**Council Meeting**
**College of Homeopaths of Ontario**
**Wednesday, February 28, 2024**
**10:00 a.m. – 11:54 a.m.**
**by teleconference**

**Join Zoom Meeting**
**https://us02web.zoom.us/j/82626969744**
**Meeting ID: 826 2696 9744**
**Passcode: 214946**
**1 647 558 0588**

| | | ITEM | ACTION | FORMAT | WHO | START TIME | DURATION |
|---|---|---|---|---|---|---|---|
| **1** | | **Call to Order** | Information | Verbal | B Sharma | 10:00 | 2 min |
| **2** | | **Welcome and Acknowledgement of Guests** | Information | Verbal | B Sharma | 10:02 | 2 min |
| **3** | | **Agenda** | | | | | |
| | 3.1 | Consent Agenda* and Committee Reports<br>3.1.1 Update on Action Items<br>3.1.2 Operating Plan Goals & Objectives<br>3.1.3 Membership Scorecard<br>3.1.4 ICRC Report<br>3.1.5 Governance Panel Report<br>3.1.6 HPRO EDI Terminology<br>3.1.7 Emergency Class Update | Information | Written | B Ziv | 10:04 | 5 min |
| | 3.2 | Adoption of Agenda | Decision | Written | B Sharma | 10:09 | 3 min |
| **4** | | **Declaration of Conflict of Interest** | Information | Written | B Sharma | 10:12 | 3 min |
| **5** | | **Approval of minutes** | | | | | |
| | 5.1 | September 20, 2023 | Decision | Written | B Sharma | 10:15 | 5 min |
| **6** | | **Scope of Practice** | | | | | |
| | 6.1 | Exploration of Change of Scope | Decision | Written | B Ziv<br>J Blanchard | 10:20 | 30 min |
| | | **Governance** | | | | | |
| **7** | 7.1 | Council Competency Framework | Decision | Written | J Blanchard | 10:50 | 15 min |
| | 7.2 | Encouraging Member Engagement | Discussion | Verbal | K Harvey | 11:05 | 10 min |
| | 7.3 | Registrar Annual Evaluation | Information | Verbal | B Sharma | 11:15 | 5 min |
| **8** | | **Policy** | | | | | |
| | 8.1 | Change to Language Requirements Policy | Decision | Written | J Blanchard | 11:20 | 10 min |

| | | ITEM | ACTION | FORMAT | WHO | START TIME | DURATION |
|---|---|---|---|---|---|---|---|
| **9** | | **Other Business and Action Items Arising** | Discussion | Verbal | B Sharma | 11:30 | 5 min |
| ***IN CAMERA*** | | | | | | | |
| ***In-camera***<br>*As permitted by the* Regulated Health Professions Act, 1991*, Schedule 2, section 7.2, there are times when it is appropriate for Council to discuss matters* in camera*. These include issues of public security; financial or personal or other matters of such a nature that it is desirable to avoid public disclosure; information related to a person involved in a criminal proceeding or civil suit; personnel matters or property acquisition; or instructions to be given to or opinions received from legal counsel. A meeting or any portion of a conference held* in-camera *is not open to the public.* | | | | | | | |
| **10** | | **Approval of *in camera* minutes–September 20, 2023** | Decision | Written | B Sharma | 11:35 | 5 min |
| **11** | | **Finances** | | | | | |
| | 11.1 | Statement of Operations | Decision | Written | B Ziv | 11:40 | 10 min |
| **12** | | HBS – Preparation Time | Information | Verbal | B Sharma | 11:50 | 3 min |
| **13** | | Adjournment | Decision | Verbal | B Sharma | 11:53 | 1 min |

* A consent agenda is a bundle of items that is voted on, without discussion, as a package. It differentiates between routine matters not needing explanation and more complex issues needing examination. The Chair will ask if anyone wishes to remove an item from the consent agenda. Any Council member may request an item be removed so it can be discussed. To test whether an item should be included in the consent agenda, ask:

- Is this item self-explanatory and uncontroversial? Or does it contain an issue that warrants Council discussion?
- Is this item for information only? Or is it needed for another meeting agenda issue?

**NOTE:** Please be reminded that all meeting materials, discussions, and decisions are confidential to the College and cannot be copied or shared until they are made public.

Next meeting: Wednesday, June 19, 2024

# College of Homeopaths of Ontario
# Council Member Declarations
# re: Conflict of Interest
# as of February 2024

## Statement

Annually, CHO Council members complete a written declaration of Conflict of Interest which acknowledges and agrees to the premise that an actual or perceived conflict of interest can undermine confidence in the College and its ability to fulfill its public interest mandate. Council members review the College's Bylaws and conflict of interest policies and agree to take all reasonable steps to avoid any actual or perceived conflict of interest from arising and. If one cannot be avoided, Council members are required, in advance and at each meeting, to declare any real, perceived or potential conflict of interest and to remove him- or herself from any consideration of the matter in issue.

| Council Member | Form Signed and Returned | Affiliations Identified | Conflict Identified |
|---|---|---|---|
| **Akhlaq Ahmad** | ✓ | Ontario Homeopathic Medical Association, Director 2017-2021 (resigned upon assuming seat on Council) | None |
| **Ayinde Azeez** | ✓ | Licensed Financial Advisor | None |
| **Heather Broadhead** | ✓ | Rotary Club of London, member, ongoing<br>Institute of Corp. Directors, member, ongoing<br>Vimy Ridge Legion, member, ongoing | None |
| **Anna Cardozo** | ✓ | Member, Ontario Homeopathic Medical Association | None |
| **Kerri Flood** | ✓ | CCHM, contract teacher, 2020-2021 | None |
| **Robyn Gravelle** | ✓ | Council Member, College of Chiropractors (term ended May 16, 2023) | None |
| | | | |

| Council Member | Form Signed and Returned | Affiliations Identified | Conflict Identified |
|---|---|---|---|
| **Catherine Kerr** | ✓ | None | None |
| **Kamika McLean** | ✓ | None | None |
| **Sanjeev Nayyar** | ✓ | Member, Ontario Homeopathic Medical Association | None |
| **Bhupinder Sharma** | ✓ | LIGA Homeopathica Medicorum Internalis, NVP Canada, 2009-present<br>Ontario Homeopathic Medical Association, member, 2017-present<br>Canadian Homeopathic Medical College, Dean, teaching homeopathy, 2016-present<br><br>Past affiliations:<br>Community Advisory Council, William Osler Health, Brampton General Hospital, member, 2009-2019<br>Community Care Access Centre, board member, 2009-2017<br>Homeopathic Medical Educational Center of Canada, teacher, 2006-2008 | None |
| **Guru Dutt Vaid** | ✓ | None | None |
| **Angela Vani** | ✓ | Registrant, College of Opticians of Ontario | None |

**Council Meeting**
**College of Homeopaths of Ontario (CHO)**
**Minutes**

**Wednesday, September 20, 2023**
**by telephone and video conference**

**Present**

**Council**

| | |
|---|---|
| Bhupinder Sharma | Professional (Chair) |
| Akhlaq Ahmad | Professional |
| Ayinde Azeez | Public |
| Heather Broadhead | Public |
| Anna Cardozo | Professional |
| Kerri Flood | Professional |
| Catherine Kerr | Public |
| Kamika Mclean | Public |
| Guru Dutt Vaid | Professional |
| Angela Vani | Professional |

**Regrets**

| | |
|---|---|
| Robyn Gravelle | Public |
| Sanjeev Nayyar | Professional |

**Staff**

| | |
|---|---|
| Kathryn Harvey | Communications Officer (recorder) |
| Basil Ziv | Registrar and CEO |

**Guests**

| | |
|---|---|
| Iang Mawi Zai Tu | Ministry of Health |
| Umar Saeed | Welch LLP [item 7.1 only] |

**1 Call to Order**
The President called the meeting to order at 10:01 a.m. and conducted a roll call.

**2 Welcome to New Council Members**
The Chair welcomed guests.

**3 Agenda**

**3.1 Consent Agenda and Committee Reports**
*(3.1.1 Update on Action Items)*
*(3.1.2 DEFERRED)*
*(3.1.3 DEFERRED)*
*(3.1.4 Letter to Health Canada)*

**Motion # 1: To adopt the consent agenda as amended**
Moved by H. Broadhead, seconded by A. Cardozo

**That Council adopt the consent agenda as amended.**
*CARRIED*

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**3.2 Adoption of Agenda**
*(Appendix 3.1 Council Agenda)*

The Registrar noted that items 9.1 and 9.2 would be for information only and any required decisions would be deferred.

**Motion # 2: To adopt the agenda as amended**
Moved by H. Broadhead, seconded by K. Flood

**That Council adopt the agenda as amended.**
*CARRIED*

**4 Declaration of Conflict of Interest**
*(Appendix 4.1 Council Member Declarations re: Conflict of Interest)*

None declared.

**5 Approval of Minutes**

**5.1 June 21, 2023**
*(Appendix 5.1 Minutes, June 21, 2023 Council meeting)*

**Motion # 3: To approve the minutes of June 21, 2023**
Moved by A. Cardozo, seconded by H. Broadhead

**That Council approve the minutes of its June 21, 2023 meeting.**
*CARRIED*

***Secretary's note:***
*As permitted by the* Regulated Health Professions Act, 1991*, Schedule 2, section 7.2 there are times when it is appropriate for Council to discuss matters* in camera*. These include matters of public security; financial or personal or other matters of such a nature that it is desirable to avoid public disclosure; information related to a person involved in a criminal proceeding or civil suit; personnel matters or property acquisition; or instructions to be given to or opinions received from legal counsel. A meeting or any portion of a meeting held* in camera *is not open to the public.*

**Motion # 4: To move *in camera***
Moved by C. Kerr, seconded by A. Cardozo

**That Council move *in camera* at 10:10 a.m.**
*CARRIED*

**8 Emergency Class Regulation Updates**
*(Appendix 8 Registration Regulation as posted on e-Laws)*

The Registrar presented the final Emergency Class regulation as posted on e-Laws, describing the process and identifying outstanding policy issues.

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## 9 Policy

### 9.1 Equivalent Education from Other Jurisdictions for Emergency Class

Deferred.

### 9.2 Triggers for Open of Emergency Class

Deferred.

### 9.3 Council and Committee Competencies

The Registrar described the process of addressing the CPMF requirement related to establishing competencies for Council and Committee members. A draft framework was presented for discussion and input. Further work on this initiative will be conducted by the Governance Panel before returning to Council in February.

## 10 Other Business and Action Items Arising

The President presented a report on his activities.

A question was raised and answered about the outcome of a meeting with the Ministry.

## 11 HBS Preparation Time

Half day preparation, half day meeting
Start time: 10:01 a.m.
End time: 12:37 p.m.

## 12 Adjournment

**Motion # 11: To adjourn**
Moved by A. Cardozo, seconded by G. Vaid

**That Council adjourn at 12:37 p.m.**
*CARRIED*

The Chair agrees these minutes are an accurate reflection of the meeting.

**Chair** **Date**

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**COLLEGE OF HOMEOPATHS OF ONTARIO**
**REPORT FORM / BRIEFING NOTES**

| | | | |
|---|---|---|---|
| **MEETING/DATE:** | **COUNCIL, FEBRUARY 28, 2024** | **DECISION** | **X** |
| **DATE:** | **FEBRUARY 21, 2024** | **DISCUSSION** | □ |
| **ITEM NAME:** | **Exploration of Change of Scope and Ordering Lab Tests** | **INFORMATION** | □ |
| **INITIATED BY:** | **REGISTRAR** | | |
| **PRESENTED BY:** | **B ZIV/J BLANCHARD** | | |

**OBJECTIVE OF THIS REPORT** (relevance to the business of Council, potential impact/outcome of decision):

1. To request that Operating Plan Goal and Objective item 3C – *Launch initiatives that will support long-term improvement to patient care which will also benefit the growth and viability of the profession of homeopathy in Ontario* – from the B List to the A List of priorities for 2024/2025. (see description of 3C below). This change would trigger human and financial resource allocation for external support to manage the research/consultation and development of a submission phases specific to the request for the profession to order lab tests and/or the preliminary viability research to support a request for authorization of a controlled act.
2. To request Council consider approving a proposal for submission to the Ministry of Health (MOH) for the profession to order lab tests. (Originally suggested by the Registration Committee to Council in 2021 – see appendix 6.1.2).
3. To provide for Council's information estimated costing and timelines to create a preliminary viability report and proposal for the profession to obtain authorization to perform one or more controlled acts or exemption of delegation of a controlled act.
4. To inform Council of updated guidelines released by MOH which may facilitate submission of requested changes in scope of practice for the profession. (Attached as 6.1.3)
5. To provide a high-level risk assessment of considering item 2 or 3 above.

**STRATEGIC DIRECTIONS:** This initiative fits with the strategic direction of the College's 2023/2024 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

□ **1 Delivering on Legislative & Legal Mandate**
□ **2 Practicing Good Governance**
X **3 Achieving Growth**
□ **Fulfilling RHPA Objects**
□ **Meeting a Legislative/Regulatory or Bylaw Requirement**
□ **Other, specify:** _____

**2023/2024 Key Result Area 3: CHO to Achieve Growth**
**(Growth = Profession, Supporting Institutions, CHO Membership Levels)**
**B List 3C) Launch initiatives that will support long-term improvement to patient care which will also benefit the growth and viability of the profession of homeopathy in Ontario.**

Develop a case for Homeopaths to investigate the addition of a controlled act for homeopathy and authority to perform specific identified authorized acts. This initiative is a long-term solution to improved patient care and access (estimate is 8-10 years), with multiple stages, including an initial viability assessment and a comprehensive formal submission. The intention is to make a submission which requires approval by Council. Followed by regulatory change which requires approval by the Government of Ontario.

**Deliverable:**

1. Develop and implement a workplan to investigate possibility for regulatory change, gather supporting information, meet with stakeholders, and develop recommendations leading to a formal submission to the Ministry and present to Council for approval.

**GUIDING LEGISLATION/BYLAW/POLICY:**

Access to order lab tests is controlled by the Province of Ontario through the Laboratory and Specimen Collection Centre Licensing Act, R.S.O. 1990, c. L.1

**LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:**

This initiative has had preliminary review and investigation by the Registration Committee because it will impact areas such as entry-to-practice competencies, education and clinical training, program approval, and competency demonstration and assessment. The Registration Committee has not met on this issue since 2021. Increasing the priority of this initiative will reactivate the committee to continue its review of this matter.

Over the years, the College has had requests from registrants about the right to order lab tests. The College has also had questions from the lab testing companies asking for clarification on the homeopath's right to order tests.

**WHY FOCUS ON THE ABILITY TO ORDER LAB TESTS NOW INSTEAD OF REQUESTING CONTROLLED ACTS?**

- The ability to order lab tests was one part of the Registration Committee suggested list of initiatives put forward to Council in 2021.
- There are benefits for both the patient and practitioner in having the ability to order tests. Gaining access to ordering and/or performing specific lab tests benefits patients as it saves time, decreases frustration of being caught in the middle of two health care providers, and improves efficiency and timeliness of assessment and monitoring.
- For the Homeopath the ability to order and receive test results provides further insight and assists in understanding the patient's health status and helps to monitor changes in health. This information would also be helpful in reaching a homeopathic diagnosis.
- Formulating and evidentially supporting the argument to gain access to controlled acts at this time is more complex and involved in its path through research, consultation, required changes to education/training and submitting a stakeholder supported proposal which meets with the government's rigor for evidence and economically viable initiatives. As such, submitting a proposal to gain access to controlled acts has a longer timeline without any guarantee of support or success. Working to gain access to order lab tests will help in gauging the willingness and appetite of the government and other stakeholders to increase rights for the homeopathy profession. Each step forward will benefit patients and the profession.

**PROTECTING THE PUBLIC:** Provide a brief summary and rationale for any proposed decision and how it may impact and advance public interest and protection. I.e. How action taken or proposed demonstrates and advances public interest and protection, increases public trust and transparency, reduces risk to patients/public, and/or addresses changing public expectations.

