HPRAC
HEALTH PROFESSIONS REGULATORY ADVISORY COUNCIL

EFFECTIVENESS OF COLLEGES' PATIENT RELATIONS PROGRAMS

ADVICE TO THE MINISTER OF HEALTH AND LONG-TERM CARE

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EXECUTIVE SUMMARY

In keeping with the requirements of the *Regulated Health Professions Act (RHPA)*, the Health Professions Regulatory Advisory Council (HPRAC) is submitting this evaluation report to the Minister of Health and Long-Term Care on Colleges' patient relations programs. HPRAC hired Harry Cummings and Associates (HCA) to conduct an evaluation of these programs. HPRAC has considered HCA's *Final Report on the Evaluation of the Patient Relations Programs of the Ontario Colleges of Health Professions.* HPRAC has also been mindful of findings from the previously-undertaken evaluation of Colleges' complaints and discipline procedures for professional misconduct of a sexual nature and from the review of the *RHPA* that are relevant to Colleges' patient relations programs.

The *RHPA* requires Colleges to have patient relations programs. The *RHPA* defines a "patient relations program" as "a program to enhance relations between members and patients". The only stipulation in the legislation for the content of patient relations programs is that they include measures for preventing or dealing with sexual abuse of patients. The *RHPA* further stipulates that these measures include four components: educational requirements for members; guidelines for the conduct of members with their patients; training for the College staff; and the provision of information to the public.

In assessing Colleges' patient relations programs against the requirements of the *RHPA*, it appears from the HCA Report that all but one College, the College of Opticians of Ontario, are carrying out patient relations activities that are consistent with the requirements of the *RHPA* and that several Colleges have even gone beyond these requirements. These Colleges are deemed to be compliant with the statutory requirements. Most of the Colleges' patient relations programs focus on sexual abuse prevention. Of the four components of Colleges' patient relations programs, member education is the strongest component while provision of information to the public is the weakest component.

In assessing the likelihood of effectiveness of patient relations activities in achieving the objective of enhancing relations between members and patients, HPRAC regards compliance with the statutory provisions as necessary but not sufficient for effectiveness. Despite compliance by most Colleges, Ontario does not have a public that is well-informed on matters such as the rights and responsibilities of patients, the public interest mandate of Colleges, and where to make inquiries or present concerns about an individual health professional.

To significantly increase the likelihood of effectiveness of Colleges' patient relations programs, the public must have easy access to information to address specific inquiries and concerns about conduct of and care provided by individual health professionals. Access to such information should be provided through a specified mechanism; in particular, a well-promoted, well-advertised point of access for inquiries and complaints and appropriate referrals to Colleges. For increased impact of provision of general information to the public, a coordinated strategy is required with leadership from the Ministry and involvement of all Colleges.

To further increase the likelihood of effectiveness, patient relations activities should not be limited to sexual abuse prevention. They ought to extend to prevention of other types of abuse and professional misconduct that can occur in the professional-patient relationship. In addition, they ought to include other aspects of care that are essential to good professional-patient relationships such as, communication skills and treating patients with sensitivity and respect. The legislation should be amended accordingly to require broad and comprehensive patient relations programs. However, the details should be driven by outcome-based planning and performance monitoring.

Overall, effectiveness of Colleges' patient relations activities requires that all patient relations activities be results-oriented and these activities be tracked and assessed regularly through a performance monitoring system that is developed jointly by the Colleges, the Ministry and HPRAC.

Since patient participation is absolutely necessary for a regulatory system to work properly, it is clear to HPRAC that significant changes must be made. The recommendations in this report build on other recommendations HPRAC has made in relation to patient relations programs which were articulated in *Adjusting the Balance: A Review of the Regulated Health Professions Act* and *Effectiveness of Colleges Complaints and Discipline Procedures for Professional Misconduct of a Sexual Nature.* In those reports, HPRAC recommended that the *RHPA* be amended to require Colleges to both prevent and deal with sexual abuse and that program measures be extended to areas of patient relations beyond those for sexual abuse.

HPRAC's view of a fully developed patient relations program is one that enhances professional-patient relationships by providing members and patients with information and tools that support sensitive and respectful interactions. It also supports full patient participation in the professional-patient relationship. In addition, such a program would equip patients with information on mechanisms for addressing concerns about difficulties in the professional-patient relationship. Ultimately, a comprehensive and effective patient relations program should reduce difficulties in the professional-patient relationship and enhance that relationship.

1. INTRODUCTION

Legislative requirements

One of the duties of the Minister specified in the *Regulated Health Professions Act (RHPA)* is to ensure that individuals are treated with sensitivity and respect in their dealings with health professionals, the Colleges and the Health Professions Review and Appeal Board (s.3).

With respect to College responsibilities, the *RHPA* requires Colleges to have patient relations programs for the purpose of enhancing relations between College members and patients by educating College members and providing information to the public. The patient relations program was introduced into the *RHPA* after 2nd reading of *Bill 43* (the legislative Bill which became the *RHPA*) in 1991. After passage of the *RHPA*, the patient relations program was amended by *Bill 100* (the *Regulated Health Professions Amendment Act*, 1993) to specifically include components of patient relations to deal with sexual abuse of patients by regulated health care practitioners. The *RHPA* requirements for patient relations include therefore a focus on preventing sexual abuse of patients consistent with the intent of the *RHPA* to eliminate sexual abuse of patients by health care professionals.

Specifically, the *Health Professions Procedure Code (HPPC)* of the *RHPA* requires that a College's patient relations program include measures for preventing or dealing with sexual abuse and that these measures 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[1].

Each College is required under the *RHPA* to have a dedicated Patient Relations Committee. One function of this committee is to administer a program to provide funding for therapy and counselling to patients and clients who have been sexually abused by a member of the College[2].

