PART 1: SYNTHESIS

1.0 Introduction

1.1 Purpose

This is the final report on the Evaluation of the Effectiveness of the Patient Relations Programs of the Regulated Health Professional Colleges of Ontario. The report has been prepared for the Health Professions Regulatory Advisory Council (HPRAC), with the input of the 21 Colleges, over the period from October 2000 to March 2001.

The report contains two parts. Part 1 provides an overview and synthesis of findings across the 21 Colleges; and Part 2 is a compilation of individual College Reports. The individual College reports in Part 2 have been reviewed by the respective Colleges. Part 1 is directed at HPRAC and has not been seen by the Colleges.

1.2 Evaluation Context and Background

In December 1996 HPRAC published "Sexual Abuse Prevention Plans of the Regulated Health Professions: Recommended Approaches and Evaluation Methods." This document proposed a framework for evaluating the effectiveness of Colleges' Patient Relations (PR) programs. In October 1997 HPRAC indicated that the evaluation of PR programs would be done in two stages: 1) a descriptive status report of Colleges' PR programs and 2) an analytical assessment of the effectiveness of the PR programs.

Stage one of the evaluation was completed in 1999 by PricewaterhouseCoopers as part of the larger evaluation of Colleges' complaints and discipline processes regarding professional misconduct of a sexual nature. "Volume 5: Status of the Colleges' Patient Relations Programs, Funding for Therapy and Counseling and Stage II Evaluation Framework," July 1999, provided a status report of Colleges' PR programs. It also outlined a logic model framework for the Stage II evaluation which would assess program effectiveness.

In October 2000, Harry Cummings and Associates (HCA) was contracted by HPRAC to conduct the Stage II evaluation. The evaluation was conducted from October 2000 to March 2001.

1.3 Purpose of the Evaluation

The purpose of this evaluation as stated by HPRAC is "to determine whether each College's patient relations programs are likely to be effective in fulfilling the requirements and intent of the RHPA in protecting the public from harm and treating individuals with sensitivity and respect."

HPRAC also notes that "given that Colleges' current patient relations programs are in the developmental stage, the evaluation is to assess the likelihood of achieving the expected outcomes and the objectives of the RHPA but not assess the actual outcomes to date." In addition, the evaluation is to "...determine how the likelihood of effectiveness of each College's patient relations program can be increased."

Specifically excluded from this evaluation is the Complaints and Discipline area and activities related to funding therapy and counseling for patients who were sexually abused by members of a regulated health profession. This was previously covered in another evaluation commissioned by HPRAC, in particular, the PricewaterhouseCoopers 1999 evaluation.

1.4 Evaluation Approach and Key Questions

Stage I of the PR program evaluation proposed the use of logic models to conceptualize PR programs, identify implementation issues, and analyze and assess outcomes. Building on the initial framework, HCA chose to use a generic Results Chain version of the logic model which would be flexible enough to accommodate differences between the Colleges while still making evident the logical connections between program activities and intended results or outcomes.

In addition, HCA introduced the concept of *"targets"* related to PR program activities and expected results, and measures of *"performance"* related to the targets. By adding targets and performance measures, the results chain is transformed into a management information tool which can be used to guide monitoring and evaluation activities. The following is a generic Results Chain, with targets and performance measures, that was developed as a guide for this evaluation.

Patient Relations Program Results Chain

Ontario College of XXXXXXX

Logic (descriptive)

Inputs	Activities	Outputs	Outcomes	Impact
•1 manager •1 assistant •$50,000	1 Establish Guidelines 2 Educate members & staff 3 Inform public	1 Approved Guidelines 2 Member/Staff Education Pgm. 3 Public Information Pgm.	1 Improved management system in College. 2 Increased member/staff awareness, knowledge, skills, improved practices. 3. Increased public awareness, knowledge, skills	1 Increased member confidence in College. 2 Increased member confidence in behaviour of peers. 3 Improved public image of College and of Profession.

Targets (quantity/quality)

• manager 0.25 FTE • assistant 0.5 FTE • $50,000	1. Establish committee, hold 5 meetings. 2. Establish committee, hold meetings, produce pamphlets, articles, etc., design/conduct workshops, review feedback & modify program. 3. Establish committee, hold meetings, produce/distribute information.	1. Guidelines approved by College by (date). 2. Program designed & implemented by (date), # & % participation targets. 3. Same as 2.	1. > efficiency in handling issues. 2. 100 % staff & members aware of guidelines within 1 year, meet knowledge standard within 3 years and practice standards within 5 years. 3. 100% of member clients aware of College & guidelines within 1 year, public 50% in 2 years and 80% in 5 years.	1. % increase in approval rating by members over time. 2. Same as 1. 3. % increase in level of confidence of public in College and Profession over time.

Performance (Actual compared to targets or other standards)

• manager PY, % of target • assistant PY, % of target • $, % of budget.	1, 2, 3. Were activities initiated and completed and on time?	1. Approved guidelines (Y/N), +/- feedback. 2. Comparison of actual with targets (dates, #, %). 3. Same as 2.	1. Change in time and cost. 2. Comparison of actual with targets. 3. Same as 2.	1. Comparison with targets and other Colleges. 2. Same as 1. 3. Comparison with targets and with other Colleges and Professions.

1.5 Key Evaluation Questions

An evaluation matrix identifying the evaluation questions, data sources and data collection methods was developed (refer to Appendix One). The key evaluation questions were framed around standard evaluation issues of:

Rationale:
1. Does the PR program address the area(s) of concern for good patient relations?
2. Are the PR program activities logically connected to realizing the desired outcomes?

Efficiency:
1. Can PR program activities be delivered at lower cost and in a more timely manner without losing quality?
2. Are there sufficient staff and budget to do the work required by the PR program?
3. Are activities being implemented as scheduled in the implementation plan?

Effectiveness:
1. Have members learned from the PR program as evidenced by the use of PR techniques/activities in their practice?
2. Has the program been effective in educating patients as evidenced by realistic expectations and appropriate behaviour?

Impact:
1. Do College members have confidence in the ability of the College to represent their interests and meet their needs regarding patient relations?
2. Do College members have confidence that their peers practice in a manner consistent with the intent of PR legislation, regulations and guidelines?
3. Are College members perceived to be technically and human resources competent?
4. Do patients believe there is an appropriate body to whom they can direct queries or complaints about College members?

Equity:
1. Do all College members in all locations in Ontario have equal access to the PR program?
2. Do all College members, regardless of age, years of practice, gender, location, and whether they were Canadian or foreign trained, receive patient relations training appropriate to their needs?

HCA also developed technical analysis questions to guide the assessment of the patient relations programs:

1. Do the PR activities of the College meet the requirements of the RHPA?
2. Do the PR activities go beyond the specifically mandated sexual abuse issue?
3. To what extent do the College's PR activities conform to current best practices for optimizing professional/patient relations and minimizing or eliminating patient abuse?

Sub-questions were identified for each technical question. Refer to Appendix Two for a complete set of these questions. The technical analysis questions, together with the standard evaluation questions described above, form the basis of the assessment in this evaluation.

1.6 Evaluation Process and Activities

This evaluation relied primarily on a review of written (print and electronic) materials on the PR programs of each of the 21 regulated health professional Colleges. This included a review of Volume 5 of the PricewaterhouseCoopers report, and the HCA Final Report on the Evaluation of the Quality Assurance Programs of the Ontario Colleges of Health, July 21, 2000**,** as well as information provided by each College, including:

- Descriptions of the PR program, its history and activities
- Key newsletter items and articles related to PR
- Educational materials on PR for the public and for members
- Annual reports
- Statistics and mandatory reports on complaints regarding inappropriate relations of a sexual nature
- Any PR related evaluations completed by the College

HCA held in-person and/or telephone meetings with representatives from each College to ensure that HCA had a solid understanding of each College's PR program and issues, and to build a results chain for each College. Prior to meeting with individual Colleges, HCA hosted a meeting on November 29, 2000 for representatives from all Colleges, as an orientation to the evaluation. This meeting included presentations on: the evaluation purpose and process, and the results chain evaluation framework including targets and performance indicators. A significant portion of the meeting was designated for questions and answers. Approximately 40 people from 20 Colleges attended this meeting.

After the meetings with Colleges, HCA prepared draft reports for each College. Each College received a copy of their own report and was asked to review the comprehensive and factual accuracy of their report.

Part 2 of this report contains the individual reports from each College. The remaining sections of this part of the report - Part 1 - provide a synthesis of the findings from the individual College assessments, and overall conclusions and recommendations based on a review of the 21 College programs.

1.7 Legislative Mandate and Framework

The Regulated Health Professions Act (RHPA) required each of the 23 regulated professions in 21 health professional Colleges regulated under the RHPA to develop a Patient Relations program by December 31, 1994, and to establish a Patient Relations Committee. The purpose of these programs as defined in the RHPA, is "to enhance relations between College members and patients."

The requirements for the patient relations program are specified in the RHPA as follows:

Section 84

(1) The College shall have a patient relations program.

(2) The patient relations program must include measures for preventing or dealing with sexual abuse of patients.

(3) The measures for preventing or dealing with sexual abuse of patients must include:
(a) educational requirements for members;
(b) guidelines for the conduct of members with their patients;
(c) training for the College's staff; and
(d) the provision of information to the public.

(4) The Council shall 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.

Section 85

The Patient Relations Committee shall advise the Council with respect to the patient relations program.

In the Health Professions Procedural Code (HPPC) of the RHPA, sexual abuse of a patient means:

4. (3) a) sexual intercourse or other forms of physical relations between the member and the patient;
b) touching, of a sexual nature, of the patient by the members, or
c) behaviour or remarks of a sexual nature by the member towards the patient.

