DRAFT AGENDA

Council Meeting
College of Homeopaths of Ontario

October 25, 2017 from 9:30 a.m. to 2:25 p.m.
163 Queen Street East, Toronto, Fourth Floor

Teleconference: 416-212-8014 or 1-866-500-5845 Password: 2810386#

		ITEM	ACTION	FORMAT	WHO	MIN	TIME
1		Call to Order	Information	Verbal	B. Sharma	1 min	9:30
	1.1	Introduction of New Council Member	Information	Verbal	B. Sharma	1 min	9:31
2		Agenda					
	2.1	Adoption of Agenda	Decision	Written	B. Sharma	1 min	9:32
	2.2	Consent Agenda	Decision	Written	B. Ziv	5 min	9:33
3		Declaration of Conflict of Interest	Decision	Verbal	B. Sharma	2 min	9:38
4		Approval of minutes					
	4.1	Meeting minutes dated June 5, 2017	Decision	Written	B. Sharma	5 min	9:40
5		Reports					
	5.1	Registrar's Report	Information	Verbal	B. Ziv	10 min	9:45
	5.2	President's Report	Information	Verbal	B. Sharma	5 min	9:55
6		Memorandum of Understanding	Information	Verbal	B. Sharma/ Dr. Manchanda	60 min	10:00
	6.1	MOU – The essence of interprofessional collaboration, homeopathy's place within mainstream health care					
	6.2	Research - Establishment of joint projects, children's diseases, senior care, mental health					
	6.3	Health care in remote areas					
7		Finances					
	7.1	Audited Financial Statements	Decision	Written	B. Ziv/Auditor	30 min	11:00
BREAK						10 min	11:30
		in camera *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.*					

		ITEM	ACTION	FORMAT	WHO	MIN	TIME
	7.2	Statement of Operations	Decision	Written	B. Ziv	15 min	11:40
	7.3	Executive Recommendation: Proposed Bylaw Change	Decision	Written	B. Ziv/B. Sharma	45 min	11:55
8		Approval of *in camera* minutes					
	8.1	*in camera* meeting minutes dated June 5, 2017	Decision	Written	B. Sharma	5 min	11:40
LUNCH						45 min	12:45
9		Governance					
	9.1	Committee Reorganization	Decision	Written	B. Ziv / J. Blanchard	5 min	1:30
10		Consultation/Communications					
	10.1	60-day Consultation: Proposed Bylaw Change	Decision	Written	K. Harvey	10 min	1:35
	10.2	Integration Report to Ministry	Information	Written	K. Harvey	20 min	1:45
	10.3	Bill 87	Information	Verbal	J. Blanchard	10 min	2:05
11		Quality Assurance					
	11.1	Update	Information	Verbal	J. Blanchard	5 min	2:15
12		Other Business	Discussion	Verbal	B. Sharma	2 min	2:20
13		HBS – Preparation Time	Decision	Verbal	B. Sharma	2 min	2:22
14		Adjournment	Decision	Verbal	B. Sharma	1 min	2:24

Next Meeting: TBD

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.

This is a scent-free environment. Please do not wear scented products to meetings. For more information staff would be happy to provide you with a copy of Health Force Ontario's policy on scent-free work environments. You can also find more information at http://www.ccohs.ca/oshanswers/hsprograms/scent_free.html. Your cooperation is sincerely appreciated and required.

Council Meeting
College of Homeopaths of Ontario (CHO)
Minutes

Monday, June 5, 2017
163 Queen Street East, Toronto

Present

Council

Clare Beckton	Public (Chair)
Sajeev Ampadi	Professional
Haroula Battista	Professional
Anna Berger	Professional
Anna Cardozo	Professional
Eden Gajraj	Public
Mark Heller	Public
Ananda More	Professional (by teleconference, item 6 only)
Sanjeev Nayyar	Professional
Bhupinder Sharma	Professional

Staff and Counsel

Janet Blanchard	Senior Manager, Quality Assurance, Patient Relations, Communications
Kathryn Harvey	Communications Officer (recorder)
Richard Steinecke (Item 5 only)	Legal Counsel, Steinecke Maciura LeBlanc
Basil Ziv	Registrar

Regrets

Kelly Warren	Public
Myrna Tulandi	Public

Observers

Melissa Chase (from 1:45 on)	Ministry of Health and Long-Term Care
Petronela Groza (10:20 – 12:10)	Public
Elen Harthy (10:20 – 12:10)	Registrant

1 Call to Order

The Chair called the meeting to order at 9:30 a.m.

2.1 Welcome and Introductions

3.1 Adoption of Agenda

(Appendix 2.1 Agenda, Council Meeting, June 5, 2017)

Motion # 1: To adopt the agenda as presented.
Moved by E. Gajraj, seconded by B. Sharma

That Council adopt the agenda.
CARRIED

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3.2 Adoption of Consent Agenda

(3.2 Report Form: Consent Agenda)
(3.2.1 Election Report)
(3.2.2 Registration statistics)
(3.2.3 Conference Report)

Motion # 2: To adopt the consent agenda as presented.
Moved by A. Cardozo, seconded by M. Heller

That Council adopt the consent agenda.
CARRIED

4 Declaration of Conflict of Interest
None declared.

5 Council Role and Responsibilities in a Challenging Environment
Legal counsel Richard Steinecke provided an overview of the regulatory environment, highlighting a number of recent circumstances in which the actions of regulators had created distrust and, in some cases, resulted in changes to their operations. The implications of the *Protecting Patients Act, 2017* for regulators and registrants were outlined.

6 Election of Executive Committee

Secretary's note: A. More joined the meeting by telephone for the duration of item 6.

Motion # 3: To appoint scrutineers
Moved by A. Cardozo, seconded by H. Battista

That Council appoint as scrutineers Sean Knight (CRPO), Kathryn Harvey and Heidi Mayer.
CARRIED

Motion # 4: To appoint the Registrar as Council chair for the duration of agenda item # 6, Elections
Moved by E. Gajraj, seconded by S. Nayyar

That Council appoint the Registrar as Council chair for the duration of agenda item # 6.
CARRIED

Election of President

Two nominations had been submitted for the position of President:
Clare Beckton
Bhupinder Sharma

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Each candidate accepted his or her nomination and spoke to Council.

Bhupinder Sharma was elected President.

Election of Vice-President

Three nominations had been submitted for the position of Vice-President:
Eden Gajraj
Mark Heller
Bhupinder Sharma [previously elected President so dropped from slate]

Each of the candidates accepted his or her nomination and spoke to Council.

Eden Gajraj was elected Vice-President.

Election of Other Executive Members - Professional

Four nominations had been submitted for the remaining two professional Executive positions:
Haroula Battista [withdrawn]
Anna Cardozo
Sanjeev Nayyar
Bhupinder Sharma [previously elected President so dropped from slate]

Each of the candidates accepted his or her nomination and spoke to Council. With two remaining nominations and two positions, an election was not required.

Anna Cardozo and Sanjeev Nayyar were acclaimed to the Executive Committee.

Election of Other Executive Members - Public

Three nominations had been submitted for the remaining public Executive position:
Eden Gajraj [previously elected Vice-President so dropped from slate]
Mark Heller

Mark Heller was acclaimed to the Executive Committee.

Executive Committee as of June 5, 2017

President: Bhupinder Sharma
Vice-president: Eden Gajraj
Member (professional): Anna Cardozo
Member (professional): Sanjeev Nayyar
Member (public): Mark Heller

The new President addressed Council.

Motion # 5: To close the election
Moved by B. Sharma, seconded by E. Gajraj

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That Council deem the 2017 election of Executive Committee members closed.
CARRIED

Motion # 6: To destroy the ballots
Moved by A. Cardozo, seconded by S. Nayyar

That the ballots cast in the 2017 election of Executive Committee members be destroyed.
CARRIED

7 Approval of Minutes

7.1 Approval of Minutes, March 29, 2017
(Appendix 7.1 Minutes, Council Meeting, March 29, 2017)

The minutes were reviewed.

Motion # 7: To approve the minutes of March 29, 2017
Moved by E. Gajraj, seconded by A. Cardozo

That Council adopt the minutes of the March 29, 2017 meeting as presented.
CARRIED

7.2 Approval of Minutes, E-mail motion on Professional Liability Insurance
(Appendix 7.2 Minutes, E-mail motion on Professional Liability Insurance)

The minutes were reviewed.

Motion # 8: To approve the minutes related to the e-mail motion on professional liability insurance
Moved by B. Sharma, seconded by M. Heller

That Council adopt the minutes related to the e-mail motion on professional liability insurance as presented.
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 # 9: To move *in camera*
Moved by A. Cardozo, seconded by H. Battista

That Council move *in camera* at 1:18 p.m.
CARRIED

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10 Annual Report
(Appendix 10.1 Report Form: Annual Report)

Motion # 14: To commend approval of the Annual Report to the Executive Committee
Moved by B. Sharma, seconded by M. Heller

That Council commend to the Executive Committee responsibility for approving the Annual Report for posting on the College's website following approval of the audited financial statements. .
CARRIED

11 Quality Assurance
(Appendix 11.0 QA Human Resources)

11.1 QA Peer Mentors
(Appendix 11.1 Call for QA Assessors)

Motion # 15: To approve the distribution of the call for parties interested in becoming QA assessors
Moved by B. Sharma, seconded by A. Cardozo

That Council approve the circulation and distribution of the call for interested parties for QA assessors.
CARRIED

11.2 Call for Quality Assurance Assessors
(*11.2 Report Form: QA Peer Mentors)*

Motion # 16: To approve the proposal to introduce peer mentors to support the work of the Quality
Assurance committee in the implementation of the Quality Assurance program.
Moved by A. Cardozo, seconded by M. Heller

That Council approve the proposal to introduce peer mentors to support the work of the Quality Assurance committee in the implementation of the Quality Assurance program.
CARRIED

11.3 Request for non-council committee members
(11.3 Report Form: Committee Composition)

Motion # 17: To approve the call for non-Council members to join the Quality Assurance Committee.
Moved by E. Gajraj, seconded by S. Nayyar

That Council approve the call for non-Council members to allow the addition of two members to join the quality Assurance Committee.
CARRIED

12 Committee Appointments
Staff reviewed the process and proposed appointments for both Council members and non-Council committee members.

