact; and health system impact).

Primary Criterion

Primary Criterion: Risk of Harm

The fundamental principle with respect to health professional regulation under the *RHPA* is the protection of the public from harm in the delivery of health care, premised on the fact that it is in the public interest to do so. As such, it is vital to demonstrate that the health profession seeking regulation under the *RHPA* poses a risk of harm to the health and safety of the public. The term risk of harm refers to actions where a substantial risk of physical or mental harm may result from the practice of the profession.³ This criterion is intended to provide a clear articulation of the degree of harm posed by the profession to the health and safety of the public. In addressing the risk of harm in this context, the applicant is asked to identify the risks associated with the practice of the profession concerned, as distinct from risks inherent in the area of health care within which the profession operates.

Information required:

1. Provide a general description of services provided by the practitioners of the profession.
2. Specify and describe the diagnostic modalities employed by practitioners of the profession.
3. Specify areas of practice, diagnosis, treatment, interventions, modalities, and services:
 - a) Performed exclusively by practitioners of the profession;
 - b) Also performed by other regulated health professions;
 - c) Also performed by other unregulated health professions;
 - d) Performed in conjunction with other regulated health professions, with specific examples and information on the following: *Include references to, and copies of, scientific literature and other published information*
 - the nature and extent of any overlaps in practice with other health professions; and
 - diagnostic and treatment modalities and services provided by the practitioners. Demonstrate how they may differ from other health professions.
4. Specify which diagnoses/assessments, interventions, substances, treatment modalities, and services provided by

³ The harm clause in the *RHPA* prohibits an individual from treating or advising someone about his/her health in circumstances in which it is reasonable to assume that serious bodily harm may cause. The purpose is to capture dangerous actions that may not be specifically prohibited by the controlled acts, particularly to capture unforeseeable risky activities. Referring to the 2006 HPRAC report entitled "Regulation of Health Professions in Ontario: New Directions at pp. 55-56, citing *R. v. McCraw*, [1990] 3S.C.R. 72, Steinecke notes that the word "bodily" replaces the word "physical" in order to capture mental harm," see Steinecke, R. (2010). *A complete guide to the RHPA*. Aurora: Canada Law Book, 11:20.30

5. Explain the extent to which public safety is at risk because the profession remains unregulated. In particular, please respond to the following questions:
 - a) Explain the nature and severity of the risk of harm to patients/clients. *Include references to, and copies of, scientific literature and other published information.*
 - b) Provide examples of patients/clients being harmed by a practitioner who performed services incompetently or inappropriately. *Include references to, and copies of, scientific literature and other published information.*
 - c) Where possible, provide the rate and nature of complaints of harm received by professional associations and related organizations in the past 10 years.
 - d) Describe any existing voluntary disciplinary or investigations process, including the outcomes of these processes. Where possible, provide supporting documentation to illustrate these examples.
6. Explain the anticipated effect of regulation on the current risk of harm presented by the profession?
7. Where the profession is supervised by regulated and/or unregulated health professionals, what direct and indirect mechanisms are in place to ensure the delivery of safe care, including quality of work performance?
8. What proportion of practitioners in the profession concerned performs duties without direct and indirect supervision?
9. How do recent advances in treatment and technology contribute to potential risks of harm posed by the profession?
10. Explain the profession's experience with liability/insurance protection, including the current percentage of practitioners of the profession who carry liability insurance coverage. What is the position of professional associations and related organizations on this matter?
11. Describe any process undertaken to determine the public need for regulation and the response/results achieved.
12. What professional titles should be restricted to members of the profession? Why?
13. Identify any known circumstance(s) under which a member of the profession should be required to refer a person to another health profession?

Note: Please make sure to include evidence to support your answers.

Secondary Criteria

Secondary Criteria

Criterion: Professional Autonomy

The central element of professional autonomy is the assurance that individual professionals have the freedom to exercise their professional judgment in the care and treatment of their patients. This criterion is intended to assess the degree to which the profession is able to exercise professional judgement autonomously in the delivery of care.

Information required:

1. To what extent do members of the profession practice autonomously?
2. Do some members of the profession enjoy greater autonomy than others? If so, describe the factors that most influence a professional's degree of autonomy?
3. What measures currently exist to ensure accountability of practitioners of the profession concerned?
4. Which particular methods, procedures, tasks or services, if any, are subject to a greater or lesser degree of accountability?
5. How would self-regulation affect the current model of accountability? How would the public interest be served by this change?
6. Are members of the profession currently performing controlled acts under the delegation of regulated professionals? How would the public interest be served by this change?

Note: Please make sure to include evidence to support your answers.

