

HPRAC

A Report to the Minister of Health and Long-Term Care on the Health Profession Regulatory Colleges' Patient Relations Programs



May 2008

Submitted by the
Health Professions Regulatory Advisory Council (HPRAC)





Ontario

Health Professions Regulatory
Advisory Council

Conseil consultatif de
réglementation des professions
de la santé

55 St. Clair Avenue West
Suite 806, Box 18
Toronto ON M4V 2Y7
Tel (416) 326-1550
Fax (416) 326-1549
Web site www.hprac.org
E-mail
HPRACWebMaster@ontario.ca

55, avenue St. Clair Ouest,
pièce 806, casier 18
Toronto ON M4V 2Y7
Tél (416) 326-1550
Télé (416) 326-1549
Site web www.hprac.org
Courriel
HPRACWebMaster@ontario.ca

May 30, 2008

The Honourable George Smitherman
Minister of Health and Long-Term Care
10th Floor, Hepburn Block, 80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister,

The Health Professions Regulatory Advisory Council has the duty, under section 11 (2) of the *Regulated Health Professions Act, 1991*, to “monitor each College’s patient relations program and to advise the Minister about its effectiveness”. Over some 14 months, HPRAC has worked with the health regulatory colleges to define the goals and elements of patient relations programs, develop monitoring tools and gather information and analysis. This report describes, as a result, the effectiveness of programs to improve the interaction between patients and the professionals who serve them.

In general, we find that health professional colleges and their members are making real attempts to provide patients with solid information, and to treat patients with sensitivity and respect. All of the colleges are now putting into place the sophisticated information systems that are required of them under the *Health Systems Improvement Act, 2007*. While this is a resource intensive effort, HPRAC is convinced that it will add additional strength to the colleges’ abilities to further meet patient needs.

We trust you will find this report informative and helpful.

Yours truly,

Barbara Sullivan, Chair

Peter Sadlier-Brown, Vice-Chair

Robert Carswell

Kevin Doyle

Ennis Fiddler

Mary Mordeue

Catherine Smith

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Introduction

Legislative Requirements

The quality of health care depends on continuous improvement in relationships between patients and providers. This is recognized by the Health Professions Procedural Code under the *Regulated Health Professions Act, 1991*, which requires each health professional college to have a patient relations program “to enhance relations between members and patients”.¹

All health regulatory colleges have a mandate to uphold the public interest. This is made explicit in the provision of the Code that states: “In carrying out its objects, the college has a duty to serve and protect the public interest.”² The self-regulatory system is founded on this principle. The role of colleges differs fundamentally from the role of professional associations, whose mandate is to promote and advocate for the interests of their members. The public interest mandate of the colleges is the foundation for patient relations programs and the underlying reason for their existence.

One of the duties of the Minister of Health and Long-Term Care under the *Act* is to ensure that individuals are treated with sensitivity and respect in their dealings with health professionals and the colleges.³ The *Act* places a duty on the Health Professions Regulatory Advisory Council (HPRAC) to monitor colleges’ patient relations programs and to advise the Minister about their effectiveness.⁴ Colleges are also required to have a Patient Relations Committee.⁵

This report has been prepared by HPRAC in response to its statutory duty to monitor and advise on the effectiveness of colleges’ patient relations programs. It is HPRAC’s second report on this subject, the first having been released in May 2001.

Evolution of the Patient Relations Concept

Under the *Regulated Health Professions Act, 1991 (RHPA)*, one of the objects specified for each college is to develop programs to assist individuals to exercise their rights under the *Act* and the Code.⁶ Apart from this provision, the only guidance respecting the content of patient relations programs is that they must include

¹ Code, s. 84 (1), s. 1 (1)

² Code, s. 3(2)

³ *Act*, s. 3

⁴ *Act*, s. 11(2)

⁵ Code, s. 10 (1)

⁶ Code, s. 3(1)6

measures for preventing or dealing with sexual abuse of patients – specifically: educational requirements for members; guidelines for the conduct of members in interacting with patients; training for college staff; and the provision of information to the public.⁷

Not surprisingly, most college patient relations programs initially focused on the issue of sexual abuse, as that was the one area where expectations were clearly spelled out. In its 2001 report, HPRAC called for broad and comprehensive patient relations programs to include other aspects of the professional-patient relationship as well. The report envisaged programs that would provide members of the profession and patients with “information and tools that support sensitive and respectful interactions” and “equip patients with information on mechanisms for addressing concerns about difficulties in the professional-patient relationship”.⁸

Focus on the Patient

The value of a comprehensive patient relations program in enhancing the relationship between professionals and patients is now accepted among the health professional colleges. This shift reflects the sustained effort of the health care system to place the patient at the centre of treatment and care.

As HPRAC observed in its *New Directions* report,⁹ patient expectations are rising. Today’s patients are Internet-savvy and access online information to become actively involved in their own care. From their health professionals, they expect a clear report on their health status, so they can participate in decision-making. They also expect the professionals providing services to be competent and to be steadily improving their ability to treat and care for them. They demand better access to background information on professionals, including any disciplinary history. If it is necessary to make a complaint, patients expect to be treated with dignity and respect and to be informed of the outcome of the process.

Gearing up for Legislative Changes

Recent legislative changes, to take effect in June, 2009,¹⁰ both reflect and reinforce these trends. Under amendments to the *RHPA*, included in the *Health Systems Improvements Act, 2007*, an additional object for each college will be in force – the need to actively promote and enhance relations between the college and its members, other health profession colleges, key interested parties and the public. Every college will be required to have a website and to include on the website specific information. Moreover, the contents of the public portion of the register of professionals that each college currently maintains will be significantly expanded and posted on the website.

⁷ Code, Sec. 84

⁸ HPRAC, *Effectiveness of Colleges’ Patient Relations Programs*, May 2001, p. ii.

⁹ HPRAC, *New Directions*, Apr. 2006, p. 13.

¹⁰ These amendments are to come into force on June 4, 2009 or an earlier date named by proclamation.