**What problem/issue is the College attempting to solve with this objective to ORDER LAB TESTS?**

i. There is a public protection issue (particularly related to timeliness and continuity of care) arising from homeopaths not having the ability to order lab tests. The current requirement to involve an intermediary (e.g., a family doctor) may delay needed care and raises the risk of the documented problem of miscommunication.
ii. Homeopaths have demonstrated competencies consistent with the ability to order and interpret tests without the involvement of an intermediary (e.g. family practitioner). This will result in quicker attention, improved quality and continuity of care.
iii. Homeopaths having access to order tests will benefit patients by:
    a. saving time, resources, and frustration;
    b. increasing trust in the smooth continuity of care provided by qualified, knowledgeable, and appropriately trained homeopaths;
    c. aligning the College with the Government's "Patient First" initiative by ensuring that patients who choose homeopaths as part of their care teams have access to homeopaths along with other primary care providers without delay to care.

**What problem/issue is the College attempting to solve with this objective to PERFORM A CONTROLLED ACT?**

i. There is a public protection issue (particularly related to timeliness and continuity of care) arising from homeopaths not having the ability to perform certain controlled acts The current requirement to involve an intermediary (e.g., a family doctor) may delay needed care and raises the documented problem of miscommunication.

ii. Homeopaths have demonstrated competencies consistent with the ability to order and interpret tests without the involvement of an intermediary (e.g. family practitioner), and for the benefit of both quality and continuity of care, should be fully engaged in using them.

iii. Homeopaths having access to perform controlled acts will benefit patients by:

- a. increasing trust in their practitioners, who are qualified, knowledgeable, and appropriately trained;
- b. increasing trust in the profession;
- c. saving time and resources, and eliminating frustration;
- d. aligning the College with the Government's "Patients First" initiative by ensuring that patients who choose homeopaths as part of their care teams have access to professionals who, along with other primary care providers, are authorized to:
  - i. order tests;
  - ii. prescribe, dispense, sell or compound homeopathic medications and supervise the part of a pharmacy where homeopathic medications are kept;
  - iii. communicate a homeopathic diagnosis identifying, as the cause of an individual's symptoms, a disease, disorder or dysfunction that may be identified through an assessment that uses homeopathic techniques;
  - iv. perform a procedure on tissue below the dermis (i.e. blood glucose test).

d. recognizing other services as required i.e. medical letter.

**BACKGROUND** (history/pertinent info/stakeholder groups consulted/government directives/research findings/best practices. When conducting research provide full references including web links, document title, author, source, page number).:

To date the Registration Committee has reviewed an extensive white paper on the regulatory change process, which included initial input from a key stakeholder, and received a presentation and advice from Legal Counsel Richard Steinecke of Steinecke Maciura LeBlanc. The committee has created a tentative workplan.

The workplan has planned activities in three phases:

Phase 1 - Planning Phase

a. Council approval required to:
   i. Fund a project manager to assist with all phases of the plan;
   ii. Move into phase 2.

Phase 2 - Research and Stakeholder Consultation Phase

a. Council approval required to:
   i. Approve the scope of the request including the list of tests permitted;
   ii. Move to phase 3.

Phase 3 - Submission Preparation Phase

a. Council approval point at end of submission phase:
   i. None required

**RISK/MITIGATION OPTIONS:**

Each initiative (order lab tests or gaining rights to controlled acts) is labour- and resource-intense, without guarantee of success. There is a risk of action and of inaction. Below are some of the potential risks.

| Issue | Risk | Mitigation Option |
|---|---|---|
| Win for the profession/patients to ordering lab tests | Low<br>- It would be a positive step forward for both Homeopaths and patients to access lab tests.<br>- Ordering and interpreting lab tests is part of the existing competency profile and curriculum.<br>- This is human and financial resource intense activity, however, less so than working to obtain access to a controlled act. | Ongoing work with the approved programs and other stakeholders to ensure all system partners are supportive of this proposed change. |
| Gaining authorization to perform controlled acts | Medium to high<br>- This is human and financial resource intense activity.<br>- There is no guarantee of a successful outcome.<br>- Some advancements in this area will cause the College to incur additional and, in some cases, substantial costs to upgrade foundational programs (competencies, approved program/substantial equivalent processes, registration processes, individual assessment, registrant retraining/assessment, etc.)<br>- There is no data as to how this may impact the registrant base.<br>- Not acting on this initiative may have a negative impact on the growth of the profession.<br>- Acting on this initiative may have a negative financial impact on the College.<br>- There must be strong stakeholder (across professions) and government support for this initiative/request to be successful. | The College may be required to build greater reserves to support such changes and costs. |
| Assessment of short- and long-term costs required | - For each option, the College must assess the short- and long-term costs to implement changes in registration requirements be it education, training and/or assessment. Some advancements in this area will cause the College to incur additional and, in some cases, substantial costs to upgrade foundational programs (competencies, approved program/substantial equivalent processes, registration processes, individual assessment, registrant retraining/assessment, etc.) | Development of multi-year budget required. |

| Issue | Risk | Mitigation Option |
|---|---|---|
| Probability of Successful Outcome | Low to High<br>- Probability of gaining access to ordering lab tests – low risk.<br>- Probability of acquiring exemption for authorization of a controlled act – high risk.<br>- There must be strong stakeholder support (across professions), within the Homeopathy profession, and government support for any initiative/request to be successful.<br>- There must be willingness and qualifications to serve across the homeopathy profession.<br>- Any proposal must be able to demonstrate the government's rigor for evidence and proof of economically viable initiatives. | Ongoing consultation, testing the waters and appetite of government, system partners to gauge willingness, support and readiness (within the profession itself). |
| Human and financial resources | Medium to High<br>- Funds must be available to acquire human resources to service and drive this initiative. | The College may be required to build greater reserves to support such changes and costs. |

**KEY CONSIDERATIONS**:

1. This initiative is part of the operating plan goals and objectives since 2020, however, at times it has been on the B List. Requesting access to lab tests is one component of a list of services being considered by the Registration Committee and reported to Council in October 2021 (see appendix 6.1.2).
2. There is a public protection and benefit component to this initiative.
3. Receiving access to ordering lab tests will be quicker and most likely easier to gain than access to controlled acts, which can be planned as the next request.
4. Having the ability to order lab tests will have tremendous benefits to both patients and practitioners, improving timely health care and effectiveness of care.

**RESOURCE IMPLICATIONS:**

**Ordering Lab Tests:** Human and financial resources are required to support the opportunity to create a submission for ordering lab tests through all of its planning/action phases. The project budget of $50,000 to be approved by Council will be paid monthly over a period of a year as the work is completed. It is anticipated that a full submission could be sent to the government within a period of one year.

**Controlled Act:** As an alternative, it is estimated that the $50,000 budget could be spent to flush out the details of requesting authorization for a controlled act or exemption of delegation of a controlled act. This preliminary work would include assessing impact and costing elements, creating a viability report, and gathering data on initial stakeholder support. This preliminary work would be done over a period of approximately 12 months. Following which based on Council review and direction, an additional budget of an estimated $50,000 would be required to complete the formal consultation and submission report (an additional 12 months). Total estimated budget to complete submission request is $100,000.

**OPTIONS:**

1. Accept the proposal to proceed to develop the details of the three-phased plan and supporting case for the profession to order lab tests with commitment to fund the initiative through the 2024/2025 budget.
2. Reject the proposal to proceed to developing the details of the three-phased plan and supporting case for the profession to order lab orders.
3. Accept the proposal to proceed to develop a preliminary report on the viability for the profession to perform one or more controlled acts with commitment to fund the initiative through the 2024/2025 budget. With commitment to further costs in future budget years.
4. Reject the proposal to proceed to develop a preliminary report on the viability for the profession to perform one or more controlled acts.
5. A combination of one or two of the above over a longer time period.
6. Request review and/or modification by the Registration Committee for return to Council at the next meeting.

**RECOMMENDATIONS:**

None provided.

**COLLEGE OF HOMEOPATHS OF ONTARIO**
**REPORT FORM / BRIEFING NOTES**

| | | | |
|---|---|---|---|
| **MEETING/DATE:** | **COUNCIL, OCTOBER 21, 2021** | **DECISION** | □ |
| **DATE:** | **OCTOBER 8, 2021** | **DISCUSSION** | **X*** |
| **ITEM NAME:** | **Registration Committee Proposed Regulatory Change Project** | **INFORMATION** | **X*** |
| **INITIATED BY:** | **REGISTRATION COMMITTEE** | | |
| **PRESENTED BY:** | **M STEELE AND J BLANCHARD** | | |

**OBJECTIVE OF THIS REPORT** (relevance to the business of Council, potential impact/outcome of decision):

**NOTE*: This item was originally listed on the agenda as a decision item. It is presented to Council as a discussion/information item.**

1. Provide an update on activities which have taken place to support the 2020/2021 and 2021/2022 Operating Plan Goals and Objectives item 3B (see description below).

**STRATEGIC DIRECTIONS:** This initiative fits with the strategic direction of the College's 2020/2021 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

□ **1 Delivering on Legislative & Legal Mandate**
□ **2 Practicing Good Governance**
X **3 Achieving Growth**
□ **Fulfilling RHPA Objects**
□ **Meeting a Legislative/Regulatory or Bylaw Requirement**
□ **Other, specify:** _____

## 2021/2022 Key Result Area 3: CHO to Achieve Growth (Growth = Profession, Supporting Institutions, CHO Membership Levels)

### 3B) Carryover Items from 2020/2021

**a) Launch initiatives that will support long-term improvement to patient care which will also benefit the growth and viability of the profession of homeopathy in Ontario. CONTINUED FROM 2020/2021**

The Registration Committee met on May 20 and June 10 and determined that the focus of the project should be on pursuing authorization for homeopaths to perform a number of existing controlled acts via the granting of exemptions.

**Deliverable / Timeframe**

1. Determine committee structure for managing regulatory change project and make appropriate recommendations to Council/Executive Committee by Q1 2021-2022.
2. Develop and implement a workplan to investigate possibility for regulatory change, gather supporting information, meet with stakeholders, and develop recommendations leading to a formal submission to the Ministry and present to Council for approval. Complete by Q1 2022-2023.

## GUIDING LEGISLATION/BYLAW/POLICY:

**Regulated Health Professions Act, 1991**
S.O. 1991, CHAPTER 18

**Controlled acts restricted**
**27** (1) No person shall perform a controlled act set out in subsection (2) in the course of providing health care services to an individual unless,

(a) the person is a member authorized by a health profession Act to perform the controlled act; or
(b) the performance of the controlled act has been delegated to the person by a member described in clause (a). 1991, c. 18, s. 27 (1); 1998, c. 18, Sched. G, s. 6.

**Controlled acts**
(2) A "controlled act" is any one of the following done with respect to an individual:

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3. Setting or casting a fracture of a bone or a dislocation of a joint.
4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand or finger,
   i. beyond the external ear canal,
   ii. beyond the point in the nasal passages where they normally narrow,
   iii. beyond the larynx,
   iv. beyond the opening of the urethra,
   v. beyond the labia majora,
   vi. beyond the anal verge, or
   vii. into an artificial opening into the body.
7. Applying or ordering the application of a form of energy prescribed by the regulations under this Act.
8. Prescribing, dispensing, selling or compounding a drug as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.
10. Prescribing a hearing aid for a hearing impaired person.
11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.
12. Managing labour or conducting the delivery of a baby.
13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.
14. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning. 1991, c. 18, s. 27 (2); 2007, c. 10, Sched. L, s. 32; 2007, c. 10, Sched. R, s. 19 (1).

**Exemptions**
(3) An act by a person is not a contravention of subsection (1) if the person is exempted by the regulations under this Act or if the act is done in the course of an activity exempted by the regulations under this Act. 1991, c. 18, s. 27 (3). (Noted as O. Reg. 107/96 Controlled Acts).

## LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:

This initiative is being reviewed and investigated by the Registration Committee because it will impact areas such as entry-to-practice competencies, education and clinical training, program approval, and competency demonstration and assessment.

**PROTECTING THE PUBLIC:** Provide a brief summary and rationale for any proposed decision and how it may impact and advance public interest and protection. I.e. How action taken or proposed demonstrates and advances public interest and protection, increases public trust and transparency, reduces risk to patients/public, and/or addresses changing public expectations.

1. **What problem/issue is the College attempting to solve with this objective?**

i. There is a public protection issue (particularly related to timeliness and continuity of care) arising from homeopaths not having the ability to perform certain controlled acts The current requirement to involve an intermediary (e.g., a family doctor) may delay needed care and raises the documented problem of miscommunication.
ii. Homeopaths have demonstrated competencies consistent with the ability to order and interpret tests without the involvement of an intermediary (e.g. family practitioner), and for the benefit of both quality and continuity of care, should be fully engaged in using them.
iii. Homeopaths having access to perform controlled acts will benefit patients by:
    a. increasing trust in their practitioners, who are qualified, knowledgeable, and appropriately trained;
    b. increasing trust in the profession;
    c. saving time and resources, and eliminating frustration;
    d. aligning the College with the Government's "Patients First" initiative by ensuring that patients who choose homeopaths as part of their care teams have access to professionals who, along with other primary care providers, are authorized to:
        i. order tests;
        ii. prescribe, dispense, sell or compound homeopathic medications and supervise the part of a pharmacy where homeopathic medications are kept;
        iii. communicate a homeopathic diagnosis identifying, as the cause of an individual's symptoms, a disease, disorder or dysfunction that may be identified through an assessment that uses homeopathic techniques;
        iv. perform a procedure on tissue below the dermis (i.e. blood glucose test).
    e. recognizing other services as required i.e. medical letter.

**BACKGROUND** (history/pertinent info/stakeholder groups consulted/government directives/research findings/best practices. When conducting research provide full references including web links, document title, author, source, page number).:

To date the Registration Committee has reviewed an extensive white paper on the regulatory change process, which included initial input from a key stakeholder, and received a presentation from Legal Counsel Richard Steinecke of Steinecke Maciura LeBlanc. The committee is preparing a System Partner Initiative Problem Resolution Report and created a tentative workplan.

The workplan has planned activities in three phases:

1. Planning Phase – June to Winter 2022
    a. Council approval required at end of planning phase:
        i. To move into phase 2
        ii. Funding of a full-time project manager (estimated six-month contract)
2. Research and Stakeholder Consultation Phase – 6 months
    a. Council approval required at end of consultation phase:
        i. To move to phase 3
        ii. Funding of contract extension for full-time project manager (estimated three-month)

3. Submission Preparation Phase – 3 months
    a. Council approval point at end of submission phase:
        i. None required

**RISK/MITIGATION OPTIONS:**
This initiative is labour- and resource-intensive, without guarantee of success. There is a risk of action and of inaction. A risk-assessment with mitigation considerations will be provided in the next report to Council.

**KEY CONSIDERATIONS**:
1. Part of the 2020/2021 and 2021/2022 strategic operating plan goals and objectives.
2. There is a public protection component to this initiative.
3. There is a desire among some members of the profession to gain authorization to perform existing controlled acts. (Quantifiable measurement to be determined.)

**RESOURCE IMPLICATIONS:**
Current staff will continue to support the Registration Committee (approximately .25 full-time equivalent) until the initial planning phase is complete. This stage will assist the committee and Council in identifying the short- and long-term costs of this objective and the probability of success.

It is anticipated a future request will come to Council to:

1. Seek approval to proceed to consult a wide variety of stakeholders to determine the profession's readiness to make and service a proposed regulatory change submission to the Government;
2. Seek approval for funding to hire one full-term contract staff as a project manager to move professional consultation, data gathering and short/long-term project planning forward. Outcome of project would be to accurately determine profession's readiness and qualifications to service an exemption to perform identified controlled acts. (Estimated six-month contract).
3. Following presentation to Council on the results of the consultation and the detailed cost analysis, a further funding envelope is anticipated to prepare the submission to Government. (Estimated three-month contract of one full-time staff person).