Secondary Criteria

Criterion: Educational Requirements for Entry to Practice

The applicant is asked to demonstrate whether the profession has defined the educational routes to the profession. The route can begin with completion of studies at an independently accredited education institution or a post-secondary program offered by a recognized educational institution. These institutions will prepare candidates to meet externally validated entry qualifications. This criterion is intended to assess whether the profession possesses skills and competencies necessary to deliver safe and competent care on entry.

Information required:

1. Describe the educational and clinical/practical training programs available in Ontario. Specify theoretical and clinical/practical experiences.
 - a) Describe how the profession's body of knowledge and approach to diagnostic/treatment modalities and services are taught in this program.
 - b) Relate the education and training to the diagnostic/assessment abilities, treatment modalities and services.
 - c) What percentage of the practitioners of the profession is educated and trained in Ontario?

- d) What percentage of the members of the professional association is educated and trained in Ontario?
 - e) What percentage of these programs is accredited by recognized provincial and/or national accreditation bodies?
2. Identify and describe the Ontario and Canadian academic education and clinical/practical training programs available to persons seeking to enter this profession. Specify theoretical and clinical/practical experiences.
 - a) Describe how the profession's body of knowledge and approach to diagnostic/treatment modalities and services are taught in these institutions.
 - b) Relate the education and training to the diagnostic/assessment abilities, treatment modalities and services.
 3. Identify and explain the major differences between programs in different jurisdictions.
 4. What academic credentials are required by the following organizations:
 - a) the professional association, as a condition of membership;
 - b) employers; or
 - c) other Canadian jurisdictions, as a condition of registration with a regulating body.
 5. What need, if any, has been identified for varying levels of registration?

Note: Please make sure to include evidence to support your answers.

Secondary Criteria

Criterion: Body of Knowledge and Scope of Practice

This criterion assumes an intersection between body of knowledge and scope of practice. The body of knowledge refers to the extent to which practitioners must call upon a distinct set of concepts, terms and activities in the practice of the profession (i.e., what the profession does and how the profession practices). The scope of practice refers to the rules, regulations, and boundaries within which a qualified health professional with appropriate training, knowledge, and experience may practice in an area of health care. This criterion is intended to assess whether there is a body of knowledge that can offer the basis for the profession's scope of practice.

Information required:

1. Describe the core body of knowledge of the profession. Include references to, and copies of, scientific literature and other published information.
2. Are there professions currently regulated with whom the applicant occupation's body of knowledge overlaps? Include evidence to support your answer.
3. Does the profession concerned subscribe to evidence-based practice? If so, please provide examples of how treatment strategies, interventions, modalities, and services are based on evidence. Please include evidence to support your answer. *Suitable evidence would include scientific literature and other published information.*
4. Does the profession concerned practice based on evidence of efficacy? If so, please provide examples of how treatment strategies, interventions, modalities, and services are based on efficacy. Please include evidence to support your answer. *Suitable evidence would include scientific literature and other published information.*
5. Provide a proposed scope of practice for the profession. Explain how the scope of practice relates to the body of knowledge described above. Include references to, and copies of, scientific literature and other published information.
6. To what extent does the professional association or other organizations set standards of practice for diagnostic/treatment modalities and services based on the identified body of knowledge? How are these standards enforced? Provide a copy of the standards of practice and ethical guidelines.
7. Does the applicant's profession require commitment to continuous professional development? If so, please provide written details of existing continuous professional development programs.

For the following question, provide the rationale for your position; please include items such as the body of knowledge, educational preparation and standards of practice. Also include references to, and copies of, scientific literature and other published information providing evidence for your argument and rationale.

8. With respect to the proposed scope of practice statement:

- a) What controlled acts (if any) should be authorized to the members of the profession?
- b) What specific acts (if any) should practitioners be authorized to delegate to others? Specify the circumstances where members of the profession may choose to delegate a controlled act.
- c) What diagnostic/treatment modalities and services should members of the profession be authorized to perform?
- d) What limitations of practice, if any, should be imposed on members of the profession? Which acts, if any, related to the field of care of the profession should not be authorized to the profession? What diagnostic/assessment abilities, treatment modalities and services are not part of the scope of practice for members of the profession?
- e) If a new controlled act is being requested, describe the degree to which this act would be exclusive to the profession. To what extent may the proposed act be shared with other professions? Where opportunities for sharing exist, please describe any consultation that has occurred with the affected stakeholders.
- f) Please explain how the proposed scope of practice serves the public interest and provides adequate public protection without unduly restricting the public's choice of health care providers.
- g) Are there currently regulated health professions with whom the proposed scope of practice overlaps?

Note: Please make sure to include evidence to support your answers.

Secondary Criteria

Criterion: Economic Impact of Regulation

The applicant must demonstrate an understanding and appreciation of the cost of regulation on the profession, the public and the health care system. The costs and benefits of the preferred regulatory mechanism must be outlined. The applicant is required to show that the practitioners of the profession are able to support the full costs and responsibilities of regulation. This criterion intends to assess the sustainability and viability of regulating the profession concerned under the *RHPA*.