The public register already includes each member's name, business address, telephone number, class of registration and specialist status, terms, limitations and conditions on each certificate of registration. It also contains information about suspensions of registration, the results of disciplinary or incapacity proceedings within the past six years, the results of disciplinary proceedings where the member was found to have committed sexual abuse, and disciplinary findings under appeal. Further items to be added as a result of changes to the *Act* include: a) all matters referred to the Discipline Committee that have not yet been resolved; b) the results, including a synopsis of the decision, of every disciplinary and incapacity proceeding, unless the panel makes no finding;¹¹ c) a member's agreement to resign and never again practise in Ontario; and d) all findings of professional negligence or malpractice made against a member, unless reversed on appeal. In developing this report, HPRAC found that colleges support these measures to increase public access to information and are working hard to implement them.

An appreciation of changing patient expectations underlies HPRAC's comprehensive approach to patient relations programs and guides HPRAC's monitoring and evaluation of their effectiveness.

HPRAC's Consultation Process

In April 2007, HPRAC hosted a patient relations workshop, where participants included public members of College Councils, professional members of College Councils and staff from each college. Three sessions offered an overview of patient relations, the current status of patient relations programs, and the next steps in HPRAC's monitoring and evaluation. A fourth session highlighted specific measures by four colleges to enhance patient relations.

HPRAC obtained valuable feedback from the workshop. Participants stated that HPRAC should make it clear that a person-centred approach to patient relations is seen as a philosophy underpinning proactive activity. This assumption should be expressed in an umbrella statement defining what all colleges should strive for in patient relations. Participants also requested that HPRAC develop fundamental principles as a basis for patient relations programs, plus common indicators for evaluation.

These discussions led HPRAC to prepare for comment an overview statement as well as draft elements of patient relations programs to be used for monitoring purposes. A number of group sessions with representatives of all colleges took place in July 2007 to review these documents and to develop a monitoring and evaluation process.

¹¹ The amendments establish a process for a member to apply to the relevant committee to remove information from public access after six years, in certain cases.

Following these consultations and after approval by HPRAC in August 2007, two documents were circulated to colleges and posted on HPRAC's website. The first, *Patient Relations Programs – an Overview*, contains a brief description of program goals and management procedures. The second, *The Common Elements of a Patient Relations Program*, presents the framework for HPRAC's monitoring process, listing the common program elements that HPRAC will review.

Reporting Cycle

HPRAC considers the consensus that developed around these two documents to be a significant step forward in the evolution of patient relations programs in Ontario's health profession regulatory system. For the first time, with the help of colleges themselves, a set of common expectations on program goals and implementation methods has been established. Colleges have come to a shared understanding of what patient relations programs should do and how they should do it. As a result, common program elements have been created to provide a framework for measuring and evaluating progress over time. This framework will help drive sustained improvement in all dimensions of patient relations programs.

With this framework in place, HPRAC began its reporting cycle with each college submitting written summaries describing their patient relations activities from 2001- to 2006 and completing a survey on the program elements currently in place. Following HPRAC's review of these submissions, extensive interviews with each college took place to further understand the challenges and success stories in their respective patient relations programs. HPRAC will initiate a regular reporting cycle to continuously review, update and report on the effectiveness of the colleges' patient relations programs.

Common Elements of a Patient Relations Program

Differences and Similarities

In relying on the common elements framework as a monitoring tool, HPRAC is aware that health profession colleges differ greatly in size and resources, as well as in scopes of practice. Professionals in some colleges have much more direct contact with patients than do professionals in others. And differences may also be found in professional cultures and traditions.

Nonetheless, the ultimate goals and functions of colleges are similar. All colleges have a duty to serve and protect the public interest, are required to develop programs to assist individuals to exercise their rights, and must have a program to enhance relations between members and patients. These shared responsibilities are the basis for common elements in patient relations programs.

Program Goals

The common elements framework begins by enunciating the goals of a college's patient relations program, as developed through HPRAC's consultation process. The four goals represent the foundation on which the common elements are constructed:

- To help the health professionals regulated by the college enhance relations with their patients or clients and, by extension, the public;
- To increase public understanding of the range and quality of the professional services offered by members of the college;
- To help patients or clients become fully informed of their rights in dealing with members of the profession and the college, including the right to be treated in an ethical, competent, sensitive and respectful manner; and
- To increase public awareness of the role of the regulatory college and how to participate in college processes and programs.

There is no one-size-fits-all model for meeting these goals. Each college manages its operations in a way that reflects its structure and resources and the characteristics and needs of the profession. While each college has a plan for patient relations, the administrative structures or operating systems for executing it vary from college to college. All plans should include mechanisms to monitor, measure and report on the impact of the patient relations program and its elements.

Program Elements: Three Categories

After defining the four goals, the framework adopted by HPRAC describes the common elements of a patient relations program under three categories:

- Governance;
- Information for the Public; and
- Information for Members.

An overview of these categories is presented below to illuminate the vision HPRAC brought to its review of patient relations programs. A detailed listing of the current status of implementation of these common elements appears in the Appendix to this report – "Compilation of College Survey Responses".

GOVERNANCE

In serving the public interest, colleges have a responsibility to establish policies, plans and initiatives for their patient relations programs, and to ensure that a culture of

awareness and respect for the professional-patient relationship permeates the organization. Each college should have a strategic plan for its overall programs, designed to set out particular time-targeted objectives, and in which a focus on patient relations is a key component. These responsibilities reflect the leadership role of the College Council, as well as the accountability of the entire college for the vitality of the patient relations program. The Council also determines resources to meet realistic goals within the strategic plan.

1. Alignment of Patient Relations Programs with College Objectives

The patient relations program is an integral part of each college's strategic plan. It includes objectives, priorities, resource allocation, and evaluation and accountability mechanisms.

2. Mechanisms for Internal Accountability

The College Council has accountability mechanisms to ensure coordination, timely implementation and achievement of results for patient relations activities throughout college operations, committees and programs.

3. Mechanisms for External Accountability

The College Council utilizes external accountability mechanisms (such as annual reports, college publications, reports to the Minister and to HPRAC, and its website) for transparency of college processes, decisions and performance results relating to alternative dispute resolution, complaints, discipline and any other matters that may affect public confidence in the college.

INFORMATION FOR THE PUBLIC

Colleges should strategically identify and utilize the best tactics to provide the public with relevant information that will assist patients, clients and their families to understand the profession and the role of the college. Information programs should be aimed at educating the public and providing the tools so the public can be better informed.

4. Profile of the College

The college undertakes activities to enhance public awareness of the college as the self-regulatory body for the profession, its roles and functions.