(4) For the purposes of Subsection (3), sexual nature does not include touching behaviour or remarks of a clinical nature appropriate to the service provided.

The RHPA (s.85.7 (1)) also requires Colleges "to provide funding for therapy and counseling for persons who, while patients, were sexually abused by members." Members of regulated health professions, and those who operate facilities in which regulated health professions practice, have a legal obligation to report any member who they believe has sexually abused a patient/client.

Under the RHPA, the Health Professions Regulatory Advisory Council (HPRAC) has a statutory obligation to report to the Minister of Health and Long-Term Care of Ontario five years after the RHPA comes into force on "the effectiveness of each College's patient relations programs" (s.6 (2) (a)). HPRAC also has a statutory obligation to "monitor each College's patient relations programs and to advise the Minister about its effectiveness" (S. 11 (2)).

2.0 Key Issues in Patient Relations Programs

There are a number of key issues in Patient Relations. In the broad sense of PR, good relations and excellent communications between patient and College members are necessary to provide effective treatment. In the sense of communications, the patient must send a message to the health care provider and the health care provider must receive it and understand it. In response, the health care provider must send a message to the patient and the patient must receive it and understand it and take appropriate action in response to it. Generally, patients are expected to respond to queries, provide information on their symptoms and remember details of the illness or changes in health. Health care providers need to use effective information gathering strategies throughout this process.

This exchange and the relationship between the patient and the health care provider must take place without abuse on behalf of either party. Abuse could be of a physical, psychological, verbal or sexual nature. Abuse "of the system" could also take place in the sense of financial matters, use or misuse of medicine and use or misuse of information, or other ways.

The public needs to know what they can expect from the health care professional and what recourse they have if they feel the quality of care provided is not up to standard. The College system was designed to provide the security of top quality care in a regulated health care environment.

The RHPA has a particular concern about potential sexual abuse of patients by health care providers and requires sexual abuse prevention plans to be designed and implemented under the direction of the Colleges. Not all health care providers exercise the same power and influence over their patients with respect to sexual abuse. Situations where patients and practitioners are left alone, and situations in which intimate touching is required as part of treatment, represent greater risk for abuse than situations in which practitioners have little direct contact with patients. Situations where the patient may be drugged for treatment or where the patient may not be able to look after him/herself for other reasons, represent significant opportunities for abuse.

The challenge is to protect patients where there is risk of abuse and to ensure that health care providers' skills in PR are up to standard in all regards. This should be done in a manner which respects the different health professions and the differing needs of patients.

3.0 Descriptive Assessment of Patient Relations Programs

The RHPA requires that Colleges' PR programs address the issue of sexual abuse of patients by members and include the following four elements:

(a) educational requirements for members;
(b) guidelines for the conduct of members with their patients;
(c) training for the College's staff; and
(d) the provision of information to the public.

Results chains describing the activities, outputs, outcomes and impacts of each these four elements were developed for the 21 Colleges. These can be found in the individual College reports in Part 2 of this report.

Table 1 that follows provides a summary of the key activities undertaken by each College within each of the four PR program elements. This table builds on and serves as an up-to-date version of a similar table developed by PricewaterhouseCoopers and found in their report - *Volume 5: Status of the Colleges' Patient Relations Programs, Funding for Therapy and Counseling and Stage II Evaluation Framework, July 1999.*

Table 1: Key Activities Implemented by each Health Professional College

College and Year Established	# of Members	Member Education	Guidelines for Conduct	Staff Training	Information for the public	Overall Assessment
Audiologists / Speech Language Pathologists (1994)	2,454	-Articles in monthly Bulletin -Publication and distribution of Desk Reference -Pamphlets on regulation, complaints process -One conference presentation -Website in development Rating = 3	-Code of Ethics -Sexual Abuse Prevention Plan (SAPP) -Guidelines for Professional Conduct -Position Statement on Service Delivery to Linguistically and Culturally Diverse Populations Rating = 3	-Annual training for staff (begun Feb 2000) -Training for council/committee members Rating = 3	-Public outreach component developed -Public input sought on components of PR -Complaints process pamphlet developed and distributed to public through members -Website is in development Rating = 3	-Program meets full requirements and intent of RHPA -No complaints regarding sexual abuse have been made -Consultation with the public and provision of information to the public is particularly strong -Materials for working with linguistically and culturally diverse groups are a strength not seen in most PR programs -Intend to evaluate the PR program but no plans in place Rating = 3

Chiropodists
 	
(College established in 1991 and proclaimed under legislation in 1993)
	331 Chiro-podists
	
	98 Podiatrists
		-Newsletter articles information sessions across the province for members (1993)
		-Brochure
		-Workshop to help members interact more effectively with patients
		-Website developed (1998)
		-Curriculum development and teaching of chiropody students
		-College registration exam contains PR related questions
		
		Rating = 3
			-SAPP (still draft)
			-Guidelines for treating incapable patients (1996)
			-Guide to Health Care Consent Act (1997)
			-Code of Ethics (2000)
			
			Rating = 2
				-Staff will receive training in 2001; to date staff has attended workshops and meetings where sexual abuse topics were covered
				
				Rating = 2
					-Distribute Federation brochure, “A New System” to members for placement in waiting areas
					-Information sheet called “Foot Facts” distributed at Bata Shoe Museum as part of a public relations initiative (1997)
					-“Foot Care in Ontario” brochure
					-1-800 # for members and the public (1996)
					Rating = 2
						-Program meets requirements and intent of RHPA but is still developing
						-Only one complaint related to sexual abuse
						-Broad approach to PR is taken
						-SAPP notes that abuse is defined from the patient’s perspective and recognizes importance of cultural sensitivity
						-Information for the public should include more information on patient rights and responsibilities
						-PR evaluation plans not in place; but PR Committee intends to look at indicators of effectiveness and evaluation
						
						Rating = 2

College and Year Established	# of Members	Member Education	Guidelines for Conduct	Staff Training	Information for the public	Overall Assessment
Chiropractors (1952)	2,570	-Ethics and jurisprudence course and exam for students -Newsletter articles -ChiroCare Binder for members -Video, written materials and questionnaire on sexual harassment and abuse -Where's My Line, publication on boundaries produced with Massage Therapists and Physiotherapists -Website Rating = 3	-SAPP (1992, 1994, 2000) -Zero Tolerance Policy (1994/97) -Guidelines re: prevention of sexual abuse; office staff; establishing personal relationships with patients Rating = 3	-Orientation and annual training for staff and Committee members -Workshop for staff on dealing with sexual abuse claimants Rating = 2	-Federation brochure "You Expect Quality Health Care" in offices -Website regularly updated -Respond to hundreds of phone calls each year; College accepts collect calls -College staff speak/write in nine languages Rating = 3	-Program meets full requirements and intent of RHPA -College is concerned patient relations regarding sexual abuse and is taking PR very seriously -Strong member education component -Self assessment surveys are monitored; plans in place for a benchmark survey to determine members' awareness of sexual abuse and boundary issues -College works closely with other Colleges and participates in all Federation working groups -No evaluation plan in place however discussions have taken place and there is a willingness to evaluate Rating = 3

College and Year Established	# of Members	Member Education	Guidelines for Conduct	Staff Training	Information for the public	Overall Assessment
Dental Hygienists (1993)	6,300	-Instructors Guide for Prevention of Sexual Abuse -Newsletter articles -Registration Exam includes questions on sexual abuse -Website developed Rating = 3	-SAPP (1998) -Baseline survey of practice every 5 yrs. -Code of Ethics -Guidelines re: Public Complaints Process -Professional Boundaries (1997) -Responsibilities of Employers, Managers and Partners Rating = 3	-Staff participated in 8 conferences / training sessions from 1994 to present Rating = 2	-Communications program in place but focused on promotion and education related to the practice of dental hygiene and oral -No information on patient rights or responsibilities -Website developed Rating = 2	-Program meets full requirements and intent of RHPA -No complaints regarding sexual abuse have been made -Communications strategy with the public should include information regarding sexual abuse -Inclusion of questions re: sexual abuse in registration exam is unique -College has been very intentional about using practice survey to improve and develop its PR program. This may also be used to evaluate the program Rating = 3
Dental Surgeons (1868)	8,220	-Publish large # of newsletter articles -"Zero Tolerance" video; continuing education credits given for viewing it -Risk management seminars -Professional liability program -College has active role in student education at 2 Dental Colleges Rating = 3	-SAPP (1992 and revised 1998) -Guidelines re: preventing sexual abuse in the dental office; communicating with patient incapable of providing consent -Zero Tolerance Policy Rating = 3	-Very well established staff training program including: orientation and update sessions and workshops; -Workshops for all staff, council and committee members -One F/T sexual abuse officer receives special training and handles all inquiries and formal complaints of a sexual nature Rating = 3	-Brochures and web site contain information about the College, Standards, Ethics, Complaints and Discipline and PR -1-800 # advertised in yellow pages -Public information on each RCDSO member available to public on request -Advertised role of College in Starweek TV Guide Rating = 3	-Program meets full requirements and intent of RHPA -Exemplary approach to staff and council training -Proactive use of media in informing the public -More of patient oriented approach to educating members could be taken including materials on Professional Boundaries -No evaluation plans in place Rating = 3