Patient relations activities may go beyond sexual abuse prevention. For instance, the Colleges' statutory responsibilities include developing, establishing and maintaining programs to help people exercise their rights under the *RHPA* and the *HPPC*[3]. Colleges also have a duty to protect the public interest. In carrying out this duty, Colleges may undertake to provide information to the public on any other issues that may assist to protect them from harm and provide information to make effective use of College processes to exercise their rights under the *RHPA*. Indeed, an indicated above, when the patient relations program was originally introduced into the *RHPA*, its applicability was

[1] *Regulated Health Professions Act, s. 84(3)*
[2] *Health Professions Procedural Code*, s. 85.7(3)
[3] *Health Professions Procedural Code*, s. 3(1)6

very broad. A subsequent amendment to the *RHPA* included the focus on preventing sexual abuse of patients.

Evaluation Framework

In 1998, HPRAC retained the consulting firm of PricewaterhouseCoopers (PwC) to conduct an evaluation of Colleges' complaints and discipline procedures for professional misconduct of a sexual nature and to develop a framework for the evaluation of Colleges' patient relations programs. PwC developed an inventory of Colleges' patient relations activities at that time and proposed an evaluation framework using a program logic model to map out Colleges' patient relations activities and results. Based on that framework, HPRAC asked in its *Request for Proposals* that the evaluation of Colleges' patient relations programs focus on the *likelihood* of effectiveness of the patient relations programs rather than the impact of these programs. The focus on the *likelihood* of effectiveness was in consideration of the developmental stage of some College patient relations programs, as well as the methodological barriers presented as a result of an absence of baseline data and insufficient time for the programs to be in place before their effectiveness could be measured.

Following a formal tendering process, HPRAC retained Harry Cummings and Associates (HCA) in November 2000 to conduct an evaluation of the twenty-one health professions regulatory Colleges' Patient Relations programs. This evaluation is a statutory requirement under the *RHPA*.

HCA employed a results chain approach, a variation of the program logic model, to assess the likelihood of effectiveness of Colleges' patient relations programs. This involved examining the inputs, activities, outputs and outcomes, as well as examining the linkages between the components of the patient relations program. HCA grouped Colleges' patient relations activities into the four components specified in the *RHPA*:

- education of College members,
- guidelines for conduct of College members,
- training for College staff, and
- provision of information to the public.

HCA rated each of the Colleges on the extent to which they met each of these legislative requirements as well as on their implementation of the overall patient relations program. A summary of these results is presented in Appendix A.

HPRAC's Approach

HPRAC considered findings from the following four sources:

1. The HCA Report on the effectiveness of Colleges' patient relations programs. Part one of the full HCA Report is included as Appendix B.

2. The PwC Report which included an inventory of Colleges' patient relations programs as well as findings from a survey of the public and a survey of College members.

3. The report of the Special Task Force on Sexual Abuse of Patients (STF). This task force was established by the Minister in January 2000. The STF recommendations were developed following a process that involved obtaining input from over 60 complainants through public hearings, telephone interviews and letters.

4. Consultations undertaken by HPRAC as part of the Review of the *RHPA*.

HPRAC's analysis considers the information from HCA about how well the Colleges have met the statutory requirement for patient relations programs and it considers the likelihood of effectiveness. The analysis and recommendations are presented in the next section.

HPRAC's recommendations in this report build upon the recommendations relating to patient relations programs that HPRAC has made in two of its previous reports to the Minister – *Adjusting the Balance: A Review of the RHPA*, and *Effectiveness of Colleges' Complaints and Discipline Procedures for Professional Misconduct of a Sexual Nature.* Those recommendations dealt with the operational aspects of the patient relations program and funding for therapy and counselling (see Appendices C and D) while the recommendations in this report focus on increasing the likelihood of effectiveness of the program in the long-term.

2. HPRAC'S ANALYSIS

HPRAC has considered all the findings and recommendations from the HCA Report, the PwC Report, the STF Report and consultation input on the Review of the *RHPA*. The following findings are especially significant in HPRAC's analysis:

- With the exception of the College of Opticians of Ontario, all Colleges meet the *RHPA* process requirements for patient relations programs (HCA Report).

- There has been much progress in the development of Colleges' patient relations programs since completion of the PwC Report . Colleges are implementing their patient relations programs in an integrated manner (HCA Report).

- Some College patient relations activities go beyond the statutory focus on sexual abuse issues. For instance, information for the public includes topics such as the difference between regulated and unregulated service providers, and standards of care. This information is generally made available through brochures given to members or directly to the public and through College websites (HCA Report).

- Colleges' public information programs are the least developed of the statutory patient relations components (HCA Report). After five years since the *RHPA* came into effect, only one in three adults who responded to a survey indicated they were certain or somewhat certain where to file a complaint about sexual misconduct by a health professional (PwC Report). The public is unclear about the role of Colleges and their public interest mandate (*RHPA* consultation input). Complainants are ill-informed about Colleges' complaints and discipline procedures. They are also are generally distressed about Colleges' handling of complaints; for example, the length of time it takes Colleges to process complaints and perceptions of conflict-of-interest of Colleges (*RHPA* consultation input, PwC Report and STF Report).

- The population of Ontario is large and diverse. Public information initiatives tend to be general, for example, brochures are made available to the public rather than targeted to ensure distribution to difficult to reach populations such as institutionalized patients, those with a disability, and those whose first language is neither English nor French (*RHPA* consultation input). HPRAC notes that these are the very groups which may be at greater risk of abuse and, therefore, are in greater need of information about their rights and responsibilities.

- Policies and practices for funding for therapy vary across Colleges (PwC Report).

- The Colleges' member education programs are well developed (HCA Report).

- All Colleges have guidelines for the conduct of members, although for one College (Opticians) this is only in the form of a code of ethics (HCA Report).

