



<b>NAME</b>	<b>Written Language Plan Policy</b>		
<b>TYPE</b>	Registration		
<b>STATUS</b>	Final	<b>VERSION</b>	3
<b>DATE APPROVED</b>	January 14, 2013	<b>DATE REVISED</b>	March 4, 2020

### Intent

This policy clarifies what will be accepted by the panel of a Registration Committee as a written plan submitted by a registrant, who is unable to speak, read and write either English or French with reasonable fluency, to demonstrate how they can effectively fulfill their obligations of inter-professional collaboration and continuity of patient care.

### Policy

A written plan must include a description on specific arrangements for effective verbal and written communication in English or French with:

a. Patients

The plan should provide details on how the registrant ensures effective two-way communication, verbally and in writing, with patients who communicate in only English or French, particularly in:

- Understanding information provided by patients
- Giving advice to patients
- Ensuring that patients are aware of a proposed treatment plan, its benefits and risks
- Obtaining informed consent from patients before treatment
- Documenting and maintaining patient records
- Responding to inquiries from patients or their substitute decision-makers on the phone

b. Other Health Professionals (medical and non-medical)

The plan should provide details on how the registrant communicates, verbally and in writing, with another health professional in cases of:

- Referral of patients from and to another health professional
- Responding to inquiries about patients from another health care professional treating the patient
- Comprehending and interpreting patient records sent by other health professionals
- When paramedics and hospital personnel require speedy and accurate information about a patient during emergency



Examples of Acceptable arrangements:

- Having an interpreter/translator/family member on-site at the clinic during practice hours who is competent (i.e. of at least average skill) in speaking, reading and writing English or French and in communicating on the phone swiftly and effectively
- Practising with another registered member who is fluent in English or French

In any case, the registrant must ensure that measures are put in place to protect the health information and privacy of patients. For example, a written confidentiality agreement with persons assisting the practitioner would be appropriate.



**WRITTEN LANGUAGE PLAN (sample)**

Submitted by:

Reg. No.:

Signature:

Date:

<b>GOAL OBJECTIVE</b>	To develop effective communication with my patients, other health care professionals and health related institutions in English or French
<b>ARRANGEMENT</b>	<p>(a) I shall have _____ (Name) who is fluent in speaking, reading and writing English with me during my practice hours to assist me in:</p> <ul style="list-style-type: none"> <li>• communicating with patients and responding to all inquiries in a timely manner;</li> <li>• obtaining patient consent;</li> <li>• relating treatment procedures and treatment plan;</li> <li>• documenting and maintaining records;</li> <li>• communicating with the College and the regulatory system;</li> <li>• patient referrals (from and to another health professional);</li> <li>• communicating with hospitals and emergency health care providers.</li> </ul> <p>OR</p> <p>(b) I shall practice with another member of the College who is fluent in English or French AND</p> <p>(c) I shall take a course in ESL offered at my local community college</p>
<b>CONFIDENTIALITY AND PRIVACY</b>	<p>I shall develop a confidentiality agreement for all persons who will be assisting me in communications with patients and other health care professionals.</p> <p>An example of my agreement with my interpreter is set out below: I, Mr/Ms _____ (Name) is helping _____ Reg. No. _____ at _____ (name and address of practice).</p> <p>I agree to keep confidential all patient information that comes to my knowledge in the course of my duties and shall not disclose any patient information to any other person, unless authorized by the patient or required by another health professional to provide care to the same patient or by law.</p> <p>I understand that if I disclose patient information without consent of the patient, I am in breach of the <i>Personal Health Information Protection Act</i> ."</p> <p>_____ Signature of Interpreter</p> <p>_____ Date</p>