5. Profile of the Profession

The college prepares an overview description of the profession, including what its responsibilities are and what it does, and makes this statement available to the public.

6. Regulatory Requirements of the Profession

The college has in place, and makes available to the public, documentation about the technical and regulatory requirements of the profession, and how they contribute to

and enhance public protection. Information could range from the profession-specific statute, to qualifications for entry to practice, to quality assurance programs.

7. Handling of Concerns or Complaints about Professionals

Colleges provide information so that patients and clients are aware of their right to make a complaint about a professional, the process for making a complaint, and how complaints are resolved.

8. Fitness to Practise

Colleges provide information to the public about how they address physical, mental health and behavioural issues of health care practitioners that could have an impact on the quality of care they provide.

9. Sexual Abuse Prevention, Complaints about Sexual Abuse and Funding for Therapy

The public is made aware of the measures the college has in place to prevent and deal with sexual abuse of patients. Colleges respond with particular sensitivity to patient complaints about sexual abuse by a professional, and ensure that patients or clients understand that funding for therapy is available to them, in addition to the complaints process.

Full information about the complaints process is provided, along with specific information about rights to therapeutic services and the college's role in preventing sexual abuse.

10. Mandatory Reporting

To underline the college's public interest mandate, the public is informed that members of a profession are required to report to the college if they have been found guilty of an offence, or if there has been a finding of professional negligence or malpractice.

The public is also made aware that health care facilities are required to report to the college on matters relating to members, including sexual abuse, incompetence or incapacity.

11. The Discipline Process

Colleges make available to the public comprehensive information about the nature of disciplinary activities, and how public protection is improved through the discipline process. Information would normally reflect the process mandated in the *Regulated Health Professions Act, 1991 (RHPA)*.

12. Register of Professionals

The college provides information to the public about members of the profession in a clear and accessible way. As required by s. 23 of the Code,¹² the register includes such information as each member's identification, specialist status and terms and conditions of registration, as well as disciplinary actions and findings of negligence or malpractice.

Colleges may choose to present additional information that may be helpful to the public, such as how to find a professional, which professionals are accepting new patients, and academic qualifications. In some professions, the college may reflect on whether this information could give certain members a competitive advantage, how frequently the information would require updating, and how the college would validate self-reported information.

INFORMATION FOR MEMBERS

The college should have in place policies that identify and utilize the best tactics to provide members of the profession with relevant information that will assist them to be aware of and respect the rights of patients and clients, and to know their obligations as a professional. Information programs should be aimed at educating members and supplying the tools to do so.

13. Definition of a Professional

The college makes a statement about its concept of what being a professional means and the culture of professionalism that influences the work of its members.

14. Regulatory Requirements of the Profession

The college has in place accessible documentation about the regulatory requirements of the profession and how they contribute to and enhance public protection, which may include the contents of item 6 above.

15. Handling of Complaints

Members know that patients have the right to make a complaint about a professional, what the process is for making and responding to the complaint, and how complaints are resolved.

16. Fitness to Practise

Colleges inform members about the importance of reporting and addressing physical, mental health and behavioural issues of health care practitioners that could have an impact on the quality of care provided to patients. Information may range from an

¹² As amended by 2007, c. 10, Sched. M, s. 28, effective June 4, 2009 or an earlier date named by proclamation.

overview of steps the college takes to protect the public, to the hearing process to determine level of functioning and appropriate treatment.

17. Professional Conduct and Misconduct

Members of the profession are made aware of what constitutes professional conduct and misconduct. Information would normally include matters such as the standards of the profession and legislation and regulations regarding informed consent.

18. Sexual Abuse Complaints and Funding for Therapy

Members of the profession are fully informed about the boundaries that must exist between members and patients, and understand that the law promotes zero tolerance for sexual abuse. Members also understand their obligations regarding funding of patient therapy for sexual abuse.

HPRAC considers the following information to be obligatory:

- Preventing boundary violations;
- What constitutes professional misconduct of a sexual nature;
- How an application is made for funding for therapeutic services; and
- Obligations of the member to reimburse the costs of therapy, and the authority for this practice.

19. Register of Professionals

The college prepares clear and concise information for its members about the register and the public content required by s. 23 of the *Code*.¹³ Members are also informed of circumstances when disclosure to the public can be refused, and the process for removal of information from the register. The college may decide to include additional information about the members on the register, as set out in item 12 above.

Consultations with the Health Professional Colleges

During the summer of 2007, at HPRAC's request, all 21 colleges made written submissions highlighting their achievements in patient relations since the HPRAC report on this subject in 2001. They also completed a detailed survey, *Patient Relations Programs 2007 Performance Monitoring*, as a self-reporting tool to indicate the patient relations program elements currently in place. The survey reflected the common elements framework described previously.

From September through November 2007, HPRAC conducted individual interviews with each college to determine progress, gaps, achievements and results since 2001 in

¹³ As amended by 2007, c. 10, Sched. M, s. 28, effective June 4, 2009 or an earlier date named by proclamation.

developing and implementing patient relations programs. Colleges were asked to bring the completed survey with them to these sessions.

Survey Responses

A tabulation of the combined survey responses from all colleges appears in the Appendix to this report. The number appearing in the box immediately before each common element indicates the total number of colleges (out of 21) who indicated that they perform the activity described in each element. This compilation of survey results provides an overview of the degree to which colleges themselves describe the way they are delivering the common elements.

HPRAC recognizes that this data has limitations. For example, some colleges assumed that if an item was not currently in place but would be completed by the June 2009 effective date of legislative amendments, the box should be checked, while other colleges made the opposite assumption. HPRAC will design future surveys with more precise definitions. Nonetheless, HPRAC considers the overall picture emerging from the 2007 survey results to be a meaningful baseline for future monitoring and evaluation of patient relations programs.

Interview Process

At most of the interviews, HPRAC was represented by its Executive Coordinator, up to two Council members and a staff member. College representatives included the Registrar or Executive Director, the Communications Director, a practice standards supervisor and, in some cases, the Chair and or members of the college's Patient Relations Committee.

The discussions with each college centred on a series of questions, distributed in advance. Colleges discussed the current strengths and weaknesses of the patient relations program including challenges in developing the program, current priorities, patient relations expenditures, the results expected, how the program will be evaluated internally, and any innovative practices that might benefit other colleges.