- Only half of the regulatory Colleges have systematic formal educational opportunities for staff, council and committee members (HCA Report).

- Systematic planning and implementation of patient relations programs is weak across Colleges (HCA Report).

- Few Colleges have made much progress in developing evaluation plans for their patient relations programs (HCA Report).

Provision of Information to the Public

As noted in HPRAC's report to the Minister on the Review of the *RHPA*, public education and timely access to information are essential to having an informed public. An informed public, in turn, is vital to the effectiveness and efficiency of the regulatory system. The public should be well-informed on a range of issues affecting patients, including the rights and responsibilities of patients, appropriate conduct of health professionals, what constitutes professional misconduct of a sexual nature and of a non-sexual nature, what is reasonable to expect from a health professional, who health professionals are accountable to and where one can make inquiries or present concerns about individual health professionals.

HPRAC believes that we do not have an adequately informed public and that current initiatives by Colleges for the provision of information to the public are insufficient to generate an informed public. The HCA Report notes that of the four patient relations program areas, information to the public is the weakest area with respect to level of activity undertaken and the type of information.

HPRAC is concerned about the weakness of this component of Colleges' patient relations programming. This concern is based on two premises. Firstly, there are essentially two parties in any patient-professional relationship and it is important that *both* parties are supported with information about appropriate patient-professional relationships. Secondly, a well-informed public is essential to the ability of the regulatory Colleges to protect the public.

Good member education is, at best, only half of the solution as it deals with only half of the relationship equation. Patient education is an important means for holding health professionals accountable. Patient education enables patients to become aware of what is reasonable to expect from health professionals, to assess the conduct of their health practitioner and to exercise their rights and responsibilities. At minimum, they need to know where to make inquiries about professional conduct and quality care. Information is a critical factor in supporting patients to benefit as much as they can from the patient-professional interactions and protect themselves from any abuse, whether of a sexual, psychological or financial nature. Individual patients are ultimately in the best position to represent their own interests.

An absence of expressed concern from individual patients must not be taken as an indication that there are no problems with professional conduct or with the quality of care provided by the profession or by an individual member of the profession. Absence of expressed concerns may indicate lack of complete information and knowledge about where to report concerns. This notion is supported by the finding noted in HPRAC's

earlier report to the Minister on Colleges' handling of complaints of sexual abuse. Five years after the *RHPA* came into effect, only one in three adults surveyed by PwC reported being certain or somewhat certain about where to file a complaint about sexual misconduct by a regulated health care professional. This lack of certainty must be addressed so that patients are better equipped to bring forward their concerns and Colleges can be better informed on areas of concern that need to be addressed in governing the health professions.

Many of the legislated College processes depend on people coming forward with an inquiry, concern, report or complaint. If patients are ill-informed and are unaware of the existence and role of the Colleges that regulate health professions, they do not come forward to the Colleges with inquiries and concerns. The Colleges, then, cannot access essential information from patients to adequately protect the public from risk of harm by health professionals.

Colleges currently provide information to members of the public on an "as requested" basis – usually as part of a submission or inquiry or a complaint. Some Colleges have web sites or public access to information via a toll-free number. A few Colleges have information outreach programs that proactively provide the public with general information about the regulation of their members in Ontario; for example, through articles in popular magazines and newsletters designed for the public. Some Colleges provide information to the public about the scope of practice of the professions they govern. This is usually done through brochures that members can make available to their patients.

HCA noted that some Colleges have been questioning the merits of each College independently trying to provide information to the public about general regulatory matters. HPRAC has a number of concerns about the limited approach taken to disseminate information to the public:

- While there is a general statutory requirement to provide information to the public, the specific College activities are voluntary and dependent on the limited College resources;
- The distribution of brochures to patients by individual health professionals is voluntary;
- The scope of activities is too narrow to be effective;
- Public education efforts are not being developed and evaluated around specific objectives; and
- Colleges do not have the resources or expertise to mount a comprehensive, ongoing public information campaign.

Colleges have worked through the Federation of Health Regulatory Colleges (The Federation) on a limited basis to produce public education materials, such as brochures. It would be efficient and effective for Colleges to work collaboratively, instead of individually, on promoting the role of Colleges to the public. The STF, HCA and the PwC reports raise the question of the responsibilities of the Colleges and of the Ministry for public information/education. HPRAC maintains that it would be more appropriate

and more effective for the Ministry, rather than Colleges, individually or even through the Federation, to direct and fund a broad public information campaign.
As emphasized earlier, the regulatory system cannot be effective without public and individual participation in the regulatory system. The public as a whole must be encouraged and supported in getting to know and acting upon their rights as well as in holding health professionals accountable for their actions through College processes.

Public information campaigns typically involve a variety of approaches and media. A broad and effective approach is expensive to design and execute. Colleges are not well-situated to assume responsibility for such a campaign without access to Ministry resources. The Ministry has demonstrated expertise in mounting public information campaigns and public education is highly compatible with the Minister's statutory responsibility under section 3 of the *RHPA* to "ensure that…individuals…are treated with sensitivity and respect in their dealings with health professionals, (and) the Colleges".

Requiring each of the 21 Colleges to inform and educate the public about the *RHPA* and the entire regulatory scheme is inappropriate, inefficient and ineffective. Collaboration among Colleges and a partnership between Colleges and the Ministry, with the Ministry assuming a leadership role, would allow development and implementation of a large-scale, expertly designed education strategy for making the public aware of its rights and remedies under the *RHPA*.

As presented in HPRAC's previous reports on complaints and discipline procedures related to sexual abuse and the review of the *RHPA*, HPRAC maintains that more coordinated efforts and expertly designed province-wide public information campaigns need to be mounted to inform the public about patient-professional relationships, health professions regulation and where to obtain more information about appropriate conduct for health professionals. The following is a specific recommended strategy for giving the public greater access to information.