College and Year Established	# of Members	Member Education	Guidelines for Conduct	Staff Training	Information for the public	Overall Assessment
Dental Technologists (1995)	473	-Mandatory jurisprudence information sessions -3 different training videos available for viewing (450 members viewed at least one video by Oct 2000) -Brochures on the Complaints Process -Website in development -Newsletter articles Rating = 3	-Professional Conduct Guidelines -PR Policy on Sexual Abuse -Complaints, Investigations and Penalties Process Rating = 2	-Training videos used for education of staff and council (1998) -Training session on investigations, complaints and discipline (2000) -Consultant hired to guide PR and C&D Committees -Developed checklist for handling calls or letters relating to complaints of a sexual nature Rating = 3	-Outreach targeted to high school students and the public -College newsletter used for public outreach -Information leaflets promoting the profession -Website (in development) Rating = 2	-Program meets requirements of the RHPA -No complaints regarding sexual abuse have been made -Formal SAPP is not in place -TORs developed for PR Committee -College is somewhat unique as contact with patient is limited; most service to patients is through dentists or other health professionals -Includes measures to enhance relations with patients, clients and co-workers -1997 survey of program found PR program to be effective for members -No evaluation plans in place Rating = 2
Denturists (1993)	484	-Newsletter articles -SAPP and Guidelines for the Prevention of Sexual Abuse distributed to members -Courses with PR content offered through QA program and with the professional Association -PR information is incorporated into student curriculum Rating = 2	-SAPP (1996) -Professional Code of Ethics -Guidelines for Professional Behaviour for members -Guidelines for the Prevention of Sexual Abuse for Denturists (1998) -Protocol developed for handling complaints Rating = 3	-Staff attended courses related to PR in mid 1990's -Legal counsel and sexual abuse officer provided training to staff and council members (Dec 2000) -Plans to have staff and council training provided annually Rating = 3	-Brochure called “Information About the Practice of Denturism in Ontario” educates public about the profession and the College -Complaints brochure developed and distributed to individuals and community agencies Rating = 2	-Program meets full requirements and intent of RHPA -No complaints regarding sexual abuse have been made -Strong links between the College, professional association and training facility -More information on patients’ rights and responsibilities could be offered -Have a sexual abuse officer on retainer -No PR evaluation plans in place Rating = 2

College and Year Established	# of Members	Member Education	Guidelines for Conduct	Staff Training	Information for the public	Overall Assessment
Dietitians (1991)	2,200	-Newsletter articles -Information to interns and meetings with internship directors -Website -Mandatory self-directed learning tool Rating = 3	-SAPP (1995) -Statement of Philosophy -Code of Ethics Interpretative Guide -Guidelines for Conduct of Members on Prevention of Sexual Abuse Rating = 3	-Staff orientation and education program -Annual refresher education sessions -Develop and update list of support agencies available as resources Rating = 3	-Website has PR content -Brochures: Dietitians and the College of Dietitians -Promoting Health Through Nutrition; Sexual Abuse Has No Place in Your Health Care -Plans to survey 10% of organizations receiving brochures (Dec 2001) Rating = 3	-Program meets full requirements and intent of RHPA -No complaints regarding sexual abuse have been made -High level of consultation with other Colleges, members and the public in developing guidelines and pretesting communications materials -Evaluative activities are planned Rating = 3
Massage Therapists (Board of Directors of Masseurs established in 1919; established as College in 1993)	5,336	-Workshops and workbook on “Making Ethical Decisions and Maintaining Boundaries” delivered 6 times/year across province -Case studies developed and distributed to members -Newsletter articles -Website Rating = 3	-Client Relations and Action Plan (1995/97/99) -Mandatory Reporting policy Zero Tolerance Policy -Code of Ethics -Guidelines for Professional Behaviour -Guidelines for Post-Termination Relationships Rating = 3	-Annual training for staff -Protocol developed for staff dealing with sexual abuse -Handbook developed for Committee members includes regulations, policies and protocols re: sexual abuse specifically for the College Rating = 3	-“Zero Tolerance ... The First Step”, brochure encouraging clients to report abuse -Brochures on complaints; the profession, role of the College and QA Program -Education and research campaign including public opinion survey -Website Rating = 3	-Program meets full requirements and intent of RHPA; and all aspects of the program are strong. -Very comprehensive member education. Workshops are highly participatory and use real case studies adding validity and reliability to the workshops -Extensive and complete public relations campaign -Conducted a “Diverse Communities Questionnaire” with members re: access issues. 56% indicated diverse groups have access to massage therapists -Some evaluation already conducted and College plan includes a section on evaluation Rating = 3

College and Year Established	# of Members	Member Education	Guidelines for Conduct	Staff Training	Information for the public	Overall Assessment
Medical Laboratory Technologists (1993)	7,800	-Conference presentations on standards of care -Newsletter articles -Student education - New Members Internet Resource Centre -Educational workshops and seminars for members and employers -Newsletter articles -Check list of competencies Rating = 3	-SAPP Guidelines on: Prevention of Sexual Abuse Guideline (1995) and Professional Ethics -Zero Tolerance Policy Rating = 2	-Training sessions and support materials for staff and council members Rating = 2	-Public focus groups held -Website -Poster and advertising campaign on TTC and TV coverage Rating = 3	-Program meets full requirements and intent of RHPA -Current focus is on communications between members, the public and the College -Unique initiatives include a broad based media campaign and communications with employers -Information on patient rights and responsibilities not available -Plans in place to review PR materials regularly, but no overall evaluation plan in place Rating = 2
Medical Radiation Technologists	5,343	-Information package for members -Practise guidelines workshops -QA program emphasizes PR in general and sexual abuse in particular -Sexual abuse prevention material provided to Can. Ass. Of Med. Rad. Techs. -Newsletter articles -Website Rating = 3	-Practise guidelines provided to members and presented in regional workshops Rating = 3	-Senior staff attendance at several conferences and workshops -Presentations at workshops and writing on PR and sexual abuse done by staff Rating = 2	- CMRTO brochure "*About Medical Radiation Technologists"* -Cooperation with the Federation in development and printing of a brochure for the public on the regulated colleges -Information on PR on website Rating = 2	-Program meets full requirements and intent of RHPA -College recognizes PR issues in broadest sense, going beyond sexual abuse to include communications with patients in general. -College PR program could be strengthened by setting annual targets for programs and following up with evaluations linked to these targets Rating = 3

College and Year Established	# of Members	Member Education	Guidelines for Conduct	Staff Training	Information for the public	Overall Assessment
Midwives (1993)	200	-Information package for members including "Statement of Philosophy on Sexual Abuse", reporting information, complaints procedures -Workshop at AGM (1994/5) -Newsletter articles -Annual presentation for students Rating = 2	-SAPP (1995) includes Code of Ethics -Policy that all sexual abuse complaints will be formally investigated and not ADR -Informed Choice Standard -Statement on Philosophy of Midwifery Care in Ontario -Midwife's Guide to Appropriate Professional Behaviour with Clients Rating = 3	-Initial staff and Council training (1994/5) Rating = 1	-Comprehensive client brochure called " Complaints procedures for Clients" includes information on client rights and responsibilities, College responsibilities, policy on sexual abuse Rating = 2	-Program meets full requirements and intent of RHPA -Client centred PR approach that encourages treatment decision making in a manner desired by the client -Training materials and Code of Ethics are sensitive to minority groups and issues of discrimination -Ongoing training for members, staff and council should be developed -Client Relations Committee is currently inactive; committee work assumed by staff and executive -Current SAPP is out of date and should be revised -No evaluation plans in place Rating = 2

College and Year Established	# of Members	Member Education	Guidelines for Conduct	Staff Training	Information for the public	Overall Assessment
Nurses (1963)	106,000	-One is One Too Many - brochure, video, facilitator's guide and self directed learning guide -Newsletter articles -Self directed learning -Educational workshops, seminars and conferences Rating = 3	-SAPP (1994) -Standards in: culturally sensitive care (1998); use of restraints (1999); ethical framework for nurses (1994, 1998); abuse of nurses (1999); therapeutic nurse-client relationships (1998) Rating = 3	-In-house training re: sexual abuse and the RHPA, nature of sexual abuse, prevention activities and information regarding experiences of victims of abuse Rating = 3	-Newsletter for public launched 1999 -Public section on website -First Nations and Chinese Community Outreach Program launched 1997 - information placed in health centres, doctor's offices and media Rating = 3	-Program meets full requirements and intent of RHPA -Very robust program both in content and implementation strategies -Unique culturally specific outreach program for public and cultural sensitivity guidelines and training for members -Broadly based media campaign and communications with employers -One is One Too Many program has been evaluated, revised and is used by other Colleges -Achieved evaluation but no overall plan in place Rating = 3
Occupational Therapists (1993)	3,400	-Newsletter articles -Self test modules on prevention of sexual abuse; results of self tests analyzed and shared with members -Sexual abuse prevention guidebook -Workshops and presentations -Programming delivered to all OT students Rating = 3	-Code of Ethics (1995) -Statement of Philosophy (1995) -Guidelines for Professional Behaviour (1996) -Guiding Principles of Practice (1998) Rating = 3	-Annual training and orientation for staff, council and committee members Rating = 3	-Produce and distribute 6 fact sheets on complaints process -Booklet "Sexual Abuse: What Clients Need to Know includes information on patient rights -Website & 1-800 # -Public presentations -Public survey Rating = 3	-Program meets full requirements and intent of RHPA -Comprehensive content and implementation -Robust public outreach and consultation process -Currently undertaking comprehensive evaluation of its products and services Rating = 3