The interviews enabled HPRAC and the colleges to expand on the survey responses and the written submissions to create a more complete picture of their activities. Most colleges supplied substantial additional material, such as relevant practice standards, budgetary information and samples of communications products ranging from brochures and advertisements to DVDs and web copy. HPRAC wishes to take this opportunity to recognize and thank the Colleges for the generous time and effort they invested in participating in the interviews, as well as in completing the survey and preparing the written submissions.

HPRAC'S Observations and Conclusions

HPRAC reviewed and assessed the trends emerging from the survey responses, together with insights drawn from the written submissions and the interview discussions. This analysis led to the following observations and conclusions about the current state of patient relations programs in Ontario's health profession regulatory system.

It is clear that all colleges take their responsibilities in patient relations seriously. Patient Relations Committees generally meet at least quarterly and their activities are usually included in college strategic plans. Most colleges integrate patient relations activities throughout their operations. Many colleges have a substantial presence at the professional education level, providing courses, modules and workshops for students in patient and client communications, sexual abuse and boundary issues and human rights. Several colleges offer continuing education seminars and programs for their members to ensure they are up-to-date with current patient relations issues and standards.

Most colleges report resources are a major challenge in terms of expanding their existing patient relations initiatives. However, this has not discouraged colleges from developing innovative patient relations and outreach activities.

Innovative Patient Relations Practices

Through the written submissions, interviews and sample materials, HPRAC learned of numerous innovative approaches and tools colleges have developed to meet the goals of their patient relations programs.

While many of these practices break new ground, not all colleges are formally assessing the effectiveness of these actions and HPRAC currently does not have the information to evaluate their efficiency and effectiveness. In its future reviews, HPRAC will probe the extent to which such tools have been used, their costs and the results achieved. This assessment will enable HPRAC to identify techniques that can be categorized as best practices other colleges could consider emulating.

In the meantime, HPRAC wants to highlight a sample of patient relations initiatives that may be of broad interest to all colleges.

Examples of Innovative Initiatives

A number of colleges have benefited from upfront investment in program planning. As a foundation for their patient relations programs, they have established a strategic framework, designed activities to meet objectives and adopted procedures to measure results.

Some colleges have utilized mass communications media to reach the public. One college distributed its annual report as a newspaper insert, and others have produced television and radio spots and magazine advertorials on the role of the profession. The content of such materials ranges from introduction of new services that are of interest to the public, to providing information to make people aware of the responsibilities of the college and how to make contact.

Responding to complaints and concerns is a priority for the majority of colleges. Some have established special advisory services accessible to both the public and members by phone and email. One college has prepared a DVD on the option of alternative dispute resolution in the complaints process.

Even in the digital age, many people still choose to communicate by telephone. Some colleges have adopted the standards of other service industries, and established service standards for telephone calls to be answered live or returned within a set minimum time period.

Interprofessional collaboration is increasing. Patient relations is now a frequent topic of discussion at meetings of the Federation of Health Regulatory Colleges of Ontario, which includes registrars of the 21 currently regulated health colleges.

Two colleges have worked together to produce a consumer information brochure.

A number of colleges have established a searchable online register on their website. Search options may include the professional's name, registration number, city/town, postal code, region, language, gender, registration status, area of practice, funding source, employer name, employment type, hospital privileges, age range of clients served and client population.

Of particular benefit to the sight-impaired, one college has provided a tool to enlarge the font on web pages to improve accessibility, and others plan to do the same.

Emphasis on professional standards is increasing. One college has prepared a *Charter on Professionalism* to articulate the basic principles, commitments and expectations of members, and circulates the document both on its website and in print form. Another college has developed an online tool for assessing members' knowledge of jurisprudence relating to ethics, informed consent, boundary issues and other aspects of interaction with patients.

One college has created a *Partnership of Care* statement that outlines the rights and responsibilities of both the patient and the health care professional. This document is posted in all members' clinics in English and French.

Prevention of sexual abuse of patients remains a key objective. One college has produced a self-assessment questionnaire to measure awareness of professional boundaries and identify early warning signs of boundary crossings. Another has

supported the profession's post-secondary education curriculum on sexual abuse prevention by developing the instructor's guide.

These are only a few of the examples of creative approaches that have been used by colleges to sensitize both patients and professionals to the special relationship they share, and to underline that successful relationships depend on trust, respect and understanding.

Goals of a Patient Relations Program

The four overriding patient relations goals and common program elements were developed in consultation with colleges and used as the framework for this review.

Based on the written submissions, surveys and interviews, HPRAC is satisfied that all colleges have embedded these four goals in their patient relations programs, and have made a commitment to a comprehensive approach to patient relations including matters relating to sexual abuse. Some colleges are achieving these goals more fully than others.

However, all colleges are working diligently to implement the forthcoming legislative changes, with considerable resources devoted to developing more sophisticated and user-friendly websites. The register of professionals, which must be available on-line in a few short months, is the central focus of current patient relations program activity, with significant investments underway to upgrade databases and to redesign websites. In general, the amendments have generated increased attention on the patient relations function and colleges are responding.

Common Elements of a Patient Relations Program

GOVERNANCE

1. Alignment of Patient Relations Programs with College Objectives

Alignment with college objectives is achieved by making the patient relations program an integral part of the college's strategic plan, which establishes objectives, priorities, resource allocations, and evaluation and accountability mechanisms. The strategic plan provides direction for the college usually for a period of three to five years. It is the product of a priority-setting exercise that often involves external experts along with considerable staff resources, and when properly functioning is subject to regular review and updates.

The strategic plan sets the organization's goals and objectives, many of which are relevant to patient relations but are not necessarily designated as such. While most colleges report that patient relations is integral to their strategic plan and the resource

allocations flowing from it, improvements in patient relations activity are seldom measured separately for their effectiveness. Patient relations goals may be addressed in a vision statement as an expression of the commitment to service to the public or professional excellence. They may be reflected in communications priorities, or achieved through website development activities. The most common description of patient relations expressed by colleges during interviews with HPRAC was that it “pervades” the whole organization.

This is a positive development. As HPRAC observed in its *New Directions*¹⁴ report, “a culture of openness should permeate the entire organization.” HPRAC views the inclusion of patient relations activity in numerous other college programs as a strength, implying that colleges have integrated patient needs and demands into their strategic planning process. While HPRAC did not review all strategic plans, the Council was aware that many colleges are revising their methods to incorporate new legislative requirements, with a stronger focus on patient relations activity. Subsequent reviews will capture new directions in these matters.