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Motion # 18: To approve proposed committee appointments
Moved by E. Gajraj, seconded by A. Cardozo

That Council approve the committee appointments as presented.
CARRIED

13 Moving Forward: Implementing Bill 87
Staff presented an overview of the ways in which the College will be required to make adjustments and/or take on new responsibilities in response to the *Protecting Patients Act 2017*.

14 Confirmation of Next Meeting Date
Council members will be polled for their September availability.

15 Other Business
None.

16 HBS Meeting and Preparation Time
One full day preparation, one full day meeting
Start time: 9:30 a.m.
End time: 3:12 p.m.

17 Adjournment

Motion # 19: To adjourn
Moved by B. Sharma, seconded by E. Gajraj

That Council adjourn at 3:12 p.m.
CARRIED

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

Clare Beckton, Chair Date

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Health Canada (HC) stakeholder group focussed on Natural Health Products (NHP), Over-the-Counter (OTC) Drugs and Cosmetics

Meeting the Needs of Canadians: Stakeholder Engagement Session

September 27, 2017, 8:30 am – 4:00 pm, Shaw Centre, Ottawa

Participant Report

Basil Ziv, Registrar and CEO
College of Homeopaths of Ontario

To introduce the meeting, Pierre Sabourin, ADM, Health Products & Food Branch spoke about the needs of Canadians for today and tomorrow. I felt this was constructive because Heath Canada (HC) appeared to be recognizing the need for health care that goes beyond what is offered by the industry today. This could be an opening for homeopaths to complement what is already being offered by the current health-care system. He went on to talk about the importance of reviewing the patient experience. (To this end, the CHO is interested in encouraging a Patient Experience Group to begin its work, albeit independent of the College.) Further, Mr. Sabourin spoke about the "antimicrobial experience," which he saw as a real challenge: "bugs are smart and getting smarter", with the over prescription of antibiotics for humans and particularly for animals, which consume 80% of all antibiotics used.

In 2016 there were 430 over-the-counter (OTC) products approved by HC. These are determined by HC to be safe, efficacious and quality products. There were 38 new substances approved, which from a HC patient perspective is a "huge" number administratively, and these included 18 which were for rare diseases. In addition, there were 1,323 clinical trials approved by HC in 2016.

Access to approved drugs requires a sequence of steps leading to approval. The pathways in a free market need to be efficient and it may be helpful and expedient to look at drugs approved in other markets such as the USA, UK, Australia and New Zealand.

There were 370,000 adverse medical reactions reported in 2016 and it is important to ensure that there is appropriate labelling to support consumer choice. This leads us to the Self-care Framework.

The Deputy Minister of Health (HC), Simon Kennedy, spoke about Globalization and Production of Drugs and in particular noted that manufacturers have become more innovative and that the product cycle is much shorter. There is an increasing requirement for transparency with higher consumer demands and pressure from the media especially where consumers are not getting information. HC needs to consider what's working and what is not with regard to information reporting about adverse reactions.

Attention must be given to Indigenous populations and their needs.

There is data available from other countries, and HC needs to consider how integral this information is and whether it can be used here. Partnerships with regulatory bodies in other countries are possible as well as the recognition of

benchmarks already established. The review of drugs and medical devices must be done relative to the value for the patient, the cost, and efficacy, bearing in mind that innovations and costs are not always sustainable.

With regard to self-care products, labelling is important so that the public understands their purpose and how to use them. There is always the element of risk within the self-care framework, including the risk of contraindication of using different drugs and adverse reactions and this may necessitate risk management planning.

HC wants to expedite approval of what it considers to be the best drugs for most of the population. They try to work on a first come, first served basis for those manufacturers bringing products to market. Insurers don't always want to pay for new products, but that is another matter for consideration.

Foresight Panel discussion (David Lee, Louise Binder, Dr. Millan Patel, Ying Tam)

Patient needs must be determined – start with the definition of the Vision. There's the monkey theory, that if you put them in a room long enough, they will solve something. Patients need health outcomes. Patients want to get a better life; they don't care necessarily about the technique, as long as they get better. The social determinants in health appear to depend on the ability of patients to pay for service. It appears that the gap between the rich and the poor will get bigger.

Dr. Patel suggested that the medical/pharma industries are taking a view of the longer-term prospects and considering where they will be in 10 or 20 years from now, and what standards for patients and for research they will use in determining the trajectory. The vision for medicine is changing: doctors are evolving into the bio-tech industry, and research teams are now moving to include alternative health products.

Louise Binder spoke about optimal health outcomes but wondered whether our systems are ready for this, and emphasised that there is a need to create sound, flexible processes and move towards precision medicine for better outcomes.

Ying Tam emphasised the importance of patient engagement and the digital health space that will help with patient outcomes.

Louise Binder pointed out that there is a push to have patients make more of their own decisions, while recognizing that they need to remove barriers and have access to appropriate tools. There is a need to break down the silos, bringing people together to talk, and increase the chances for cross pollination for new ideas and solutions.

Dr. Patel talked about the ultra-rare disease space and the pathways for legitimacy for therapeutics. He referred to natural products but indicated that there was limited funding in this area.

Ying Tam said that there is too much friction in the system and this is an impediment for start-ups. A certain minimum scale of operations is necessary for sustainable business, and health start-ups take much longer to become established than any other type of business. There has to be a balance between efficiency and risk, as well as responsible access.

How to validate what's out there in research and in the business world? The question that needs to be answered is "who is in the discussion?" The right people need to be in the discussion to get good answers. For example, 50% of Quebeckers age 12 and above suffer from chronic disease, and up to 70% is preventable. However, 50% of the budget in Quebec goes to acute care. The problem can be fixed if the underlying reasons are better understood. This

can be achieved by looking at best practices around the world, and moving towards better alignment with other regulatory groups. Consumers today are more sophisticated, and in addition to available health resources around them, they also know how to access "Dr. Google." The discussion at HC is complex, but needs to move towards more simplistic answers and use patient-engagement methods including websites and direct communications by phone.

Power of Information

There is a need to publish drug information. The model for efficacy needs to change. Drug information needs to be more relevant and meaningful to patients, who are apt to seek information more often from the internet.

Session "A" – Labelling to Support Informed Choice: The Self-Care Framework

The discussion centered on the Cosmetics, Natural Health Products (NHPs) and Non-prescription Drugs (NPDs) and the point was made that depending on the definition, which may include a minor variance in the product formula, a product such as toothpaste could find itself being defined in any one of these categories. This wouldn't make sense for products that are essentially being used in the same way, resulting in different rules for how a product is brought to market, a requirement for differing levels of evidence to support health claims, and for compliance and enforcement of standards.

The HC emphasis appeared to be about risk to consumers and that self-care products making similar claims would require similar evidence. According to HC, the benefits for consumers would include access to safe and effective self-care products with better information to help make informed decisions. For industry, HC claims that this approach makes it easier to bring products to market because it makes the pathway and requirements more predictable and consistent.

HC were proposing 3 categories:

	Category 1	Category 2	Category 3
Market Entry	Registration	Registration	Authorization
Claims	Non-Therapeutic	Therapeutic	Therapeutic
	Cleans & conditions hair	Multi-vitamin/mineral	Cold and Flu
	Reduces plaque	Source of antioxidant	Weight loss
	Whitens teeth	Relieves cough	Lung infection
Evidence	Available on request	Scientific (baseline) or historic	Clinical evidence (e.g. trials or observable studies)

However, as the meeting progressed, the differentiation between the 3 categories became less clear, and the toothpaste argument rebounded, in that even if the product were used in the same way, it could appear in each of the 3 categories. By adding the fluorine, this increased the risk to the consumer because of fluorosis, and therefore it could not be considered a Category 2 product and would require regulatory oversight (category 3). If this were the case, how could toothpaste without fluoride be sold next to toothpaste containing fluoride? The confusion continued with the discussion of cough, cold and flu products, because cough was shown under category 2, and cold and flu under category 3, which required clinical evidence and differing regulatory oversight.

Furthermore, a cough or a cold could be viral in nature, and reflect a self-limiting condition. They may be simply a cough or a sniffle or a cold, which may just go away on their own. The OTCs are designed to treat symptoms and provide relief, but not necessarily eradicate the illness itself. There were questions about pain: what is the risk, if the pain doesn't go away? Under these circumstances, the patient would presumably seek other treatment, and the risk of failed efficacy would likely be zero. This discussion went on for quite a while, but in the end, it too was self-limiting. HC admitted that it was still working through these issues.

There was discussion about registration and authorization which provides a differing pathway to market, but the result is still the same, the manufacturer can sell the product either way.

Labelling

Consumer Perceptions and behaviours - What do consumers what to know?