College and Year Established	# of Members	Member Education	Guidelines for Conduct	Staff Training	Information for the public	Overall Assessment
Opticians (1991)	1,800	-Mandatory continuing education program with credits for sexual abuse workshop -PR presentations and workshops across province -Newsletter articles -Brochures re: sexual abuse for members and public, mandatory reporting -Curriculum and instructors guide for diploma program Rating = 3	-Code of Ethics (early 2001) -Procedures for Complaints regarding Professional Misconduct of a Sexual Nature (1999) -Guidelines for Professional Standards of Practice (draft Dec 2000) Rating = 1 (still in development)	-No training provided to staff; plans are in place to develop training program by the end of 2001 -Staff and committee members participate in planning, preparing and delivering PR program content Rating = 1	-Brochures on the College and the Profession -Vision screening program in schools, but this doesn't address sexual abuse issues Rating = 2	-College is not yet meeting full requirements of the RHPA -Guidelines for conduct of members are not finalized and no training has been provided to staff -Only two reports of sexual abuse since College formed -Key strength is the rapid curriculum development for students Rating = 1
Optometrists (1919)	1,200	-Published proceeding of sexual abuse case in newsletter (1993) -Jurisprudence seminar and exam for new registrants -Roadshow on avoiding complaints -Newsletter articles -Workshops, seminars and conferences Rating = 2	- Zero Tolerance Policy (1992) -Guidelines on conduct of optometrists with patients (1994) Rating = 2	-Training sessions re: member conduct and dealing with complaints and victims of abuse (1997 and 2000) -Plan to have biannual training for staff and committee members Rating = 3	-1-800 # listed in yellow pages -Website in development -Plan to launch poster campaign in 2001 Rating = 1	-Program meets full requirements and intent of RHPA -More of patient oriented approach to educating members could be taken including materials on Professional Boundaries -Public outreach and information provision could be enhanced -Target levels of awareness and knowledge identified but no evaluation plans in place Rating = 2

College and Year Established	# of Members	Member Education	Guidelines for Conduct	Staff Training	Information for the public	Overall Assessment
Pharmacists (1971)	8615	-Member education through College manual, newsletter, District meetings and jurisprudence course -Individual training programs, workshops and seminars available on ongoing basis -Entry to practice education requirements include communications, jurisprudence, patient-practitioner interactions -Closely linked to QA program Rating = 3	-SAPP (1995); Zero Tolerance Policy (1995) -Dating guidelines -Standards for fluency, foreign trained applicants and education priorities Rating = 3	-Council members receive annual orientation to sexual abuse issues -Staff receive training at appropriate seminars in the city Rating = 3	-Brochure called, "You, Your Pharmacist and Your Health -"Talk About Care Campaign" -Website with public access -Patient communications standards developed Rating = 3	-Program meets full requirements and intent of RHPA -College centrally administered exam (part of QA program) focuses on communications with the public and patients -Focus on dialogue and communications is a best practice -College actively monitors complaints data, incoming calls, and feedback from members and the public -No PR evaluation plans in place; but College actively monitors issues and assess need for training and effectiveness of programs Rating = 3

College and Year Established	# of Members	Member Education	Guidelines for Conduct	Staff Training	Information for the public	Overall Assessment
Physicians and Surgeons (1869)	29,313	-Student education: survey of medical students; conferences and meetings -Newsletter articles -Develop/facilitate courses on: ethics and informed consent, communication and interview skills, avoiding patient complaints, boundaries -Physician outreach program -Self assessment tool on boundaries to be developed (2002) -Presentations for members -Baseline survey of members awareness of CPSO -Comprehensive website Rating = 3	-Zero Tolerance Policy (1991) -Mandatory Reporting Policy (2000) -Dating Guidelines Policy (1992, in revision) -Guidelines for Ethical Behaviour (1993, in revision) -Code of Ethics (process for development on hold); but CMA Code applies to all physicians in Canada Rating = 3	-Annual orientation re: legislation, policies and procedures for council and committee members -Staff attend presentations, workshops and seminars -Comprehensive formal training protocol for committee members and staff in development Rating = 3	-Fact sheets on: finding a doctor; complaints; self regulation; and peer assessment -"We care about your care" brochure -Public outreach presentations (44 in 1999 to public) -Website -Public information on members available to the public on request -Baseline survey of 650 members of the public; results being used to design communications strategy Rating = 3	-Program meets full requirements and intent of RHPA -PR program initially focused on sexual abuse; but broader patient-physician relations now in place -Patient rights and responsibilities information not available to public -Needs based approach to program development and outcomes based approach to management are strong -Comprehensive staff and council training are planned -CPSO actively evaluates its activities but no comprehensive evaluation plan in place for its PR activities -Public opinion survey of Ontario residents and College members undertaken to establish baseline data re: awareness of the College Rating = 3

College and Year Established	# of Members	Member Education	Guidelines for Conduct	Staff Training	Information for the public	Overall Assessment
Physio-therapists (1995)	5,392	-Regular newsletter articles -15-20 speaking engagements annually -Where's My Line, a boundaries brochure -Video, questionnaire and workbook and workshops (at least 4/yr) on professional boundaries -Patient centred care guide -Student education Rating = 3	-Code of Ethics -Position Statements on: establishing personal relationship with clients, and sexual abuse of patients Rating = 3	-Initial staff and council member training provided in 1994/95 -Additional training planned in 2001 -Staff training sessions at least once per year -Education sessions for council members at least twice per year -Ongoing orientation of new members Rating = 3	-Community events to present information to the public -Poster and information cards on regulated vs. non-regulated physios -"Get to Know Your Physio" patient newsletter -Excellent web site -2 questions on Angus Reid Survey 1999 re: incidence of physiotherapy use, awareness of the College and its responsibilities Rating = 3	-Program meets full requirements and intent of RHPA -High level of public involvement and outreach including evaluation with patients of physiotherapy -Very patient/client centred approach -Highly interactive approach to member education -Several surveys of members in establishing PR materials -No evaluation plans in place however target levels of awareness and knowledge are set, and plans are in place to review PR materials regularly Rating = 3

College and Year Established	# of Members	Member Education	Guidelines for Conduct	Staff Training	Information for the public	Overall Assessment
Psychologists (1960)	2,038 Psych-ologists 388 Psycho-logical Asso-ciates	-Newsletter articles -Information leaflets -Presentations at annual conferences - topics include: boundaries, cross-cultural sensitivity and practice, power imbalances, treatment of victims of sexual abuse -Regional presentations -Programming for students Rating = 3	-SAPP (1994) - Standards of Practice -Adopted CPA Code of Ethics (1999) -2 standards re: post termination relationships and exploitation of power relationships with clients (1993) -Sexual Harassment Standard (1999) -All standards to be reviewed and revised by Sept 2002 Rating = 3	-Annual orientation and refresher for staff, council and committee members -Staff encouraged to attend workshops, conferences, survivor consultation meetings Rating = 3	-Brochures providing information on: the College and the psychology profession -Website includes regulations, standards and guidelines, newsletters and brochures Rating = 2	-Program meets full requirements and intent of RHPA -PR content is very comprehensive including: cultural sensitivity, working with minority and marginalized individuals and groups, and working with victims of sexual abuse -Information on patient rights and responsibilities could be enhanced -No evaluation plans in place Rating = 3
Respiratory Therapists (1993)	1816	-Newsletter articles - brochures for members -Website developed -Registration manual contains information on RHPA, PR, standards, practice guidelines and policies -Regional education seminars on Legislation and the Workplace Rating = 3	-Sexual Abuse Prevention Plan (1996) -Standards of Practice (1996); Practice Guidelines in 10 areas; Policy Statements in 5 areas including "Statement on Registrants' Responsibilities to the Public Rating = 3	-Educational video on sexual abuse prevention shown to staff and council members Rating = 2	-Distribute Federation brochure on regulated Colleges to the public -Brochure and poster for point of care distribution (Jan 2001) Rating = 2	-Program meets full requirements and intent of RHPA -No complaints regarding sexual abuse have been made -Program focuses on broad aspects of PR -Membership survey used to identify priorities for development of practice guidelines -Extensive work in development of practice guidelines and policy statements -No PR evaluation plans in place Rating = 3

3.1 Educational Requirements for Members

Overall, member education is a well developed component of Colleges' PR programs, with Colleges implementing a range of activities to support member and student education. To help ensure maximum relevancy and applicability for members, all Colleges have developed educational materials tailored to their profession.

Both the content and delivery methods of education programs were considered in assessing the comprehensiveness and quality of programs.

Colleges use a wide variety of delivery methods, ranging from passive to more interactive and learner directed approaches. Although most Colleges use some interactive methods such as workshops or seminars, they tend to rely more heavily on passive educational approaches, such as providing members with information.

The most commonly used methods include:

- Production and distribution of newsletters articles, pamphlets and brochures
- Workshops and seminars
- Conference presentations
- Educational materials for instructors of students
- Posting information on web sites
- Videos

Less commonly used methods include:

- Self directed learning materials such as workbooks and self-test materials
- Giving continuing education credits to members who engage in PR training related to sexual abuse
- Preparing and distributing information to employers
- Including questions on Patient Relations in College entrance exams

In terms of content, the majority of Colleges have taken broad and comprehensive approaches to PR programs that encompass not only sexual abuse issues, but that hold good communications and inter-personal skills as central in the patient - professional relationship. Although this broad view of PR is not a requirement of the RHPA, most Colleges have been proactive in developing appropriate educational and training materials to enhance effective patient-professional relationships. Brochures, newsletter articles and workshops/seminars focused on communications are commonly used by Colleges.

Content areas commonly covered in PR programs include:

- The RHPA, self-regulation and the roles and responsibilities of members under the RHPA
- Standards, guidelines, codes of conduct and policies regarding sexual abuse and its prevention
- Communications and inter-personal relationships, including boundaries and boundary violations
- Power differentials and the nature of power between patients and professionals
- Reporting responsibilities/requirements of health professionals regarding sexual abuse

Although member education programs are generally comprehensive, there are several areas in which program content could be enhanced. The first would be for Colleges to promote more client centred approaches to patient care, particularly in terms of involving patients or clients in making decisions about their treatment. While most Colleges educate their members about the informed consent process, very few have gone the step further to encourage active involvement of patients in the decision making process. In most cases, care and treatment decisions are still seen to rest with the health professional. Several Colleges have however, clearly acknowledged the role of patients in treatment decision making in the PR materials. These Colleges include Audiologists and Speech Language Pathologists, Dietitians, Midwives, Respiratory Therapists and Physiotherapists.