It is important to note that for many, perhaps most, colleges, a sea-change of opinion and action has occurred within the last four to five years. Until recently, many colleges viewed patient relations as restricted only to matters dealing with sexual abuse of a patient by a professional. This is an extraordinarily important mandate, and cannot be diminished in any way. For all colleges, HPRAC underlines, there should be no tolerance for sexual abuse of patients by members.

Nonetheless, colleges must address other matters regarding the relationship of their members, and the college itself, with patients. That patients have a clear understanding of their course of treatment, and that they are treated with honesty and respect, no matter what their condition, language, gender or age, are essential to a strong relationship between a professional and a patient. Colleges, acting in the public interest, have a key role to play in setting standards for their members and in asserting that the privileges of patients are appreciated and protected. They also have a duty to provide the most complete information possible to both patients and members in clear, courteous and timely ways, no matter what the issue raised. HPRAC expects colleges to incorporate this more comprehensive perspective into future strategic plans, and is encouraged with evidence of recent and innovative progress.

2. Mechanisms for Internal Accountability

While most colleges report some internal accountability mechanisms for patient relations programs, their nature and impact vary widely. Colleges report the key challenge they face is developing appropriate indicators for measuring initial success and continuous quality improvement in their programs. Some have adopted broadly based public opinion sampling, which may be an inappropriate and costly mechanism to evaluate a particular program element. Others are in the early stages of developing balanced scorecards. Two or three colleges have, with varying success, introduced

¹⁴ HPRAC, *New Directions*, Apr. 2006, p. 25.

patient satisfaction surveys relating to the complaints process. For many colleges, the question “how will we know when this is achieving results?” has yet to be answered. In general, college responses indicate that more work is needed in this area.

Colleges have indicated they are seeking best practices regarding the creation of performance standards and the evaluation of results in the patient relations area. HPRAC is aware that extensive technical and planning expertise exists within the college community, and strongly encourages cooperative efforts to develop quality standards and evaluation techniques.

Until recently, there were no comprehensive, generally accepted criteria of what a patient relations program should include, or what resources should be allocated to it. As a result, each college has used its own criteria to determine what should be in the patient relations budget envelope, and how it will be accounted for. For some colleges, patient relations expenditures are those assigned to the statutory committee. Others include financial commitments for website development or printed materials, while others include the full communications budget. Some colleges consider the majority of their activities relevant to patient relations. Budget allocations may not be a valid cross-college comparator, and each college must assess the resources required for a viable program and commit to that on an annual basis.

It is HPRAC’s expectation that patient relations will eventually not only become more prominent in strategic plans but will also be measured and evaluated. HPRAC will assess progress toward meeting these goals in its next review.

3. Mechanisms for External Accountability

All colleges utilize external accountability mechanisms (such as annual reports, other publications, reports to the Minister and to HPRAC, and websites) to report on matters that may affect public confidence in the college. HPRAC has been disappointed in the past that colleges have generally not complied with the Code requirement to “give the Health Professions Regulatory Advisory Council a written report describing the patient relations program and, when changes are made to the program, a written report describing the changes”.¹⁵ Given the shared development and knowledge of what should be addressed in such reports, and a process that is mutually agreed upon respecting reporting, HPRAC is confident that compliance with this section of the Code will not be an issue in the future.

INFORMATION FOR THE PUBLIC

The extent and stage of development of public information varies among colleges. The key challenges in educating the public are the high cost of these activities and the need for innovative tactics to get the best return on this investment.

¹⁵ Code., sec. 84 (4)

Every college has a website that serves as its main channel for distributing information to the public. Colleges have found that websites require continual updating and upgrading and are not just a one-time investment, as may have been originally thought.

Where privacy is a concern or immediate personal feedback is sought, the telephone is the preferred communications channel for members of the public. Many colleges have set up a 1-800 line as a way to improve access for people from all parts of the province. Many have trained live operators to handle calls from the public. HPRAC notes, however, that frustrating recorded messages, where a caller must know the name of the individual to speak with at the college, is still often the norm.

4. Profile of the College

HPRAC found that most colleges are making efforts to enhance public awareness of the role and functions of the college as the self-regulatory body for the profession.

5. Profile of the Profession

While all colleges offer a profile of the profession, the volume of information provided on its history, responsibilities and expertise varies. Moreover, on websites this information is sometimes scattered in different locations. Providing detailed information about the profession's skill set, body of knowledge and training is an important element in informing patients about the qualifications of health professionals, and how they work with others. Patients' understanding of professional qualifications will become even more essential as health professions move towards a collaborative practice model. Therefore, it is important to design websites and other materials so patients and the public can readily refer to this information.

HPRAC notes that professions with low public awareness tend to put more emphasis on describing the profession's scope. Various tools have been used, ranging from television commercials and radio spots to magazine "advertorials" and mass mailing of printed materials, although many colleges still seek the right communication mix to obtain the highest benefit.

The work of professionals is funded in many ways, some as an insured service with provincial funding, and some where direct patient payment or private insurance covers the costs of services provided. Very little information is provided regarding billing practices, how they are monitored, and the standards that are required of individuals within the profession. More communications emphasis in this area would benefit both patients and professionals.

As the transformation of the health system progresses, and collaborative practice becomes the norm, including substitutive care, multiple professionals working at a centralized site or through enhanced communications between professionals who work at a distance, it will become an increasing obligation of professionals to ensure

that patients understand the relationship between providers in their care, and how the continuity of care will be managed. HPRAC will want to explore further with colleges, professional associations and facilities how that responsibility can be best shared, and where accountability lies. There is little evidence that colleges have moved forward in this area to date.

6. Regulatory Requirements of the Profession

All colleges offer public information on the profession's regulatory requirements – including the profession-specific statute, qualifications for entry to practice, registration requirements, quality assurance programs, education upgrading and continuing competence provisions. However, warnings against individuals who practice illegally may not be presented prominently, if at all. In the interest of public safety, these warnings should be more conspicuously available.

