



# POLICIES AND PROCEDURES

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Page 1 of 2

**CATEGORY:** ADMINISTRATION - GENERAL

**SUBJECT:** POSITION STATEMENTS/BRIEFING NOTES

**POLICY:** It is the policy of the Association that the Board of Directors shall, on behalf of the Membership, submit/publish position statements/briefing notes on matters affecting the Association and/or the Profession.

**DEFINITION:** A POSITIONAL STATEMENT contains a statement of intended policy or concerns and, as such, it establishes a proposed position vis-a-vis the government.

The optimal length of a concise presentation to a decision maker is 10-15 pages.

Similar statements of intended policy within any organization are never more than 2-3 pages in length. These are called BRIEFING NOTES or ISSUE SHEETS.

**OPERATIONAL GUIDELINES:**

A position statement or briefing note may be initiated by one of the following:

1. A Member of the Board of Directors
2. The Executive Director
3. A Section Chairperson
4. An Association Member via their Section representative

**RESPONSIBILITIES:** Members of the Board of Directors and the Executive Director should consider issues or situations which may warrant a formal position or intended policy.

On such a determination, a draft of the proposed position shall be submitted to the Board of Directors for consideration and direction.

Section Chairmen have a responsibility to:

1. Suggest to their Liaison Director or the President specific areas which may require a formal position statement.
2. Input, at the formulations stage, via their Liaison Director concerns regarding the issue being addressed and the contents of the draft document.

3. Present a draft of the proposed position statement/brief to their membership. Solicit their input and, wherever possible, their support. If the Membership has divergent viewpoints, bring these concerns for discussion to the Board of Directors' meetings. Avoid airing these views in public.

*Approval:* The Board of Directors is the approval agency for any position statement or paper. When approved by the Board of Directors, the position statement or paper will be made available to the Membership on request at no cost.

*Distribution:* The distribution specific to the position statement or brief will be designated at the time of approval by the Board of Directors:

1. Members of the Board of Directors
2. Executive Director
3. Head Office - to be retained on file
4. Section Chairpersons
5. Presidential Advisors
6. Appropriate Committee Chairpersons
7. OHA
8. The Association Members
9. The CAMRT via the Director Representative
10. Organizations affected (OAR, OARM, etc.)
11. The Press (where appropriate)

Head Office will be the sole agency to distribute the Position Paper.

*Format & General Content:*

Draft position statements or papers will be typed on 8-1/2" x 11" paper or its metric equivalent. The text will be double spaced, the headings capitalized and the margins generous.

1. Outline of the issue:
  - (a) Give detailed precise background information.
  - (b) Define the current situation.
2. State the position to be attained:
  - (a) Present detailed issues and purposes and add to each argument or issue your recommendations.
3. Conclusion

To clarify the paper, you may add, with reason, Tables, Graphs, Data, and Appendices illustrating more detailed technical or scientific information. You also may attach at the very end Sources and Bibliography. An example is found as ANNEX A to this document.

## WRITING POSITION PAPERS/ARGUMENTATIVE ESSAYS

### INTRODUCTION

A good position paper/argumentative essay must first of all be clearly written if you are to support your position and win your reader over. We must make the reader understand what we are expressing.

Any serious attempt to support a position requires a clear statement as to what the issue is. This may also include defining the key term that will be encountered in the paper. Definitions can serve different purposes: to introduce unusual or unfamiliar words, to coin new words, or to introduce a new meaning to a familiar word (**stipulative definition**); to explain or illustrate or disclose important aspects of difficult concepts (**explanatory definitions**); to reduce vagueness and eliminate ambiguity (**precising definitions**); and to influence the attitudes of the reader (**persuasive definitions**).

Recording the definitions can be done by using **examples, putting them in a synonym form** or by using them in an **analytical form** - by specifying the type of thing the term applies to and the differences between the things the term applies to and other things of the same type.

One should stay away from words or terms that are emotive unless they are used specifically for that purpose but can be justified through fact or other acceptable critical thinking techniques.