See attachment – Modernizing the Regulation of Self-Care Products in Canada

Discussion with Mr. Pierre Sabourin, ADM, Health Products and Food Branch, HC

I had a one-on-one discussion about public safety and public interest with Mr. Sabourin. I pointed out that there was confusion about the various categories that were up for discussion in the afternoon session, and noted that OTC homeopathic products were currently being used by the public and these included cough, cold & flu, teething products and others. I indicated that I was aware that homeopaths in Ontario were prescribing these products under certain circumstances to their patients, and of course the public currently also has free access to these products. I was particularly concerned as to the future availability and the criteria being discussed for inclusion of these products within each of the listed categories. I pointed out that if the main concern was public safety and the risk of failed efficacy, then homeopathic products would pose a very small or no risk at all.

The confusion was that cough was in category 2, while cold and flu were in category 3. I pointed out that the Homeopathic Pharmacopeia, Materia Medica, Clinical Evidence and Provings provide product information in respect of homeopathy products, and that using the pharmaceutical evidence-based model for homeopathy products was not appropriate.

My concern was that members of the CHO need to be assured that homeopathy products would be easily accessible to the public. Labelling is vitally important especially if these products are being picked up in retail locations and the public would need to be able to read and understand how these products should be used and for which conditions. If the labelling was not explicit, then the public would be less likely to purchase these OTC homeopathic products. The likely impact of all of this would be to further stretch provincial health care resources.

F I N A N C I A L S T A T E M E N T S

For

COLLEGE OF HOMEOPATHS OF ONTARIO

For year ended

MARCH 31, 2017

DRAFT
For Discussion Purposes Only

INDEPENDENT AUDITOR'S REPORT

To the Council of the

COLLEGE OF HOMEOPATHS OF ONTARIO

We have audited the accompanying financial statements of the College of Homeopaths of Ontario, which comprise of the statement of financial position as at March 31, 2017 and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the College of Homeopaths of Ontario as at March 31, 2017 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Other Matter

The financial statements of the College of Homeopaths of Ontario for the year ended March 31, 2016 were audited by another auditor who expressed an unmodified opinion on those statements on September 28, 2016.

Chartered Professional Accountants
Licensed Public Accountants

Toronto, Ontario
Date to be determined.

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COLLEGE OF HOMEOPATHS OF ONTARIO

STATEMENT OF FINANCIAL POSITION

MARCH 31, 2017

	2017	2016
ASSETS		
CURRENT ASSETS		
Cash	$ 520,999	$ 610,003
Accounts receivable	-	447
Prepaid expenses	12,477	11,756
	533,476	622,206
CAPITAL ASSETS (note 4)	3,821	7,298
	$ 537,297	$ 629,504
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	$ 20,595	$ 108,228
Government remittances payable	43,972	22,359
Deferred registration and application fees	369,738	246,175
	434,305	376,762
NET ASSETS		
Internally restricted capital fund	3,821	7,298
Unrestricted general fund	99,171	245,444
	102,992	252,742
	$ 537,297	$ 629,504

Approved by the Board:

BHUPINDER SHARMA
. . . . . President

EDEN GAJRAJ
. . . . . Vice-President

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(See accompanying notes)

WELCH LLP

COLLEGE OF HOMEOPATHS OF ONTARIO

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

YEAR ENDED MARCH 31, 2017

	2017			2016
	Capital Assets	General Fund	Total	Total
Revenue				
Registration fees	$ -	$ 368,658	$ 368,658	$ 148,458
Registration application fees	-	58,055	58,055	63,525
Academic program review	-	8,500	8,500	-
Jurisprudence program fees	-	3,250	3,250	14,400
Interest and other	-	4,356	4,356	899
Government contributions (note 6)	-	-	-	750,000
	-	442,819	442,819	977,282
Expenses				
Salaries and benefits	-	434,339	434,339	527,647
Professional services	-	69,163	69,163	140,571
Office and general	-	63,999	63,999	68,695
Council and committees (note 7)	-	20,482	20,482	5,157
Amortization of capital assets	3,477	-	3,477	6,141
Rent (note 8)	-	-	-	-
Communications and media	-	1,109	1,109	12,548
	3,477	589,092	592,569	760,759
Net revenue (expense)	(3,477)	(146,273)	(149,750)	216,523
Fund balances at beginning of year	7,298	245,444	252,742	36,219
Fund balances at end of year	$ 3,821	$ 99,171	$ 102,992	$ 252,742

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(See accompanying notes)

WELCH LLP

COLLEGE OF HOMEOPATHS OF ONTARIO

STATEMENT OF CASH FLOWS

YEAR ENDED MARCH 31, 2017

	2017	2016
CASH FLOWS FROM OPERATING ACTIVITIES		
Net revenue (expense)	$ (149,750)	$ 216,523
Adjustments for:		
Government contributions	-	(750,000)
Amortization	3,477	6,141
	(146,273)	(527,336)
Changes in level of:		
Accounts receivable	447	8,246
Prepaid expenses	(721)	(1,623)
Accounts payable and accrued liabilities	(87,633)	(2,617)
Government remittances payable	21,613	49,347
Deferred registration and application fees	123,563	225,375
	(89,004)	(248,608)
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceed from sale of short-term investments	-	50,000
Purchase of capital assets	-	(1,056)
	-	48,944
CASH FLOWS FROM FINANCING ACTIVITIES		
Receipt of government contributions	-	749,678
	-	749,678
INCREASE (DECREASE) IN CASH	(89,004)	550,014
CASH AT BEGINNING OF YEAR	610,003	59,989
CASH AT END OF YEAR	$ 520,999	$ 610,003

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For Discussion Purposes Only

(See accompanying notes)

WELCH LLP

1. NATURE OF OPERATIONS

The College of Homeopaths of Ontario (the "College") was established to allow self regulation of the homeopathy profession under the Regulated Health Professions Act, 1991 and Homeopathy Act, 2007. As the regulator and governing body of the homeopathy profession in Ontario, the College's major function is to administer the Homeopathy Act, 2007 in the public interest.

Effective April 1, 2015, the Homeopathy Act 2007 was proclaimed and the Transitional Council became an established health regulatory College.

The College is a not-for-profit organization, as described in Section 149(1)(l) of the Income Tax Act, and therefore is not subject to income taxes.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations.

Fund accounting

The accounts of the College are maintained with the principles of fund accounting. Revenue and expenses are classified for reporting purposes into funds according to the activities of the College. The core activities of the College are accounted for in the College's general fund for the purpose of general College's operations. The capital assets fund reports revenue and expenses related to capital assets when they are received or incurred.

Revenue recognition

The College follows the deferred method of accounting for contributions. Restricted contributions which includes contributions from the Ontario Ministry of Health and Long-Term Care (the "Ministry") are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable and the amount to be received can be reasonably estimated and collections are reasonably assured.

Revenue from jurisprudence program fees, registration application fees and academic program review fees are recognized upon enrolment, application processing or program review.

Registration application fees are recognized as revenue notably over the membership year. Registration and application fees received in advance of the registration year to which they relate are recorded as deferred registration fees.

Financial instruments

The College's cash is initially recognized and subsequently measured at fair value at the financial statement date. All other financial instruments are subsequently at amortized cost.

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2. **SIGNIFICANT ACCOUNTING POLICIES** - Cont'd.

Capital assets and amortization

Capital assets are stated at acquisition cost and amortized over the useful life of the asset. Amortization is provided on a declining balance basis at annual rate of 45% for computer equipment and 100% for computer software with one-half of such rates in the year of acquisition.

Use of estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period.

Significant management estimates include assumptions used in estimating accrued liabilities and useful life in determining the amortization of capital assets and are subject to uncertainty and the impact on the financial statements of future periods can be material.

3. **FINANCIAL INSTRUMENTS**

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure and concentrations at its fiscal year-end date.

Credit risk

The College is exposed to credit risk resulting from the possibility that parties may default on their financial obligations. The College's maximum exposure to credit risk represents the sum of the carrying value of its cash and accounts receivable.

The College's cash is deposited with a Canadian chartered bank and as a result, management believes the risk of loss is remote.

Management reduces the credit risk attributable to its receivables by reviewing aging schedules monthly and following up on outstanding amounts. There were no receivables at March 31, 2017 and therefore no allowance was warranted by management.

Liquidity risk

Liquidity risk is the risk that the College cannot meet a demand for cash or fund its obligations as they become due.

The Ontario Ministry of Health and Long-Term Care has eliminated the core funding from the program. The College has no longer received core funding after the March 31, 2016 year-end. As a result of the loss of this funding, the College is exposed to liquidity risk.

The College has managed liquidity risk by significantly reducing its core costs and increasing memberships. Management has committed to continue to reducing costs, as required, and secure new funding going forward to ensure ongoing liquidity.

The College's long-term viability depends on its ability to manage liquidity risk by securing new funding.

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3. **FINANCIAL INSTRUMENTS** - Cont'd.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest risk and other price risk.

i) *Currency risk*

Currency risk is the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate relative to the Canadian dollar due to changes in foreign exchange rates.

The College's financial instruments are denominated in Canadian dollars and it transacts primarily in Canadian dollars. As a result, management does not believe it is exposed to significant currency risk.

ii) *Interest rate risk*

Interest rate risk is the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates.

The College is not exposed to interest rate risk as the College does not currently have any debt.

iii) *Other price risk*

Other price risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market prices (other than those arising from currency risk or interest rate risk), whether these changes are caused by factors specific to the individual instrument or its issuer or factors affecting all similar instruments traded in the market.

The College is not exposed to other material price risks.

Changes in risk

There have been no material changes in the College's risk exposure from the prior year.