Information required:

1. Health professions regulatory bodies are required to provide a range of mandatory functions under the *RHPA*, including:
 - a) establishing requirements for entry to practice
 - b) developing and promoting practice standards
 - c) administering quality assurance programs
 - d) enforcing standards of practice and conduct

In addition, they are to support the regulation of professions in the public interest by:

- a) participating in the legislative/regulatory processes
- b) collecting and sharing statistical information about members

As part of the proposal, the applicant must present a viable business plan to demonstrate the profession's ability to support these mandatory functions. The business plan should include estimated financial resources required to provide these functions, and the applicant profession's ability to generate necessary financial resources through registration and ancillary fees.

2. Statutory regulation of health professions may have economic and financial implications. Describe the predicted effect of regulation on the profession as it relates to:
 - a) education and training programs;
 - b) health care system;
 - c) continuous quality improvement;
 - d) access to care; and,
 - e) service efficiency and costs.
3. Explain how the preferred type of regulatory body will be financially self-sustainable. Explain how members of the profession will be able to assume the operational functions and responsibilities, including the expense of administering their own College (including legal costs, etc.).
4. Explain the costs employers may incur to ensure they have additional systems in place for the employment of the regulated profession.
5. Address the cost of the professionals' time taken to comply with regulatory requirements which may take them away from their primary purpose of providing care.

Note: Please make sure to include evidence to support your answers.

Secondary Criteria

Criterion: Regulatory Mechanisms

The applicant is asked to demonstrate that regulation under the *RHPA* is the most appropriate means to regulate the profession. The applicant is asked to explore potential statutory and non-statutory regulatory regimes which could be appropriate and merit consideration. In other words, the applicant is required to demonstrate why it prefers a particular type of regulatory mechanism over others. This criterion is intended to provide information to ascertain the most appropriate way to regulate the health profession concerned.

Information required:

1. Are practitioners of this profession subject to another regulatory mechanism? If so, please provide details.
2. Does the profession believe that it should be regulated under its own College? If so, describe the reasons why the applicant prefers a self-regulatory model over other models (e.g., voluntary self-regulation, licensing, accreditation, etc.).
3. Has the profession considered seeking regulation within an existing regulatory college? Describe the conclusions and outcomes of this discussion.
4. Has the profession considered partnering with likeminded unregulated professions working in a similar field and who may also be seeking regulation? Describe the process and conclusions of this discussion.
5. Should statutory self-regulation not be found to be appropriate for the profession, what alternate forms of regulation or governance may be considered (e.g., voluntary self-regulation, licensing, accreditation, etc.)? How might other applicable laws or existing standards meet the profession's needs?
6. Where possible, provide copies of legislation regulating this profession in other jurisdictions, including the statutory scope of practice.

Note: Please make sure to include evidence to support your answers.

Secondary Criteria

Criterion: Leadership's Ability to Favour the Public Interest and Membership Support and Willingness of the Profession to be regulated

The applicant must demonstrate that the profession's leadership has shown it will distinguish between the public interest and the profession's self-interest. Regulatory colleges are mandated to privilege the former over the latter. In addition, the applicant must also demonstrate that the members of the profession support regulation with sufficient numbers and commitment, such that widespread compliance with regulation is likely. Members of a profession requesting regulation must also recognize that regulation will cost them money, time and effort. The applicant is asked to show that the practitioners of the profession are sufficiently numerous to support and fund, on an ongoing basis, the requisite number of competent personnel to enable the regulatory body to continue to discharge its functions effectively. This criterion intends to assess whether the leaders and members are able and committed to support the public interest mandate of regulation.

Information required:

1. Please provide evidence of the profession's commitment to the public interest (e.g. communications, policies or procedures of the professional association).
2. Does a complaints and disciplinary procedure currently exist for the profession? Please describe the process, including the length of time the program has been in existence, as well as evidence of the degree to which it has been effective in identifying and correcting incidents of sub-standard care or other infractions?
3. Where available, provide the profession's current Code of Conduct.
4. Is a proactive, self-initiated complaints process available to the profession?
5. Do the members of the profession/association want self-regulation, and are they willing to provide financial resources, time and effort required for self-regulation? Please describe any consultation process undertaken and the response/results achieved. Please include the consultation methodology, including sample size, selection methodology, etc.
6. Do related organizations (e.g., associations and regulatory colleges representing practitioners in similar or related areas of health care) agree with the need for regulation of this profession? Document the discussions and outcomes from any consultation process undertaken on this topic.
7. How many persons practice this profession in Ontario? How many practitioners belong to an association? Please provide independently assessed and verified figures.
8. Are practitioners who do not belong to the professional body or bodies also supportive of the application? Where possible please provide independently assessed and verified figures.
9. What actions have been taken to align the profession with an established health professions regulatory College?
10. Explain the proposed fee structure for College members.