Your position paper is intended to support a stance on some issue. The principles of critical thinking apply to writing such papers. Your papers must be clearly written and soundly organized and must truly support the position taken by you. The message you are trying to get across must not be obscured by ambiguity, vagueness, lack of focus, haphazard or illogical construction, or irrelevant evaluation of people or events, nor may it be weakened by doubtful assertions or poor argumentation.

### COMPLEXITY

Complexity and prolixity (long-windedness) often confuse the reader. Good writers in general try to state things in as few words as necessary. A good writer also uses words that can be understood so confusion is avoided and reading time is made more efficient and less complicated.

### AMBIGUITY

It is wise normally to not be ambiguous although there are circumstances where this is acceptable and it has to be used carefully. It is never acceptable if your intent is to dupe the reader as is often the case with advertisers. Being ambiguous means that the reader can attach more than one meaning to a word, phrase or expression and the content or context of your paper is not made clear. For words or phrases which are stating an opinion, making an inference, etc., is called a **semantically ambiguous claim**. You can avoid this in your paper by substituting an unambiguous word or phrase.

Sometimes sentence structure leads to ambiguity (e.g. She saw the farmer with binoculars). This is called a **syntactically ambiguous claim**. In the example we can't tell whether "with binoculars" pertains to the farmer or she.

## VAGUENESS

Vagueness and ambiguity are often confused. An ambiguous claim or statement has two (2) or more possible meanings and the context does not make clear what meaning is intended.

A vague statement or claim is one in which the meaning is indistinct or imprecise. Vagueness is acceptable under certain circumstances. The rule is that you must avoid an undesirable degree of vagueness. A claim can be less precise than it might be but not so it is less precise than it should be. As an example an usher might say to you, "the show will start in 'a minute or two' ". This is less precise than it could be but is acceptable under the circumstances of the time. It is important that you stay away from vague words and phrases which are "fuzzy" at best. Cue words/phrases are found in your text such as: *good, nice, old; new and improved, better than ever.*

Your critical reader is going to look for:

1. Is important information missing?
2. Is the same standard of comparison being used?
3. Are the same reporting and recording practices being used?
4. Are the items comparable?
5. Is the comparison expressed as an average and is important information missing?
6. There are different types of averages and the same statistics can be used in many different ways.

## ORGANIZATION

A good position paper defines or otherwise clarifies obscure terms, avoids ambiguous claims, and does not bewilder the reader with vague phrases and assertions. It also does not confuse its readers with weird organization.

The principles of organization are:

1. Make clear at the outset what issue you intend to address and what your position on the issue will be. This is done without using trite phrases and without going on at great length.
2. Stick to the issue. All points you make should be connected to the issue under discussion and should either (a) support, illustrate, explain, clarify, elaborate on, or emphasize your position on the issue **or** (b) serve as responses to anticipated objections. Rid the paper of irrelevancies and dangling thoughts.
3. Arrange the components of the paper in a logical sequence. Make a point **before** you clarify it. **Make sure your readers can tell at all times where they are in the essay.** They should be able to understand the relationship between any given sentence and your ultimate objective of the paper. The reader should be able to move from sentence to sentence and paragraph to paragraph without becoming confused or lost.
4. Be complete. Fully support adequately your position. Anticipate and thus respond within your paper any possible objections/challenges that could be made. Sentences should be complete. Paragraphs must stick to a single point.
5. The paper should reach a conclusion, not just a summary of points.
6. Review and revise your work. Continuous revising is the hallmark of an excellent writer. (revise, revise, revise)

7. Outline what you have written. Make certain that the outline is logical and that every sentence fits into the outline as it should. **This can serve you as an Executive Summary.**
8. Have someone else read the paper over and offer criticisms. Revise.
9. Read it out loud. This will help you detect problems, especially in grammar and punctuation.
10. When you are satisfied, put it aside and review it again. You will be surprised at what you may have missed previously. Revise.