The best information is information that is both timely and easy to access. In HPRAC's view, the core messages to feature in public information campaigns should be:

- that most health professionals are regulated;
- that they are regulated by Colleges that have a public interest mandate;
- regulated health professionals are accountable to these Colleges for their conduct and quality care, and;
- that individuals can access more detailed information through a specified mechanism, in particular, a well-promoted, single, easy to remember toll-free telephone number, e.g. 1-800-College.

By calling this single number, people should be able to speak to a service representative who can assess the nature of their inquiry and refer them to the appropriate College. For issues outside of the mandate of Colleges the service representative should be able to refer them to other resources and sources of information, such as the Ombudsman's Office, that would assist in addressing their inquiry. A widely advertised toll-free number for public inquiries about health professionals would provide the public with easier access to information than the little known College-specific numbers.

It is important that information about where to make inquiries about the quality of health care and the conduct of health professionals be made available where health care services are delivered. Making such information available is critical to the effectiveness and efficiency of the regulatory system and this function should not be left solely to individual health professions. Systematic and consistent provision of information across health professions is important in view of the concern from health professionals, as reported by HCA, that "media campaigns and advertising elicit complaints [about a single health profession] if they are done [only] by one College."

The STF has proposed that all regulated health professionals and health care institutions post a Patients Bill of Rights in their place of practice as well as a toll-free telephone number and information about how to make complaints about sexual abuse. HPRAC maintains that, at minimum, this approach be used to prominently publicize the toll-free number.

HPRAC recommends, therefore, that the *RHPA* be amended to *require* regulated health professionals, their employers and other people who control health care delivery settings to prominently display a poster with the toll-free number and information about the patients right to make inquiries about a health professional or to file a complaint about the conduct of a health professional. In situations where health services are provided outside of offices, facilities and institutions, such as in people's homes, health care professionals or their employers should be required to provide patients with the same information in written format. This message to the public is not unlike the accountability number on the back of commercial vehicles.

To add further standardization to the provision of information, the *RHPA* should also be amended to give the Minister of Health and Long-Term Care the authority to prescribe in regulation the content and format of the posters, how or where they must be posted, the content of information in written format and who must make this information available.

To increase the effectiveness of the patient relations program component of provision of information to the public, HPRAC recommends the following:

1. ***That a toll-free number be established and funded by the Minister as a single access and referral point for public inquiries and complaints about regulated health professionals.***

2. ***That the RHPA be amended to require regulated health professionals, employers and other individuals, organizations and corporations who control the premises where regulated health professionals practice to post the toll-free number and information about a person's right to make inquiries and complaints.***

3. ***That the RHPA be amended to require regulated health care professionals or their employers to provide patients with information in written format in all situations where health services are provided outside of offices, facilities and institutions, such as in people's homes.***

4. ***That the RHPA be amended to give the Minister of Health and Long-Term Care the authority to make a regulation to prescribe the content and manner of posting information about the toll-free number and the content of written information given to people where health care is provided outside of offices, facilities and institutions.***

Member Education

Member education is essential for enhancing relations between members and their patients and for meaningful prevention of sexual abuse of patients by members. The relationship between members and their patients covers a broad spectrum of interactions including reception of and general communication with patients:

- maintaining an office environment congenial to and respectful of patient needs;
- minimizing unnecessary waiting time;
- maintaining confidentiality and privacy in waiting rooms;
- interviewing to obtain a personal health history;
- communicating of a diagnosis;
- explaining treatment options;
- addressing the patient's questions and concerns;
- obtaining informed consent; carrying out physical examinations and tests with appropriate explanations; and
- explaining the need and nature of follow-up.

In *RHPA* terms, a good relationship means that the patient has been treated with sensitivity and respect by the regulated health professional through the full range of interactions.

It is encouraging to know from the HCA Report that College member education programs are generally comprehensive in relation to sexual abuse. HPRAC recognizes that Colleges tend to allocate different levels of resources for member education depending on their assessment of the risk-level of their members regarding sexual abuse and the nature of the relationship that the members have with their patients.

HPRAC notes the findings of PwC's December 1998 survey of College members that "the majority of survey respondents indicated that knowledge and experience with legislation and related education or information have neither influenced their behaviour with clients/patients (64%) nor their behaviour with colleagues (75%)." This report also determined that, "at the same time, however, the majority of survey respondents indicate that knowledge and experience with the legislation and related education and information have influenced their feelings of responsibility for mandatory reporting of sexual misconduct (59% of those who answered, although 16% chose "don't know")".

The survey does not link any pre-existing need for change in College member behaviour with the pattern of change. In the absence of having such baseline data, it is not possible for HPRAC to comment on the adequacy or the significance of the changes or the reasons why more College members did not report a change.

For HPRAC, this highlights the importance for Colleges to build on the survey data currently available. Colleges should continue to evaluate the effectiveness of member education activities and their effect on member knowledge, attitudes and behaviours – especially as they relate to key patient relations areas such as boundary issues and informed consent.

There are a number of member education topics of a non-sexual nature that are common to all or most Colleges; for example, how to establish effective communication with patients, how to engage patients to become active participants in the treatment process, how to obtain informed consent, how to facilitate informed decision-making, and dealing with difficult patients. Colleges may wish to collaborate to a greater extent in the planning and delivery of education in such areas, through the Federation of Health Regulatory Colleges or in clusters of Colleges whose members have similar professional characteristics and issues.

HPRAC acknowledges the importance of patient-centred care and the value of patient feedback about the quality of patient-professional relationships. Patients must be encouraged to offer their views about what they need in this relationship and comment on ways to improve the interactions. Ideally, individual health professionals should be supported to obtain this feedback on a regular basis. As a starting point, HPRAC is suggesting that Colleges develop and implement mechanisms to obtain constructive feedback from patients about how the profession generally relates to patients and the public and where improvements are needed. Such feedback should then be used to guide the content of member education and evaluation programs.