**OPTIONS:**
1. None provided at this time.

**DEADLINES AND NEXT STEPS (BASED ON OPTION 1 ABOVE):**
1. Recommendations and top-line estimate of full project costs to come to the next Council meeting with a request for approval to proceed and request for funding for support staff.

**RECOMMENDATIONS:**
1. Proceed with planning phase and provide a comprehensive report of decision points at the next Council meeting.

**COLLEGE OF HOMEOPATHS OF ONTARIO**
**REPORT FORM / BRIEFING NOTES**

| | | | |
|---|---|---|---|
| **MEETING/DATE:** | **COUNCIL, FEBRUARY 28, 2024** | **DECISION** | **X** |
| **DATE:** | **FEBRUARY 15, 2024** | **DISCUSSION** | □ |
| **ITEM NAME:** | **Council and Committee Competencies** | **INFORMATION** | □ |
| **INITIATED BY:** | **B ZIV** | | |
| **PRESENTED BY:** | **B ZIV / J BLANCHARD** | | |

**OBJECTIVE OF THIS REPORT** (relevance to the business of Council, potential impact/outcome of decision):

To present to Council proposed Council and Committee Competencies as reviewed by the Governance Panel. This framework and draft set of competencies has been developed in response to a CPMF directive, with a focus on developing, adopting and evaluating competency and suitability criteria for members on Council and statutory committees.

**STRATEGIC DIRECTIONS:** This initiative fits with the strategic direction of the College's 2023/2024 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

X **1 Delivering on Legislative & Legal Mandate**
X **2 Practicing Good Governance**
□ **3 Achieving Growth**
□ **4 Fulfilling RHPA Objects**
X **5 Meeting a Legislative/Regulatory or Bylaw Requirement**
□ **Other, specify:** _____

**GUIDING LEGISLATION/BYLAW/POLICY:**

## Direction from CPMF

**Changes to 2022 CPMF Report – Evidence Benchmarks**

For the 2022 CPMF report, eight pieces of evidence were categorized as benchmarks. That is, as excellent regulators, Colleges are expected to meet or work towards meeting these evidence benchmarks, which are clearly identified in Part 1 of the tool. If a College does not meet, or partially meets a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines, and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmark.

**Domain 1: Governance**
**Standard 1: Measure: 1.1**

1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.

**Required Evidence**

**a**. Professional members are eligible to stand for election to Council only after:
  i. Meeting pre-defined competency and suitability criteria; and
b. Statutory Committee candidates have:
  i. Met pre-defined competency and suitability criteria;

**PROTECTING THE PUBLIC:** Provide a brief summary and rationale for any proposed decision and how it may impact and advance public interest and protection. I.e. How action taken or proposed demonstrates and advances public interest and protection, increases public trust and transparency, reduces risk to patients/public, and/or addresses changing public expectations.

*The CPMF measures and reports in a standardized manner how each College is acting in the public interest. It gathers information on how well Colleges have met a set of best practices (standards) related to their key statutory functions and key organizational aspects.*

*In addition, the CPMF will provide benchmark information and best practices that will help Colleges improve their performance and ensure that public confidence in the professions is maintained[1].*

*The Ministry is committed to building a connected and sustainable health care system centered around the needs of patients. One key component of this journey is to continue strengthening transparency and accountability of regulated health professions to engender trust between Ontario's Colleges and the public. The CPMF will assist the ministry in achieving these goals.*

*Measuring college performance will strengthen accountability by linking college activities to outcomes and providing consistent and aligned information across all Colleges. In addition, performance measurement strengthens transparency about the role of the Colleges (e.g., how decisions are made, the impact of those decisions and activities in advancing the public interest, etc.) helping to foster trust in the ability of the health professions to regulate themselves in the interest of the public.*

*Finally, this work places a focus on areas of improvement (e.g., better support for changing public expectations, patient needs, and delivery of care models); makes it easier for patients, their families and employers to navigate the regulatory system; and through highlighting best practices, reduces variation in the efficiency and effectiveness with which Colleges carry out their functions.* [2]

**BACKGROUND** (history/pertinent info/stakeholder groups consulted/government directives/research findings/best practices. When conducting research provide full references including web links, document title, author, source, page number).:

A first draft of the competency framework (Council and Committees) came to Council for discussion at the September 2023 meeting. Council requested that Governance Panel take a deeper look at the draft and make adjustments and recommendations for Council's review.

In developing the attached draft, significant effort went into examining what other RHPA Colleges have put in place to address the requirement.

## Direction from CHO 2022/2023 OPGO

**This item is on the 2022/2023 – B List** (items to do as time allows).

**2A) Work towards regulatory governance excellence through alignment with the College Performance Management Framework (CPMF) best practices.** Primary focus will be in the areas that CHO has identified as high and moderate risk and low to moderate effort related to:

Domain 1 – Governance;
Domain 2 – Resources;
Domain 4 – Information Management;
Domain 7 – Measurement, reporting and improvement with an enhanced focus on preparing for governance reform, stewardship, planning, risk awareness/assessment/mitigation activities and resources for Council and decision makers.

**Deliverable:**

Particular focus under KRA 2 will be placed on (as time allows):

**c) Domain 1 Governance – The Governance Panel to review and recommend competency profiles for professional Council and all statutory committee members. (CPMF Std 1.1 a/b)**

d) Domain 1 Governance – The Governance Panel to review and recommend a system of ongoing training and evaluation of Council and statutory committee members.

[1] MOH College Performance Measurement Framework FAQs Question and answer 1. Page 5. December 2020.
[2] Ibid.

e) Domain 1 Governance – Fully implement process for pre-determination of eligibility, training and competence validation of Council and committee members.

**RISKS / MITIGATION OPTIONS, KEY CONSIDERATIONS, AND ANALYSIS:**
Establishing a competency framework and criteria is a requirement under the CPMF. In the 2023 CPMF report, the CHO will be expected to report on its progress in meeting this benchmark, including an improvement plan that includes the steps it will follow, timelines, and any barriers to implementing that benchmark.

**RESOURCE IMPLICATIONS:**
Staff time, potentially Executive and/or Governance Panel time.

**OPTIONS:**
1) Accept the framework and competency profile as presented.
2) Consider the proposed framework and suggest modifications as appropriate. For example,
    1) Is the proposed framework/competency profile comprehensive?
    2) Are there additional competencies that should be included?
    3) Could any of the proposed competencies be more clearly defined?
3) Reject the proposed framework and return to Governance Panel with specific direction for change.

**RECOMMENDATION:**
1) Accept the framework and competency profile as presented.

**NEXT STEPS:**
1) Determine steps and timelines for implementation, training, and evaluation.

# CHO COUNCIL COMPETENCY FRAMEWORK 2024

**Council participation ensures public protection and public access to registered homeopaths who are in good standing with the CHO. There are 7 Professional members and 5 Public members who comprise the CHO Council They serve an initial 3-year term with a maximum of 3 consecutive terms.**

## Roles and Responsibilities of Members

Familiarize and comply with the College's bylaws, code of conduct, and in particular, declare all conflicts of interest, step down from his or her position on Council in the event of allegations regarding conduct, competence or capacity until such time they have been disposed of. Publicly supports and does not speak against any decision of Council. Respects confidentiality. Broad knowledge of regulatory legislation, scope of practice, statutory committees, standards and guidelines and ability to acquire such knowledge.

| **The Council is the governing body of the College of Homeopaths of Ontario (CHO) and its role is to serve the public interest by overseeing the regulation of the practise of Homeopaths.** | **Council establishes the CHO's Vision, Mission and Strategic Direction. It sets the standard for education, training, required level of competence and ethical behaviour, assessment and professional practice standards and guidelines.** |
|---|---|
| **Attributes EVERY Director will have or attain and demonstrate:** | **ONE OR MORE Directors should have the following experience, knowledge and skills:** |
| **Professionalism, Good Character**<br>Acts transparently with discretion, humility, kindness and professionalism to consider and comment on a wide range of perspectives in a non-threatening way. Acts in a manner that is without personal disrepute. Being congenial in a likeable and meaningful way.<br>***What does it look like in action?***<br>• Appropriately demonstrates transparency with information (with Council, committee/panel members, staff).<br>• Demonstrates behaviour in keeping with the bylaws and policies of the College including but not limited to Council Code of Conduct, equity, inclusion and diversity, civility, and anti-violence and harassment.<br>Pre-election/appointment:<br>• See bylaws for eligibility components for elected Council members.<br>• Good conduct, no recent professional misconduct, good character reference. No criminal background or fitness-to-practice matters that impact suitability to serve.<br>• Professionalism: how one carries self and interacts with others.<br>• Conforms to behaviour and expectations befitting of a professional/business/regulatory environment (see demonstrates behaviour above).<br>Post-election/appointment:<br>• Same as above.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Chair evaluates committee/Council members.<br>***Training/Remediation Options?***<br>• Ethics and professionalism course. | **Leadership**<br>Demonstrates confidence and good judgment in inspiring, motivating, and offering direction and leadership to others. Conveys knowledge and understanding of consensus-building and uses effective facilitation techniques. Creates strong morale and spirit in his/her term. Shares wins and successes. It includes demonstrating a positive attitude, energy, resilience, stamina, and the courage to take measured risks. Fosters the values and commitments of CHO.<br>***What does it look like in action?***<br>• Acts with integrity, as it is recognized as a basic trait required.<br>• Is able, when appropriate, to take a role as leader of the Council or Committee.<br>• Demonstrates confidence and good judgment in inspiring, motivating, and offering direction and leadership to others.<br>• Is a good communicator. Actively listens to others and encourages all to participate in the conversation and decision making.<br>• Conveys knowledge and understanding of consensus-building and uses effective facilitation techniques.<br>• Creates strong morale and spirit in his/her term.<br>• Shares wins and successes. It includes demonstrating a positive attitude, energy, resilience, stamina, and the courage to take measured risks.<br>• Fosters the values and commitments of CHO.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Feedback from Council/Committee members.<br>***Training/Remediation Options?***<br>• CLEAR leadership training. |

| **Attributes EVERY Director will have or attain and demonstrate:** | **ONE OR MORE Directors should have the following experience, knowledge and skills:** |
|---|---|
| • TBD | • Other appropriate leadership development training. |
| **Accountability, Honesty and Integrity**<br>Acts with integrity and speaks the truth while being able and willing to take full responsibility for decisions and follow through on commitments. Ability to identify and declare real and perceived conflicts of interest and appearances of bias.<br>***What does it look like in action?***<br>• Acts with integrity. [Integrity is the quality of being honest and having strong moral principles, moral uprightness, and the state of being whole/undivided/unified/unimpaired/sound and lacking in corruption[1].]<br>• Speaks the truth in a respectful and forthright manner.<br>• Takes full responsibility for decisions.<br>• Follows through on commitments.<br>• Avoids and is able to identify and declare real and perceived conflicts of interest.<br>• Maintains confidentiality and uses discretion.<br>• Points of view are shared appropriately, in context, and are free of bias, racism, discrimination, and sexism.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Chair evaluates committee/Council members.<br>***Training/Remediation Options?***<br>• Ethics, governance and professionalism courses.<br>• TBD | **Board and Governance Experience**<br>Has experience with, or can demonstrate knowledge or expertise in, board governance in the private, public, and/or non-profit sector, through prior Board or committee service. Clearly understands the distinction between the roles of Council versus the role of management. Understanding the role of the regulator versus a professional association.<br>***What does it look like in action?***<br>Has experience with, or can demonstrate knowledge or expertise in, board governance in the private, public, and/or non-profit sector, through prior Board or committee service. Clearly understands the distinction between the roles of Council versus the role of management. Understanding the role of the regulator versus a professional association.<br>• Has read and understands the regulatory and College framework documents.<br>• Understands role of bylaws, code of conduct, Robert's Rules of Order, and rationale behind other governance policies. Experience working with bylaws, policies, and legislative framework.<br>• Asks appropriate questions to ensure collective and individual understanding of how the governance tools aid Council and committees in their work.<br>• Understands policy management framework.<br>• Understands importance of the College's working relationship with the Ministry and other RHPA governed colleges.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Chair evaluates committee/Council members.<br>***Training/Remediation Options?***<br>• CHO Council Orientation.<br>• HPRO Governance Training for HRPA Colleges workshop. |

[1] Oxford Languages Dictionary.

| **Attributes EVERY Director will have or attain and demonstrate:** | **ONE OR MORE Directors should have the following experience, knowledge and skills:** |
|---|---|
| **Collaborative, Inclusive, Open, Curious**<br>Recognize what can emerge as a result of meaningful engagement through respectful whole group dialogue and debate. Further recognize that outcomes arrived at with dialogue and debate will be stronger, solutions orientated and, will, likely lead to a better decision than outcomes created in isolation or through collusion. Be open to new ideas, new perspectives, and new ways of doing things, always bringing a learning mindset to decision-making. Decisions reached by consensus are encouraged within a democratic process.<br>Creativity generates solutions, develops creative approaches, and implements approaches that lead to improved performance within a framework with limited resources. It requires the ability to anticipate and lead change that contributes to organizational success.<br>***What does it look like in action?***<br>• Discussions on decisions to be taken by Council or Committee are held in an inclusive manner.<br>• Efforts are made at meaningful engagement through respectful whole group dialogue and debate, through consensus using a democratic, transparent process.<br>• Outcomes are creative and solutions oriented, transparent, objective, impartial, fair, while balancing risks and considering the needs and viewpoints of the College, the public and its various stakeholders.<br>• Openness to new ideas, new perspectives, and new ways of doing things for improved solutions and public protection outcomes.<br>• Demonstrates ability to anticipate and lead change that contributes to organizational success.<br>• Brings a learning mindset to decision-making.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Chair evaluates committee/Council members.<br>***Training/Remediation Options?***<br>• Governance, anti-racism/equity/diverse/inclusion training. | **Financial Knowledge and Integrity**<br>Knowledge of financial and fiscal management within a corporate, public and/or regulatory setting. This will assist Council in managing its financial health, with adequate financial reserves, and sufficient and appropriate staff resources, including leadership.<br>***What does it look like in action?***<br>• Experience working with financial management in an Ontario based corporate, public, regulatory, or not-for-profit setting.<br>• Knowledge of financial and fiscal management within a corporate, public, not-for-profit and/or regulatory setting.<br>• Ability to meet with College management to discuss fiscal health, and provide input into the setting of annual budgets.<br>• Assists Council in understanding and assessment the organization's financial documents and fiscal health.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Chair evaluates committee/Council members.<br>• Feedback from Treasurer.<br>***Training/Remediation Options?***<br>• This is a unique skill set which may be obtained outside of the College. The Treasurer must meet the qualifications set out within the position job description.<br>• There are university-based courses which may be helpful for members to gain a deeper understanding of their financial management role in a not-for-profit /public sector setting. |
| **Communication, Understanding**<br>Communicates effectively, concisely, constructively, respectfully, and accurately, verbally and in writing, with Council/committee members, and staff. Good communication skills reflect an ability to work in a group, be ready to listen effectively with active participation. Clear expression of ideas, opinions and positions including creativity is an asset. Understanding the intent and language of Council. Ability to anticipate and lead change that contributes to organizational success.<br>***What does it look like in action?***<br>• Communicates effectively, concisely, constructively, respectfully, and accurately, verbally and in writing. | **Regulatory Understanding**<br>Knowledge and understanding about the regulatory environment required to meet legal, regulatory and good governance requirements especially under an RHPA structure. Understands the public protection mandate of the College. Familiarity with applicable legislation including the RHPA,1991, the Homeopathy Act, 2007, College regulations, bylaws, policies and the objects of the College.<br>***What does it look like in action?***<br>• Has read and understands the regulatory and College framework documents. |