### **WRITING AND DIVERSITY**

It is important that you avoid writing in a manner that reinforces questionable assumptions and attitudes about people's race or gender. This is not just a matter of ethics but is a matter of clarity and good sense. Careless word choices relative to gender or ethnicity not only are imprecise but also may be viewed as biased even if they were not intended to be, and thus diminishes the writer's credibility. Worse, using sexist or racist language may distort your own perspective and keep him or her from viewing social issues clearly and objectively. Language is so imbedded in our society that we have to be particularly careful on how it is used. Words and phrases that were acceptable even five (5) years ago may not be acceptable today. Stay away from stereotyping and being lazy about the use of language or perpetuating inappropriate images. Keep your writing free of *irrelevant*, *implied*, *evaluation* of gender, race, ethnic background, religion, or any other human attribute.

**(EXAMPLE 1)**

**POSITION PAPER**

**for**

**CERTIFYING SPECIALISTS**

**PART 1**

**EXECUTIVE SUMMARY**

The Ontario Association of Medical Radiation Technologists (O.A.M.R.T.) believes that regulations are required for each specific area of practice and specialties within the profession in order to protect the public. This philosophy must be extended to include all health care professionals involved in the practice of medical radiation procedures.

We propose that a need also exists for regulations regarding the qualifications of physicians practising in specialty areas of Radiology and Oncology. We also have identified the need for regulations mandating the further qualifications of physicians other than radiologists and oncologists using medical radiations in their practice.

**PURPOSE**

The purpose of this paper is to outline this Association's position with regard to the qualifications of practitioners. In particular, those practising medical radiation specialties and the requirement for regulations in appropriate areas.

## **INTRODUCTION**

Legislative initiatives over the past years has made us review closely our professional practice. In particular, the area of Quality Management is a primary area. Quality Assurance and Risk Management are an integral part of our practice.

Legislation such as the Healing Arts Radiation Protection Act (H.A.R.P.), the Independent Facilities Act (I.H.F.A.), the Public Hospitals Act and the Regulated Health Professions Act (R.H.P.A.) and others has only heightened our concerns. Our anxiety relates to the qualifications required to practice in the profession of Medical Radiation Technology.

## **PART 2**

### **DISCUSSION**

The recent discussions and correspondence concerning the O.A.M.R.T.'s program for the Specialty Certificate in Mammography has highlighted the issue of qualifications.

The subject of mammography seems to be in the forefront. Up until two years ago, few seemed to pay particular attention to this area of radiology and radiography. It is now an issue of both political and public concern.

The publicity surrounding the Breast Screening Program and of breast cancer has had a major impact. The impact has been on both the public and the health care stakeholder. A recent study conducted by Employment and Immigration Canada in conjunction with the Canadian Hospital Association has also spotlighted the issue of mammography. Because of this attention, regulations are being considered for mammographers.

As an association, we wonder why the same interest has not been directed to other specialties within the health care field. We question why there has been interest in regulations which has been directed towards technologists and not a similar resolve for regulations for radiologists, chiropractors, orthopaedic surgeons and others.

We would draw your attention to the fact that there are also no specified regulations for radiation protection officers or quality assurance technologists. These areas of practice, in our view, warrant the same measures when the protection of the public must be considered. We would venture to suggest that the two areas noted in this paragraph are particularly important due to the scope involved in these positions.

The O.A.M.R.T. in 1980 and 1981 suggested that each facility should have a designated qualified Quality Control (Q.C.) Technologist. Further, we proposed that such an individual would have to have specific training and would be "certified" as a Q.C. Technologist. To facilitate this, we established a specific program which is still in existence. We are in the process of setting up a similar program for our Radiation Therapy and Nuclear Medicine Disciplines. Our request to have regulations requiring all those classified as the Q.C. Technologist of a facility was never accepted. This was also the case concerning the Radiation Protection Officer (R.P.O.). In fact, it is our experience that some R.P.O.s are not conversant with their "duties" let alone the H.A.R.P. Act.