4. **CAPITAL ASSETS**

Capital assets consist of the following:

	2017		2016	
	Cost	Accumulated amortization	Cost	Accumulated amortization
Computer equipment	$ 20,507	$ 16,686	$ 20,507	$ 13,560
Computer software	7,073	7,073	7,073	6,722
	27,580	$ 23,759	27,580	$ 20,282
Accumulated amortization	23,759		20,282	
	$ 3,821		$ 7,298	

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5. CREDIT FACILITIES

The College has an operating line with an authorized limit of $50,000, of which none was utilized at year-end. The interest rate on the operating line is prime plus 3.5%. The operating line is secured by a general security agreement providing a first priority interest over all assets of the College.

6. GOVERNMENT CONTRIBUTIONS

Pursuant to an agreement with the Ministry, for the fiscal years ended in 2013 to 2015, the Transitional Council was to receive $1,000,000 annually in funding. Use of these funds was restricted to the performance of the Transitional Council's mandate as approved by the Ministry.

Pursuant to an agreement with the Ministry, effective April 1, 2015, the College received $750,000 in funding to March 31, 2016. Use of these funds is restricted to the performance of the College's mandate as approved by the Ministry with any unspent funding to be returned at the end of term.

	2017	2016
Unspent government funds at beginning of year	$ -	$ (322)
Funds received from the Ministry	-	(749,678)
Funds required for operations	-	750,000
Unspent government funds at end of year	$ -	$ -

7. COUNCIL AND COMMITTEE EXPENSES

Certain Council and committee expenses are paid directly by the Health Board Secretariat. The expenses of public appointees to the Council, made by the Lieutenant Governor in Council, will continue to be paid by the Health Board Secretariat. Total expenses paid by the Health Board Secretariat in connection with professional members for the year as follows:

	2017	2016
Honorarium	$ 16,040	$ 28,289
Reimbursement of expenses	2,887	3,481
	$ 18,927	$ 31,770

Council and committee expenses, other than the payment of honorariums and reimbursement of expenses, paid directly by the Organization for the year were $20,482 (2016 - $5,157).

8. OFFICE PREMISES

The College receives the use of their office premises on a rent free basis from Health Force Ontario. This arrangement will continue on an informal basis until March 31, 2018 or until such time as Health Force Ontario requires the College of Homeopaths of Ontario to vacate the premises. The fair value of the current premises is not determinable.

9. COMPARATIVE FIGURES

Comparative figures have been audited by another auditor and have been reclassified where necessary to conform to the presentation adopted in the current year.

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COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM

MEETING/DATE:	**COUNCIL, OCTOBER 25, 2017**	**DECISION**	**X**
		DISCUSSION	□
		INFORMATION	□
DATE:	**OCTOBER 19, 2017**		
ITEM NAME:	**Committee Reorganization**		
PRESENTED BY:	**B ZIV / J BLANCHARD**		

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

1. To put forward a reorganized proposed slate of committee appointments for 2017/2018.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College, which is a reflection of the fundamental components of our mandate. In the public interest the CHO will:

X **Infrastructure**
Establish an infrastructure that allows for the efficient and effective regulation of the profession of homeopathy in Ontario.

X **Protection of Public**
Protect, promote and advance homeopathy through the development of bylaws, regulations, standards, guidelines, etc.

□ **Membership**
The College can only be truly effective if it has the support of the profession; something that requires consultation and communication. This priority addresses the need for the development of content, information and education to be provided to members.

□ **Transparency**
Decisions must abide by the transparency principles adopted by the College in November 2014.

GUIDING LEGISLATION:
RHPA, 1991
CHO Bylaws Section 13. Specific Composition and Selection of Committees

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:
Council members are assigned to committees and panels on an annual basis, usually in the Spring.

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).:

In light of two new public appointments, the Executive Committee has reviewed the assignment of Council members to the College's statutory committees and panels (originally set in June 2017) and have made changes. The addition of new Council members means that some of the workload can be spread out amongst more hands and minds, and it may also change the skill set available to each committee/panel. This realignment has necessitated the movement of some individuals to committees/panels which best serves the needs of the College to ensure that its work is done in the most efficient and effective manner, while utilizing each individual's greatest strengths.

Registration Committee
Mark Heller (Public)
Gary Kapelus (Public)
Anna Berger (Professional)
Sanjeev Nayyer (Professional)
Bhupinder Sharma (Professional)

Curriculum Assessment Panel
Eden Gajraj (Public)
Bhupinder Sharma (Professional)

Quality Assurance Committee
Mark Heller (Public)
Shirelle Goodman (Public)
Sajeev Ampadi Veluachary (Professional)
Anna Cardozo (Professional)
Sanjeev Nayyar (Professional)

Governance Panel
Eden Gajraj (Public)
Gary Kapelus (Public)
Anna Berger (Professional)
Anna Cardozo (Professional)

Patient Relations Committee
Shirelle Goodman (Public)
Gary Kapelus (Public)
Ananda More (Professional)

Inquiries, Complaints and Reports Committee
Myrna Tulandi (Public)
Haroula Battista (Professional)
Sajeev Ampadi Veluachary (Professional)

KEY CONSIDERATIONS:

1. Ensuring that the work of the College is done in the most efficient and effective manner.
2. Council 2018 election schedule and potential end of term for some Council members.
3. The addition of two new public appointed Council members leading to the reallocation of appointments.
4. Cross training of Council members on a variety of committees.
5. Complementary skill sets for each committee.

RESOURCE IMPLICATIONS:

1. Time and per diems for training and orientation.

DEADLINES AND NEXT STEPS:

1. Committee orientation will follow the October Council meeting to ensure committees are up and running as expediently as possible.

OPTIONS:

1. Approve new slate of committee appointments as presented.
2. Approve new slate of committee appointments with amendments.
3. Reject new slate of committee appointments.
4. Refer back to the Executive committee with specific direction for changes.

RECOMMENDATIONS:

1. Approve new slate of committee appointments as presented.

RESOLUTION:

BE IT RESOLVED THAT

College of Homeopaths of Ontario
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October 30, 2017

Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block
10th Floor
80 Grosvenor St
Toronto ON M7A2C4

Dear Minister Hoskins,

When we met in Toronto on May 2015 at the Canada India Foundation Health Summit, we spoke about the potential to exchange with our Indian counterparts information about regulation and the integration of homeopathy within the broader health-care system. Recognizing the mutual benefit that could come from such an exchange, you challenged the College of Homeopaths to explore options.

As President and Registrar, we took that challenge to heart and, following discussion with Ministry staff, entered into discussion with representatives of India's Ministry of AYUSH. As we have reported to you in the past, these discussions culminated in the establishment of a Memorandum of Understanding between the College of Homeopaths of Ontario and India's Central Council for Research in Homoeopathy (CCRH).

In turn, this partnership spurred the organization of a conference aimed at identifying ways in which the effective integration of regulated professionals and services could both enhance the patient experience and reduce costs to the public system. (See Appendix B for a full report on the conference.) Attended by a distinguished panel of delegates, including Mr. P.N. Ranjit Kumar, Joint Secretary, Ministry of AYUSH, Government of India, and Dr. Raj K. Manchanda, Director General, Central Council for Research in Homeopathy, Ministry of AYUSH, as well as the Consul General of India, Mr. Dinesh Bhatia, the conference provided impetus for further work. The College took part in two panel discussions with experts from a variety of disciplines, practice settings and geographic locations. Ms. Cathy Hecimovich, CEO, Central West Community Care Access Centre, provided a useful perspective on policy and planning at the local level.

Of primary interest were the ways in which homeopathy is integrated into virtually every level of health care in some areas of the world, and how inter-professional collaboration and infrastructure ensure that patients who choose homeopathy have access to the same system elements available to patients of other providers while avoiding costly duplication of services.

Discussions at the conference revealed the enormous potential of a well-integrated system, and we wanted to know more. In August, we asked our members to complete a survey on issues of collaboration and patient choice, among other things. Perhaps the most notable part of the survey asked respondents about their most recent five patient visits, and what patients would have done had they not had access to a homeopath. The results are discussed in the report and paint a picture of a system in which non-traditional (i.e., not publicly funded) alternatives offer significant cost savings with the potential to offer much more – particularly with the implementation of a few important policy changes.

As both a lower cost alternative to other primary care options and the first choice of several large populations within Ontario, integrated appropriately, homeopathy has the potential to reduce the publicly funded costs of care for thousands of individuals. A key element of the Ministry's Patients First strategy is patient choice, but making choice a reality depends on supporting alternatives and removing disincentives. The feedback provided at the conference and via the survey has furthered our understanding of the ways in which infrastructure considerations can support lower-cost choices. We recognize the need for access to a wider variety of practice settings and referral options, and are both eager and well-equipped to participate in the development of specific tools to guide interprofessional collaboration.

Thank you for posing the challenge. We have met it and are now seeking Ministry assistance in establishing the sort of policy framework that will recognize how members of diverse provider teams can work together and communicate with one another in the patient's best interest, regardless of setting. Defining the role of homeopaths within the broader health-care system will be an important first step in meeting the needs of diverse communities and cutting health-care costs through the prevention and treatment of acute and chronic ailments.

We look forward to continuing the discussion and hope that the attached report demonstrates the value of homeopathy in supporting patient choice, enhancing resource use, and improving outcomes.

Respectfully,

Bhupinder Sharma HOM
President

Basil Ziv HOM
Registrar and CEO

more than just a matter of choice

how integrating homeopathy will increase efficiency, improve outcomes, reduce costs, and respect patient preferences in Ontario's health-care system

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A key principle underlying public protection is patient choice, which in turn depends on practical access to qualified, regulated health professionals. Since 2015, homeopaths have been among those professionals. Optimizing their place in a complex system has the potential to increase efficiency, improve outcomes, reduce costs, and honour patient preferences.