7. Handling of Concerns or Complaints about Professionals

The complaint process is a major point of interaction between colleges and patients. It can be an important vehicle for colleges to identify gaps in professionalism and quality improvement efforts. For most colleges, providing information on how concerns or complaints are lodged and handled is a key focus for the patient relations program. Often, however the public cannot easily find information about the right to file a complaint, the process for doing so, and the how the matter will be resolved. As colleges offer alternative dispute resolution to handle certain complaints, clear guidelines on when this process may be used and what it entails should be communicated to the public. Often, bare bones information is all that is provided, and it would be difficult for an individual who wanted to make a decision about whether to lodge a complaint to comprehend the process, and what the outcome is likely to be. There is often limited information about complaints resolution, or how a complaint can move into the disciplinary stream.

8. Fitness to Practise

Colleges should provide information to the public about how they address physical, mental health and behavioural issues of professionals that could affect the quality of care. This is an area that HPRAC found to require more emphasis in communication materials. Public confidence will be reinforced if it is widely understood that colleges have measures in place to keep unfit professionals from practising, or to impose conditions or limitations on the extent of their practice.

9. Sexual Abuse Prevention, Complaints about Sexual Abuse and Funding for Therapy

All colleges comply with legislative requirements to provide information to the public on the measures in place to prevent and deal with sexual abuse of patients by professionals. In general, information is readily available on what constitutes sexual

abuse, guidelines for professional conduct, the responsibility of professionals and facilities to report sexual abuse, and how a patient can file a complaint. Information on funding for therapy for patients who were sexually abused – such as who is eligible and how to apply – is an area that requires substantially more effort to clearly present the information to the public.

10. Mandatory Reporting

Members of a profession are required to report to the college if they believe a member of the same or a different college has sexually abused a patient. Under new legislation, professionals will also be required to report to the college if they have been found guilty of an offence, or if there has been a finding of professional negligence or malpractice against them. As well, facilities are required to report to the college on matters relating to a member that could cause harm to patients – including sexual abuse, incompetence or incapacity.

Some colleges provide little or no information to the public on these reporting requirements. Colleges should raise awareness of these safeguards, and what happens following a mandatory report, in order to enhance public confidence in the profession and in self-regulation.

11. The Discipline Process

If a complaint is referred to the discipline committee, or a matter reaches discipline through other means, such as through mandatory reporting, the public should understand that a fair process is in place to address it. The information provided by colleges on such topics as the role of the complainant and how a decision is reached ranges from very detailed to quite superficial. Information concerning discipline cases was often surprisingly scant, and distributed in a plethora of ways: sometimes through publications largely directed to members, sometimes through statistical reports, and sometimes through the college website. To highlight the college's role in protecting the public, information on the discipline process needs to be better presented in most cases. The standards for disciplinary decisions, and consistency respecting these decisions, also require significantly greater elucidation.

12. Register of Professionals

Changes to s. 23 of the Code,¹⁶ due to take effect in June 2009, expand the public portion of the registry of professionals and require posting on the college website. All colleges are working diligently to comply with these provisions by the deadline. Some colleges are making substantial investments in revamping their databases. With robust databases in place, the depth of information conveyed can potentially go far beyond the regulatory requirements.

¹⁶ As amended by 2007, c. 10, Sched. M, s. 28, effective June 4, 2009 or an earlier date named by proclamation.

The common elements include additional items that may be covered in the public register at the college's discretion. HPRAC acknowledges the efforts of those colleges who offer such consumer-friendly features as a search capacity and information on a professional's office hours, language capabilities, accessibility of premises and willingness to accept new patients.

INFORMATION FOR MEMBERS

Most colleges have well developed programs for educating their members. They employ a variety of tactics to convey key information, such as practice standards, practice guidelines, workshops and college magazines. The key challenge colleges say they face in this area is finding new, engaging and cost-effective methods to reach and inform members.

Many colleges have taken the initiative to educate students in professional programs on patient relations issues, such as sexual abuse prevention, jurisprudence about ethical issues and standards of professionalism. HPRAC endorses this early outreach to future professionals. This strategy will help enhance their relationship with patients from the start of their careers.

14. Regulatory Requirements of the Profession

Most colleges are providing members with accessible documentation about the profession's regulatory requirements.

15. Handling of Complaints

All colleges provide members with substantial information on the handling of complaints.

16. Fitness to Practise

Fitness to practise is the least developed area in the member education component of patient relations programs. Fitness to practice encompasses physical, mental health and behavioral issues that affect not only patient care but also the member's ability to work effectively within a health care team. While some professions offer substantive information about programs to address mental health, addictions, behavioural and physical health on 'members-only sites' and through printed literature, many colleges need to remedy the shortfall in information available to members, and the linkages between fitness to practise matters and patient safety.

17. Professional Conduct and Misconduct

All colleges generally strive to ensure that members understand what constitutes professional conduct and misconduct.

18. Sexual Abuse Complaints and Funding for Therapy

All colleges provide members with information on preventing and dealing with sexual abuse. However, as was the case with public information, communications regarding funding for therapy for patients who have been sexually abused requires more emphasis in member education. Members should be informed not only about the application process for therapeutic services but also about their obligations to reimburse the costs of therapy and the authority for this requirement.

19. Register of Professionals

While most colleges inform their members about the public content on the register of professionals, many do not cover the circumstances when disclosure to the public can be refused and the process for removal of information from the register.

Next Steps

HPRAC will work with colleges to assess progress in meeting the four goals of patient relations programs through implementation of the common program elements. It will proceed with a two-year cycle and base its monitoring efforts on a comprehensive approach to patient relations. The Council's focus, along with that of the colleges, will be on building capacity for both internal and external evaluation of patient relations activities, and their results.

Under the Procedural Code, colleges are required to provide the Health Professions Regulatory Advisory Council with written reports describing their patient relations programs, and changes to it. Through their recent efforts in providing written materials and surveys, all colleges are now compliant with this provision of the *RHPA*.

As a result of its experience over the last several months, HPRAC will hone the self-reporting survey and introduce a survey validation mechanism. With the cooperation of colleges, HPRAC expects that it will be able to report more readily on the effectiveness of various patient relations tools and techniques, with a view to identifying more definitively a range of practices that can be readily adopted or shared among colleges.

This report has highlighted the progress that has been achieved over the past year in developing a shared understanding of what patient relations programs can and should achieve. A consensus has been created around a series of goals and common elements that provide a basis for tracking progress on an ongoing basis. HPRAC is confident that this shared framework will drive improvement in the future.