We believe that regulations in the above mentioned areas would serve the best interests of the public.

We are also of the opinion that there are other areas which should be addressed with regulations and guidelines. Qualifications specific to specialties needs to be built into the regulations to cover computerized tomography (C.T.), magnetic resonance imaging (M.R.I.), lithotripsy and areas in radiation therapy.

We endorse the concept that physicians must also be regulated within the H.A.R.P. Act concerning specialty qualifications.

In recent discussions with the president of the College of Physicians and Surgeons (April 1991) recognized the problem. They too have similar concerns. However, it was acknowledged that the College does not have the mandate to bring in such regulations. This is a matter for each facility it appears. Credentialling then from the standpoint of the College of Physicians and Surgeons (C.P.S.O) is within the jurisdiction of the facility. Legislation in this area then is required to address the problem.

Our experience and research has shown that health care facilities including hospitals are not motivated to any extent to address this issue, a view also shared by the C.P.S.O.

The Association believes that the public would benefit from regulations. The welfare of the professions would also be enhanced.

We would therefore, support the thrust towards regulations concerning qualifications for specialist physicians in the area of C.T., Mammography, M.R.I., and other designated procedures.

We would also support regulations for physicians, chiropractors and others who use X-radiation through fluoroscopy. This position has already been expressed to the R.T. Advisory Committee (R.T.A.C.) of the H.A.R.P. Commission. As noted, we would support initiatives to bring in regulations for the qualifications of Q.C. technologists and R.P.O.s including requirements concerning continuing competence.

### **PART 3**

#### **CONCLUSION**

It is our conviction that to protect and best serve the interests of the public, appropriate regulations are required for those administering radiation in specialty and unique (fluoroscopy etc) areas. These regulations must encompass all professions involved. Health care professions must be seen, in a real way, to be responsible and accountable for the delivery of quality and safe services.

#### **RECOMMENDATIONS**

Our recommendations are as follows:

1. That the procedures and specialties which fall under the H.A.R.P. Act in both the fields of Radiology and Radiation Therapy/Oncology be reviewed and identified for inclusion in the Regulations.
2. That those identified specialty areas have a requirement for formal qualification.
3. That all health professional groups involved in administering radiation as equal stakeholders be reviewed as to the specific regulated qualifications that they would require.
4. That methods of ensuring continuing competence be built into those regulations.
5. That Regulations rather than guidelines are the preferred method of control.

**(EXAMPLE 2)**

**RESPONSE**

**TO THE**

**OHA'S DISCUSSION PAPER**

**ON**

**HOSPITALS OF TOMORROW**

**INTRODUCTION**

The Ontario Association of Medical Radiation Technologists (O.A.M.R.T.) is the official voice for the Profession of Medical Radiation Technology in the Province of Ontario, representing over 5,000 Members.

The O.A.M.R.T. is the advocate for all Medical Radiation Technologists (M.R.T.) representing their needs and their views to the government, other organizations and to the public.

The O.A.M.R.T. is a key partner and shareholder in the delivery of health care and the operation and use of costly high technological modalities.

The O.A.M.R.T. is a key player and advisor concerning the safe and effective use of potential harmful uses of radiations used in medicine.

The O.A.M.R.T. believes in the principles of collaboration and partnership to ensure an effective efficient and safe health care system to serve the public.

The O.A.M.R.T. provides continuing and advanced educational programs and is a partner with the national association to ensure portability of credentials across the country and selected countries abroad.

The O.A.M.R.T. provides a wide range of other services for its Members including various benefit plans.

**RESPONSE**

We agree that the present fiscal climate demands that we re-examine the composition of the management system in order that it addresses the realities of the 90s.