The Health Care Consent Act requires informed consent which includes understanding the nature of treatment, alternatives available and agreeing to what is chosen. The Canadian Code of Ethics for Psychologists includes at least six separate statements about informed consent and involvement in decision-making, including, I. 11, “seek as full and active participation as possible from others in decisions which affect them.” Occupational Therapists take great pride in being client-centred in everything they do. Client-centred service is not a new concept in the health care professions, and most Colleges have detailed guidelines readily available to their members and the public.

Another area that could be enhanced is education and training materials regarding providing care to members of minority groups and to people who have been former victims of abuse. Currently, many of the PR programs focus on issues of sexual abuse for the population as a whole, and do not address the specific needs or circumstances of population groups who are more vulnerable to abuse -- people who are marginalized by race, class, economic status, sexual orientation, disability, age, and sexual abuse survivors. Most Colleges’ PR programs could be enhanced by including some diversity training to sensitize professionals about providing care to individuals who are particularly vulnerable to abuse.

Several Colleges have made progress in this area and have materials that could be beneficial to other Colleges. The College of Psychologists has developed materials and offered workshops on cultural sensitivity, working with minority and marginalized groups and working with victims of sexual abuse. The Nurses have developed a culturally specific outreach program for Chinese and First Nations communities and cultural sensitivity guidelines and training for their members. The Audiologists and Speech Language Pathologists have developed a position statement on service delivery to linguistically and culturally diverse populations, and the Midwives have training materials which support providing specialized care for members of minority groups. The Physicians and Surgeons have an excellent two-day course in physician-patient communication and interviewing skills that includes pre and post-course questionnaires.

Colleges have demonstrated significant collaboration and cooperation by using and sharing one another’s materials, and in some cases by developing materials jointly. For instance, the College of Nurse’s video and program, “One is One Too Many” is used by several other Colleges, including the Dietitians and the Dental Technologists. The Physiotherapists, Massage Therapists and Chiropractors have collaborated in producing “Where’s My Line”, a brochure on professional boundaries. Most Colleges participated in developing materials about the role of health regulatory Colleges that was produced by the Federation.

Continued collaboration between Colleges is encouraged in the development of education and training materials, particularly around issues which are not College specific. For instance, materials and training opportunities around issues such as boundaries and boundary violations, provision of care to minority groups, and diversity training, do not need to be College specific, and could be developed and offered cooperatively to groups of different health professionals.

3.2 Guidelines for Conduct of Members

All Colleges have developed some basic guidelines for conduct of their members. The most common type of guidelines include: Codes of Ethics; Guidelines on Professional Conduct and Behaviour; Guidelines on Preventing Sexual Abuse; Responsibilities to the Public; and Zero Tolerance Policies for sexual abuse. Standards and guidelines pertaining to communications, boundaries and inter-personal relationships are generally found within these broader guidelines.

In addition to these, some Colleges have developed guidelines dealing with specific aspects of PR such as: boundaries, personal relationships, employer responsibilities, providing culturally sensitive care, sexual harassment, dating guidelines, post-termination relationships, and communicating with patients who can not provide consent.

3.3 Training for College Staff

Although all Colleges provide some form of staff and council training, this is an area that could be enhanced in many Colleges. Approximately half of the Colleges have systematic formal educational opportunities for staff, council or committee members. In these cases, staff and council members are generally provided with annual orientation, training or refresher sessions. In some cases, staff and council members are encouraged to attend professional conferences and workshops outside the College. A few Colleges also maintain resource inventories for staff and council members. Several Colleges are in the process of developing more formal training plans.

The Royal College of Dental Surgeons has a somewhat unique and well established approach to staff and council training that should be noted. In addition to providing regular training to all staff (not just staff involved with PR) and council and committee members, the College has one full time sexual abuse officer who receives special training and handles all inquiries and formal complaints dealing with issues of a sexual nature.

3.4 Provision of Information to the Public

As a whole, this is the weakest of the four PR program areas, both in terms of the level of activity undertaken and the type of information provided to the public. Pamphlets, brochures, leaflets and information cards have been the most common way of providing information to patients and to the public as a whole. Colleges also frequently post information for the public on their web sites, along with other relevant College information. 1-800 numbers are also common. These allow patients and the public to make inquiries and receive information at no charge.

Most Colleges compliment the brochures and web site information they provide with some other public outreach tool or process. Some of the methods currently used include:

- Seeking public involvement into program development through public or patient surveys or focus groups
- Media / advertising campaigns
- Newsletters specifically for patients and/or the general public
- Making public presentations; hosting community events to present information to the public
- Developing consumers' guides
- Developing specialized / targeted outreach strategies (i.e. vision screening program of the Opticians, First Nations and Chinese Community Outreach Program of the Nurses)
- Making information on each College member available to the public upon request

On a whole, public education materials tend to have a somewhat narrow focus. Although these materials commonly include patient rights information, they generally focus on providing information about the College and the profession, rather than on sexual abuse and patient rights and responsibilities. When patient rights information is provided, it tends to be centred around the complaints and disciplines process. While this is an essential component of patient/public education, more efforts could be put into informing patients and the public about sexual abuse itself — what constitutes sexual abuse, what sexual abuse looks like in the context of health care, how to recognize it, how to handle uncomfortable situations, etc. Collaboration between Colleges through the Federation, could be one way of producing information and materials that are relevant to all Colleges, in a more cost effective and efficient way.

In general, there appear to be significant opportunities for collaboration and cooperation between the Colleges, the Federation, HPRAC and the Ministry of Health and Long Term Care with regards to providing information to the public. Indeed, many Colleges question the overall efficiency and effectiveness of each College independently attempting to educate the public on the role of regulated health professional Colleges, the RHPA and complaints procedures. They suggest that the Federation or the Ministry of Health and Long Term Care should assume this responsibility.

Increased collaboration could also provide opportunities for Colleges to do more large scale, broad based outreach using media or advertising strategies, that would be cost prohibitive for Colleges to do on their own. Collaboration in this area might also reduce concerns held by some members that media campaigns and advertising elicit complaints if they are done by one College. Collective advertising campaigns might help decrease opposition to such campaigns.

4.0 Technical and Evaluative Assessment

4.1 Technical Assessment

A technical review of each College's PR programs was done to answer three main questions:

1) Is the program meeting the full requirements and intent of the RHPA?
2) Does the program address PR activities beyond sexual abuse?
3) To what extent does the PR program conform to best practices in the field?

Answers to these questions for each College are found in Part 2 of this report. Following is a summary of findings for these questions across all the Colleges.

1) Are PR Programs Meeting the Full Requirements and Intent of the RHPA?

Development and implementation of PR programs is generally a staged process with different activities being implemented at different stages. In the case of almost all the Colleges, implementation includes some activities that have already been completed and some that are ongoing. The presence of ongoing activities indicates that programs are in continual development and are updated and revised regularly. It also demonstrates that Colleges view PR as a continual process rather than a one-time learning event.

In Section 3 - Descriptive Assessment, Colleges' PR programs were assessed (refer to Table 1) along a continuum of development that had originally been presented in the PricewaterhouseCoopers Volume 5 Report. HCA used the same ratings as those of PricewaterhouseCoopers to maintain consistency from one evaluation to the next, and to be demonstrate how, and if, Colleges had progressed in their PR program development.

Three ratings were developed by PricewaterhouseCoopers:
1: Minimal or narrow definition of the legislated requirements were met.
2: Requirements are met in a way that reflects the intent of the legislation.
3: Requirements are developed in a manner that was robust, more fully implemented and integrated into College activities.

Using this scale, we rated the individual components of each Colleges PR program. We also gave an overall rating to the whole PR program. Fourteen Colleges had robust programs that were well integrated into College activities. Six Colleges had implemented programs that reflected the intent of the legislation, and one College had only implemented the minimal requirements of the RHPA. Overall, this suggests that Colleges are taking PR very seriously and are implementing PR activities in an integrated manner with the rest of their programs. It also demonstrates that Colleges have made significant progress in the development of their PR programs since the PricewaterhouseCoopers report was prepared. At that time, the individual program components were rated lower over all.

2) Are the Programs Addressing Issues Beyond Sexual Abuse?

Although the RHPA exclusively deals with the sexual abuse component of the patient-professional relations, analysis of complaints data from the Colleges reveals that a breakdown in communications is at the heart of most complaints received by the Colleges. As a result, PR programs are more likely to be effective at preventing abuse and poor health care treatment if they include measures to improve communication and inter-personal skills among professionals. The large majority of Colleges have taken this broad approach to patient relations. Issues such as boundaries, communications, informed consent, touch, discrimination, the patient-practitioner relationship, and verbal, emotional and physical abuse, are often addressed within PR programs.

Some Colleges however focus primarily or almost exclusively on sexual abuse without addressing the broader patient relations issues. The Royal College of Dental Surgeons, the Optometrists and the Opticians are among the Colleges that focus on sexual abuse. The Nurses focus on abuse defined as physical, verbal, psychological and sexual. While the College of Physicians and Surgeons PR program initially focused on sexual abuse, it has been broadened and now includes an exemplary "Patient-Physician Communication and Interviewing Skills Course".

3) To What Extent do Programs Conform to Current Best Practices?