| **Attributes EVERY Director will have or attain and demonstrate:** | **ONE OR MORE Directors should have the following experience, knowledge and skills:** |
|---|---|
| • Listen effectively with active participation.<br>• Clear expression of ideas, opinions and positions.<br>• Understands the intent and language of Council.<br>• Anticipates and leads change that contributes to organizational success.<br>• Willing and able to see and consider things from another person's perspective.<br>• Demonstrates the ability to accurate insight into other people's/group's behaviour and motivation and responds appropriately.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Chair evaluates committee/Council members.<br>***Training/Remediation Options? TBD*** | • Understands the prescribed direction and limitations of the applicable legislation and/or bylaws.<br>• Appreciates when legal opinion may be necessary to facilitate effective decision making.<br>• Asks appropriate questions to ensure collective and individual understanding of how the legislation informs any decision before Council or the committee.<br>• Understands importance of the College's working relationship with the Ministry and other RHPA governed colleges.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Chair evaluates committee/Council members.<br>• Feedback from Registrar.<br>***Training/Remediation Options?***<br>• HPRO Governance Training for HRPO Colleges workshop.<br>• Staff and/or Legal Counsel lead instruction. |
| **Continuous Learning**<br>Takes action to improve personal capability, including the ability to quickly understand and apply information, concepts and strategies. Demonstrates an interest in continuous personal learning.<br>Open to orientation and training and display a willingness to follow bylaws, internal policies, code of conduct and rules of order. Independently gain insight into the work of assigned committees and projects that are in progress. Being a willing participant and active learner.<br>It is not expected that candidates for Council and committees possess all of these competencies prior to being elected or appointed. Competencies can be acquired through ongoing orientation, continuing education and professional development.<br>***What does it look like in action?***<br>• Demonstrates an interest in continuous personal learning.<br>• Takes action to improve personal capability, including the ability to quickly understand and apply information, concepts and strategies.<br>• Participates in orientation and training opportunities.<br>• Follow bylaws, internal policies, code of conduct and rules of order and welcome opportunities to deepen understanding.<br>• Independently gain insight into the work of assigned committees and projects that are in progress.<br>• Overall, willing participant and active learner in the work of the College.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Chair evaluates committee/Council members. | **Vision, Mission, Strategic Plan, Risk**<br>Understands the importance of an organizational vision and the methods/processes for developing the vision, mission and creating a strategic plan. Experience with, and understanding of the risk management framework for identifying, measuring and managing significant risks and events that may impact the College's objectives. Experience in overseeing organizational performance.<br>***What does it look like in action?***<br>• Understands the importance of an organizational vision and the methods/processes for developing the vision, mission and creating a strategic plan.<br>• Understands the risk management framework for identifying, measuring and managing significant risks and events that may impact the College's objectives and the ability to make recommendations for risk mitigation and correction.<br>• Ability to effectively oversee organizational performance.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Chair evaluates committee/Council members.<br>• Feedback from Registrar.<br>• Feedback from qualified independent third-party<br>***Training/Remediation Options?***<br>• Consultant lead instruction. |

| **Attributes EVERY Director will have or attain and demonstrate:** | **ONE OR MORE Directors should have the following experience, knowledge and skills:** |
|---|---|
| ***Training/Remediation Options? TBD*** | |
| **Objectivity, Critical/Strategic Thinking**<br>Be able to self-reflect and make decisions based on factual evidence and reliable, valid information from a variety of sources, to best fulfil the public mandate. Uses judgment and strategic thinking to reflect on matters before Council/Committee to fully participate in decision making and problem solving without influence or pressure. Adapts and demonstrates flexibility based on understanding and changing environments. Is open to changing opinions based on new or emerging evidence and information.<br>Strategic thinking endeavours to understand the implications of decisions and strives to improve organizational performance. Is aware of organizational issues, policy, procedures, and how outcomes may/do impact key stakeholders and the organization's strategic direction.<br>***What does it look like in action?***<br>• Be able to self-reflect and make decisions based on factual evidence and reliable, valid information from a variety of sources, to best fulfil the public mandate.<br>• Uses judgment and strategic thinking to reflect on matters before Council/Committee to fully participate in decision making and problem solving without influence or pressure.<br>• Adapts and demonstrates flexibility based on understanding and changing environments.<br>• Is open to changing opinions based on new or emerging evidence and information.<br>• Uses strategic thinking endeavours to understand the implications of decisions and strives to improve organizational performance.<br>• Is aware of organizational issues, policy, procedures, and how outcomes may/do impact key stakeholders and the organization's strategic direction.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Chair evaluates committee/Council members.<br>***Training/Remediation Options?***<br>• Governance, decision making courses.<br>• TBD. | **Knowledge of Homeopathy, and the scope of practice.**<br>Has knowledge and understanding of the homeopathy profession including scope of practice. Recognizes the importance of the homeopathy profession and how it works within the healthcare system, and the potential for interprofessional collaboration. Understands key trends/developments in the education, training, and practice of the profession.<br>***What does it look like in action?***<br>• Has solid knowledge and comprehensive understanding of the homeopathy profession including scope of practice.<br>• Understands the major differences and similarities in the styles of practice of the profession in Ontario.<br>• Understands the key trends/developments in the education, training, and practice of the profession.<br>• Recognizes the importance of the homeopathy profession within the healthcare system,.<br>• Has openness to understanding application and framework of how the profession works independently and in tandem to other professions and partners in the health care system and the potential to collaborate interprofessionally.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Chair evaluates committee/Council members.<br>***Training/Remediation Options?***<br>•<br>• Staff and/or Chair lead instruction via orientation and written materials on what is homeopathy, what defines a homeopath, and an overview of the scope of practice of the profession. |

| **Attributes EVERY Director will have or attain and demonstrate:** | **ONE OR MORE Directors should have the following experience, knowledge and skills:** |
|---|---|
| **Public Interest, Focus**<br>Upholds the public's right to safe, ethical care, demonstrated by an understanding and appreciation of, and commitment to, the public protection mandate and the time required to execute the role diligently. Recognizing that the public interest and protection is the focus and will always be prioritized over personal or professional interests.<br>***What does it look like in action?***<br>• Demonstrates an understanding of the intention behind RHPA and its focus on public protection.<br>• Contributes to Council and committee decisions with balanced consideration to the public's right to safe, ethical care, as well as to other stakeholders and the College.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Chair evaluates committee/Council members.<br>***Training/Remediation Options? TBD*** | **Conflict Management, Facilitation**<br>Conflict management/facilitation is the knowledge and ability to anticipate, recognize and effectively resolve disputes. It includes facilitating open and constructive discussions, and where possible, win-win solutions, or as necessary, rendering a decision to bring resolution to matters.<br>***What does it look like in action?***<br>• Utilize conflict management/facilitation skills to effectively resolve disputes and assist Council or Committee rendering a decision to bring resolution to matters.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Chair evaluates committee/Council members.<br>***Training/Remediation Options?***<br>• This is a unique skill set which may be obtained outside of the College.<br>• There are college, university and certification-based courses which may be helpful for members to gain a deeper understanding of this competency. |
| **Technological Competence and Security of Data**<br>Ability to work electronically and communicate securely and efficiency with College's material.<br>***What does it look like in action?***<br>• Ability to participate effectively in electronic meetings.<br>• Ensures that files, data and confidential files are stored in a secure manner.<br>• Ensures that discussions, documents and other information pertaining to in-camera meetings are confidential and secure.<br>• Reports any security breaches to the College office in a timely manner.<br>***How to evaluate?***<br>• Self-evaluation.<br>***Training/Remediation Options?***<br>• Confidentiality and cyber security training. | **Stakeholder Relations**<br>In the public interest, Council members work to build and/or maintain ethical relationships and networks of people or organizations who can assist Council in achieving its goals and the College's statutory requirements.<br>***What does it look like in action?***<br>• Works to build or maintain ethical relationships and networks of contacts with individuals important and willing to help or serve others, meets the organization's goals and objectives.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Chair evaluates committee/Council members.<br>***Training/Remediation Options?*** TBD. |

| **Attributes EVERY Director will have or attain and demonstrate:** | **ONE OR MORE Directors should have the following experience, knowledge and skills:** |
|---|---|
| **Availability, Willingness to Participate**<br>Members of the Council need to ensure they have willingness and the time to devote to Council and Committee work in order to achieve the best results. Committed, punctual and available for regular meetings and hearings. Demonstrate an interest by becoming knowledgeable and curious about the impact of regulation on the public, registrants, and College.<br>***What does it look like in action?***<br>• Committed, punctual and available for regular meetings and hearings.<br>• Prepared by reading committee packages and background material in advance of meetings.<br>• Demonstrate an interest by becoming knowledgeable and curious about the work of the College, its impact, and stakeholders.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Chair evaluates committee/Council members.<br>***Training/Remediation Options?***<br>• Introduction to Council/Committee and role training. | **Interprofessional collaboration**<br>Possesses an understanding of the roles of the 26 health regulatory colleges and can create potential alliances which may help the College establish mutually beneficial cooperation leading to interprofessional, system partner alliances and improved patient care.<br>***What does it look like in action?***<br>• Supports efforts to establish initiatives which assist Council and the College in achieving its mission and goals. Is knowledgeable about specific ways in which health care professions can work collaboratively – in the promotion of public safety and protection.<br>• Attributes include: Knowledgeable leadership, insight, action orientation, follow-through, risk assessment, performance improvement, stakeholder relations, regulatory knowledge and evaluation, and public protection.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Chair evaluates committee/Council members.<br>***Training/Remediation Options?***<br>• This is a unique skill set which may be obtained outside of the College. This competency may also be demonstrated by a registrant who is registered with two or more RHPA professions or has experience working within a multi-disciplinary clinic. It may also be demonstrated by an individual who has other leadership skills within the broader healthcare system. |
| **Contribution**<br>Reads the material to ensure understanding/comprehension, and improved ability to make an effective and valuable contribution. Asks questions which further collective and personal understanding and ability to make good/appropriate informed decisions. Initiates changes to systems/policies/processes based on need versus want. Considers and questions implications, fallout and reactions of the public, stakeholders, staff, committee, and College resources. Shares appropriate resources with staff/Council and committee members. Contributes to the productive, results oriented output of the College.<br>Displays effective use of time management skills. Is able to plan and organize workflow and meetings in an efficient manner to address the opportunity or the problem.<br>***What does it look like in action?***<br>• Reads the material to ensure understanding/comprehension, and improved ability to make an effective and valuable contribution.<br>• Asks questions which further collective and personal understanding and ability to make good/appropriate informed decisions. | **Ministry communications**<br>President and Registrar can communicate effectively, professionally and in an informed and sufficiently comprehensive manner, as required.<br>***What does it look like in action?***<br>• Speaks knowledgeable, effectively and within agreed upon message track. Addresses questions and provides written materials in a sufficiently comprehensive manner, as may be required.<br>• Consults with Executive Committee and/or Council prior to releasing information, as may be required.<br>• Speaks with one voice on behalf of Council and the College.<br>• Understands importance of the College's working relationship with the Ministry and other RHPA governed colleges.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Feedback from Registrar.<br>***Training/Remediation Options?***<br>• Media and spokesperson training. |

| **Attributes EVERY Director will have or attain and demonstrate:** | **ONE OR MORE Directors should have the following experience, knowledge and skills:** |
|---|---|
| • Initiates changes to systems/policies/processes based on need versus want.<br>• Considers and questions implications, fallout and reactions of the public, stakeholders, staff, committee, and of the College resources.<br>• Shares appropriate resources with staff/Council and committee members.<br>• Contributes to the productive, results oriented output of the College.<br>• Displays effective use of time management skills.<br>• Works to keep discussion focussed and on topic.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Chair evaluates committee/Council members.<br>***Training/Remediation Options? TBD*** | |
| **Teamwork**<br>Works cooperatively, collegially and respectfully in a team-based environment that is diverse and inclusive. Demonstrates cooperation within and beyond the Council. Supports group decisions, even when different from one's own stated point of view. Is a good team player, does his/her share of work and is actively involved and "rolls up sleeves". Compromises and applies, as appropriate, rules flexibly. Adapts tactics to situations or to others' response. Can accept setbacks and change own's immediate behaviour or approach to suit the situation. Is candid about opinions and raises justified concerns.<br>***What does it look like in action?***<br>• Works cooperatively, collegially and respectfully in a team-based environment that is diverse and inclusive.<br>• Is a good team player, does his/her share of work and is actively involved and "rolls up sleeves".<br>• Demonstrates cooperation within and beyond the Council. Adapts tactics to situations or to others' response.<br>• Supports group decisions, even when different from one's own stated point of view.<br>• Compromises and applies, as appropriate, rules flexibly.<br>• Can accept setbacks and change own immediate behaviour or approach to suit the situation.<br>• Is candid about opinions and raises justified concerns.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Chair evaluates committee/Council members.<br>***Training/Remediation Options? TBD*** | **Designated Spokesperson**<br>The Registrar, the President, or, in the absence of the President, the Vice-President and other designated individuals may be trained as official spokespersons of the College to respond to media requests.<br>***What does it look like in action?***<br>• Speaks knowledgeable, effectively and within agreed upon message tracks to stakeholders and media. Addresses questions as required.<br>• Speaks with one voice on behalf of Council and the College.<br>• Avoids speaking on confidential matters.<br>***How to evaluate?***<br>• Self-evaluation.<br>• Feedback from Registrar and relevant staff member.<br>***Training/Remediation Options?***<br>• Media and spokesperson training. |

| **Attributes EVERY Director will have or attain and demonstrate:** | **ONE OR MORE Directors should have the following experience, knowledge and skills:** |
|---|---|
| **Time Commitment** | |
| Council | • At least 4 (two day) meetings per year<br>• 1 full day Council Retreat<br>• 2 Council Development Days<br>• 1-day orientation for new members |
| Executive | • At least 4 (two day) meetings per year<br>• 8 half-day meetings<br>• Occasional short teleconferences |
| Discipline | 3-4 Committee/training days per year. If selected to be part of a Discipline panel (i.e., smaller subsets of the Committee), the time commitment could be 2-7 days per hearing, depending on the matter. |
| Inquiries, Complaints and Reports | • 1 Committee/training days per year<br>• 1 full day panel meeting every 3 months<br>• Occasional short teleconferences |
| Registration | 6 (half-day) meetings per year |
| Quality Assurance | 8 (half day) Committee and panel meetings per year |
| Client Relations | 3-4 half-day meetings per year |
| Fitness to Practise | 1 full day Committee/training meeting per year. If selected to be part of a Fitness to Practise panel, the time commitment could be 3-5 days per hearing. |

## Remuneration

Council members are paid a pro-rated per diem of $150.00 based on a seven-hour day and some additional preparation time, if applicable. Council members are reimbursed for out-of-pocket expenses such as accommodations, meals and travel.