In addressing the composition of hospital boards we were pleased to note that a wider group of participants would be involved in the decision making processes. However, we would have envisioned that the amended composition would include representation from the community that the hospital is serving and a cross-section of the health care professionals employed in the facility. Only by incorporating representation from these major stakeholders will viable management decisions be reached. We appreciate that the public must be educated in order that they understand and support the major changes in the system. This education process will also need to be extended to the staff of the facilities so that they can buy into the changes that are taking place.

The reality of treatment focusing on the quality of life rather than simply prolonging it will necessitate the training institutes incorporating this philosophy as a cornerstone of their undergraduate institutes curricula. As a profession committed to continuing education we will also assume responsibility in addressing this issue.

In order to minimize the economic impact of downsizing facilities, initiatives must be taken to encourage dialogue between health care professionals and the community that will be affected. This need to involve a wide group of stakeholders in the decision-making process will also apply to decisions that will have impact on the natural environment. As a group with special expertise in some of these aspects, we would welcome the opportunity to be involved in such matters.

As front line users of high technology, we envisage being able to play a major role in the acquisition of data, the selection of appropriate equipment and most importantly, in deciding the effective utilization of such equipment. On occasions, decisions can be blurred by financial motives; as a group that are not directly affected by a fee-for-service basis, we feel that we can make an objective contribution in many areas.

We note that in the discussions in Section 6 on Clinical Research, that the concept of integrated staff education has not been introduced, nor has any real emphasis been placed on effective teaching of patient care. We would be pleased if these two issues were given greater prominence. In order to sustain clinical education initiatives, reimbursement must ensure that the facility is not adversely affected by participating in these very important ventures.

In dealing with the issue of the futility of treatment in the absence of "life style changes" the discussion paper has raised the question regarding the provision of universal access to treatment. We would expect that this would be clarified in the final draft.

While applauding the move towards a seamless continuum of health care services, we observe that mental health has not been incorporated. This would seem an unfortunate oversight which we are sure will be addressed in the presentation to the Ministry.

We were pleased to note that the issue of the traditional hierarchy in healthy care disciplines and institutions was highlighted. Innovative approaches to compensation may be considered as one of the measures to address inequities. Perhaps all health care providers should be on either a salary or a fee for service system.

We recommend the consideration of a Patient Advisory Committee to focus on diversity issues and the education of staff concerning diversity in the workplace.

We appreciate that we have been consulted on this document and regret the lateness of our contribution.

## GUIDELINES FOR PREPARING GOVERNMENT BRIEFS

A brief (submission) addressed to a government is a document which expresses the association's views or position concerning proposed legislation/regulation or which attempts to change existing legislation or regulation. There are other kinds of briefs as well whose purpose is other than to influence legislation, for example, a submission to apply for a grant, or merely to make our organization's presence known.

The importance of a well-documented brief cannot be overemphasized.

### I. Preparation

Before a brief is prepared it is important that the following steps be followed:

- a) Familiarize yourself with the subject matter by:
  - (i) researching existing legislation/regulation,
  - (ii) ascertaining the effects on our members of proposed changes of legislation/regulation or effects on our members of new legislation, and
  - (iii) seeking legal or expert counsel, if warranted.
- b) Present a well-documented outline of the changes/new legislation to a qualified committee or Board of the association and subsequently to the membership at large, together with a draft of the suggested brief. Ask the committee responsible, for example, the Legislation Review Committee, to approve the draft.
- c) Seek wherever possible full support for the draft from our membership and from other related organizations.
- d) Advise the appropriate authority that you are preparing and will be submitting a brief.

Ascertain the person, his position and department to whom the brief is to be addressed, the date by which it has to be submitted, and the number of copies required in both official languages. Wherever possible discuss these matters with the office of the recipient, well in advance of the deadline.

- e) Ask for the appointment of representatives who will present the brief (if so desired) and assist you in the final presentation of the brief.  
If our membership has divergent viewpoints, discuss these with the Board rather than in public. If full support cannot be obtained, it should be noted in your brief.
- f) Seek legal counsel (where necessary) before preparing the final draft.
- g) Bear in mind the public relations aspect. Also, it should be the recipient who determines whether or not the brief shall receive public exposure.