Current amendments to the *RHPA* will require colleges to have more informative websites to promote and enhance relations with their members, other colleges, key

stakeholders and the public. We commend the colleges' efforts to develop new databases and more sophisticated ways to communicate with the public. HPRAC recognizes that colleges have been working conscientiously and committing substantial resources to implement these new legislative changes. Altogether, these efforts will be reflected in new performance targets and levels of achievement.

Appendix: Compilation of College Survey Responses

PATIENT RELATIONS PROGRAM ELEMENTS IN PLACE

2007 PERFORMANCE MONITORING

(Self-report)

FIGURE IN BOX INDICATES TOTAL NUMBER OF COLLEGES (OUT OF 21) WITH POSITIVE RESPONSE.

I – GOVERNANCE

1. Alignment of Patient Relations Programs with College Objectives

The College's patient relations program is integral in:

- 17 College's strategic plan
- 15 Objectives in strategic plan
- 16 Priorities in strategic plan
- 18 Resource allocation
- 15 Evaluation and accountability mechanisms

2. Mechanisms for Internal Accountability

Accountability mechanisms are in place for patient relations activities throughout College operations, committees and programs to ensure:

- 17 Coordination
- 18 Timely implementation
- 18 Achievement of results

3. Mechanisms for External Accountability

The College Council utilizes several external accountability mechanisms:

- 21 Annual reports
- 21 College publications

[20] Reports to the Minister and to HPRAC

[21] College website

For transparency of relevant college processes, decisions and performance results relating to:

[10] Alternative dispute resolution

[21] Complaints

[21] Discipline

II – INFORMATION FOR THE PUBLIC

4. Profile of the College

General information made available to the public on the College as a self-regulatory body includes:

[21] College role, and its public interest mandate

[18] How the College is accountable

[21] How to contact the College – address, telephone, website

[20] Register

[21] Inquiries, complaints and reports processes

[20] Discipline process

[19] How to obtain information

[21] College regulations, by-laws, rules, guidelines and policies

[20] Statutory Committees of the College, clear terms of reference for each, and evidence of an annual report

[13] How the College relates to other health professional Colleges, and to facilities and institutions

5. Profile of the Profession

The College provides an overview of the profession including:

[12] History of the profession and/or its regulation

- 15 Numbers of people registered in the profession in Ontario, by region if possible
- 16 Scopes of practice, as permitted by law
- 21 Academic qualifications of the professionals
- 17 Descriptions of practices, specialties or classes of registrants within the profession
- 5 Areas of interest or clinical expertise available
- 11 How to access services of a member of the profession: pathway information (e.g. direct, referral, requisition, order)
- 11 Practice settings, and the intersection of members of the profession with facilities and institutions
- 8 Liability issues
- 4 How professional services are funded; overview of billing practices and relationship to professional standards
- 19 Profession's code of ethics
- 12 How members of the profession interact with other health professionals and unregulated health providers, and how their respective responsibilities are delineated

6. Regulatory Requirements of the Profession

Documentation available to the public about technical and regulatory requirements of the profession and how they enhance public protection includes:

- 21 Profession-specific statute
- 21 Qualifications for entry to practice and registration requirements
- 21 Quality assurance programs, educational upgrading
- 21 Continuing competence requirements
- 20 Standards of practice
- 11 Warnings against individuals who practice illegally, and information about how to deal with them
- 17 Definition of professional misconduct, including sexual abuse

7. Handling of Concerns or Complaints About Professionals

Public information on the right to make a complaint about a professional, the process for making a complaint, and how complaints are resolved includes:

- 21 How to obtain information
- 21 How to make a formal complaint
- 11 Representation allowed for complainant and member
- 20 What information is required
- 17 How and with whom the information provided will be shared
- 20 What will follow the recording of the complaint
- 16 What information is available to the complainant, and at what stages
- 10 Opportunities and College rules for alternative dispute resolution
- 18 Timelines for resolution of the complaint
- 20 How a College investigates a complaint
- 14 To whom an investigative report is available, and what opportunities there are for comment
- 12 How third party complaints are handled
- 17 What alternatives may be used in the resolution of a complaint – e.g. remediation, mentoring, counseling, referral to discipline, etc.
- 21 Right of appeal to HPARB, and the appeal process
- 9 Civil remedies
- 6 Role of complaints in quality improvement
- 10 Samples of types of common complaints, and how they might be resolved

8. Fitness to Practise

Public information about how the College addresses physical and mental health issues of practitioners that could affect the quality of care includes:

- 9 Overview of steps the College takes to protect the public
- 10 Mandatory reporting on incapacity

- 5 Health assessment of reported practitioner
- 8 Hearings to determine level of functioning and appropriate treatment

9. Sexual Abuse Prevention, Complaints about Sexual Abuse and Funding for Therapy

Information provided to the public about the complaints process for sexual abuse, along with specific information about rights to therapeutic services and the College's role in preventing sexual abuse, includes:

- 21 Guidelines for the conduct of members of the College with their patients or clients, including the steps the College takes to ensure that members of the profession and the College staff are trained in preventing and dealing with sexual abuse of patients
- 20 What constitutes sexual abuse of a patient
- 21 How sexual abuse may be reported to a College by a health professional or by a facility
- 21 How a patient can make a complaint about sexual abuse
- 16 Eligibility criteria for funding for therapy
- 11 How an application is made for funding for therapy
- 9 When funding for therapy will be available
- 13 Who selects the therapist or counsellor
- 12 Qualifications of a therapist or counsellor
- 11 How long therapy can be provided
- 11 How the therapist is paid
- 13 Confidentiality provisions impacting the complainant, reporter and witnesses

10. Mandatory Reporting

Public information on mandatory reporting by members who have been found guilty of an offence or have had a finding of professional negligence or malpractice, and by facilities on matters relating to a member such as sexual abuse, incompetence or incapacity, includes:

- 16 How reports are filed
- 15 Timelines for reports
- 15 Content of reports
- 13 Naming of the patient, and consent provisions for the naming of the patient in sexual abuse matters
- 15 How the College responds to reports by members or facilities

11. The Discipline Process

Comprehensive public information about disciplinary activities and how they improve public protection reflects the *RHPA*-mandated process, including:

- 14 How a matter becomes a case for disciplinary consideration
- 13 Investigations leading to a hearing
- 11 Nature of the tribunal
- 13 Who comprises the discipline panel, prosecution, defence
- 13 Public nature of discipline hearings
- 11 Identity of parties in a discipline hearing
- 6 Burden of proof
- 10 Role of complainant
- 7 Witnesses, how selected and expertise/experience required
- 10 How a decision is reached
- 13 Different kinds of penalties
- 13 Right of member to appeal
- 12 Notations on register

12. Register of Professionals

As required by s. 23 of the *Code*¹⁷, the College provides the following information to the public about members of the profession in a clear and accessible way:

¹⁷ As amended by 2007, c. 10, Sched. M, s. 28, effective June 4, 2009 or an earlier date named by proclamation.