HPRAC also supports a basic tenet of the STF report – that the pre-service education of professionals must focus on the knowledge and competencies that will serve to prevent sexual abuse of patients by health professionals. HPRAC, however, would expand this requirement to include appropriate knowledge and competencies to treat people with sensitivity and respect through all types of patient-professional interactions. Colleges must adopt appropriate measures to ensure that this education is done effectively. HPRAC recommends, therefore, that the Minister require, through policy or legislation, that all College entry-to-practice requirements include a specific assessment of professional competencies related to the prevention and reporting of sexual abuse as well as those related to effective and respectful relationships with patients.

To increase the effectiveness of the member education component of the patient relations program, HPRAC recommends the following:

5. ***That Colleges work closely with professional training schools to ensure that appropriate training on communication with patients, including that related to non-clinical aspects of patient care, is covered in the pre-service curriculum.***

6. ***That Colleges work closely with professional training schools to ensure that appropriate training on risk management for preventing sexual abuse of patients is covered in the pre-service curriculum.***

7. ***That Colleges be required to evaluate knowledge and competencies related to the prevention and reporting of sexual abuse and effective patient relationships as a requirement for entry-to-practice.***

8. ***That Colleges be required to develop and implement a systematic way to regularly obtain public/patient feedback about the quality of patient-professional relationships within the profession and be required to use this feedback to development member educational activities as part of their patient relations program.***

Guidelines for Conduct of College Members

College guidelines for appropriate professional conduct and communications are critical to constructive patient-professional relationships as well as for the prevention of sexual abuse. College members must have the knowledge and skills to treat all of their patients with sensitivity and respect and be aware of the risks and dynamics that could lead to sexual abuse. Members must also be prepared and willing to fulfill their statutory obligations and ethical responsibilities to report sexual abuse.

The HCA report notes that all Colleges have developed guidelines for the conduct of members. For one College – the College of Opticians of Ontario, this is only in the form of a code of ethics. For other Colleges, a variety of guidelines have been developed. The most common types are listed in the HCA report:

- 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.

HPRAC does not have specialized information to assess content and quality of the College professional conduct guidelines. The content and quality of these guidelines ultimately must be determined by individual Colleges through research and evaluation of the effects of the guidelines on the conduct of its members. HPRAC maintains that effective College-specific and system-wide performance monitoring system is critical to this end (discussed further below).

Training for College Staff

College staff interface with the public primarily in responding to inquiries from individuals and in dealing with complaints. The manner with which College staff deal with inquiries can dissuade or support patients in making further inquires or in filing a complaint. It can also set the tone for all interactions between the College and a complainant.

The HCA report indicates this is an area that should be enhanced by most Colleges. Only half of the Colleges have formal educational opportunities for College staff, Council members and Committee members. These usually take the form of an annual orientation

and refresher sessions. The HCA Report identified that one College, the Royal College of Dental Surgeons of Ontario, has a full-time sexual abuse officer with special training to handle formal inquiries and complaints of a sexual nature.

HPRAC is of the view that all Colleges ought to be providing regular and ongoing training to their staff on handling of inquiries, especially those related to sexual abuse. The special dynamics of sexual abuse necessitates that this be done to promote sensitive and respectful treatment of people who come forward with concerns about sexual abuse by a health professional.

Funding for Therapy

As part of Colleges' patient relations programs, the *RHPA* requires Colleges to have a program that provides funding for therapy and counselling for patients/clients who were sexually abused by a regulated health professional.

The PwC Report noted that different Colleges have different policies with respect to implementing this requirement. HPRAC addressed this issue in its December 2000 report to the Minister on complaints and discipline processes for sexual abuse cases. HPRAC concluded that in keeping with the *RHPA* objective of treating the complainant with sensitivity and respect, a timely, accessible and responsive approach is needed, based on best practices, and should be adopted consistently by all Colleges.

HPRAC also considered the *RHPA* review consultation input and STF's recommendations which made suggestions about specific details of the funding program. HPRAC agreed with the STF on these points and recommended that funds be provided to patients to cover the costs of medications, childcare, and reasonable travel/accommodation expenses associated with accessing therapy related to sexual abuse. HPRAC recommended that funding for therapy cover the period prior to the hearing. HPRAC also recommended that information regarding a complainant's application for funding for therapy not be disclosed to the member named in the application. These recommendations are listed in Appendix D.

Performance Monitoring and Evaluation

Both in the evaluation of Colleges' quality assurance programs and in the evaluation of Colleges' patient relations programs, HCA identified the need for Colleges to develop their evaluation capacity, including the capacity for data collection to monitor the performance and outcomes of their programs. A performance monitoring system is required to enable Colleges to record and utilize information coming out of inquiries and complaints, and to aggregate findings from quality assurance assessments related to patient-professional relationship matters. Colleges also need to be able to identify the training needs of members, staff and College council members on an ongoing basis and tailor education and training to meet changing needs.

At this time, Colleges appear to be engaged in planning for activities rather than in planning for results. Colleges do not have performance indicators to guide systematic and system-wide collection of data for ongoing monitoring and continuous quality improvement for results-oriented programming for each of the four components of their

patient relations programs. Instead of creating more process requirements, HPRAC feels that joint development of performance indicators by the Ministry, HPRAC and the Colleges should guide continuous quality improvement. College-specific as well as cross-College indicators would greatly assist Colleges in developing results-oriented patient-relations programs and tracking performance for continuous quality improvement.

Cross-College indicators would also enable HPRAC to better fulfill its statutory responsibility of monitoring patient relations programs and track performance outcomes over time.

Research is also required to identify best practices for each of the components of the patient relations programs to determine what approaches should be used by Colleges to achieve desired results.