Through a review of the literature[1], HCA identified thirteen indicators or conditions seen to be part of effective PR programs. Each College's PR program was assessed to determine the extent to which the program met these conditions and conformed to current best practices. Individual College assessments are found in Part 2 of this report. Following is a synthesis of results across the 21 Colleges.

<u>a) Proactive approach to program development</u>
Effective patient relations programs require the design, implementation, monitoring and evaluation of proactive approaches to ensure that patient needs and expectations are understood, managed appropriately, and reviewed in an ongoing manner to ensure appropriateness and relevance.

Although all Colleges have been proactive in developing their PR programs, some have been more proactive than others in attempting to determine needs and directing their efforts towards meeting those needs. Several Colleges have been highly consultative in developing their programs and/or materials. Some Colleges such as the Audiologists and Speech Language Pathologists, the Dietitians, Medical Laboratory Technologists, Occupational Therapists, and the Physiotherapists, have been very intentional in seeking input from the public in the development of their programs. Others such as the Dental Hygienists and the Medical Laboratory Technologists, have used the results of their practice and members' surveys to improve and develop their programs. The Respiratory Therapists have used their membership surveys to identify priorities for development of practice guidelines; and the Physiotherapists have surveyed their members several times in developing their materials.

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[1]See for example, Beamish, S., Melanson, M. and M. Oladimeji (1998) *Clients Rights in Psychotherapy and Counseling*: *a handbook of client rights and therapist responsibility*. Canada, Clients' Rights Project; and Erickson, Beth (1993). *Helping Men Change: The role of the female therapist*. San Francisco, Sage.

Overall, Colleges appear to be most proactive in terms of the member education and guidelines components of their programs. This is where consultation is frequently seen in the development process; and in the case of member education, Colleges tend to have plans for regular and ongoing activities.

Staff training and provision of information to the public, on the other hand, are areas in which Colleges have not been very proactive. Many Colleges have provided one time staff training and have not followed up with refresher training opportunities or regular training plans. In terms of providing information to the public, many Colleges could be more proactive by providing information beyond that which pertains to the College itself or to complaints procedures.

b) Systems in place for reacting to inquiries

All Colleges have systems in place to respond or react to inquiries related to sexual abuse. However, the effectiveness of response systems is closely connected with the level of training that staff, council and committee members receive in dealing with sexual abuse. As was previously discussed (refer to Section 4, 3.1; and Section 3 - Training for College Staff), more systematic and regular training could be provided by about half of the Colleges. This would help ensure that individuals who respond to inquiries have the adequate skills and knowledge to handle inquiries and complaints with sensitivity and care.

Some Colleges have been very intentional in their approaches to handling inquiries. The Dental Technologists, Denturists and Massage Therapists have developed protocols for staff action when handling complaints. The Dental Technologists are also in the process of developing a checklist for handling calls or letters of complaints related to sexual abuse of patients. The Dental Surgeons have created one full time staff position for handling all inquires and complaints, related to sexual abuse. This person receives special training for this role. The Denturists have sexual abuse officer on retainer.

c) Information on patient rights and responsibilities available

Approximately one third of Colleges, have not provided clear information to the public or to their patients regarding their rights and responsibilities. These Colleges include: the Dental Hygienists, Medical Laboratory Technologists, Physicians and Surgeons, Optometrists, and the Psychologists. In the case of the Psychologists, while they have developed two brochures for the public, information on patient rights and responsibilities is not clearly spelled out.

Colleges that provide this information to the public generally do so in brochures/pamphlets that are distributed to members for distribution to their patients, or directly to the general public. Colleges that maintain web sites, also post this information on their sites. Examples of some of these pamphlets include:

- "Do You Know the Difference Between Regulated and Unregulated Service Providers", College of Audiologists and Speech Language Pathologists
- "Complaints Procedures for Clients", College of Midwives
- "Sexual Abuse Has No Place in Your Health Care", College of Dietitians
- "Sexual Abuse: What Clients Need to Know", College of Occupational Therapists"

The type of information covered in these materials includes: complaints procedures, regulated health, professional treatment, standards of care, and general information about sexual abuse. Most of it focuses on patient rights, with information on patient responsibilities being less common.

d) Professional and human relations skills development opportunities available
All Colleges provide professional skills development opportunities to their members through Quality Assurance (QA) programs that are designed to maintain the skills, knowledge and competence of health professionals. Though not a requirement, most QA programs also include human relations skills opportunities for members.

QA educational programs generally fall into one of two categories: self directed learning or mandatory continuing education which sometimes includes a requirement for completing a designated number of continuing education activities in a given time period. In either case, it is generally up to the member to determine what type of training they need develop their skills and knowledge.

e) Information on appropriate professional behaviour readily available
All Colleges have made information on appropriate professional behaviour readily available to their members. This information is generally contained in standards, guidelines and policies related to patient relations, newsletter articles, members' orientation binders, workbooks and self assessment materials related to patient relations, and on College web sites. All Colleges also respond to individual member requests for information. Should a member not find the specific information they may be looking for they can contact the College directly. Most have a 1-800 telephone number.

f) Training materials specifically designed for College/profession
All Colleges have developed their own education and training materials, as well as their own policies and standards regarding patient relations. As a result the information that College members receive is specific to the needs and circumstances of their particular profession and practice. In addition, many Colleges have benefitted by using information and resources from other Colleges or generic information on the roles of Colleges and self regulation from the Federation. It is recommended that Colleges share resources as much as possible in order to reduce duplication and make efficient use of resources.

g) Program materials encourage patient participation in treatment decision making in a *manner desired by the patient*
The Health Care Consent Act requires health professionals to ensure that patients understand the nature of treatment proposed, alternatives that are available, and risks and benefits of accepting or rejecting treatment. It also requires patient to agree to the proposed treatment. Most PR programs address the issues of who controls consent, informed consent, and being sensitive to patients' needs. However, most stop short of encouraging patient participation in treatment decision making in a manner desired by patients. They do not for instance, advise members to determine and be responsive to how, or how much patients want to be involved in the decision-making process.

A few Colleges have taken client centred approaches to care provision and decision making. The Physiotherapists for example, are developing training materials that encourage participation in treatment decision making in a manner desired by the patient. The Patient Centred Care Guide currently in development, outlines seven elements of patient-centred care with case vignettes and contains a pull out "Patient Centred Interview" for use by members. It will be available in Spring 2001 and could be beneficial to other Colleges. The Respiratory Therapists' brochure called "Responsibility to the Public" has "collaboration" with the patient as one of the principles of patient treatment.

h) PR materials emphasize "all touch is potentially problematic"
Most PR programs clearly convey through their policy statements and standards and educational materials that all touch is potentially problematic. Most are clear about the need to explain the purpose and nature of a procedure prior to doing it and to obtain client consent prior to engaging in any form of touch, and to make sure the client is comfortable.

i) Ongoing development and training available for members
Effective PR programs provide regular development and training opportunities for their members and view learning as an ongoing process rather than a one-time event. Most PR programs provide members with such opportunities. They may be in the form of regular publications or articles on patient relations, updates to the web site, or regularly scheduled presentations/workshops for members.

Many Colleges have articulated plans to regularly review their PR activities and materials and to update materials and training opportunities as required. The Dental Hygienists and the Medical Laboratory Technologists are particularly intentional in their review process, using annual member surveys to identify members' needs and issues and to develop their program accordingly. In a few of the Colleges such as the Dental Surgeons, Dietitians, Occupational Therapists and Opticians, members self assess their learning needs and identify appropriate skill building opportunities. This is generally done on an annual basis.

j) Rewards to members who participate in continuing education
The large majority of Colleges do not provide members with rewards for participating in continuing education. Continuing education and maintaining one's professional skills and knowledge is generally seen as one of the responsibilities of being a health professional and is a requirement of Colleges' quality assurance programs. Generally speaking, if there is a reward for participating in continuing education it is one's own professional development. Members who do not participate may be reprimanded in some way (i.e. they could have their license suspended or revoked) or they may be required to undergo a peer review or assessment.

Several Colleges have however been proactive in encouraging members to participate in PR related continuing education by giving credits for participating in certain PR activities. For example, the Royal College of Dental Surgeons gives members continuing education credits for viewing their "Zero Tolerance" video; and the College of Opticians gives members continuing education credits for attending the College's sexual abuse workshop.

k) Systematic approaches in place for training staff, council and committee members
Although all Colleges have provided some training for staff, council and committee members, this is an area that could be improved in many Colleges (refer to Section 3, Training of Staff, where this has been discussed in more detail.)

The Royal College of Dental Surgeons has taken an exemplary approach to orienting and training College staff and council and committee members and may be able to take a leadership role in training across the Colleges. They have identified initial orientation and training of publicly appointed members to the Councils of all health professional Colleges as an issue, and have offered to conduct a training program to meet this need. HPRAC, the Federation and other Colleges should discuss the possibilities and potential of the Dental Surgeons taking this leadership role.

l) PR implementation plans include targets for dates, locations, and participation rates
Systematic planning and implementation of PR programs is weak across the Colleges. Approximately half of the Colleges did not have program implementation in place. A few had general plans in place but without detailed information on target levels. Only one College, the Dietitians, had a PR implementation plan in place that identified activities and target dates for implementation. This was done in response to HCA's intervention.