In its quest to enhance public protection and professional involvement as pressures on the system continue to increase, the College of Homeopaths of Ontario sought input from its registrants who daily see opportunities to increase their individual and collective contributions to the health of both their patients and the system as a whole.

The picture they present is fascinating and hopeful, from the range of conditions their patients entrust to them to the variety of settings in which they work (or would like to). It is the hope of respondents that stakeholders, including the Ministry of Health and Long-Term Care, appreciate the potential of the largely untapped resource that is the homeopathic profession in Ontario. Making best use of that resource will require a collective effort to identify and remove obstacles, introduce new opportunities, and establish a new level of cooperation and integration among caregivers. It can be done.

The Patients First Action Plan Year 2 progress report includes this message from Minister Eric Hoskins:

> *Our health care system belongs to everyone in Ontario. In February 2015, we launched our* Patients First: Action Plan for Health Care *to transform our health care system into one that puts patients at the centre. We are working with our partners in health care to make the system more accessible, equitable and integrated…*
>
> *…As we move forward, we remain committed to focusing on the needs of patients and improving their health care experience by working with our health care partners across the system to ensure that patients have access to the services they need, where and when they need them.*

Homeopathy's Place within the Four Key Objectives of the Patients First Action Plan

1) Access: Improve access – providing faster access to the right care.

When people want to take steps to prevent illness, are sick or get injured, they need to be able to get the right kind of help, whether from a family doctor, nurse-practitioner, pharmacist or a number of different care providers.

There is little argument that the inclusion of different care providers will have a beneficial effect on patient care, clinical outcomes, and access generally. What is less clear is how these providers ought to interact with each other, with professionals of different disciplines, with patients, and with policy-makers and other stakeholders. A willingness to listen to those on the front lines will be essential to adapting the system to make best use of each of its resources.

2) Connect: Connect services – delivering better coordinated and integrated care in the community, closer to home.

The foundation has been laid to enable the home and community care sector to meet the needs of today's population with an enhanced focus on seniors and chronic disease management.

Homeopaths are particularly well-suited to serving populations in community settings. Their understanding of and ability to address chronic conditions and/or side-effects of traditional approaches have not received the recognition they deserve in order to be integrated effectively. Typically practising solo and outside established institutional settings, homeopaths' contributions in this sector tend to be based on their own individual patients' needs as opposed to integrated approaches to care.

3) Inform: Support people and patients – providing the education, information and transparency they need to make the right decisions about their health.

For Ontarians, health is also about more than the care they receive from providers. It is about living a healthier life, avoiding getting sick and learning about good ways to manage illness when it happens. Creating a culture of health and wellness will support Ontarians in making educated, informed decisions about their care.

The individualized nature of homeopathy by its very nature creates a particularly fertile ground for the sharing of knowledge about health and wellness. Appointments are typically longer and custom-tailored to each patient's needs. Many patients are drawn to homeopathy as an alternative to more invasive or more pharmaceutical approaches, and are therefore more open to education relating to attaining and preserving health lifestyle choices.

4) Protect: Protect our universal public health care system – making evidence-based decisions on value and quality, to sustain the system for generations to come.

Our universal health care system belongs to the people of Ontario. Ontarians fund it and depend on it for their health and the health of their children. With an aging population that will have a growing need for health care services, maintaining a sustainable health care system means controlling costs and targeting funding on preventing illness and improving results for patients.

Homeopathy is outside the public system and therefore completely funded by patients and/or their benefits providers. While some tax-related progress has been made since joining the list of regulated professionals, homeopaths remain among those providers patients must pay out-of-pocket. The fact that so many choose homeopathy despite "free" alternatives available elsewhere underscores the strength of their preference to be treated a particular way.

For those funding the system and developing related policies, it's important to remember that every time a patient chooses to see a homeopath instead of a general practitioner (or an emergency room team), the cost of those alternatives is avoided. Further, if the homeopath is able to resolve the health issue, further referrals for tests and/or specialty care (and their related costs) may be averted. In addition to easing financial pressure on an increasingly stretched system, homeopaths also take pressure off the human resources component. Patients treated by homeopaths, for the most part, are not also putting stress on GPs, walk-in centres or other community care options funded by the province.

As regulated health professionals, Homeopaths can help meet the Ministry's goals for the people of Ontario in ways that are efficient, effective, and respectful of patient choice in a wide variety of settings.

In a growing number of cultural and geographic communities, homeopathy is among the preferred options for dealing with health issues – this despite the fact that only a small percentage of patients have insurance covering homeopathic services. This financial disincentive for patients is eclipsed by their desire to receive care that is consistent with their preferences. The fact that this choice significantly lessens the burden on the public system should be sufficient to warrant further exploration. Perhaps equally compelling is the growing evidence that, in many circumstances, the need for intensive or ongoing treatment is also lessened when patients choose homeopathy. Clinical trends in particular areas of medicine are moving toward a more personalized approach, something that has been the hallmark of homeopathy since its inception.

Patient choice has been identified as a priority, as has access to culturally appropriate care. Whether that choice can realistically reflect actual preferences as opposed to practical or financial ones depends on adapting the system in a way that minimizes obstacles and optimizes the relationships between its many components.

Streamlining the System to Increase Efficiency and Reduce Costs: An Example

As members of a regulated health profession, homeopaths have demonstrated their competence and must practise in accordance with regulations, standards, guidelines, and bylaws. Like other regulated professionals, homeopaths are required to take part in ongoing quality assurance assessments, and are subject to a structured discipline process should there be any complaints made against them.

Despite having specifically demonstrated the knowledge, skills and judgement to do so, homeopaths are currently not permitted to order medical tests or diagnostic procedures, instead having to refer patients to a physician who, in turn, can order the tests. This adds an expensive layer of inefficiency, increasing costs to the public system and potentially delaying treatment. Moreover, it forces patients away from their preferred care option and into a system that may be inconsistent with cultural or personal choices. It also sets up the potential for conflict among providers, as insufficient efforts have been made to advance interprofessional collaboration.

Among the competencies homeopaths are required to demonstrate are two specifically referring to laboratory and other diagnostic testing:

> 2.13 Demonstrates a basic understanding of reports from medical tests and diagnostic procedures as sources of information related case taking analysis and management (e.g., Imaging, biopsy).
>
> 2.14 Demonstrate a basic understanding of laboratory data reports as it relates to case analysis and management (e.g., blood analysis, urinalysis)

As a result, homeopaths are well trained to order and read the medical tests and lab data reports required for assessment of their patients, bypassing the need to refer to physicians and avoiding both direct and indirect costs to the public system and to individual patients.

In order to advance the concept of unimpeded patient choice as a key tenet of public protection, the College is prepared to work with the Ministry of Health and Long-Term Care to find a solution that will enable homeopaths to order and receive certain laboratory and other tests while ensuring the integrity of the process.

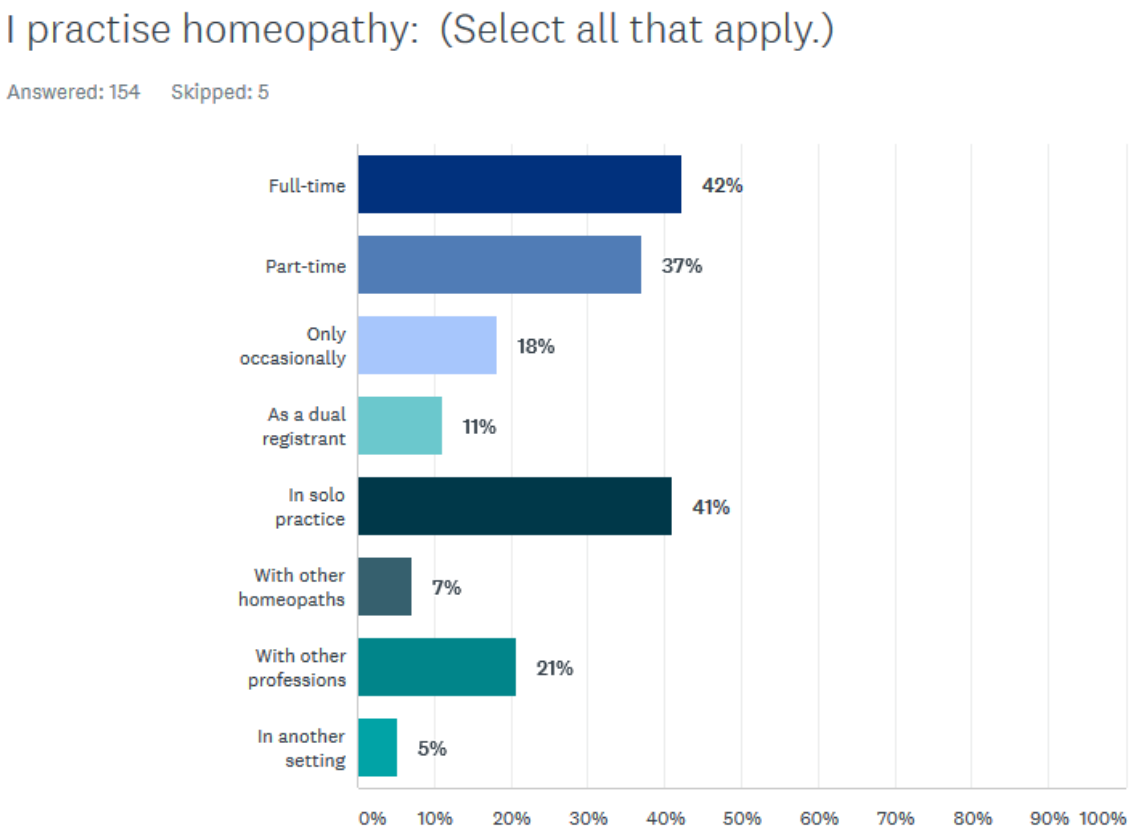
A Snapshot of Ontario Homeopaths and their Patients

In seeking input from registrants, the CHO conducted two surveys and participated in two conference panels earlier this year. The second of the two surveys went beyond open-ended questions about what could improve the system and asked practitioners to describe their practices and, in a very specific way, their patients. When compared using HPDB renewal data, basic demographics among respondents match very closely the profile of the CHO registrant pool.