# College of Homeopaths of Ontario (CHO) Competency Framework 2024 – Key Roles and Leaders

**There are several roles within the College which carry additional responsibility, requiring different skills and greater and specific knowledge. This framework identifies key competencies for the roles related to Executive Committee Members-at-Large, Treasurer, President, Vice-President, Statutory Committee Chair, and Chair of a decision-making panel.** This competency profile must be read in conjunction with the CHO Board Competency Profile 2024 and individual position job descriptions.

| Executive Committee Members/Member-at-Large | President | Vice-President | Treasurer | Committee Chair | Panel Chair ICRC, QA, Registration |
|---|---|---|---|---|---|
| Acts ethically with integrity and honesty, and in good faith, for the best interests of the College and the public.<br><br>Has developed personal and professional credibility. | Yes<br><br>Yes | Yes<br><br>Yes | Yes<br><br>Yes | Yes<br><br>Yes | Yes<br><br>Yes |
| Provide leadership in exercising CHO's mandate to regulate homeopaths in the public interest. | Yes<br><br>The President is an experienced, articulate leader who works towards a vision with a commitment to set the strategic direction of the College to achieve its objectives and to deliver efficient, effective, and high-quality outcomes in keeping with the mandate, governing legislation, governance, and accountability requirements.<br><br>The President plans and sets an agenda with staff support, and chairs Council and Executive meetings. | Yes<br><br>The VP has leadership abilities enabling the implementation of strategic plans and the attainment of performance objectives in keeping with the CHO mandate, governing legislation, governance, and accountability requirements. The VP acts in the absence of the President or Chair. VP carries out such duties as may be delegated by the President when required. | Yes | Yes<br><br>A chair is an articulate and experienced leader who has the education, skills, and ability to lead and chair Committee meetings. Chairs are fully informed on all Committee matters and plan and set an agenda with staff support. Move the agenda forward.<br><br>Sets the ethical tone and values of the Panel and encourages ethical behaviour.<br><br>With the exception of Executive, Committees elect their own Chairs from among their members. | Yes<br><br>To manage activities of panel members to comply with RHPA, panel chairs must possess knowledge of the legal, procedural, and regulatory framework for the Committee. |

| Executive Committee Members/Member-at-Large | President | Vice-President | Treasurer | Committee Chair | Panel Chair ICRC, QA, Registration |
|---|---|---|---|---|---|
| Recognizes the scope of public protection and public interest and the College's mandate. | Yes | Yes | Yes | Yes | Yes |
| Ensures familiarity with applicable legislation, bylaws and follows sound governance policies.<br><br>Tolerant and respectful of differing opinions with the knowledge and willingness to follow rules of order. | Yes<br><br>Yes<br><br>Sound understanding of the principles of governance and the ability to ensure that adequate training and education is in place to support Council members within their committees.<br>Able to ensure that all established policies are followed in accordance with bylaws and legislation. | Yes<br><br>Yes | Yes<br><br>Yes | Yes<br><br>Yes | Yes<br><br>Yes |
| Understanding and Respectful of the democratic process, while advocating for consensus, and respecting results of a vote. | Yes | Yes | Yes | Yes | Yes |
| Respects confidentiality regarding Council and Committee matters including those required under section 36 of the RHPA. | Yes | Yes | Yes | Yes | Yes |
| Not allow personal feelings towards others to affect decision making or relationships with others. | Yes | Yes | Yes | Yes | Yes |
| Reviews and analyzes Council and relevant committee material, in advance of meetings and listens, contributes, discusses, and debates in a respectful manner and reaches decisions | Yes | Yes | Yes | Yes | Yes |

| Executive Committee Members/Member-at-Large | President | Vice-President | Treasurer | Committee Chair | Panel Chair ICRC, QA, Registration |
|---|---|---|---|---|---|
| regarding CHO regulatory business.<br>Attends meetings regularly and on time. | | | | | |
| Exhibits an ability for critical thinking and active listening with respectful communication together with committee members and staff. | Yes<br><br>Possesses effective communication and interpersonal skills to positively influence and communicate with Council members, staff, stakeholders, and the public. | Yes<br><br>Provides sound advice to the President. Informs President where there is a need for change to processes or practices in order to meet the organization or stakeholder needs. | Yes | Yes | Yes |
| Ability and willingness to work with individuals from differing cultures, backgrounds, personalities, perspectives, and to display flexibility and congeniality in dealing with complex and sometimes difficult issues. | Yes<br><br>Chairs the Council, and Executive Committee meetings. Keeps the VP apprised of Governance issues and matters of importance. Has regular communications with the VP to ensure executive succession policy objectives are met and reduces the risk of loss of sharing of vital information. | Yes<br><br>In the absence of the President or Chair, chairs the Council, and Executive Committee meetings. VP has knowledge and skills required for effective governance practices. | Yes | Yes<br><br>Keeps the President and Registrar informed of significant developments.<br>Able to motivate and engage Committee members, oversee performance, and provide constructive and respectful feedback to encourage and enable excellence. | Yes<br><br>Keeps the Committee Chair informed of significant developments.<br>Able to motivate and engage Panel members, oversee performance, and provide constructive and respectful feedback to encourage and enable excellence. |
| Is able to reach decisions independently, irrespective of forces vying for conformity. | Yes<br><br>Manages the organization of meetings and agendas to enable efficient and productive meetings, start on time and end on time. | Yes | Yes | Yes<br><br>Manages the organization of meetings and agendas to enable efficient and productive meetings, start on time and end on time. | Yes<br><br>Yes |
| Has an open mind, critical thinker, free of bias and conflict of interest.<br>Can logically build a case for their decision on any issue and articulate the reasoning.<br>Possess strategies to build consensus within the committee. | Yes<br><br>Keeps Council and Executive meeting discussions on topic, moving the agenda forward and focussed on College's mandate, Vision, and strategic plan, and periodically summarizes and clarifies discussion. | Yes | Yes | Yes<br><br>Move the agenda forward, keeping meeting discussions on topic and focussed, by periodically clarifying and summarizing issues. | Yes<br><br>Move the agenda forward, keeping meeting discussions on topic and focussed, by periodically clarifying and summarizing issues. |

| Executive Committee Members/Member-at-Large | President | Vice-President | Treasurer | Committee Chair | Panel Chair ICRC, QA, Registration |
|---|---|---|---|---|---|
| | Is able to focus on individual Council members to ensure elicitation of each one's perspective.<br><br>Has mediation and conflict resolution skills affording an ability to diffuse controversial propositions and keep meetings on track. Can break log jams with solutions that come from creative thinking outside of the box.<br><br>Obtains advice and assistance from staff and legal counsel as may be required in the preparation and in the course of meetings proceedings. | | | Is able to focus on individual Committee members to ensure participation.<br><br>Maintains positive relations among Committee members encouraging discussion, and a free flow of ideas. Ensures procedural fairness in decisions and across decisions of the panel.<br><br>Where panels are required, Chair selects composition of panel members. Chair leads and provides advice and support in conjunction with staff and legal support as may be required. Assures alignment with legislation, CHO policies and good practice. | Is able to focus on individual Committee members to ensure participation.<br><br>Maintains positive relations among Panel members. Ensures procedural fairness in decisions and across decisions of the panel.<br><br>Review and sign draft panel decisions. |
| Willing to participate and contribute to Council's long-term planning for Vision, Mission, Values and Strategic plan. | Yes<br>Participates in Council's long-term planning and ensures that a process is in place to evaluate Council's decision making and overall effectiveness.<br><br>Plays a leading role in supporting Council activities and promotes positive relations among Council members, staff, and stake holders.<br>Motivating individuals and groups in government, the public and membership to contribute to the work of the College.<br><br>Is cognisant of social, cultural and political issues impacting the College. | Yes | Yes<br><br>Needs to be aware of realistic connections between Vision, Mission and strategic plans and human and financial resources and planning. | Yes<br><br>Plays a role promoting positive relations among Committee members, and staff. Possess good conflict resolution and problem-solving skills. | Yes<br><br>Plays a role promoting positive relations among Panel members, and staff. Possess good conflict resolution and problem-solving skills. |

| Executive Committee Members/Member-at-Large | President | Vice-President | Treasurer | Committee Chair | Panel Chair ICRC, QA, Registration |
|---|---|---|---|---|---|
| Has a fundamental understanding of finance and budgeting from the perspective of not-for-profit organizations.<br><br>Has a perspective of the overall financial stability of the profession. | Yes<br><br>Sound understanding of financial and operational processes of institutional business processes and practices. | Yes<br><br>Sound understanding of financial and operational processes of institutional business processes and practices. | Yes<br><br>Expert understanding of financial and operational processes of institutional business processes and practices. | Yes | Yes |
| Contributes to review and recommendations to Council of an annual budget, consistent with human and financial resources, priorities, and strategic objectives. | Yes | Yes | Yes<br><br>Has the knowledge, skill, ability, and experience to work with staff in the review of the development of the annual budget. | Yes | — |
| Basic understanding of statements of operations and variance to budget. | Yes | Yes | Yes<br><br>Ability to read the operating statement, and draw conclusions, and provide advise regarding variances and contingencies.<br><br>Review controls in place and confirm audit procedures in an effort to reduce risk of fraud. | Yes | — |
| Consciously avoid becoming involved in the operations of the College and recognize that this is a staff function. | Yes | Yes | Yes | Yes | Yes |
| Participate in training and education and respects that everyone has something to learn and to contribute by sharing knowledge will fellow members. | Yes | Yes | Yes | Yes | Yes |
| Deals with conflict and differing interests and perspectives in a professional and respectful manner by agreeing to disagree.<br><br>. | Yes | Yes | Yes | Yes | Yes |

| Executive Committee Members/Member-at-Large | President | Vice-President | Treasurer | Committee Chair | Panel Chair ICRC, QA, Registration |
|---|---|---|---|---|---|
| Comprehensive knowledge of regulatory legislation, scope of practice, statutory committees, standards and guidelines and the ability to acquire such knowledge. | Yes | Yes | Yes | Yes | Yes |
| Relevant to role possesses an in depth understanding of professional, institutional, policy and stakeholder context in which the College operates; or the ability to acquire such understanding. | Yes | Yes | Yes | Yes | Yes |
| Supports, respects, and promotes the principles of transparency, equity, diversity, inclusion and the values of the College. | Yes | Yes | Yes | Yes | Yes |
| — | Ensures that the College meets its legal obligations and complies with its public interest objects. | Yes | — | Yes | Yes |
| — | Effectively communicates with stakeholders including registrants, members of the public, government, and other external stakeholders as required from time to time. | Yes<br>Communicates with key stakeholders as may be required. | — | — | — |
| — | Encourages Council member participation in meetings and activities and recognizes their contributions to College work and decisions making. | Yes | — | Yes | Yes |
| — | Assists in mentoring and helps to develop learning for Council members by providing oversight, advice and encouragement. | Yes<br><br>Assists in mentoring and coaching of new Council members, as required. | — | Yes<br><br>Assists in mentoring and coaching of new Committee members, as required. | Yes<br><br>Yes |
| — | Oversees the annual evaluation of Council and committee members performance. | Yes | — | — | — |

| Executive Committee Members/Member-at-Large | President | Vice-President | Treasurer | Committee Chair | Panel Chair ICRC, QA, Registration |
|---|---|---|---|---|---|
| | | Assists in developing the process as may be required. | | | |
| — | Monitors performance of the Registrar. Ensures that a process for annual evaluation of the Registrar's performance is in place and conducted. | — | — | — | — |
| — | Acts as one of the signing officers on cheques, contracts, and other legal obligations. | — | — | — | — |
| — | Maintains open, effective communication with the Registrar so that plans and initiatives of Council are carried out in accordance with the Colleges operational plans. | — | — | — | — |
| — | Is trained and able to provide responses to media as may be required. | Yes | — | — | — |

**AGENDA ITEM # 8.1**
**APPENDIX 8.1.1**

**COLLEGE OF HOMEOPATHS OF ONTARIO**
**REPORT FORM / BRIEFING NOTES**

| | | | |
|---|---|---|---|
| **MEETING/DATE:** | **COUNCIL/FEBRUARY 28, 2024** | **DECISION** | **X** |
| **DATE:** | **FEBRUARY 15, 2024** | **DISCUSSION** | □ |
| **ITEM NAME:** | **CHANGE TO LANGUAGE REQUIREMENTS POLICY** | **INFORMATION** | □ |
| **INITIATED BY:** | **J BLANCHARD** | | |
| **PRESENTED BY:** | **J BLANCHARD** | | |

**OBJECTIVE OF THIS REPORT** (relevance to the business of Council, potential impact/outcome of decision):

To request Council approval of required revisions of the registration Language Requirement Policy (GR01) for new applicants.

**STRATEGIC DIRECTIONS:** This initiative fits with the strategic direction of the College's 2023/2024 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

X **1 Delivering on Legislative & Legal Mandate**
□ **2 Practicing Good Governance**
□ **3 Achieving Growth**
X **Fulfilling RHPA Objects**
X **Meeting a Legislative/Regulatory or Bylaw Requirement**
□ **CPMF – College Performance Measurement Framework**
□ **Other, specify:** _____

**GUIDING LEGISLATION/BYLAW/POLICY:**

**Regulated Health Professions Act, 1991**
ONTARIO REGULATION 508/22
**REGISTRATION REQUIREMENTS**

**Language proficiency testing requirements**

**3.** (1) An applicant for registration satisfies a College's English or French language proficiency testing requirement if the applicant demonstrates, within two years before the date of making the application, English or French language proficiency at a level satisfactory to the College on a test that is approved under the *Immigration and Refugee Protection Act* (Canada) for use in assessing language proficiency.

(2) Subsection (1) does not limit a College's ability to accept other examinations, tests or assessments as evidence of English or French language proficiency.

**PROTECTING THE PUBLIC:** Provide a brief summary and rationale for any proposed decision and how it may impact and advance public interest and protection. I.e. How action taken or proposed demonstrates and advances public interest and protection, increases public trust and transparency, reduces risk to patients/public, and/or addresses changing public expectations.

The ability of a health care professional to operate effectively within the health care system is an important requirement for new applicants. The ability to have reasonable fluency in English or French is important to patient care, and communication across the health care system.

**LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:**

Each college has the ability to set the expected level of fluency in the areas of reading, speaking, listening and writing. The College may ask each applicant to furnish proof of fluency at the time of application.

**BACKGROUND** (history/pertinent info/stakeholder groups consulted/government directives/research findings/best practices. When conducting research provide full references including web links, document title, author, source, page number).:

As a result of regulatory changes under O.Reg.508/22 Registration Requirements, the Government of Ontario added an additional option for recognition of language requirements (see #3 below) as approved by *Immigration and Refugee Protection Act (Canada)*. As such, we have updated our Language Requirements policy (attached).

CHO set its language requirements in 2014. Many sections of the original policy (approved by Council in 2014) have remained unchanged, however, #3 is new and #4 has been amended to clarify that those who can not prove language requirements in any of the three English language or two French language tests recognized by the *Immigration and Refugee Protection Act (Canada) to the equivalent level of 7, may be required to demonstrate the* Centre for Canadian Language Benchmarks (CCLB) testing using the Occupational Language Assessment (OLA) for Homeopaths to a minimum of level 7 in each assessment area. The CCLB and OLA for Homeopaths has always been a requirement for applicants, however, the OLA requirement was previously not clearly stated in the policy. The requested revision addresses this oversight.

It is worth noting, as has always been the case as per the regulation, that language requirement is exemptible.

The College's revised policy now reads,

An Applicant will be asked on the Application Form if he or she can speak, read and write in English or French with reasonable fluency. An Applicant will have demonstrated fulfillment of this requirement in one of four ways:

1. A signed self-declaration indicating that his or her first language is English or French; or,
2. Completion of a post-secondary program in Homeopathy taught in English or French; or
3. Successful completion of a language assessment conducted by an agency approved by the *Immigration and Refugee Protection Act (Canada)*, which is equivalent to a minimum level of 7 on the Canadian Language Benchmark (CLB) assessment scale, and which has been completed within two years of making application to the College; or
4. Those for whom the categories above do not apply he or she must submit proof of reasonable fluency achieved through a language assessment that meets the Centre for Canadian Language Benchmarks testing using the Occupational Language Assessment (OLA) for Homeopaths to a minimum of level 7 in each assessment area.

**RISKS / MITIGATION OPTIONS:**

No additional information provided.

**KEY CONSIDERATIONS**:

1. Alignment with regulatory requirements.

**RESOURCE IMPLICATIONS:**

1. None.

**OPTIONS FOR COUNCIL CONSIDERATION:**

1. Approve revised Language Requirements Policy GR01.
2. Approve a modified Language Requirements Policy GR01.
3. Request that the Registration Committee examine the Language Requirement Policy GR01 and return it to Council for approval.
4. Reject the revised Language Requirement Policy GR01.