To promote results-based planning and continuous quality improvement, HPRAC recommends that:

9. ***That the Minister, HPRAC and Colleges jointly develop a performance monitoring system with specified performance and outcome indicators as well as an evaluation framework for future periodic evaluation of patient relations programs, and that these be undertaken immediately so that the agreed-upon indicators can drive Colleges' activities for patient relations.***

3. CONCLUSION AND RECOMMENDATIONS

It is clear from the HCA Report that, with the exception of the College of Opticians of Ontario, Colleges are doing what the *RHPA* requires them to do and that several Colleges have even gone beyond these requirements. However, an informed public is a critical underpinning for an effective and accountable regulatory system for health professionals. Patient relations programs are central in providing information to the public to support them to exercise their rights and responsibilities. In HPRAC's view, the likelihood of effectiveness of the current College patient relations programs is low because the programs have failed to sufficiently inform the public.

The clearest indication for this view is HCA's finding that Colleges' public information programs are the least developed of the statutory patient relations program components. It is logical to conclude that this deficiency undermines the objective of having an informed public. The PwC survey finding - that after the five years that the *RHPA* has been in effect, only one in three adults report they are certain or somewhat certain about where to file a complaint about sexual misconduct of a health professional - supports the position that the public is not sufficiently informed. This view is further supported by the feedback from the review of the *RHPA* that the public is not well informed about the role of Colleges and the regulatory system.

Given the conclusion that the public is not sufficiently informed to have an effective regulatory system for health professionals, HPRAC also concludes that the requirements of the *RHPA* - or the mere compliance with the requirements – are not sufficient to ensure the effectiveness of patient relations programs in enhancing patient-professional and patient-College relationships and preventing sexual abuse.

Legislative requirements that are general in nature, as is the case with *RHPA* requirements for patient relations programs, ought to be regarded as *minimal or foundational requirements* rather than as a comprehensive framework for effective programming. For instance, the *RHPA* outlines measures for sexual abuse prevention that Colleges must include in their patient relations program. This should not, in HPRAC's view, be taken to mean that measures for prevention of other forms of professional misconduct and for improving professional-patient relationships are not as important.

Therefore, as recommended in HPRAC's report on the Review of the *RHPA*, s. 84 of the *HPPC* should be amended to require that the patient relations program measures be extended to areas of patient relations beyond these for sexual abuse. Specifically, the four components of educational requirements for members, guidelines for the conduct of members with their patients, training for the College staff, and the provision of information to the public which are currently required for sexual abuse prevention should also apply to the full range of patient relations.

In HPRAC's view, the legislative requirements for patient relations are too general to provide adequate direction to Colleges about how to effectively enhance relations between health professionals and their patients/clients and eliminate sexual abuse by health professionals. However, it is not reasonable to expect that detailed requirements be

spelled out in the RHPA. HPRAC recognizes that such requirements could be spelled out in College-specific regulations by the Ministry, as is the case for Colleges' quality assurance programs. However, this may be a lengthy undertaking and may restrict the flexibility required to make changes over time as more information becomes available from experience, research and evaluations. Therefore, instead of stricter legislative requirements, a College-specific and system-wide results-based planning approach and a continuous quality improvement approach is advised. A rigorous monitoring and evaluation system needs to be developed under the auspices of the Minister of Health and Long-Term Care. This is needed to support specific goal-setting and effectiveness measurements and to promote greater responsiveness of patient relations programs to public and patient needs.

A partnership between Colleges and the Ministry and a commitment by Colleges and the Ministry in the form of increased resource allocation for patient relations programs should drive more strategic province-wide initiatives. Establishment of a single toll-free number for public inquiries and posting of this information would be the single most important initiative. Since public information campaigns are large-scale undertakings, successful implementation will require funding and leadership from the Minister of Health and Long-Term Care as well as collaboration among regulatory Colleges and government.

A well-informed public together with a truly comprehensive patient relations program well-developed performance monitoring system will improve the accountability and effectiveness of programs to enhance patient relations and help prevent sexual abuse.

Recommendations

Public Information

1. ***That a toll-free number be established and funded by the Minister as a single access and referral point for public inquiries and complaints about regulated health professionals.***

2. ***That the RHPA be amended to require regulated health professionals, employers and other individuals, organizations and corporations who control the premises where regulated health professionals practice to post the toll-free number and information about a person's right to make inquiries and complaints.***

3. ***That the RHPA be amended to require regulated health care professionals or their employers to provide patients with information in written format in all situations where health services are provided outside of offices, facilities and institutions, such as in people's homes.***

4. ***That the RHPA be amended to give the Minister of Health and Long-Term Care the authority to make a regulation to prescribe the content and manner of posting information about the toll-free number and the content of written information given to people where health care is provided outside of offices, facilities and institutions.***

Member Education

5. ***That Colleges work closely with professional training schools to ensure that appropriate training on communication with patients, including that related to non-clinical aspects of care, is covered in the pre-service curriculum.***

6. ***That Colleges work closely with professional training schools to ensure that appropriate training on risk management for preventing sexual abuse of patients is covered in the pre-service curriculum.***

7. ***That Colleges be required to evaluate knowledge and competencies related to the prevention and reporting of sexual abuse and effective patient relationships as a requirement for entry-to-practice.***

8. ***That Colleges be required to develop and implement a systematic way to regularly obtain public/patient feedback about the quality of patient-professional relationships within the profession and be required to use this feedback to development member educational activities as part of their patient relations program.***

Monitoring and Evaluation

9. ***That the Minister, HPRAC and Colleges jointly develop a performance monitoring system with specified performance and outcome indicators as well as an evaluation framework for future periodic evaluation of patient relations programs, and that these be undertaken immediately so that the agreed-upon indicators can drive Colleges' activities for patient relations***

Appendix A: Summary Of Harry Cummings And Associates' Methodology, Findings And Recommendations

Methodology:

In keeping with HPRAC's requirements that were listed in the Request for Proposal, HCA developed an evaluation framework that involved the use of results chains to map out the activities, targets and performance of Colleges' patient relations programs. The results chain would be flexible enough to accommodate differences between professions while still making evident the logical connections between intended results or outcomes.