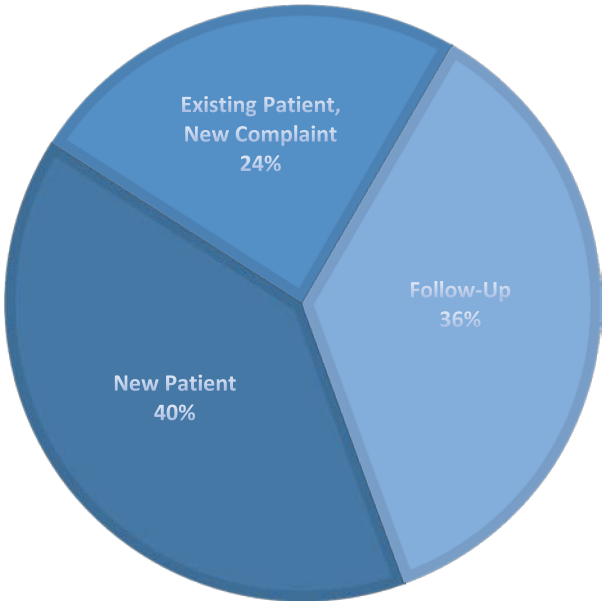
Each respondent was asked for information about each of his or her most recent five patient visits. More than one-third of CHO registrants responded to the survey, yielding information on more than 700 patient visits. The data are revealing in a number of ways, most notably in the wide variety of complaints brought by patients. Each homeopath's practice is shaped by his or her individual training, experience and scope of practice.

More than 40% of respondents practise full time, while just under 40% practise part time, suggesting unused capacity. This suggestion was supported in comments. That is, many homeopaths would like to be practising more. Approximately 40% are in solo practice, with others distributed among clinics – homeopathic or multidisciplinary – or in other settings.

Of the 719 patient visits tracked, 60% were existing patients with new complaints or existing patients there for a follow-up visit. Interestingly, fully 40% of visits were new patients, suggesting that the desire to seek homeopathic treatment continues to grow.



VISIT TYPE
TOTAL VISITS = 719



Primary Complaint(s) as reported by 159 registered homeopaths, five patient visits each

abscess in armpits and groin area
acidity
acne
acne
acne
acne
acute cough
acute loose motions with nausea
acute severe rash
acute throat infection
ADHD
ADHD
ADHD
ADHD
ADHD, anxiety, depression
ADHD, autism spectrum disorder
ADHD, odd
after-effects of stroke i.e., depression, general malaise
AIDS
alcoholism
allergies
allergies
allergies
allergies
allergies to pollen and dust
allergies--rhinitis
allergy
alopecia
ALS
anxiety
anxiety
anxiety
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anxiety
anxiety
anxiety
anxiety
anxiety
anxiety
anxiety
anxiety
anxiety
anxiety
anxiety and depression
anxiety and depression with agoraphobia
anxiety disorder
anxiety disorder and depression
anxiety following trauma
anxiety, bleeding gums
anxiety, cutting/self harm, borderline personality disorder
anxiety, depression
anxiety, fear
anxiety, history of sexual abuse as a child
anxiety, low self esteem
anxiety/depression
anxiety, panic attacks
arthritis
arthritis
arthritis, chronic back pain, weak feeling

arthritis, thyroid issue, recently diagnosed with diabetes
asthma
atopic dermatitis
attending to new difficulties with pain
attention deficit hyperactivity disorder
autism
autism
autism
autism, ADHD
autism, developmental delays
autism, speech delay
autoimmune condition
back pain
back pain
back spasm
backache with existing allergy and bp problems
backache, anxiety, constipation and arthritis
bed-wetting
behaviour problem in kid
behaviour disorder
Bell's palsy
bladder
body pain
bouts of arthritis, anxiety and other mental symptoms
bowel cancer
bowel complaints, unable to work
burning feet
burning feet, tingling hands and feet
burnt by working in chemical industry
cancer
cancer
cataracts
celiac / ibs - gluten intolerance - recurrent migraines
celiac disease
chest pains on and off
child with ear infection
child with earache, pain, headache
childhood allergies and otitis
cholesterol high
chronic case of constipation
chronic conditions unsuccessfully treated by other types of medicine
chronic constipation
chronic constipation
chronic headache
chronic illness, nosebleeds, joint pains in a child
chronic skin & digestive condition
chronic vertigo
cold, flu-like syndrome
colitis
complaints about libido, menses, post delivery
confusion, constipation, restlessness, diabetic
congestive heart, arthritis
constipation
constipation
constipation
constipation
constipation
constipation
constipation in a child since 2 months
corn on sole
coryza chronic, sluggish activities, tired
cough, fever
croup in a baby
defiant / ADHD disorder 9-year-old
delayed development
dementia
dental infection post implant surgery
depression
depression
depression
depression
depression
depression
depression
depression
depression
depression
depression
depression
depression
depression
depression with severe diarrhoea
diabetes type 2
diabetic
diabetic complaints
digestive complaints
digestive complaints
digestive issues
digestive/elimination issues along with joint pain
digestive tract, hormonal
digestive, neuralgia
discoloration of skin after hormonal therapy, now came for joints and muscles pain
disk hernia
dysmenorrhea
dysmenorrhea
ear infection
eczema
eczema
eczema
eczema
eczema
eczema
eczema
eczema
emotional issues due to ongoing divorce of parents
endometrioma
endometriosis, infertility
epilepsy
epilepsy
eczema
fatigue
fatigue
fatigue, mood swings, sciatica
fear
fears
female problem
fertility issue
fever
fibroids, endometriosis
fibromyalgia
fluctuating blood pressure
food allergies
food allergy, teething
gas and bloating
GERD
glaucoma
gout

Patients seek out homeopaths for help with a wide range of complaints.

Each homeopath's practice is shaped by his or her individual training, experience and scope of practice.

grief
haemorrhoids
hairfall
hay fever allergy
headache
headaches, anxiety
heartburn
heartburn & indigestion
hemorrhoids. chronic condition.
hemorrhoids and rectal fistula, lump
hepatitis
hereditary spherocytosis
herpes 5yrs ago, to deliver baby in Jan. prefers not to take acyclovir
high blood pressure
high blood pressure
high cholesterol, hypothyroidism
high cholesterol, prostate problems
high cholesterol
hip pain
hormonal complaint
hormonal concerns after birth control
hormone imbalance
hot -flashes and urticaria during menopause
hyperacidity, poor digestion.
hypercholesterolemia
hyperglycemia
hypertension
hypertension
hypertension
hypothyroid
hypothyroidism
IBD chronic
ibs
ibs with depression (suicidal)
inability to lose weight
indigestion of meat, heart burns
infertility
infertility
injury from falling off bike
insomnia
insomnia
insomnia
intestinal disorder
irregular bowel movements, inclination to get colds easily
irregular menses
irritable bowel, multiple food intolerances with constipation, fatigue and sleep disturbances
irritable bowel syndrome
itching rash
jaundice
joint pain
joint pains
juvenile rheumatoid arthritis
keloid
knee and lower leg pain and stiffness
knee pain
knee pain
knee pain, depression
knee problem
labeled as ADHD, could not spell words- lot of energy
lack of confidence
lichen planus
loss of a loved one
low kidney function
lower abdominal pain
lumbar area pain, hip pain
lyme disease
malignancy
menopause
menstrual irregularities
menstrual irregularity and heavy menses
mental emotional
mental emotional
mental health, depression
migraine
migraine
migraine
migraine headache
migraine, thyroid disorder & vertigo
migraines
migraines
migraines
mostly happy
multiple environmental sensitivities, chronic pain (post carpal tunnel surgery), pre-diabetic
multiple sclerosis
muscular pain
nasal discharge sneezing
nausea and fatigue during pregnancy and preparation for labour
nervousness, pain- body all over,
seasonal allergies
neurological
night terrors
numbness in the feet
obesity, depression, thyroid
OCD
oedema legs, pain walking, out of breath, corpulence
open wound on hand
oral and skin allergies
osteoarthritis, pain in joints, obesity, excess weight issues
overall health
pain in heart
pain in tongue
palpitations, body pain
panic attack
period pain
persistent interstitial cystitis with prolapsed uterus, bladder + rectocele, also, restless legs, fibromyalgia and autoimmune conditions
piles
pms, anxiety, stress, insomnia
polymyalgia rheumatica
post herpetic neuralgia
post menopausal perineal skin lesions
post surgical left knee edema over 6 months
postpartum depression
pregnancy
pregnancy
pregnancy related concerns
premature infant, lung and digestive support
premenopause
pre-menstrual bleeding