**RECOMMENDATIONS:**

1. Approve the revised Language Requirement policy GR01.

**RESOLUTION:**

**BE IT RESOLVED THAT** Council approve the revised Language Requirement policy GR01.

# College of Homeopaths of Ontario
# Registration Policies

| | |
|---|---|
| **Title:** | **Language Requirement and English and French Standards** |
| **Category:** | **General Requirement** |
| **Distribution:** | **Internal / External** |
| **Policy Number:** | **REG GR 01** |
| **Status:** | **Final Council Approved, June 23, 2014** |
| **Revision:** | **Editorial updates February 2024** |

*Note to Readers: In the event of any inconsistency between this document and the legislation that affects homeopathy practice, the legislation governs. The College has the power and authority to implement the applicable acts and regulations under the Regulated Health Professions Act, 1991. The factors outlined in this policy will be considered and every application will be reviewed on a case-by-case basis. If you have a question on how this policy affects your individual situation, please contact the College directly.*

*It is important to note that College publications may be used by the College or other bodies in determining the interpretation of the provisions within the Homeopathy Act, 2007, its regulations and the College's Bylaws.*

**Applicable Categories of Registration:**

1. Applicant for Full Certificate of Registration
2. Applicant for Emergency Certificate of Registration

**Type of Requirement:** Exemptible

**Applicable CHO Registration Regulation #:** 4(1)3, 8(4)

**Policy**

In accordance with s. 4(1) 3 the Registration Regulation (O. Reg. 18/14) under the Homeopathy Act, 2007, it is a requirement of registration that an Applicant must be able to speak, read and write either English or French with reasonable fluency.

An Applicant will be asked on the Application Form if he or she can speak, read, and write in English or French with reasonable fluency. An Applicant will have demonstrated fulfillment of this requirement in one of four ways:

1. A signed self-declaration indicating that his or her first language is English or French; or,
2. Completion of a post-secondary program in Homeopathy taught in English or French; or
3. Successful completion of a language assessment conducted by an agency approved by the *Immigration and Refugee Protection Act (Canada)*, which is equivalent to a minimum level of 7 on the Canadian Language Benchmark (CLB) assessment scale, and which has been completed within two years of making application to the College; or
4. Those for whom the categories above do not apply he or she must submit proof of reasonable fluency achieved through a language assessment that meets the Centre for Canadian Language Benchmarks testing using the Occupational Language Assessment (OLA) for Homeopaths to a minimum of level 7 in each assessment area.

**Purpose and Principles(s)**
English and French are the languages of the health care system in Ontario, as such a health care professional needs to communicate (speak, read, and write) in either English or French with reasonable fluency. Effective communication is one of the key competencies of homeopathy practice and is critical for the delivery of safe and effective care.

The College, with a third-party government-based language assessment expert, developed a method of language assessment specific to the homeopathy profession. The assessment measures whether an Applicant is reasonably fluent to communicate effectively as required.

The assessment includes reading, writing, speaking, and listening skills. The addition of listening skills is not an additional registration requirement but a means to assess the ability of an applicant to demonstrate reasonable fluency in English or French as stated in the College's Registration Regulation.

**Related Policies, Standards, Guidelines and Regulations**
***Homeopathy Act, 2007, Ontario Regulation 18/14 Registration***

**Requirements for issuance of certificate of registration, any class**
4.(1)3.The applicant must be able to speak, read and write either English or French with reasonable fluency. O. Reg. 18/14, s. 4 (1).

**Labour mobility, Full class**
8. (4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 3 of subsection 4 (1) if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 18/14, s. 8 (4).

***Regulated Health Professions Act, 1991, Ontario Regulation 508/22 Registration Requirements***
Effective January 1, 2023

**Language proficiency testing requirements**
**3.** (1) An applicant for registration satisfies a College's English or French language proficiency testing requirement if the applicant demonstrates, within two years before the date of making the application, English or French language proficiency at a level satisfactory to the College on a test that is approved under the *Immigration and Refugee Protection Act* (Canada) for use in assessing language proficiency.

(2) Subsection (1) does not limit a College's ability to accept other examinations, tests or assessments as evidence of English or French language proficiency.

**Appendix 1**

Source: Language test equivalency charts - Canada.ca (Government of Canada / Immigration, Refugees and Citizenship Canada / Corporate Information / Publications and Manuals / Operational Instructions and guidelines / Standard requirements for applicants / Language Requirements

## Language test equivalency charts

The College of Homeopaths of Ontario recognizes and accepts the following equivalencies between the Canadian Language Benchmarks (CLBs) (for English), Niveaux de compétence linguistique canadiens (for French), and the results of language tests from designated testing organizations have been established and are summarized in the following tables.

| **Canadian English Language Proficiency Index Program (CELPIP) – General Test score equivalency chart** | | | | |
|---|---|---|---|---|
| **CLB Level** | **Reading** | **Writing** | **Listening** | **Speaking** |
| 10 | 10 | 10 | 10 | 10 |
| 9 | 9 | 9 | 9 | 9 |
| 8 | 8 | 8 | 8 | 8 |
| 7 | 7 | 7 | 7 | 7 |
| 6 | 6 | 6 | 6 | 6 |
| 5 | 5 | 5 | 5 | 5 |
| 4 | 4 | 4 | 4 | 4 |
| | | | | |
| **International English Language Testing System (IELTS) – General Training – Test score equivalency chart** | | | | |
| **CLB Level** | **Reading** | **Writing** | **Listening** | **Speaking** |
| 10 | 8.0 | 7.5 | 8.5 | 7.5 |
| 9 | 7.0 | 7.0 | 8.0 | 7.0 |
| 8 | 6.5 | 6.5 | 7.5 | 6.5 |
| 7 | 6.0 | 6.0 | 6.0 | 6.0 |
| 6 | 5.0 | 5.5 | 5.5 | 5.5 |
| 5 | 4.0 | 5.0 | 5.0 | 5.0 |
| 4 | 3.5 | 4.0 | 4.5 | 4.0 |

| Pearson Test of English (PTE) – Test score equivalency chart | | | | |
|---|---|---|---|---|
| **CLB Level** | **Reading** | **Writing** | **Listening** | **Speaking** |
| 10 | 88-90 | 90 | 89-90 | 89-90 |
| 9 | 78-87 | 88-89 | 82-88 | 84-88 |
| 8 | 69-77 | 79-87 | 71-81 | 76-83 |
| 7 | 60-68 | 69-78 | 60-70 | 68-75 |
| 6 | 51-59 | 60-68 | 50-59 | 59-67 |
| 5 | 42-50 | 51-59 | 39-49 | 51-58 |
| 4 | 33-41 | 41-50 | 28-38 | 42-50 |
| 3 | 24-32 | 32-40 | 18-27 | 34-41 |

| Test de connaissance du français pour le Canada (TCF Canada)<br>Test score equivalency chart | | | | |
|---|---|---|---|---|
| **CLB Level** | **Reading** | **Writing** | **Listening** | **Speaking** |
| 10 and above | 549-699 | 16-20 | 549-699 | 16-20 |
| 9 | 524-548 | 14-15 | 523-548 | 14-15 |
| 8 | 499-523 | 12-13 | 503-522 | 12-13 |
| 7 | 453-498 | 10-11 | 458-502 | 10-11 |
| 6 | 406-452 | 7-9 | 398-457 | 7-9 |
| 5 | 375-405 | 6 | 369-397 | 6 |
| 4 | 342-374 | 4-5 | 331-368 | 4-5 |

**Test d'évaluation de français pour le Canada (TEF Canada) – test score equivalency chart**

The Government of Canada reviews TEF Canada equivalency through three different timeframes. Please visit the Government of Canada website for the particulars of each timeframe.

If you took your test after December 10, 2023

| CLB level | Reading | Writing | Listening | Speaking |
|---|---|---|---|---|
| 10 | 546-699 | 558-699 | 546-699 | 556-699 |
| 9 | 503-545 | 512-557 | 503-545 | 518-555 |
| 8 | 462-502 | 472-511 | 462-502 | 494-517 |
| 7 | 434-461 | 428-471 | 434-461 | 456-493 |
| 6 | 393-433 | 379-427 | 393-433 | 422-455 |
| 5 | 352-392 | 330-378 | 352-392 | 387-421 |
| 4 | 306-351 | 268-329 | 306-351 | 328-386 |

If you took your test between October 1, 2019 and December 10, 2023

| CLB level | Reading | Writing | Listening | Speaking |
|---|---|---|---|---|
| 10 | 566-699 | 566-699 | 566-699 | 566-699 |
| 9 | 533-565 | 533-565 | 533-565 | 533-565 |
| 8 | 500-532 | 500-532 | 500-532 | 500-532 |
| 7 | 450-499 | 450-499 | 450-499 | 450-499 |
| 6 | 400-449 | 400-449 | 400-449 | 400-449 |
| 5 | 350-399 | 350-399 | 350-399 | 350-399 |
| 4 | 300-349 | 300-349 | 300-349 | 300-349 |

If you took your test before September 30, 2019

| CLB level | Reading | Writing | Listening | Speaking |
|---|---|---|---|---|
| 10 | 263-300 | 393-450 | 316-360 | 393-450 |
| 9 | 248-262 | 371-392 | 298-315 | 371-392 |
| 8 | 233-247 | 349-370 | 280-297 | 349-370 |
| 7 | 207-232 | 310-348 | 249-279 | 310-348 |
| 6 | 181-206 | 271-309 | 217-248 | 271-309 |
| 5 | 151-180 | 226-270 | 181-216 | 226-270 |
| 4 | 121-150 | 181-225 | 145-180 | 181-225 |

Date Government of Canada Information modified: 2024-01-30

# College of Homeopaths of Ontario Registration Policies

Original Policy - 2 pages

| | |
|---|---|
| Title: | Language Requirement and English and French Standards |
| Category: | General Requirement |
| Distribution: | Internal / External |
| Policy Number: | REG GR 01 |
| Status: | Final Council Approved |
| Revision: | June 23, 2014 |

*Note to Readers: In the event of any inconsistency between this document and the legislation that affects homeopathy practice, the legislation governs. The College has the power and authority to implement the applicable acts and regulations under the Regulated Health Professions Act, 1991. The factors outlined in this policy will be considered and every application will be reviewed on a case by case basis. If you have a question on how this policy affects your individual situation please contact the College directly.*

*It is important to note that College publications may be used by the College or other bodies in determining the interpretation of the provisions within the Homeopathy Act, 2007, its regulations and the College's Bylaws.*

## Applicable Categories of Registration:

1. Applicant for Full Certificate of Registration
2. Applicant for Grandparented Certificate of Registration

## Type of Requirement: Exemptible

## Applicable CHO Registration Regulation #: 4(1)3, 8(4), 11(4)

## Policy

In accordance with s. 4(1) 3 the Registration Regulation (O. Reg. 18/14) under the Homeopathy Act, 2007, it is a requirement of registration that an Applicant must be able to speak, read and write either English or French with reasonable fluency.

An Applicant will be asked on the Application Form if he or she can speak, read and write in English or French with reasonable fluency. An Applicant will have demonstrated fulfillment of this requirement if he or she indicates any of the following:

1. Signed a self-declaration indicating that his or her first language is English or French; or,
2. For an Applicant to Grandparented Class, having received any formal secondary or post-secondary education taught in English or French; or
3. For an Applicant to Full Class, completion of a post-secondary program in Homeopathy taught in English or French.

If item 1, 2, and/or 3 above does not apply, the Applicant can undergo a language assessment to determine if the registration requirement can be met. The language assessment shall be conducted by an agency approved by Council. The Applicant is to achieve a Canadian Language Benchmark level of 7.

## Purpose and Principles(s)

English and French are the languages of the health care system in Ontario, as such a health care professional needs to communicate (speak, read and write) in either English or French with reasonable fluency. Effective communication is one of the key competencies of homeopathy practice and is critical for the delivery of safe and effective care.

The College, with a third party government based language assessment expert, has developed a method of language assessment specific to the homeopathy profession. The assessment measures whether an Applicant is reasonably fluent to communicate effectively as required.

The assessment will include reading, writing, speaking and listening skills. The addition of listening skills is not an additional registration requirement but a means to assess the ability of an applicant to demonstrate reasonable fluency in English or French.

## Related Policies, Standards, Guidelines and Regulations

*Homeopathy Act, 2007, Ontario Regulation 18/14 Registration* [Note: This regulation is not yet in force. It comes into force on the day named by proclamation by the Lieutenant Governor.]

## Requirements for issuance of certificate of registration, any class

4.(1)3.The applicant must be able to speak, read and write either English or French with reasonable fluency. O. Reg. 18/14, s. 4 (1).

## Labour mobility, Full class

8. (4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 3 of subsection 4 (1) if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 18/14, s. 8 (4).

## Labour mobility, Grandparented class

11. (4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 3 of subsection 4 (1) if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 18/14, s. 11 (4).

# Disposition of Council and Executive Committee Action Items

## September 20, 2023 – February 15, 2024

1. Engage N. Harris to conduct a third-party assessment of Council effectiveness. [IN PROGRESS]
2. Finalize Emergency Class regulation in consultation with Ministry of Health. [COMPLETED]
3. Address deferred items related to Emergency Class Regulation. [COMPLETED, SEE 3.1.7]
4. Return Council Competency Framework to Governance Panel for discussion. [COMPLETED, SEE 7.1]
5. Continue exploration of role of homeopaths in broader health-care system. [IN PROGRESS, SEE 6.1]

COLLEGE OF HOMEOPATHS OF ONTARIO



# 2023-2024 Operating Plan, Goals & Objectives
# Summary of Deliverablesas of Feb 15, 2024

**Key Result Area 1: CHO Deliver of Legislative & Legal Mandate**
**Key Result Area 2: CHO to Practice Good Governance**
**Key Result Area 3: CHO to Achieve Growth (Growth = Profession, Supporting Institutions, CHO Membership Levels)**

| Status Legend | On track | In progress | Stuck |
|---|---|---|---|

| Deliverable | Status/Comments |
|---|---|
| **1A) Office of the Fairness Commissioner**<br>Domain 6 – Suitability to Practice includes completion of requirements under Office of the Fairness Commissioner of Ontario Cycle 3 assessment report improvements. [Carry forward item] [CPMF Std 9.3]<br>1. Complete outstanding OFC requirements. | In progress.<br>- CHO met with the OFC in July, Nov and January for our quarterly progress meetings.<br>- Submitted the 2022 calendar year Fair Registration Practices Report, and the 2023 Risk Informed Compliance Framework (RICF) questionnaire.<br>- Attended Data Portal Focus Group.<br>- Received low risk rating under 2024 RICF framework.<br>- Commenced records audit on third-party assessor service provider.<br>- Implementation of new 2023 regulatory registration requirements resulted in changes to language proficiency policy.<br>- Ongoing work on completion of outstanding OFC audit requirements. |
| **1B) Quality Assurance Program (Self-Assessment Process)**<br>To reduce organizational risk, enhance registrant competence and compliance, and improve member service, the CHO will launch the registrant self-assessment requirement of the Quality Assurance Program. // Domain 6 – Suitability to Practice includes full rollout of the Quality Assurance Program and increased monitoring of registrant compliance. *[CPMF Std 10.2; Std 10.3]*.<br>1. Launch pilot test of the registrant self-assessment requirement of the CHO Quality Assurance Program to ensure registrants understand and comply with the annual requirements.<br>2. Rollout of the self-assessment requirement to all registrants following pilot test. | In progress.<br>Staff are working towards pilot testing starting in May 2024 and rolling out the Quality Assurance Program to all registrants in late June 2024. |
| **2A) Work towards regulatory governance excellence through alignment with the College Performance Management Framework (CPMF) best practices.** Primary focus will be in the areas that the Ministry of Health has identified as Benchmark Evidence standards und the CPMF related to: Domain 1 – Governance; Domain 2 – Resources; Domain 4 – Information Management; Domain 7 – | In progress.<br>a) and b) a number of new policies are being developed related to succession and contingency planning and College improvement measures. |