Note: Please make sure to include evidence to support your answers.

Secondary Criteria

Criterion: Health System Impact

The applicant is asked to demonstrate the extent to which the regulation of the profession concerned would produce positive health system impacts in relation to inter-professional collaboration, labor mobility, access to care, health outcomes, and productivity. This criterion is intended to assess the overall impact of regulating the profession to the broader health care system in Ontario.

a. Inter-professional Collaboration: Inter-professional collaboration in health care is now considered a high priority, as concerns about patient safety, health and human resources shortages, and effective and efficient care have reached significance. The applicant is asked to demonstrate the profession's willingness and capacity to effectively collaborate with other professions in a client-centered model of care. This criterion attempts to assess to what degree the regulation of the profession concerned would support and sustain the collaborative delivery of health care.

Information required:

1. Does the profession concerned possess necessary competencies to support and sustain inter-professional collaboration?
2. What public statements, if any, have been made by the profession regarding inter-professional collaboration? Please provide any statements or policy papers to this effect.
3. List the professional groups with whom the profession collaborates most often. For each profession, describe the typical working relationship, including decision-making processes, reporting structures and examples where mutual support benefits the patient/client.
4. Provide examples of initiatives by the profession to increase collaboration with other professional groups. Examples may include:
 - a) internal policies encouraging collaboration;
 - b) entry to practice competency requirements;
 - c) inter-professional training and education; or,
 - d) shared standards of practice.
5. What overall effect will self-regulation have on the profession with respect to inter-professional collaboration?

Note: Please make sure to include evidence to support your answers.

b. Labour Mobility: The effect of national labour mobility legislation on regulated health professions includes freer movement of care providers between Canadian jurisdictions. Given possible implications for mobility stemming from regulation, the applicant is asked to demonstrate an appreciation for the risks and benefits of increased labour mobility, and provide evidence of strategies to handle any challenges and opportunities. This criterion attempts to assess the impact of regulation on the Labour mobility in the health sector and supply and demand of practitioners concerned.

Information required:

1. Is the profession currently subject to national labour mobility legislation in other jurisdictions? If so, explain the potential implications of out-of-province members registering to practice in Ontario.
2. Does a national entry to practice standard, examination scheme or competencies exist for the profession?
3. Where members in other Canadian jurisdictions are authorized to perform procedures and tasks not currently sought by the applicant, how does the applicant intend to resolve inconsistencies?

4. What would be the overall impact of regulation on supply and demand of health professionals concerned?

Note: Please make sure to include evidence to support your answers.

c. Access to Care: Given the importance of access to care in eliminating health disparities as well as facilitating the prevention of disease and the promotion of health, the applicant is asked to demonstrate how regulation will increase access to safe, high quality and efficient health care in Ontario. This criterion attempts to assess how the regulation of the profession concerned would impact existing health care needs of Ontarians.

Information required:

1. What evidence exists of a need for regulation in order to enhance access to the type of care provided by the profession?
2. How would regulation of the proposed new profession impact access to health services?

Note: Please make sure to include evidence to support your answers.

d. Health Human Resource Productivity:⁴ The profession is asked to demonstrate how regulation will improve health outcomes (health status protection or improvement for individuals or populations) relative to required health human resource inputs (time, effort, skills and knowledge). This criterion aims to assess whether the regulation of the profession concerned would have an influence on the issues of productivity and health human resources.

Information required:

1. Does the profession currently measure its productivity? If so, please elaborate.
2. How would regulation improve the productivity of the profession?

Note: Please make sure to include evidence to support your answers.

e. Health Outcomes: This term refers to the impact healthcare activities of the profession concerned have on people. Health outcomes normally fall within one of three domains: clinical, psychosocial and quality of life. The profession is asked to demonstrate how regulation will improve health outcomes. This criterion aims to assess health outcomes which may be attributable to interventions of the profession concerned.

Information required:

1. Does the profession currently measure health outcomes? What are the contributions of the profession to positive health outcomes?
2. How does self-regulation improve health outcomes?

Note: Please make sure to include evidence to support your answers.

⁴ Productivity is defined as the output per unit of input; it is a function of how quickly and how well we do things. Most experts talk about productivity in terms of labour productivity – the quantity of output per unit of time. This is a particularly relevant metric in health care since approximately 70 percent of the cost of health care is attributable to labour or health human resources, Centre for Productivity and Health Human Resources (2009), Retrieved from: http://www.cprn.org/documents/51766_EN.pdf.



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