## **II. The Brief - Format and Content**

A brief must be to the point, easily understood, yet contain comprehensive information about our association and its members. Bearing in mind that the reading time of the recipient is limited, you are well advised to sectionalize your submission:

- a) Title Page
- b) Index
- c) Executive summary
- d) Main body of the brief
- e) Tables & charts cross-referenced
- f) Information about the association and/or other parties supporting the brief.

All of this should be neatly bound and accompanied by a covering letter.

### **a) Title Page**

- (i) Name of person, position and department to whom brief is addressed;
- (ii) Subject of brief, including any reference or file number if available;
- (iii) Name of our association - "Submitted (prepared) by (Association)";
- (iv) Exact address and phone number;
- (v) Date of submission.

### **b) Index**

Indicate sections by self-explanatory headings and show pages example: Executive Summary Pages 1-2, Background Information Pages 15 - 18.

### **c) Executive Summary**

The Executive Summary is the most important part of the submission. While it is in the front of the brief it should not be written until the rest of the submission is complete, since it is a precis of the brief.

The Executive Summary, if at all possible, should be kept to a maximum of two pages (double spaced).

It is recommended that the Executive Summary be sectionalized into paragraphs, each paragraph bearing the headline of the section of the main brief.

No matter how detailed the main brief, the essentials of each section must be condensed into one or two paragraphs, highlighting the contents of the section to which it refers. At the same time, the paragraphs of the Executive Summary should flow into one another. Do not attempt to express yourself in a casual, point-form manner.

The Executive Summary may be the only section read by the recipient, hence it must be factual, define the issue concisely and exactly, yet also act as a "teaser" to prompt the reader to refer to sections of the brief which are of particular interest to him.

**d) Main Body of the Brief**

(i) Introduction (preamble):

State clearly the purpose of the brief, by referring to the subject matter at the very beginning and the reason why you are making the submission. Also, state briefly who you represent.

(ii) Main topic (heading should indicate the subject matter, e.g., Bill 285 etc.):

Quote the proposed Bill or regulation verbatim thus saving the reader's time to search for the exact wording.

State your case, the parts you object to, why you object and the effects, adverse or otherwise, it may have on the parties you represent.

If at all possible offer changes or amendments (unless your submission rejects the whole proposed Bill/regulation) and again show the effects of such changes/proposals. Be positive, constructive and firm.

Stick to your case, i.e., represent the views of our association. Avoid speculating on the effects the Bill/regulation may have on other sectors of the industry/trade/commerce/profession - you may undermine your own credibility and weaken your own brief.

(iii) Conclusion (summary):

Once again summarize the main points and express appreciation for the opportunity given to submit your brief.

(iv) Signatures.

**e) Appendices (if possible on coloured paper)**

- Tables and charts referred to in the brief - make sure that your figures are correct, quote sources by name and date.

**f) Background information on our association**

- (i) Required Information, e.g., number of members, elected officers and their affiliation
- (ii) Optional Information - if and where appropriate, include names and addresses of our members and any other vital statistics - total investment, contribution to the economy, number employed, etc. Be factual; assumptions are dangerous. Substantiate any statistics you use.

**III. General**

The format of the submission should be 8-1/2" x 11" or metric equivalent. The text should be double spaced, the headings capitalized, and the margins generous. All this makes for easy legibility. The language should also be clear. Do not use jargon known only to our members.

**IV. Covering Letter**

The covering letter is addressed to the principal recipient of the brief, stating that a brief on a certain subject is enclosed and offering further information if required and/or asking for or confirming the opportunity to present the brief in person.

Recipients of copies should be listed, as should the names and affiliation of those who will be presenting the brief. The covering letter should also be signed and dated.