prepping for summer camps and her usual skin/allergy picture
prostate
prostate cancer
protein in urine, oedema
psoriasis
psoriasis and skin eczema
PTSD
PTSD
recovery after brain surgery. lack of energy, weakness, salivation, lachrymation and other complaints
rectal fistula, helicobacter pylori
recurrent respiratory tract infections
recurring cysts
recurring stomach flu
reflux, upper right quadrant pain after eating, bloating, constipation, hemorrhoids
renal failure
renal stones
respiratory
respiratory allergies
rheumatoid arthritis
right sided pain
sciatic pain
seasonal allergies
seasonal fever and general weakness in body, no hunger
severe abdominal pain due to an acute flair up of ibs
severe chronic heartburn
severe cough & pneumonia
severe depression and emotional trauma
severe heartburn
severe pain from an abdominal hernia
shoulder pain
shoulder pain
shoulder pain, immobility
sinusitis
skin eruption
skin eruption
skin eruptions
skin issues
skin issues and asthma
sleep problems
sleep/ and stomach aches
sleeping issues
stone in kidney
strep throat
stress
stress due to job re-orientation at work
stress, poor sleep, anxiety, acne
stressed out, depression, obsessive thoughts, excessive anger, excessive perspiration/odor, memory loss, aches and pains
swelling of testicle
swollen jaw after tooth extraction
swollen lymph node
swollen lymph node
thyroid issues
thyroid issues, hair loss
thyroid problems, pms
tired eyes, irritated eye lids
to see benefits from last homeopathic prescription
tooth abscess
tooth ache
tooth extraction
trembling hands
ulcerative colitis
ulcerative colitis and doesn't want to take biologics
upset digestion
urinary tract infection
urinary tract infection/ sensitive bladder
urinary tract infection
urinary tract infection
uterine fibroids
uti
uti for acute, follow-up for chronic condition was scheduled as well (immune system weakness)
varicose veins, legs
vertigo
vertigo
vertigo chronic problem
vertigo, fatigue, weakness
warts & jaw pain
weakness
weight
wound - ankle
young boy with developmental delay and ADHD
young child with anger issues

Number of visits covered by private insurance benefits = 74 (10.3%)

pain
anxiety
chronic
allergies
adhd
complaints
problems
infection
eczema
vertigo
high
cholesterol
emotional
condition
acute
constipation
disorder
knee
homeopathy
bladder
urinary
back
care
body
fistula
migraine
fever
severe
issues
insomnia
migraines
thyroid
sleep
cough
tooth
primary
fibromyalgia
indigestion
swollen
diabetic
abscess
irritable
menopause
pregnancy
health
weakness
pains
hemorrhoids
disease
endometriosis
problem
menses
bowel
respiratory
diabetes
infertility
menstrual
conditions
fatigue
hormonal
surgery
stress
autoimmune
rheumatoid
recurrent
integrated
nausea
digestion
skin
needs
seasonal
oedema
hands
shoulder
bleeding
hypertension
heartburn
mental
arthritis
child
allergy
patient
post
pressure
tract
blood
excessive
epilepsy
bloating
loss
area
digestive
autism
feet
cancer
asthma
lower
ulcerative
rash
headache
multiple
celiac
trauma
ontario
work
legs
stomach
food
take
joints
ptsd
brain
anger
harm
track
wound
months
issue
obesity
eruption
rectal
young
treated
panic
energy
recurring
fear
first
low
ear
jaw
due
prostate
colitis
joint
node
many
heart
year
poor
tired
ibs
uti
acne
aches
main
baby
type
weight
burning
unable
abdominal
throat
prefers
easily
developmental
lymph
kidney
homeopathic
urgency
irregular
treatment
extraction
feeling
obsessive
deficit
behavior
immune
sensitive
implant
sluggish
testicle
backache
urticaria
cured
hypothyroid
motions
behaviour
allergies--rhinitis
birth
unbearable
spectrum
sciatica
hernitis
homeopath
mostly
discharge
gout
delay
case
lump
surgical
loss
follow-up
movements
juvenile
jaundice
irritability
disturbances
depression
action
symptoms
postpartum
perineal
menopausal
groin
malaise
returned
preparation
lymphoma
lymphocytosis
spherocytosis
sclerosis
recovery
after-effects
palpitations
loved
biologics
thoughts
hypothyroidism
congestive
irregularities
existing
sciatic
failure
upper
rehal
month
ulcerative
colitis
lower
asthma
glaucoma
infections
hyperchlesterolemia
attending
atopic
family
covered
sneezing
attack
psoriasis
hot
urine
tired
ibs
uti
baby
type
weight
burning
unable
abdominal
throat
prefers
easily
cholesterol
emotional
condition
developmental
lymph
homeopathic
acute
back
care
body
fistula
irritable
abscess
diabetic
swollen
menopause
migraines
extraction
tooth
thyroid
sleep
cough
feeling
primary
indigestion
fibromyalgia
severe
issues
insomnia
migraine
fever
treatment
irregular
urinary
bladder
homeopathy
knee
disorder
chronic
pain
anxiety
constipation
infection
eczema
vertigo
high
allergies
adhd
complaints
problems
infertility
menstrual
conditions
complaint
diabetes
respiratory
bowel
menses
problem
endometriosis
disease
pains
hemorrhoids
weakness
seasonal
needs
oedema
hormonal
surgery
stress
autoimmune
rheumatoid
recurrent
integrated
nausea
digestion
skin
adhd
health
pregnancy
concerns
hypothyroidism
multiple
celiac
trauma
ontario
work
legs
stomach
food
take
joints
ptsd
brain
anger
harm
track
wound
months
issue
obesity
eruption
rectal
young
treated
panic
energy
recurring
mental
arthritis
child
allergy
patient
post
pressure
tract
blood
excessive
epilepsy
bloating
loss
area
digestive
autism
feet
cancer
asthma
lower
ulcerative
rash
headache
shoulder
bleeding
hypertension
heartburn
fear
first
low
ear
jaw
due
prostate
colitis
joint
node
many
heart
year
poor
tired
ibs
uti
acne
aches
main
baby
type
weight
burning
unable
abdominal
throat
prefers
easily
cholesterol
emotional
condition
developmental
lymph
kidney
homeopathic
urgency
irregular
treatment
extraction
feeling
obsessive
deficit
behavior
immune
sensitive
implant
sluggish
testicle
backache
urticaria
cured
hypothyroid
motions
behaviour
allergies--rhinitis
birth
unbearable
spectrum
sciatica
hernitis
homeopath
mostly
discharge
gout
delay
case
lump
surgical
loss
follow-up
movements
juvenile
jaundice
irritability
disturbances
depression
action
symptoms
postpartum
perineal
menopausal
groin
malaise
returned
preparation
lymphoma
lymphocytosis
sclerosis
recovery
after-effects
palpitations
loved
biologics
thoughts
hypothyroidism
congestive
irregularities
existing
sciatic
failure
upper
rehal
month
ulcerative
colitis
lower
asthma
glaucoma
infections
hyperchlesterolemia
attending
atopic
family
covered
sneezing
attack
psoriasis
hot
urine
tired
ibs
uti
acne
aches
main
baby
type
weight
burning
unable
abdominal
throat
prefers
easily
cholesterol
emotional
condition
developmental
lymph
kidney
homeopathic
urgency
irregular
treatment
extraction
feeling
obsessive
deficit
behavior
immune
sensitive
implant
sluggish
testicle
backache
urticaria
cured
hypothyroid
motions
behaviour
allergies--rhinitis
birth
unbearable
spectrum
sciatica
hernitis
homeopath
mostly
discharge
gout
delay
case
lump
surgical
loss
follow-up
movements
juvenile
jaundice
irritability
disturbances
depression
action
symptoms
postpartum
perineal
menopausal
groin
malaise
returned
preparation
lymphoma
lymphocytosis
sclerosis
recovery
after-effects
palpitations
loved
biologics
thoughts

Respondents were then asked, for each of their five most recent patient visits, what the patient would have done had the option to seek homeopathic treatment not been available.