Part of the challenge for many Colleges in developing PR implementation plans is that the PR programs often do not operate as separate and distinct entities within the College. Instead, PR activities are integrated into, or linked with the work of other committees and programs such as quality assurance and complaints and disciplines. If PR programs are broadly conceived of, as many Colleges have done and as is recommended, then PR issues and activities fall within the jurisdictions of several other statutory College committees. The challenge is for Colleges to determine how best to carry out PR activities to ensure that they support and compliment other College activities. The most appropriate role for the PR committees may be to coordinate and produce PR plans across the College, but to leave program delivery or implementation to other more appropriate committees.

m) PR evaluation plans in place
Few Colleges have made much progress in developing evaluation plans for their PR programs. More than half the Colleges have not articulated any plans for evaluating their programs; a few have begun to identify target levels for changes in awareness and knowledge among members, but they have yet to develop any measurement plans. Only one College, the Occupational Therapists, has developed a program evaluation plan. They are currently undertaking a comprehensive evaluation of their activities (outputs) to determine if they are working and if not, to identify what would work better.

Although no comprehensive evaluations have been completed, a few Colleges have evaluated individual program components and have made necessary program revisions. For example, the College of Nurses has evaluated their "One is One Too Many" program, and the Physicians and Surgeons regularly monitor and evaluate their programs to make program improvements.

4.2 Standard Evaluative Assessment

Evaluations typically focus their inquiry on questions concerning the rationale, efficiency, effectiveness, impact and access or equity of programs. Each College's PR program was assessed through the lens of these evaluation questions. Results of individual assessments are found in Part 2 of this report. Following is a summary of the analysis and conclusions across all the Colleges for each of these questions.

4.2.1 Rationale

Rationale questions are generally concerned with determining whether a program is appropriately designed to respond to an identified need(s), and whether the program design is logical and is likely to lead to the expected outcomes.

Are PR Programs Designed in Response to a Particular Need?
Only a few of the Colleges have surveyed or interviewed their members, patients or the general public, to determine what their needs and issues are in terms of patient relations. Among those that have are the Audiologists and Speech Language Pathologists, the Dietitians, Medical Laboratory Technologists, the Dental Hygienists, and the Physiotherapists.

The Dental Surgeons, Pharmacists and Physicians and Surgeons use their complaints data to identify PR issues and to design appropriate PR activities in response to complainants' issues. Overall, however, Colleges could be more intentional in their use of complaints data. At present, it is not evident that Colleges are using this information as effectively as they might, if they are using it at all.

PR programs need to reflect the unique practice situations of each profession. For example, members of some professions may not provide direct services to patients or they may have very limited patient contact. In such professions and Colleges, the risk of patient abuse is low relative to other Colleges that have more patient contact. The Dental Technologists are an example of a College with very limited direct access to patients, and with no complaints of a sexual nature on record. For this College, the PR issues/needs are slightly different by virtue of the fact that their direct clients are dentists and other health professionals. The College has responded appropriately in developing PR materials targeted to employers.

Eight Colleges have never had a complaint of a sexual nature lodged against them. For Colleges in which the risk of sexual abuse is relatively low, the need for PR activities addressing sexual abuse, may not be as great as that of other Colleges. However, there is still a need for some activities to address sexual abuse, but with the focus being on continuing to prevent misconduct of a sexual nature. As well, these Colleges still have a need for PR programming to prevent and deal with other forms of abuse (i.e. physical, verbal or emotional abuse). PR programming is evident in all Colleges regardless of whether they have complaints of a sexual nature. For most Colleges, the level of PR activity and the type of activities undertaken, appears to be appropriate to the College needs and circumstances.

Is PR Program Design Logical and Is it Likely to Lead to Expected Outcomes?
Analysis of the results chains across the Colleges shows that PR activities being planned and implemented should logically lead to a reduction in the potential for sexual abuse. Activities are aimed at all participants in the health professional-patient relationship, and address all components of the standard behaviour change model, awareness, knowledge, skills and attitude. At issue is whether this education model, combined with the threat of punishment can deter individual professionals who exhibit tendencies to being sexual predators. Careful evaluation of any such cases would be required to determine whether there was a theory or implementation problem with the prevention program. The patient side of the equation is equally important in such cases. As noted elsewhere in this report, public education is a general area of weakness in the Colleges' PR programs.

Operating from the basic tenet that health care is a collaborative process with the patient holding a great deal of the expertise, and that the success of that collaboration depends on establishing a mutually respectful and trusting relationship between the health care provider and the patient, positive health outcomes are diminished by anything that compromises such relationships. Complaints against health care professionals filed by patients are an indicator of

compromised relationships. Sexual abuse complaints are only a small portion of total complaints received by the Colleges. Other areas of concern include standard of care, communication, consent, use of patient information, conduct toward patients and staff, and assessments. PR programs must address this broad range of issues if they are to achieve their optimum impact.

Most College's PR activities do address a broad range of PR issues. Many Colleges use complaints and other sources of information to identify and address current PR issues specific to their profession. However, in general, Colleges could improve their use of existing information to direct their PR efforts to areas of greatest concern.

4.2.2 Efficiency

It is difficult to comment on the efficiency of program delivery as specific targets for program implementation have not been set in most cases. However, Colleges have demonstrated resourcefulness and efficiencies in developing and implementing their programs. This is shown through:

- Colleges working together through the Federation and with other provinces, to prepare and deliver materials and workshops to members and the general public, and by sharing materials with one another
- Making all staff aware of PR issues and protocols so they can all handle incoming calls
- Integrating PR activities throughout the key functions and operations of the College and with other statutory College committees
- Having committee members sit on several committees to develop a broad understanding of the College and issues

Several Colleges have offered suggestions for improving efficiency:

- A number of Colleges question the overall efficiency of each College independently attempting to educate the public on the role of regulated health professional Colleges and believe that the Federation or the Ministry of Health and Long Term Care should take on this responsibility
- Some Colleges feel that there would be merit in having a common health Colleges education initiative covering generic issues such as ethical behaviour and communications. They also see possible opportunities for some of the smaller Colleges to reduce costs by sharing office space.
- The Psychologists suggest that efficiencies could be gained with greater sharing of work plans between Colleges.

The College of Dental Technologists notes some challenges they were facing in implementing their PR program efficiently. Their PR Committee has experienced difficulty since its inception because of the short notice of resignations and delays in appointments and re-appointments of public members, and due to the inability of committee members to meet because of distance or time commitments. Constant turnover of committee members slows committee work as new members need to be oriented and planning must often start anew. It is unknown to what extent other Colleges have experienced similar difficulties. HPRAC and the Federation may wish to explore these issues with other Colleges to determine whether they are experienced by other Colleges, and if so, what could be done about them.

4.2.3 Effectiveness

To date Colleges have done very little systematic work to test the effectiveness of their PR programs. Although the results chains show that programs are expected to be effective, this can not be verified or tested without a planned evaluation. In the absence of completed evaluations, the consultants noted some indicators that Colleges are using to make preliminary statements about the effectiveness of their programs. Some of the indicators being used include:

- Zero complaints of a sexual nature (Audiologists and Speech Language Pathologists, Dental Hygienists and Dietitians)
- Increase in awareness and conversations regarding sexual abuse prevention within the profession (Midwives)
- Increase in phone inquiries from clients, suggesting that members are willing to tell clients where they can complain, make suggestions or get their questions answered (Midwives)
- Members survey of "Zero Tolerance" video suggests that members found the training helpful (Dental Surgeons)
- Staff have increased awareness of PR issues and skills in handling them (Audiologists and Speech Language Pathologists, Medical Laboratory Technologists, Optometrists)
- Increase in member inquiries about PR issues and more discussions of PR among members (Dietitians)

A couple of Colleges have more concrete evidence about the effectiveness of their programs. The College of Nurses evaluated their "One is One Too Many" program between 1996 and 1998. Effectiveness questions were asked and participants indicated that they had acquired significant knowledge through the program, and gave specific examples of how they had changed their behaviour as a result of the program.

The Dental Technologists have some evidence to suggest that their program is effective. A survey conducted in 1997 with ten percent of the membership showed that 90% of respondents were aware of the role and obligations of the PR Committee, and over 70% found the PR program policies and guidelines useful, comprehensive and appropriate. In general, members were complimentary of the College and its Committees.

4.2.4 Impact

None of the Colleges have plans to evaluate the societal level impact of their programs. This would involve a cooperative endeavour with other Colleges and would present methodological challenges in trying to isolate the effect of the programs from changing attitudes and trends in society as a whole. It would not be reasonable to expect individual Colleges to do this type of research.

4.2.5 Access and Equity

Colleges have taken some measures to ensure that their programs are easily accessible to their members and to the public as well. 1-800 telephone numbers are common among the Colleges, as are web sites which can be accessed by anyone across the province with access to the internet. As well, Colleges generally make their documents available in both French and English.

Colleges could however do a few things to make their information and programs more accessible. First, public information materials, as well as information for members, tend to be very technical in nature and are not very user friendly. These should be written in plain language without excessive jargon or technical terms. Plain language and literacy level testing should be applied to all materials targeted to the general public.

Second, while some efforts have been made to reach out to, and to produce information for specific ethno-cultural communities, culturally targeted programming is generally weak in PR programs. At minimum Colleges should consider translating some of their key PR materials into different languages. Collaboration among the Colleges through the Federation would be helpful in doing this. This has started and is encouraging.

Third, many Colleges could take a more systematic and planned approach to reaching members in different parts of the province and at regular intervals. At present, many of the Colleges that offer training or workshops/presentations to their members, do so in a reactive manner, responding to requests or needs as they come up. A more proactive approach would help ensure that regions across the province are given equitable access to training and information.

5.0 Summary and Conclusions

5.1 Strengths of the Patient Relations Programs

Patient Relations is acknowledged as a serious issue by the Colleges. With a couple of exceptions, Colleges are meeting the full requirements and intent of the RHPA. The majority of Colleges have taken a broad approach to meeting the requirements of the legislation, addressing patient relations issues and undertaking activities that go beyond sexual abuse prevention. Some Colleges have actually defined abuse to include physical, emotional, verbal, as well as sexual abuse.