TABLE OF CONTENTS

EXECUTIVE SUMMARY ..... /

I. INTRODUCTION ..... 1

1.0 THE ROLE OF HPRAC ..... 1

2.0 THE PUBLIC INTEREST DISCUSSED ..... 1

    2.1 *Protection from Harm* ..... 1

    2.2 *Quality of Care* ..... 3

    2.3 *Accountability* ..... 3

    2.4 *Access* ..... 4

    2.5 *Equity* ..... 4

    2.6 *Equality* ..... 5

3.0 THE REFERRAL ..... 6

4.0 THE PROPOSED GENERAL REGULATION ..... 7

5.0 THE PROCESS ..... 7

    5.1 *Background Information and Participants* ..... 7

    5.2 *College of Optometrists' Response* ..... 8

    5.3 *Public Meeting* ..... 9

    5.4 *Round Two Submissions* ..... 10

    5.5 *Round Three Submissions* ..... 10

    5.6 *Conclusion of Process* ..... 11

    5.7 *Field Trips* ..... 11

    5.8 *Research* ..... 12

II. SUMMARY OF PARTICIPANTS' POSITIONS ..... 12

    1.0 SUBMISSIONS ..... 13

    2.0 CONCLUSIONS FROM THE REVIEW OF PARTICIPANTS' POSITIONS ..... 26

III. ANALYSIS ..... 26

    1.0 INTRODUCTION ..... 27

    2.0 CONSIDERING THE HISTORIC CONTEXT AND CURRENT PRACTICE, HOW SHOULD A  
        REGULATION BE FRAMED IN FORM AND CONTENT? ..... 28

    3.0 CONSIDERING THE STATUTORY LANGUAGE HOW SHOULD A REGULATION BE  
        FRAMED IN FORM AND CONTENT? ..... 34

    4.0 CONSIDERING THE PUBLIC INTEREST HOW SHOULD A REGULATION BE FRAMED  
        IN FORM AND CONTENT? ..... 39

    5.0 ANALYSIS CONCLUSION ..... 44

IV.	RECOMMENDATIONS	.....	45
V.	APPENDICES		
	APPENDIX A	- REFERRAL LETTER	
	APPENDIX B	- LIST OF PARTICIPANTS	
	APPENDIX C	- LISTING OF SUBMISSIONS	
	APPENDIX D	- LEGAL OPINION	
	REFERENCES		

**ADVICE TO THE MINISTER OF HEALTH**

**Regulation of Funding for Therapy and Counselling  
for Patients Sexually Abused by Health Professionals**

**TABLE OF CONTENTS**

INTRODUCTION ..... 1

PURPOSE OF THE FUND ..... 1

THE REFERRAL ..... 2

PUBLIC INTEREST PRINCIPLES ..... 2

LEGISLATIVE FRAMEWORK ..... 3

    1. Introduction ..... 3

    2. Retroactivity/Retrospectivity ..... 4

        2.1 Section 85.7(4)(a) ..... 5

        2.2 Section 85.7(4)(b) ..... 6

    3. Prescribed ..... 7

ETHICAL FRAMEWORK ..... 8

    1. Do No Harm ..... 8

    2. Equity ..... 9

THE MINISTER'S QUESTIONS ..... 11

    1. CATEGORIES ..... 11

    2. CRITERIA FOR ELIGIBILITY/LIMITS ..... 11

        2.1 Criteria for Alternative Requirements for Eligibility ..... 11

        2.2 Limits of Funding ..... 17

    3. DUE PROCESS ..... 17

        3.1 The Application Form ..... 18

        3.2 The Application Process ..... 18

        3.3 No "Ulterior Purpose" Section ..... 19

        3.4 Confidentiality Undertaking ..... 19

    4. ESTABLISHMENT/FUNDING BY COLLEGES ..... 20

EXAMPLE

APPENDIX 2  
to ANNEX B  
to POSN 02-01-01

Page 2 of 2

CONCLUSION ..... 21

- APPENDIX A: S.85.7 of the Health Professionals Procedural Code
- APPENDIX B: Referral letter from the Minister of Health
- APPENDIX C: Legal Opinion from Douglas A. Alderson