In addition, HCA considered the following questions:

a. Do the Patient Relations activities of the College meet the requirements of the *RHPA*?

To address this question, HCA used the following three-point continuum which was initially developed by PricewaterhouseCoopers for assessing Colleges' complaints and discipline procedures for the handling of sexual abuse cases:

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.

b. Do the Patient Relations activities go beyond the specifically mandated sexual abuse issue?

Findings:

HCA noted that in several Colleges, patient relations activities are not structured as a single program under the direction of the Patient Relations Committee but rather as disparate activities undertaken by various staff and Committees of the College. For these Colleges in particular, the evaluation has enabled them to view their patient relations activities as a coherent program.

HCA identified four key sets of activities common to all Colleges' patient relations programs:

- Educational requirements for members
- Guidelines for conduct of members
- Training for College staff
- Provision for information to the public.

Educational requirements for members

This is a well-developed program component. Content areas commonly covered in Patient Relations 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 interpersonal 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

Guidelines for conduct of members

The most common types 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

Guidelines relating to communications, boundaries and interpersonal relationships are generally found within these broader guidelines.

Training for College staff

About half of the regulatory Colleges have systematic formal educational opportunities for staff, council and committee members.

The Royal College of Dental Surgeons of Ontario has a unique approach to staff and council training. In addition to regular training for all staff and council and committee members, the College has a full time sexual abuse officer who receives special training and handles all inquiries and formal complaints regarding issues of sexual abuse.

Provision for information to the public

This is the weakest component in patient relations programs.

Public education materials tend to have a somewhat narrow focus. Patients rights information focuses on providing information about one College and the professional rather than on sexual abuse and patient rights and responsibilities.

There appears to be opportunity for further collaboration and cooperation between Colleges, the Federation of Health Regulatory Colleges, HPRAC, and the Ministry with respect to providing information to the public.

Using the above-mentioned 3-level continuum, HCA determined that almost all Colleges meet the basic requirements of the *RHPA* for Patient Relations programs. Overall ratings and component-specific ratings for Colleges are summarized in the attached charts.

TABLE 1: HCA RATINGS FOR OVERALL PATIENT RELATIONS PROGRAM
Level 1: Meets minimal or narrow definition of legislated requirements
College of Opticians of Ontario
Level 2: Meets requirements in a way that reflects intent of the legislation
College of Chiropodists of Ontario College of Dental Technologists of Ontario College of Denturists of Ontario College of Medical Laboratory Technologists of Ontario College of Midwives of Ontario College of Optometrists of Ontario
Level 3: Integrates robust and fully developed components into College activities
College of Audiologists and Speech Language Pathologists of Ontario College of Chiropractors of Ontario College of Dental Hygienists of Ontario Royal College of Dental Surgeons of Ontario College of Dietitians of Ontario College of Massage Therapists of Ontario College of Medical Radiation Technologists of Ontario College of Nurses of Ontario College of Occupational Therapists of Ontario Ontario College of Pharmacists College of Physicians and Surgeons of Ontario College of Physiotherapists of Ontario College of Psychologists of Ontario College of Respiratory Therapists of Ontario

TABLE 2: HCA RATING FOR PROVISION OF MEMBER EDUCATION
Level 1: Meets minimal or narrow definition of legislated requirements
Level 2: Meets requirements in a way that reflects intent of the legislation
College of Denturists of Ontario College of Midwives of Ontario College of Optometrists of Ontario
Level 3: Integrates robust and fully developed components into College activities
College of Audiologists and Speech Language Pathologists of Ontario College of Chiropodists of Ontario College of Chiropractors of Ontario College of Dental Hygienists of Ontario Royal College of Dental Surgeons College of Dental Technologists of Ontario College of Dietitians of Ontario College of Massage Therapists of Ontario College of Medical Laboratory Technicians of Ontario College of Medical Radiation Technologists of Ontario College of Nurses of Ontario College of Occupational Therapists of Ontario College of Opticians of Ontario Ontario College of Pharmacists College of Physicians and Surgeons of Ontario College of Physiotherapists of Ontario College of Psychologists of Ontario College of Respiratory Therapists of Ontario

TABLE 3: HCA RATINGS FOR PROVISION OF GUIDELINES FOR CONDUCT OF MEMBERS
Level 1: Meets minimal or narrow definition of legislated requirements
College of Opticians of Ontario
Level 2: Meets requirements in a way that reflects intent of the legislation
College of Chiropodists of Ontario College of Dental Technologists of Ontario College of Medical Laboratory Technicians of Ontario College of Optometrists of Ontario
Level 3: Integrates robust and fully developed components into College activities
College of Audiologists and Speech Language Pathologists of Ontario College of Chiropractors of Ontario College of Dental Hygienists of Ontario Royal College of Dental Surgeons of Ontario College of Denturists of Ontario College of Dietitians of Ontario College of Massage Therapists of Ontario College of Medical Radiation Technologists of Ontario College of Midwives of Ontario College of Nurses of Ontario College of Occupational Therapists of Ontario Ontario College of Pharmacists College of Physicians and Surgeons of Ontario College of Physiotherapists of Ontario College of Psychologists of Ontario College of Respiratory Therapists of Ontario