All Colleges have developed Standards, Guidelines and Code of Ethics dealing with patient relations in general and sexual abuse specifically. Overall, there is a strong emphasis on abuse prevention, which is seen as a fundamental component of PR programs. Many programs address issues such as boundaries and boundary violations, informed consent, the patient-professional relationship and power differentials between patients and health professionals.

Most Colleges integrate their PR program and activities into their other programs with the result that PR issues are addressed using multiple methods and approaches. Not only is this practical from an efficiency point of view, but it is also necessary because many PR activities fall within the jurisdiction of other College committees such as the Quality Assurance and the Complaints and Disciplines Committees. This type of integrated programming implementation is evidence of the broad and comprehensive PR approach taken by many Colleges.

Colleges have demonstrated a high level of collaboration among one another in developing their PR materials and programs, and in sharing of resources. Many Colleges use materials produced by other Colleges, or they develop their own materials based on those of other Colleges. Some Colleges, such as the Dental Surgeons and the Dental Hygienists are even delivering joint workshops. Most Colleges have participated in the development of materials about the role of health regulatory Colleges produced by the Federation. They are also working together closely on legal issues in patient relations through the Federation. The Dental Hygienists have compiled a list of sexual abuse prevention materials produced by all 21 Colleges. This valuable resource is included as Appendix 3 to this report.

5.2 Areas for Improvement

The weakest program component across the Colleges is providing information to the public in general, and more specifically to patients. Although all Colleges have provided information to the public, most of the information has focused on the professions, the role of the Colleges and self regulation. Although most Colleges recognize the broad nature of PR and the importance of communications, many Colleges seem to have interpreted communications to focus on publicity campaigns designed to generate better *Public Relations* for their Colleges.

Fewer Colleges have provided information about sexual abuse itself — what it is, how to recognize it in the context of a health care relationship, and what to do in situations where one feels uncomfortable or vulnerable. Most Colleges have provided information on patient rights, however few have addressed the flip side, patient responsibilities. More concerted efforts are

required on the part of Colleges to make more comprehensive and patient/client focused information available to the public.

Though the content of PR programs is generally quite comprehensive, one area for improvement is in providing training and information focused on the specific needs and circumstances of population groups that are more vulnerable to abuse, and are also less likely to report abuse — specifically members of particular communities, and individuals who live lives of compounded oppression, including Aboriginals, people of colour, people of lower socio-economic status, homosexuals, and disabled people. To date, most Colleges have provided very little, if any, training or information in this area, and PR programs could be enhanced by including diversity training to sensitize health care providers working with people who are more vulnerable to abuse. It is important to note that there are several exceptions to this general conclusion.

Another area for improvement is on the effective communication and exchange of information between patient and professional. This is dealt with in respect to abuse prevention but not as completely in other areas.

Collaboration between Colleges, HPRAC and perhaps the Ministry could be enhanced for providing information to the public on subject areas that are not College specific, such as:

- Patients rights and responsibilities
- Recognizing abuse and what constitutes abuse
- Lodging complaints and the complaints process

This type of collaboration could also provide opportunities to do more large scale, broad based outreach using the media or doing some kind of larger information campaigns. At present very few Colleges have undertaken larger outreach or media campaigns, and doing so would likely be cost prohibitive for most Colleges. Some Colleges have also received opposition from their members in doing large campaigns, fearing that such campaigns would invite complaints. Collaborative initiatives would not only be more cost effective, but they would also likely reduce fears and oppositions for College members.

Program and evaluation planning appears to be a weak area overall for Colleges. Although some Colleges have developed implementation plans with activity targets and timelines, many have not detailed implementation plans. Evaluation planning is given even less priority, with only one College having developed an evaluation plan. Colleges could benefit from developing at minimum annual PR program implementation plans which include implementation targets for completion dates. Three year plans would be preferable, but may not be achievable in the short term.

In terms of evaluation, Colleges should start by identifying some performance indicators which would indicate when a program is successful. At present, Colleges have not generally identified success indicators and are not collecting information that would point to program success or failure. To assess the effectiveness of PR programs across all the Colleges, common performance indicators to be collected by all Colleges are needed.

A relatively simple indicator of PR program success across all the Colleges would be the number of complaints. At present, however, the inconsistencies and lack of standards among College as to how complaints are reported is problematic. Because Colleges do not report complaints in a consistent manner it is not possible to use complaints data as an indicator across the Colleges, except in the case of sexual abuse.

5.3 Challenges in Conducting the Evaluation

5.3.1 Non-existence of standardized reporting of complaints among Colleges

As stated, complaints data could logically be used as a simple indicator of success of PR program. This indicator could be more effective if all Colleges standardized their complaints data. All Colleges provide information on complaints in their annual reports, but it is in some cases difficult to ascertain the nature and definition of these complaints. Most Colleges determine that a complaint is only received when it is written and forwarded to the College. Very few Colleges record the number of telephone enquiries and oral complaints that were resolved without a written complaint being lodged. This lack of consistency makes it impossible to use this indicator effectively to evaluate the success of the PR programs of health Colleges.

5.3.2 Differing levels of patient contact among Colleges

The risk of sexual abuse by practitioners varies according to the practice of each profession. One profession may involve a high level of contact between patient and professional, while another may involve very little contact. The regulations regarding the PR programs of all 21 Colleges are identical, although the risk of abuse among the Colleges varies. (A related issue is one of varying budgets among Colleges.) This makes the comparison and evaluation of the PR programs a challenging task. For this reason, this evaluation attempted to take a “best practices” approach in order to highlight the best aspects and practices related to patient relations among all of the Colleges.

5.3.3 Time constraints to conduct the evaluation

Both the Consultants and the Colleges conducted the evaluation under a tight timeline, placing stress on the evaluation process. That said, all of the Colleges were provided with the opportunity to review their individual College reports, and were willing and able to provide feedback on their draft reports.

5.3.4 College perception of overlap between this evaluation and the PricewaterhouseCoopers study

There was some confusion among College representatives as to the perceived overlap in goals between this evaluation and the PricewaterhouseCoopers evaluation. In order to avoid overlap, HPRAC decided early on to exclude an evaluation of the Funding for Therapy and Counseling from this evaluation.

6.0 Recommendations

1. Colleges are, by and large, carrying out appropriate activities to reduce and hopefully eradicate abuse and boundary violation of patients by members. Monitoring and evaluation of program implementation and results will be necessary to know if they are being effective. There should be collective agreement among key stakeholders on what some of the key performance indicators should be regarding outcomes and impacts. There is also a need for integrated College approaches to monitoring and evaluation and further for multi College monitoring and evaluation strategies.

   Recommendation: *That a working group be struck of College representatives, as well as representatives from the Federation and HPRAC, to develop integrated approaches to monitoring and evaluation and to come to a collective agreement on key performance indicators for measuring PR program outcomes.*

   Recommendation*: That larger Colleges give consideration to establishing a separate evaluation unit within the College that would report to the Registrar.*

   Recommendation*: That Colleges be grouped into logical units (i.e. a Dental Group) for the purpose of evaluation. Colleges would be encouraged to conduct evaluations collaboratively, especially where there are similarities of practice and continuity of service.*

   Recommendation*: That Colleges conduct two separate types of evaluations; internal monitoring and evaluation completed within the College, as well as external evaluations done on an periodic basis using outside assistance.*

2. A standard does not exist across the Colleges on reporting complaints outside of sexual abuse. If standardized, complaints data could be used as an indicator to evaluate the success of PR programs.

   Recommendation*: That the Colleges and HPRAC develop a standard for reporting and responding to all complaints.*

   Recommendation*: Training of staff could be done collaboratively among Colleges once a standard is developed for reporting and responding to complaints.*

3. The weakest link in the PR programs of the Colleges is in providing information, particularly information on patient rights and responsibilities, to the public who are being treated by College members. This is an area in which substantial gains can be achieved through collaboration, resource and information sharing among Colleges. This is already occurring to some extent informally among some Colleges and more formally through the Federation.

   Recommendation: *That the Colleges take a more systematic and planned approach to identifying opportunities for public outreach and communication strategies.*

   Recommendation: *That the Colleges work collaboratively in producing information and developing collective public outreach and communications strategies*.

4. Monitoring and evaluation of societal level impacts is beyond the scope of most Colleges, and would be most meaningfully done intermittently at an aggregate health care level, as opposed to individual College level.

   Recommendation: *That HPRAC and/or the Federation accept responsibility for monitoring and evaluating societal level impacts.*

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5. PR programs are generally well integrated into the overall operations, committees and activities of the Colleges, and are not implemented as isolated or distinct programs. In many cases, an appropriate role for PR Committees is to plan and coordinate PR activities within the College, but not to deliver the actual programs. Overall efficiency in dealing with PR, and all other College issues would likely be enhanced if the legislation were less prescriptive regarding internal College structure.

   Recommendation*: That HPRAC and the MOHLTC review the legislative requirements regarding committee structures to determine if the existing committee requirements could be improved.*

   Recommendation*: That the legislation reflect a focus on the existence of a PR Program, as opposed to the requirement of a PR Committee. Thus, Colleges would be given the opportunity to continue to implement their program through the PR Committee, or to deliver the components of a PR Program through one or a number of committees already existing with the College.*

6. In general, one of the foci to date has been on effective communications with patients. There has been less focus on the rights of patients and patients' responsibilities.

   Recommendation*: The Ministry of Health and Long Term Care take a lead with the Federation of Health Colleges in developing a Patients' Bill of Rights and Responsibilities.*