- 20 Each member's name, business address and business telephone number, and if applicable, the name of every health profession corporation of which the member is a shareholder
- 20 Name, business address and business telephone number of every health profession corporation
- 16 Names of the shareholders of each health profession corporation who are members of the College
- 20 Each member's class of registration and specialist status
- 20 Terms, conditions and limitations that are in effect on each certificate of registration
- 17 Notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee that has not been finally resolved, until the matter has been resolved
- 19 The result, including a synopsis of the decision, of every disciplinary and incapacity proceeding, unless a panel of the committee makes no finding
- 10 Notation of every finding of professional negligence or malpractice made against the member unless the finding is reversed on appeal
- 19 Notation of every revocation or suspension of a certificate of registration or of a certificate of authorization
- 18 Information that a panel of the Registration, Discipline or Fitness to Practise Committee specifies
- 16 Notation that a finding of the Discipline Committee is under appeal, until the appeal is disposed
- 13 Notation of the resignation and agreement when a member has resigned and agreed never to practise again in Ontario
- 15 Information specified in the College by-laws

Colleges may choose to present additional information that may be helpful to the public, such as:

- 10 How to find a competent professional

- 12 Regional search capacity
- 1 If a professional has hospital privileges, and in what facilities
- 1 If professional is accepting new patients
- 0 If professional is part of a primary care interdisciplinary team
- 6 Academic qualifications, education and training
- 7 Language proficiency
- 5 Specialty status or clinical focus
- 0 Business hours
- 7 Practice setting (e.g. home, clinic, hospital, long-term care home etc.)
- 2 If home visits are part of the practice
- 1 Accessibility of place of business
- 3 Other information unique to the profession

III – INFORMATION FOR MEMBERS

14. Regulatory Requirements of the Profession

The College makes available to members:

- 21 Accessible documentation about regulatory requirements of the profession
- 17 Information on how the regulatory requirements contribute to and enhance public protection
- 10 Information on the following specific regulatory requirements
 - the profession-specific statute
 - qualifications for entry to practice and registration requirements
 - quality assurance programs, educational upgrading
 - continuing competence requirements
 - standards of practice
 - warnings against individuals who practice illegally, and information about how to deal with them
 - definition of professional misconduct, including sexual abuse

15. Handling of Complaints

Information for members on the patient's right to make a complaint, the process for making and responding to the complaint and how complaints are resolved includes:

- 21 How a formal complaint is made
- 15 Representation allowed for complainant and member
- 21 Response required by the member, and the time-line for the response
- 19 Information required
- 21 How and with whom the information provided will be shared
- 21 What will follow the recording of the complaint
- 20 Information available to the complainant, and at what stages
- 8 Opportunities and College rules for alternative dispute resolution
- 8 Role of complaints in quality improvement
- 19 Timelines for resolution of the complaint
- 20 Complaint investigation
- 12 College practice assessments
- 14 Availability of investigation report
- 16 Right of member to respond to investigation report
- 19 Options that may be used in the resolution of a complaint – e.g. remediation, mentoring, undertakings etc.
- 20 Right of appeal to HPARB, and the appeal process

16. Fitness to Practise

Information for members on the importance of reporting and addressing physical and mental health issues of health care practitioners includes:

- 10 Overview of steps the College takes to protect the public, and the integrity of the health care team
- 11 Mandatory reporting on incapacity
- 10 Health assessment of reported practitioner
- 10 Hearing to determine level of functioning and appropriate treatment

7 How to access services to deal with physical or mental health problems

17. Professional Conduct and Misconduct

Member information on what constitutes professional conduct and misconduct includes:

- 21 Standards of the profession
- 18 Accuracy of information to patients and clients about services, opportunities to participate in service delivery, service limitations, and how to access services
- 21 Legislation and regulations related to client decision-making and informed consent are applied
- 20 Confidentiality of health information is protected; how information is shared with other health professionals and with insurers
- 20 Appropriate client assessment is carried out safely, with adequate resources, and using acceptable methods and tools
- 12 Commercial arrangements for conducting a practice
- 9 Billing practices are clearly presented, including insurance matters
- 4 Recalling patients: standard or courtesy
- 11 Advertising and promotional activity
- 15 Coordination of care; referral practices; maintenance of records; how patient is informed
- 19 Matters particular to the profession

18. Sexual Abuse Complaints and Funding for Therapy

Members are provided with full information about the boundaries between members and patients, the law promoting zero tolerance for sexual abuse and member obligations regarding funding for patient therapy for sexual abuse – including:

- 21 Preventing boundary violations
- 20 What constitutes professional misconduct of a sexual nature

- 14 How an application is made for funding for therapeutic services
- 15 Obligations of the member to reimburse costs of funding for therapy, and the authority for the practice

19. Register of Professionals

The College provides:

- 16 Clear and concise information for its members about the register that meets the requirements of s. 23 of the *Code*¹⁸
- 10 Information about circumstances when disclosure to the public can be refused
- 8 Information about the process for removal of information from the register under s. 23 of the *Code*¹⁸

¹⁸ As amended by 2007, c. 10, Sched. M, s. 28, effective June 4, 2009 or an earlier date named by proclamation.

Health Professions Regulatory Advisory Council

55 St. Clair Avenue West
Suite 806, Box 18
Toronto, Ontario, Canada M4V 2Y7

Telephone: 416-326-1550

Toll-Free: 1-888-377-7746

Fax: 416-326-1549

Website: www.hprac.org

E-mail: HPRACWebmaster@ontario.ca



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