# 2023-2024 Operating Plan, Goals & Objectives
# Summary of Deliverablesas of Feb 15, 2024

| Deliverable | Status/Comments |
|---|---|
| Measurement, reporting and improvement.<br>**Deliverable:**<br>a) Domain 2 Resources – Governance Policies related to succession and contingency planning to ensure the College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate. (CPMF Std 4.1 c Benchmark Evidence)<br>b) Domain 7 Measurement, Reporting and Improvement – To enhance the College's performance improvement measurements, monitoring and reporting to integrate the use of performance and risk information to assess the College's progress against stated goals, objectives and regulatory requirements. And to create and provide tools and training to Council to support and encourage risk informed feedback on performance to translate and incorporate useful findings into improvement activities. (CPMF Std 14.1 b and 14.2 a Benchmark Evidence)<br>c) Domain 1 Governance – The Governance Panel to review and recommend competency profiles for professional Council and all statutory committee members. (CPMF Std 1.1 a/b Benchmark Evidence) | These are anticipated to come to the June 2024 Council meeting.<br>c) competency profiles are returning to Council (first presented in September 2023) at the February 28, 2024 meeting, following review by the Governance panel. See agenda item 7.1. |
| **2B) Technology Infrastructure Enhancements to Support Regulatory Functions**<br>To improve administrative efficiency, reduce organizational risk, and enhance member service, the CHO will complete (CPMF Std 7.1 Benchmark Evidence): Implementation of mitigation efforts to enhance cybersecurity.<br>**Deliverable:**<br>1. Implement mitigation efforts to enhance of cybersecurity. | In progress.<br>a. Mitigated and managed cybersecurity attack on College.<br>b. Monitored situation to minimum risk and loss.<br>c. Implemented steps to strengthen security moving forward. |
| **2C) Financial**<br>Maintain financial continuity of the College.<br>**Deliverable:**<br>1. To maintain ongoing financial stability and continuity of operations of the College. | Refer to Council agenda item 11.1<br>In accordance with the Bylaws the 2024/2025 fees were increased by the cost-of-living index for past 12-months or 3.8% (April 1, 2024 to March 31, 2025). This increase represents an increase of $50 plus HST. |
| **2D) Policy Review and Revisions**<br>To ensure that all College policies, practice standards, guidelines and bylaws are up-to-date and reflective of the latest laws, regulations, trends, and public expectation understand a full review of all documents and make updates as required. (CPMF Std 8.1 Benchmark Evidence)<br>**Deliverable:**<br>1. Conduct a full review of documents and create a schedule to update all documents over five years.<br>2. Make updates and undertake public consultation as required of 10% of documents during 2023/2024. | In progress.<br>To be completed by March 31, 2024. |

# 2023-2024 Operating Plan, Goals & Objectives
# Summary of Deliverablesas of Feb 15, 2024

| Deliverable | Status/Comments |
|---|---|
| **3A) Membership Levels**<br>The CHO will encourage and attract new registrants and optimize the retention of current registrants.<br>**Deliverable:**<br>1. The CHO will strive to achieve a membership level which will ensure sustainability of the College by the fiscal year end. | Refer to Council agenda item 3.1.3 |
| **3B) Strengthen the Triad (Ontario)**<br>As part of a triad of institutions (Regulatory College, Education, Professional) support professional growth and practice excellence in homeopathy in Ontario, the CHO will promote, among the leadership, greater awareness of the unique roles and responsibilities of each partner of the triad. Through an environment of trust and mutual respectful collaboration partners will work to identify and coordinate activities to contribute to the unified growth of the profession and increase interest in the College and Council membership. CHO will contribute, as possible, within its mandate of public protection.<br><br>**Deliverable:**<br>1. Develop a proposal to work collaboratively with the triad leadership (regulatory college, educational bodies and professional associations) on a visioning exercise to contribute to the cohesive and coordinated growth of the profession through the important and unique role of each perspective member of the triad leading to increased access by the public of qualified homeopaths.<br>2. Reach out to our peer stakeholders and invite them to meet and participate in a strategy planning session to advance collaborative initiatives. | a. working with Ontario Educational Institutions and Membership Organization to achieve coordinated initiatives:<br>i. Provide greater opportunities for public participation in Homeopathic care.<br>ii. Working towards increasing scope opportunities for homeopaths by opening access to exemption of delegation of medical tests under the Medical Tests Act.<br>iii. Preparing proposal to allow communication of homeopathic diagnosis.<br>b. Ontario Homeopathic Medical Association of Canada (OHMC) – meeting with President, Board and representatives 4 – 6 times a year, to discuss the state of the profession.<br>c. Canadian College for Homeopathic Medicine and Ontario College of Homeopathic Medicine – monthly meetings with Dean, and senior members regarding challenges and successes and gaining insights into future directions.<br>d. Canadian Coalition for Homeopathy (CCHF) – attend meetings every month to provide the College's perspective and explain the regulatory environment and the College's position.<br>e. Researching and negotiating for homeopaths to participate in Community Health Centres.<br>f. Researching and negotiating for homeopaths to participate more widely with 3rd party insurance providers in the public interest.<br>Participating in Research Project Sub-Committee with Education partners – meeting once a month |

# Operational Goals and Objectives 2023/2024 Membership Scorecard

| Actual at March 31, 2023 | | 2023-2024 Fiscal Year-End (PLAN) | Projected | At Feb.21/24 |
|---|---|---|---|---|
| Line 1 Members in Good Standing at March 31, 2022 | **474** | Line 1 Members in Good Standing at March 31/2023 | | **449** |
| **Adjustments** | | **Adjustments** | | |
| Line 2 Less Admin Suspension (Current Year) | -18 | Line 2 Less Admin Suspension (Current Year) | | -15 |
| Line 3 Less Suspension pending | 0 | Line 3 Less Suspension pending (notice of suspension sent) | | 0 |
| Line 4 Less Members with Outstanding Payment or Form | 0 | Line 4 Less Members with Outstanding Payment or Form | | 0 |
| Line 5 Less Resignations | -29 | Line 5 Less Resignations | | -19 |
| Line 6 Less Disciplinary Revocations | -1 | Line 6 Less Disciplinary Revocations | | 0 |
| Line 7 Full Class Members 425 | | Line 7 Full Class Members 390 | | |
| Line 8 Inactive Class Members 32 | | Line 8 Inactive Class Members 26 | | |
| Line 9 2022-2023 Renewing Member (Line 7 + 8) | 427 | Line 9 2023-2024 Renewing Members (Line 7 + 8)* | | 415 |
| Line 10 New Members – Full Class | +20 | Line 10 New Members – Full Class | | +23 |
| Line 11 Reinstated Members | +2 | Line 11 Reinstated Members | | +1 |
| Line 12 Return to Good Standing from admin suspension prior to 2022-2023 fiscal year | +1 | Line 12 Return to Good Standing from Admin Suspension issued prior to 2023-2024 fiscal year | | +1 |
| **Fiscal Year-End** | | **Ongoing Tally** | | |
| Line 13 Members in Good Standing at March 31, 2022 (Line 9 + 10) | **449** | Line 13 Members in good standing at February 21, 2024 | | **440** |

**Comments:**

The activities of administrative suspension, expiry and revocation are in accordance with the College's Registration Regulation O.Reg.18/14 and/or the Regulated Health Professions Act, Schedule 2, section 15.

*1 individual who renewed for the 2023-2024 year and paid in full, has been suspended by ICRC.

**COLLEGE OF HOMEOPATHS OF ONTARIO**
**REPORT FORM / BRIEFING NOTES**

| | | | |
|---|---|---|---|
| **MEETING/DATE:** | Council - February 28, 2024 | **DECISION** | □ |
| **DATE:** | February 21, 2024 | **DISCUSSION** | □ |
| **ITEM NAME:** | Committee Report – Inquiries, Reports And Complaints | **INFORMATION** | **X** |
| **INITIATED BY:** | K Flood, B Ziv | | |

**OBJECTIVE OF THIS REPORT** (relevance to the business of Council, potential impact/outcome of decision):

To provide an update of the activities of the ICRC from September 2023 to February 2024.

**STRATEGIC DIRECTIONS:** This initiative fits with the strategic direction of the College's 2022/2023 Operating Plan, Goals and Objectives in the Key Result Area or other requirement by:

□ **1 Delivering on Legislative & Legal Mandate**
x **2 Practicing Good Governance**
□ **3 Achieving Growth**
x **Fulfilling RHPA Objects**
□ **Meeting a Legislative/Regulatory or Bylaw Requirement**
□ **CPMF – College Performance Measurement Framework**
X **Other, specify:** _____

**GUIDING LEGISLATION/BYLAW/POLICY:**
*Regulated Health Professions Act, 1991*(RHPA), Schedule 2 the Health Professions Procedural Code
*Homeopathy Act, 2007*

**PROTECTING THE PUBLIC:** Provide a brief summary and rationale for any proposed decision and how it may impact and advance public interest and protection. I.e. How action taken or proposed demonstrates and advances public interest and protection, increases public trust and transparency, reduces risk to patients/public, and/or addresses changing public expectations.

The Inquires, Complaints, and Reports Committee (ICRC) is a Statutory Committee as defined in the Health Professions Procedural Code (Schedule 2 of the RHPA, 1991). ICRC investigates allegations of registrant-specific concerns which the College receives through complaints and reports to determine whether there is any evidence of professional misconduct, incompetence, or incapacity. The College may receive this information from various sources, such as formal complaints, mandatory reports and information brought to the attention of the Registrar.

A panel of the ICR Committee, after investigating a formal complaint or a Registrar's report, may do any one or more of the following, based on its assessment of risk:

- Take no action if the registrant's conduct and/or actions meet reasonable and acceptable standards of practice, or if there is insufficient information for the Committee to take action.
- Provide advice and recommendations to the registrant – this may be provided in writing.

- Ask the registrant to enter into an agreement with the College to complete upgrading.
- Require the registrant to complete a specified continuing education or remediation program (SCERP).
- Require the registrant to appear before a panel to be cautioned about his/her practice or conduct.
- Refer the matter to the Discipline Committee to hear specified allegations of professional misconduct or incompetence.

- Refer the registrant to another panel of the ICR Committee for investigation of possible mental or physical health concerns that might interfere with the registrant's ability to practise.

The College also has the option to use an alternative dispute resolution (ADR) program, as permitted by the RHPA to assist the registrant and complainant in coming to a mutual agreement, provided that the matter of the complaint is not one of sexual abuse. Any resolutions reached through the ADR program are ratified by a panel of the ICR Committee.

**LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:**

During the reporting period the ICRC had five members supported by the Registrar, the Deputy Registrar, and Communications Officer.

- Kerri Flood (Professional) Chair
- Akhlaq Ahmad (Professional)
- Paul Joseph (Professional) [Non-Council appointee]
- Catherine Kerr (Public)
- Angela Vani (Professional)

**ACTIVITY DURING REPORTING PERIOD**

A panel of the Committee (K. Flood, P. Joseph, and C. Kerr) met on December 4, 2023 to consider four files.

Each of these is still in progress and will proceed when the panel meets again on April 5. One interim suspension order was imposed.

**CONSENT AGENDA ITEM # 3.1.5**

**COLLEGE OF HOMEOPATHS OF ONTARIO**
**REPORT FORM / BRIEFING NOTES**

| | | | |
|---|---|---|---|
| **MEETING/DATE:** | Council - February 28, 2024 | **DECISION** | □ |
| **DATE:** | February 15, 2024 | **DISCUSSION** | □ |
| **ITEM NAME:** | Committee Report – Governance Panel | **INFORMATION** | **X** |
| **INITIATED BY:** | B Sharma, B Ziv | | |

**OBJECTIVE OF THIS REPORT** (relevance to the business of Council, potential impact/outcome of decision):

To provide an update on the activities of the Governance Panel from September 2023 to February 2024.

**STRATEGIC DIRECTIONS:** This initiative fits with the strategic direction of the College's 2022/2023 Operating Plan, Goals and Objectives in the Key Result Area or other requirement by:

□ **1 Delivering on Legislative & Legal Mandate**
x **2 Practicing Good Governance**
□ **3 Achieving Growth**
□ **Fulfilling RHPA Objects**
□ **Meeting a Legislative/Regulatory or Bylaw Requirement**
x **CPMF – College Performance Measurement Framework**
□ **Other, specify:** _____

**GUIDING LEGISLATION/BYLAW/POLICY:**

*Regulated Health Professions Act, 1991*(RHPA)

**PROTECTING THE PUBLIC:** Provide a brief summary and rationale for any proposed decision and how it may impact and advance public interest and protection. I.e. How action taken or proposed demonstrates and advances public interest and protection, increases public trust and transparency, reduces risk to patients/public, and/or addresses changing public expectations.

*The CPMF measures and reports in a standardized manner how each College is acting in the public interest. It gathers information on how well Colleges have met a set of best practices (standards) related to their key statutory functions and key organizational aspects.*

*In addition, the CPMF will provide benchmark information and best practices that will help Colleges improve their performance and ensure that public confidence in the professions is maintained*[1]*.*

*The Ministry is committed to building a connected and sustainable health care system centered around the needs of patients. One key component of this journey is to continue strengthening transparency and accountability of regulated health professions to engender trust between Ontario's Colleges and the public. The CPMF will assist the ministry in achieving these goals.*

[1] MOH College Performance Measurement Framework FAQs Question and answer 1. Page 5. December 2020.

*Measuring college performance will strengthen accountability by linking college activities to outcomes and providing consistent and aligned information across all Colleges. In addition, performance measurement strengthens transparency about the role of the Colleges (e.g., how decisions are made, the impact of those decisions and activities in advancing the public interest, etc.) helping to foster trust in the ability of the health professions to regulate themselves in the interest of the public.*

*Finally, this work places a focus on areas of improvement (e.g., better support for changing public expectations, patient needs, and delivery of care models); makes it easier for patients, their families and employers to navigate the regulatory system; and through highlighting best practices, reduces variation in the efficiency and effectiveness with which Colleges carry out their functions.* [2]

## LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:

During the reporting period the Governance Panel had four members, supported by the Registrar, the Deputy Registrar, and Communications Officer.

- Heather Broadhead (Public)
- Anna Cardozo (Professional)
- Robyn Gravelle (Public)
- Bhupinder Sharma, Chair (Professional)

## PANEL REPORT

The Governance Panel met on December 4, 2023 to reconsider the Council Competency Framework as directed by Council at its September meeting.

Panel members reflected on the fact that the College has little control over who becomes a Council member. For this reason, consideration of competencies should involve the development of training strategies to promote acquisition of competencies as needed. Recognizing the limited pool of potential Council members, the Panel also suggested that competencies be framed as *preferred* rather than *required*.

The Panel recommended by consensus that the documents be returned to Council in February. [see Agenda Item 7.1]

The Panel also discussed the potential to establish a nominating or selection committee. Staff were assigned the task of determining what other Colleges do in this regard. [see Agenda Item 7.2]

[2] Ibid.