TABLE 4: HCA RATINGS FOR PROVISION OF TRAINING FOR COLLEGE STAFF
Level 1: Meets minimal or narrow definition of legislated requirements
College of Midwives of Ontario College of Opticians of Ontario
Level 2: Meets requirements in a way that reflects intent of the legislation
College Of Chiropodists of Ontario College of Chiropractors of Ontario College of Dental Hygienists of Ontario College of Medical Laboratory Technicians of Ontario College of Medical Radiation Technologists of Ontario College of Respiratory Therapists of Ontario
Level 3: Integrates robust and fully developed components into College activities
College of Audiologists and Speech Language Pathologists of Ontario Royal College of Dental Surgeons of Ontario College of Dental Technologists of Ontario College of Denturists of Ontario College of Dietitians of Ontario College of Massage Therapists of Ontario College of Nurses of Ontario College of Occupational Therapists of Ontario College of Optometrists of Ontario Ontario College of Pharmacists College of Physicians and Surgeons of Ontario College of Physiotherapists of Ontario College of Psychologists of Ontario

TABLE 5: HCA RATINGS FOR PROVISION OF INFORMATION TO THE PUBLIC
Level 1: Meets minimal or narrow definition of legislated requirements
College of Optometrists of Ontario
Level 2: Meets requirements in a way that reflects intent of the legislation
College of Chiropodists of Ontario College of Dental Hygienists of Ontario College of Dental Technologists of Ontario College of Denturists of Ontario College of Medical Radiation Technologists of Ontario College of Midwives of Ontario College of Opticians of Ontario College of Psychologists of Ontario College of Respiratory Therapists of Ontario
Level 3: Integrates robust and fully developed components into College activities
College of Audiologists and Speech Language Pathologists of Ontario College of Chiropractors of Ontario Royal College of Dental Surgeons of Ontario College of Dietitians of Ontario College of Massage Therapists of Ontario College of Medical Laboratory Technicians of Ontario College of Nurses of Ontario College of Occupational Therapists of Ontario Ontario College of Pharmacists College of Physicians and Surgeons of Ontario College of Physiotherapists of Ontario

Appendix B: *Final Report: Part One. The Effectiveness Of The Patient Relations Programs Of The Ontario Colleges Of Health*, HCA, February 2001

Appendix C: HPRAC's Patient Relations Program Recommendations From *Adjusting The Balance: A Review Of The Regulated Health Professions Act, March 2001*

That the *HPPC* be amended to remove the requirement for a Patient Relations Committee but maintain the explicit requirements for the patient relations programs.

That subsection 84(2) of the *RHPA*, which requires Colleges to prevent *or* deal with sexual abuse, be amended to require Colleges to both prevent *and* deal with sexual abuse.

That s. 84 of the *HPPC* be amended to require that the program measures must be extended to areas of patient relations beyond those for sexual abuse.

That the *RHPA* be amended to require the Minister in consultation with the Colleges to be responsible for designing, implementing and funding ongoing effective education of the public**.**

That the *RHPA* be amended to specify that at a minimum the public education program referred to in recommendation 53 cover the following:

(a) which professions are regulated;
(b) meaning of regulation – role of College and member requirements for QA, adherence to standards, entry to practice, controlled acts; adherence to standards, entry to practice, controlled acts;
(c) role of Colleges to protect the public;
(d how to make inquiries about a profession or member of a College, and how to make a complaint;
(e) the public's right to access information about a health professional.

Appendix D: *HPRAC's Patient Relations Program Recommendations From Effectiveness Of Colleges' Complaints And Discipline Procedures For Professional Misconduct Of A Sexual Nature, December 2000*

The Ministry of Health and Long-Term Care undertake public education, including through print, television radio media and internet, to inform the Ontario public about its rights and remedies under the RHPA and the impropriety of health professionals having sexual contact with their patients/clients.

Section 84(2) of the Health Professions Procedural Code (*HPPC*), which requires Colleges to prevent and/or deal with sexual abuse, be amended to require Colleges to both prevent and deal with sexual abuse.

Alternative eligibility criteria for funding for therapy and counselling be stated in legislation by amending the *HPPC* as follows:

Subsection 85.7(4) of the *HPPC* be amended by revoking subsection 85.7(4)(b) and in its place enacting the following "alternative criteria for eligibility":

(i) there is an admission made by a member in a statement to the College or in an agreement with the College that he or she sexually abused the person while the person was a patient/client of the member;

(ii) a member has been convicted under the Criminal Code (Canada) of sexually assaulting the person while the person was a patient/client of the member;

(iii) there is a finding made by a panel of the Discipline Committee on or after December 31, 1993 that the person was sexually abused by a member before or after December 31, 1993 while the person was a patient/client of the member;

(iv) there is a statement, contained in the written reasons of a committee of the College given after a hearing, that the person, while a patient/client, was sexually abused by a member; or,

(v) there is sufficient evidence presented to the Patient Relations Committee to support a reasonable belief that the person, while a patient/client, was sexually abused by a member.

(vi) for the purposes of clause (v), and without limiting the generality of that clause, the following kinds of evidence may support a reasonable belief that a person, while a patient/client, was sexually abused by a member:

- Evidence that a notice of hearing was issued by the College and containing allegations that the person, while a patient/client, was sexually abused by a member who died before a hearing was held;

- Evidence of reports made with respect to the member under subsection 85.1 (1) of the Health Professions Procedural Code (*HPPC*); or

- Evidence that corroborates the person's allegations of sexual abuse.

That s. 85.7(9) of the *HPPC* be amended to expand the provision of funds to patients/clients for the cost of medications, child care, and reasonable travel/accommodation expenses associated with accessing therapy related to sexual abuse.

That s. 85.7 of the *HPPC* be amended to include provisions for funding for therapy that specify funding be retroactive so that the complainant is compensated for therapy received during the period prior to the hearing for counselling arising from sexual abuse by a member.

That s. 85.7 of the *HPPC* be amended to prevent the disclosure of a complainant's information respecting their application for funding for therapy and counselling to the member named in the application.