# HPRO EDI Organizational Self-Assessment and Action Guide - Glossary Excerpt

## ANNEX 1: Glossary

| | |
|---|---|
| **Anti-Racism** | Anti-racism is a process, a systematic method of analysis, and a proactive course of action rooted in the recognition of the existence of racism, including systemic racism. Anti-racism actively seeks to identify, remove, prevent, and mitigate racially inequitable outcomes and power imbalances between groups and change the structures that sustain inequities. |
| **Diversity** | Diversity captures the psychological, physical, and social differences that occur among any and all individuals. People differ by attributes such as age, race, education, mental or physical ability, learning styles, gender, sex, sexual orientation, immigration status, religion, socioeconomic status, family status, and others. A diverse group, community, or organization is one in which a variety of social and cultural characteristics exist. |
| **Equity** | The term 'equity' acknowledges that different populations face different barriers to success and actively puts strategies in place to mitigate or eliminate these barriers. Social or historical factors can cause sameness of treatment to be inconsistent with equitable treatment—for instance, in cases where legacies of social inequality or systems oppression have placed groups in dominant or subordinate statuses relative to one another.<br>Under such circumstances, access to services, supports, and opportunities and attaining economic, political, and social fairness cannot be achieved by treating individuals in exactly the same way. Equity honours and accommodates the specific needs of individuals/ groups.<br>The term "equity-deserving" implies that the person in question or the identity group to which this person belongs is deserving of being treated in a just manner where their identity factor(s) do not hinder their circumstances, access to services, supports, and opportunities and attainment of economic, political, and social equality.<br>The term "equity-denied" implies that the person in question or the identity group to which this person belongs is being denied their full human rights and their ability to attain economic, political, and social equality.<br>The term "equity-seeking" usually refers to groups of equity deserving people who are actively working, directly or indirectly, consciously or unconsciously on attaining economic, political, and social fairness. |
| **Ethnic Origins** | Ethnicity refers to a person's ethnic or cultural origins.<br>Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic, and/or religious characteristics. |
| **Indigenous Identities** | Indigenous people identify as being descended from the Original Peoples of what is currently known as Canada.<br>In this context, Indigenous peoples include people who may identify as:<br>• First Nations (status and non-status)<br>• Métis<br>• Inuit |

| | |
|---|---|
| **Gender** | Gender refers to the socially constructed ideas and characteristics of women, men and non-binary individuals – such as norms, roles, behaviours, and relationships of and between groups. Terms such as genderqueer, gender-nonconforming and others are used to reflect some of the diversity of gender identities in the population. |
| **LGBT2SQ+** | One of a number of acronyms used to encompass a wide spectrum of gender and sexuality. People who ascribe to this umbrella grouping may identify as Lesbian, Gay, Bisexual, Pansexual, Trans, Gender Independent, Queer, Two Spirit, and Questioning. The plus sign acknowledges the many sexual and gender minority people don't see themselves in the umbrella acronym and prefer other identity terms. |
| **Inclusion** | Inclusion is used to describe an Environment in which all people are respected equitably and have access to the same opportunities. Requires the identification and removal of barriers (e.g., physical, procedural, visible, invisible, intentional, unintentional) that inhibit participation and contribution. |
| **Intersectionality** | People have multiple and diverse identity factors (beyond gender) that intersect, work together, or feed off of each other to shape their perspectives, ideologies and experiences. This perspective can provide a more comprehensive view of people's experiences in society as well as the systemic impacts that are interconnected and cannot be examined separately from one another (e.g., racism, sexism, homophobia, ableism, etc.). |
| **Race** | Race is a term used to classify people into groups based principally on physical traits (phenotypes) such as skin colour. |
| **Racialized** | Often used to stand in for "visible minority," this more fluid term acknowledges that race is a social construction that can change over time and place. It can be applied to people who have racial meanings attributed to them as a group in ways that negatively impact their social, political, and economic life, e.g., Black, Asian, Arab, and Roma. |
| **Racism** | Racism consists of ideas, beliefs or practices that establish, maintain or perpetuate the superiority or dominance of one racial group over another. |
| **Sexual Orientation** | A person's identity in relation to the gender or genders to which they are sexually/romantically attracted; the fact of being heterosexual, homosexual, etc. |
| **Systemic Racism** | Systemic racism occurs when institutions or systems create or maintain racial inequity often as a result of hidden institutional biases in policies, practices, and procedures that privilege some groups and disadvantage others. |
| **Unconscious Bias** | Everyone has unconscious assumptions, beliefs, attitudes and stereotypes that their brains have developed about different groups. They can be positive, negative, or neutral. These learned mental short-cuts affect how we perceive and respond to people, preventing us from clearly seeing fairly and accurately the information or the person in front of us. Unconscious biases can be triggered within a fraction of a second, affecting decision-making in ways of which we are generally unaware. |

From the Ontario Government's Anti-Racism Strategic Plan
(https://www.ontario.ca/page/ontarios-anti-racism-strategic-plan#section-8)

**Terminology**

Anti-Black racism

Anti-Black racism is prejudice, attitudes, beliefs, stereotyping and discrimination that is directed at people of African descent and is rooted in their unique history and experience of enslavement. Anti-Black racism is deeply entrenched in Canadian institutions, policies and practices, such that anti-Black racism is either functionally normalized or rendered invisible to the larger white society. Anti-Black racism is manifested in the legacy of the current social, economic, and political marginalization of African Canadians in society such as the lack of opportunities, lower socio-economic status, higher unemployment, significant poverty rates and overrepresentation in the criminal justice system. (African Canadian Legal Clinic).

Antisemitism

Latent or overt hostility or hatred directed towards, or discrimination against individual Jewish people or the Jewish people for reasons connected to their religion, ethnicity, and their cultural, historical, intellectual and religious heritage. (Canadian Race Relations Foundation).

Collective impact

An approach to tackling deeply entrenched, complex social problems defined by collaboration across government and community. It is based on a recognition that achieving lasting social change such as eradicating racial inequities within any one system (e.g., child welfare, justice, education, etc.) requires addressing interlocking and interdependent systems beyond it.

Colonialism

Colonialism is a practice of domination, which involves the subjugation of one people to another. Settler colonialism — such as in the case of Canada — is the unique process where the colonizing population does not leave the territory, asserts ongoing sovereignty to the land, actively seeks to assimilate the Indigenous populations and extinguish their cultures, traditions and ties to the land.

Disaggregated data

In the context of race-based data, this means breaking down composite ("aggregate") categories such as "visible minority" into component parts, such as Black, Chinese, Arab etc.

Disparity

Refers to the unequal outcomes of one group as compared to another.

Disproportionate

Refers to the overrepresentation of a particular group of people in a particular program or system as compared to their representation in the general population.

Diversity

It means understanding that each individual is unique, and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation,

socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. This can also include differences that are entirely personal, such as personality, style, and ability.

Hate crime

The *Criminal Code of Canada* says a hate crime is a crime committed against an entire group of people who are targeted for who they are. It includes promoting hatred against a group based on race, national or ethnic origin, language, colour, religion, sex, age, mental or physical disability, sexual orientation or any other similar factor.

Indigenous

Means 'native to the area.' Currently the preferred collective name for the original people within Canada and their descendants. This includes First Nations (status and non-status), Métis and Inuit.

Intergenerational trauma

Intergenerational trauma is usually seen within a family in which the parents or grandparents were traumatized, and each generation of that family continues to experience trauma in some form. Direct survivors of these experiences often transmit the trauma to later generations when they don't recognize or have the opportunity to address their issues. Over the course of time these behaviours, often destructive, become normalized within the family and their community, leading to the next generation suffering the same problems. (Kevin Berube, Director of Mental Health and Addictions at Sioux Lookout Meno Ya Win Health Centre).

Intersectionality

Acknowledges the ways in which people's lives are shaped by their multiple and overlapping identities and social locations, which, together, can produce a unique and distinct experience for that individual or group, for example, creating additional barriers or opportunities. In the context of race, this means recognizing the ways in which peoples experiences of racism or privilege, including within any one racialized group, may differ and vary depending on the individual's or group's additional overlapping (or "intersecting") social identities, such as ethnicity, Indigenous identification, experiences with colonialism, religion, gender, citizenship, socio-economic status or sexual orientation.

Islamophobia

Includes racism, stereotypes, prejudice, fear or acts of hostility directed towards individual Muslims or followers of Islam in general. In addition to individual acts of intolerance and racial profiling, Islamophobia can lead to viewing and treating Muslims as a greater security threat on an institutional, systemic and societal level. (Ontario Human Rights Commission, Policy on Preventing Discrimination Based on Creed).

Marginalization

Refers to a long-term, structural process of systemic discrimination that creates a class of disadvantaged minorities. These groups become permanently confined to the margins of society; their status is continually reproduced because of the various dimensions of exclusion particularly in the labour market, but also from full and meaningful participation in society.

Multiculturalism

Is the existence and state recognition of multiple cultural traditions within a single country. In 1971, Canada was the first country in the world to adopt multiculturalism as an official policy. By so doing, Canada affirmed the value and dignity of all Canadian citizens respectful of their ethnic, linguistic and religious differences. The 1971 Multiculturalism Policy of Canada also confirmed the rights of Indigenous peoples and the status of Canada's two official languages.

Race

Is a term used to classify people into groups based principally on physical traits (phenotype) such as skin colour. Racial categories are not based on science or biology but on differences that society has chosen to emphasize, with significant consequences for people's lives. Racial categories may vary over time and place, and can overlap with ethnic, cultural or religious groupings.

Racialization

"A process of delineation of group boundaries and of allocation of persons within those boundaries by primary reference to (supposedly) inherent and/or biological (usually phenotypical) characteristics." Miles, Robert. (1982). Racism and Migrant Labour: A Critical Text. London: Routledge.

Racial equity

Refers to the systemic fair treatment of all people that results in equitable opportunities and outcomes for everyone.

Racialized (person)

Often used to stand in for "visible minority," this more fluid term acknowledges that race is a social construction that can change over time and place. It can be applied to people who have racial meanings attributed to them as a group in ways that negatively impact their social, political, and economic life, e.g., Black, Asian, Muslim and Roma.

Racism

Refers to ideas or practices that establish, maintain or perpetuate the racial superiority or dominance of one group over another.

Social inclusion

Is based on notions of belonging, acceptance and recognition and entails the realization of full and equal participation in economic, social, cultural and political institutions. It is about recognizing and valuing diversity; it is about engendering feelings of belonging by increasing social equality and the participation of diverse and disadvantaged populations.

Systemic racism

When institutions or systems create or maintain racial inequity, often as a result of hidden institutional biases in policies, practices and procedures that privilege some groups and disadvantage others.

**ONTARIO REGULATION**
made under the
**HOMEOPATHY ACT, 2007**
Amending O. Reg. 18/14
(REGISTRATION) FINAL

Adjustments reflect discussions between College and Ministry staff and the Ministry's desire to reduce barriers to registration during an emergency while creating consistent emergency class regulatory requirements across all RHPA colleges.

| Section | MOH Approved | CHO Requested | Comment |
|---|---|---|---|
| **Section 2 - Class** | 4. Emergency | Same | |
| | | | |
| **Section 5 - Title** | Title: Homeopath (Emergency)<br>Designation: Hom (E) | Title: Homeopath (Emergency Class)<br>Designation: HOM (EC) | |
| | | | |
| **13.1 Registration requirements, Emergency class** | 13.1 (1) The following are registration requirements for an Emergency certificate of registration: | 13.1 (1) The following are requirements for the issuance of a certificate of registration in the emergency class: | |
| | 1. The Minister must have requested that the College initiate registrations under this class based on the Minister's opinion that emergency circumstances call for it, or the Council must have determined, after taking into account all of the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it is in the public interest that the College issue emergency certificates of registration. | 1. The Council of the College has determined that there are emergency circumstances such that it is in the public interest to issue certificates of registration in the emergency class. In making such determination, the Council may take into account the relevant circumstances including, but not limited to, the presence of a significant interruption in the processing of applications for registration, supply of qualified Homeopaths to meet health care system demands, and/or requests by the Minister of Health to initiate registrations under the emergency class. | There is less leeway than requested. The approved amendments allow that the Class may be opened at the request of the Minister or the Council may open based on:<br>- review of all relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements;<br>- that there are emergency circumstances; and<br>it is in the public interest. |
| | 2. The applicant must have satisfied the educational requirements set out in paragraph 1 of subsection 6 (1) or have completed a program in another jurisdiction that is equivalent to a program described in that paragraph in the opinion of the Registration Committee. | 2. The applicant must have satisfied the educational requirements set out in paragraphs 1 and 2 of subsection 6(1) offered by an approved program in Ontario or an equivalent program in any jurisdiction approved by Council. | Paragraph 2 of subsection 6(1) related to completion of clinical training was dropped. Required review of equivalent program in another jurisdiction is equivalent in the opinion of the Registration Committee. Does not require Council approval. |
| | 3. The applicant must have successfully completed the jurisprudence course set or | Same | |

| Section | MOH Approved | CHO Requested | Comment |
|---|---|---|---|
| | approved by the Registration Committee. | | |
| | 13.1 (2) The requirements set out in subsection (1) are non-exemptible. | (2) The requirements of section 14 (1), (2) and (3) are non-exemptible. | Only the reason for opening the class is non-exemptible. Otherwise, in appropriate circumstances the requirement for full satisfaction of the educational requirements or equivalence and the successful completion of the jurisprudence course may be exemptible for emergency class. Note a variation in the numbers. |
| | 13.1 (3) Where the applicant has not successfully completed at least one of the requirements of paragraph 2 of subsection (1) within the three-year period immediately before the date on which the applicant submitted their completed application for an Emergency certificate of registration, it is an additional requirement that the applicant has, | (3) Except in the case of an applicant to whom subsection X (X) *[Labour Mobility]* applies, where the applicant has not successfully completed at least one of the requirements of paragraph 2 of subsection 14 within the three-year period immediately before the date on which the applicant submitted his or her completed application for a certificate of registration in the emergency class, the applicant has: | Reference to labour mobility dropped in this section. Note a variation in the numbers. |
| | (a) practised the profession for 750 hours in that three-year period; or | (1) practised the profession for 750 hours, or | Clarification added that the 750 hours of practice is within the three-year period immediately prior to application. |
| | (b) successfully completed a refresher program approved by the Registration Committee. | Same | |
| 13.2 Moving from Emergency class to Full Certificate | 13.2 (1) A member who holds an Emergency certificate of registration, or a former member who held an Emergency certificate of registration within the previous six months, may be issued a Full certificate of registration despite not having met the requirements set out in paragraph 3 of subsection 6 (1), if they apply for the Full certificate of registration and | Same | |
| | (a) satisfy all other requirements for the Full certificate of registration; and | Same | |
| | (b) provide satisfactory evidence based on their practice of the profession, that they will practice competently and ethically with or without supervision. | Same | |
| | Not included in final amendments. | successfully completes the practice assessment designed to assess the practice competencies of a holder of a certification of registration in the emergency class. | This was considered a barrier to entry. |

| Section | MOH Approved | CHO Requested | Comment |
|---|---|---|---|
| | | | |
| 13.3 Expiry of an Emergency certificate | (1) Unless stated otherwise on the certificate, an Emergency certificate of registration expires on March 31 following the date it is issued unless otherwise renewed. | 1) Unless stated otherwise on the certificate, a certificate of registration in the emergency class expires on the final date of the annual renewal period after it is issued unless it is renewed prior to the renewal date. | Substantially similar with intended same meaning. |
| | (2) Unless stated otherwise on the certificate, a renewed Emergency certificate of registration expires on March 31 following the date it was issued, unless otherwise renewed. | (2) Unless stated otherwise on the certificate, a renewed certificate of registration in the emergency class expires *one year* after it is issued unless it is renewed prior to each subsequent renewal date. | Substantially similar with intended same meaning. |
| | Not included in the final amendments. | (3) Unless stated otherwise on the certificate, a certificate of registration in the emergency class shall be open as long as the emergency circumstance persists. Following which the member must meet the requirements to transition to a certificate of registration in the full class or allow the emergency certificate to expire. | Not addressed in this section. |
| | (3) Despite subsections (1) and (2), an Emergency certificate of registration expires six months after the date the Council or the Minister determines that emergency circumstances referred to in paragraph 1 of section 13.1 no longer exist even where the certificate would otherwise expire before or after that time. | Same | |
| | Not included in final amendments. | A member's emergency class certificate of registration is automatically revoked on the occurrence of one of the following events, whichever occurs first:<br>(1) The expiry date on the certificate has passed and has not been renewed.<br>(2) The expiry of 30 days after receipt of notification from the College that the applicant has met all of the educational and assessment requirements for the issuance of a full class certificate of registration.<br>(3) The issuance of a full class certificate of registration. | If a registrants does not move to Full class their certificate would expiry and would not need to be revoked.<br>The other items in this section were deemed not required or are satisfied in other sections. |
| Labour Mobility Provisions | Removed | Not listed in this document. | |