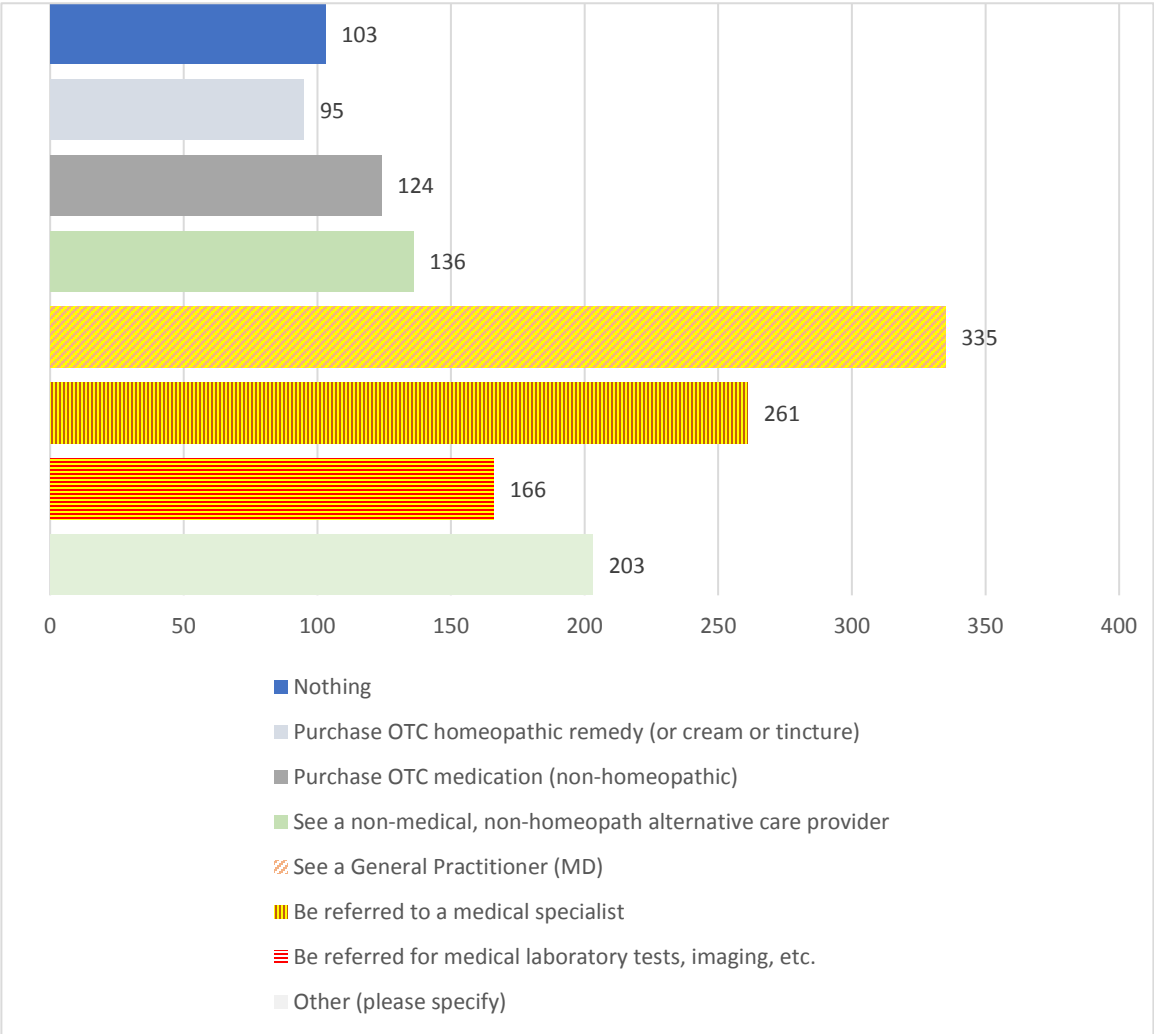
As shown below, almost half would have sought help from a general practitioner. A significant number of those would then have been referred for tests and/or for specialty advice within the public system.

While it cannot be assumed that every visit to a homeopath erased the need for any publicly funded care, it is notable that the costs NOT incurred by the public system – both in terms of financial impact and resource use – in any homeopathy-only resolution add up very quickly. Comments revealed that a significant minority of patients seek out homeopathic care after failing to find resolution within the traditional public system.

The hatch-marked bars (below) represent publicly funded alternatives.

If not a visit to the homeopath, then what?

based on 719 total patient visits



Public Cost Comparison between Homeopathic and Allopathic Options: Sample Case

Patient Choice: Homeopath

Patient presents to homeopath with typical symptoms of cystitis. Following an extensive discussion to eliminate other possibilities and identify individual characteristics to aid in determining the best option, the homeopath suggests a remedy and an administration protocol.

Cost to public system: $0

Patient Choice: General Practitioner

Patient presents to general practitioner with typical symptoms of cystitis. GP conducts general assessment, refers patient for blood tests, arranges appointment for patient with urologist, has patient return for follow-up.

Cost to patient: at least four in-person appointments

Medication: $ 100 [1]

General assessment, GP: $ 77.20 [2]

Tests: $ 60 [3]

Consultation with specialist: $ 80.00 [4]

Re-check with GP: $ 38.35 [5]

Cost to public system (minimum): $355.55

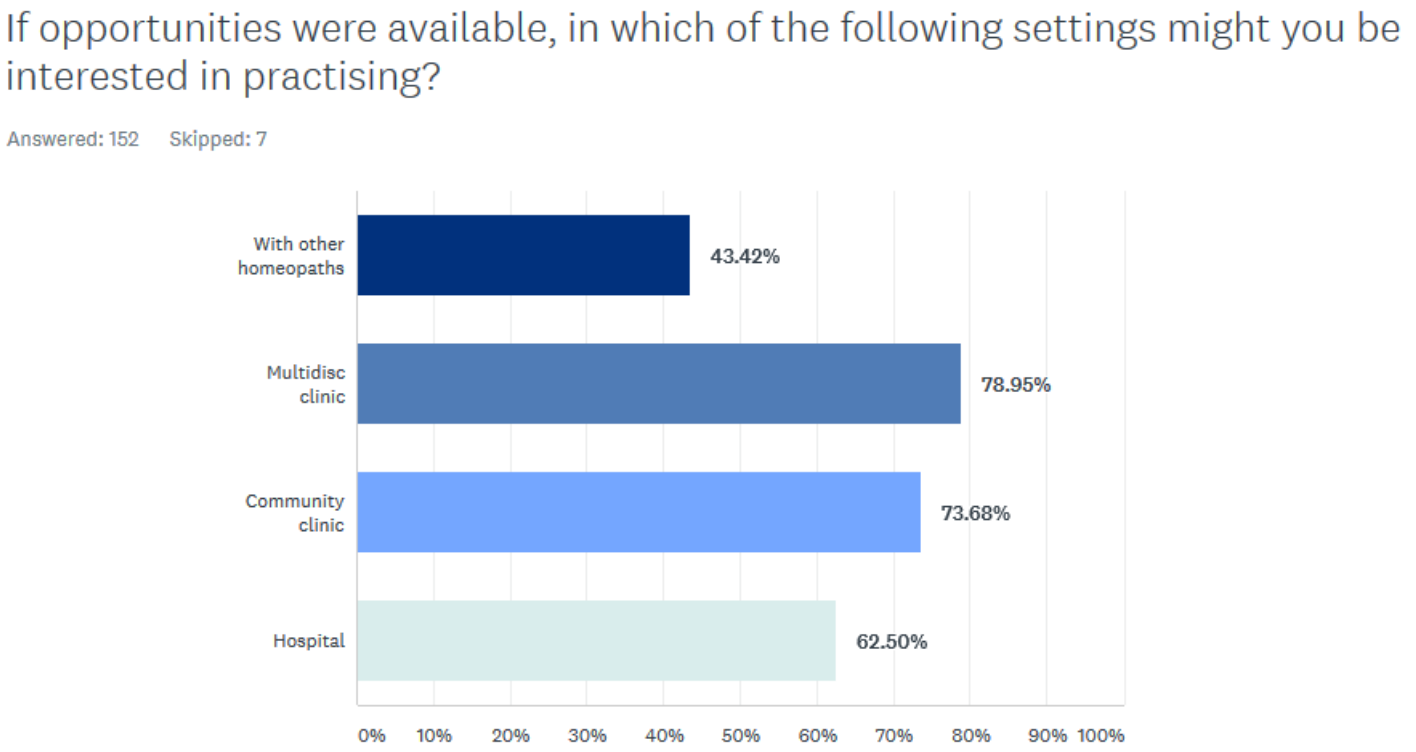
[1] Perrault, L., Dahan, S., Iliza, A.C., LeLorier, J., and Zhanel, G.G. Cost-Effectiveness Analysis of Fosfomycin for Treatment of Uncomplicated Urinary Tract Infections in Ontario *Can J Infect Dis Med Microbiol*. 2017.

[2] OHIP Schedule of Benefits and Fees
[3] Private clinic price list
[4] OHIP Schedule of Benefits and Fees
[5] OHIP Schedule of Benefits and Fees

Respondents were asked to provide their views about how they would like to practise, what would need to change in order to achieve optimal care for patients, and what obstacles were currently in the way.

Even those currently in solo practice indicated a desire to have other options, particularly if they were rooted in integration with practitioners in other disciplines.

Comments showed a strong preference for interprofessional collaboration, both as a better way to practise and a stronger assurance that patients who chose a homeopath as a primary line of defense against health concerns were not limiting their own options in terms of access to other parts of the system. That is, homeopaths want their patients to have the same access to tests and specialty care as patients who choose other points of entry.



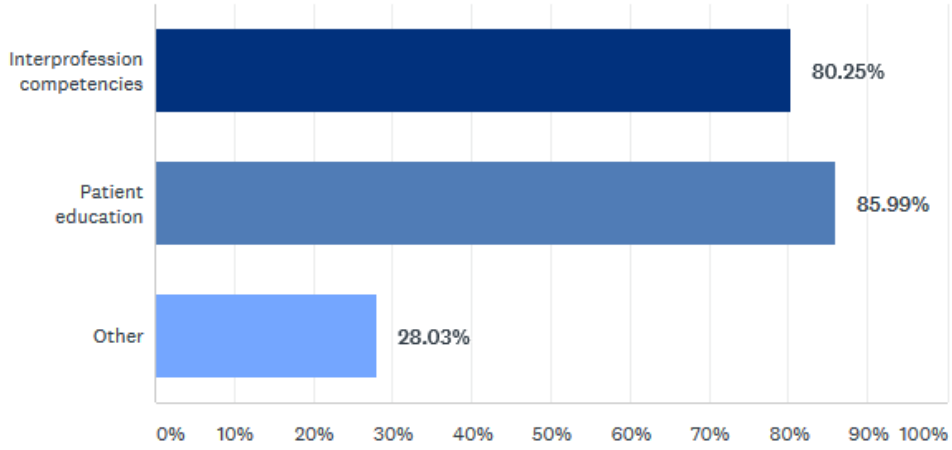
Respondents recognize that effective change requires effective tools, not to mention a profound shift in thinking – particularly among entrenched elements of a high-pressure but slow-evolution system.

The two things felt to be imperative in any shift were identified as:

- public education about roles, responsibilities, and regulation
- a set of competencies describing optimal interaction among professionals and recognized guidelines for collaboration.

What tools would be helpful to encourage interprofessional collaboration in the public interest?

Answered: 157 Skipped: 2

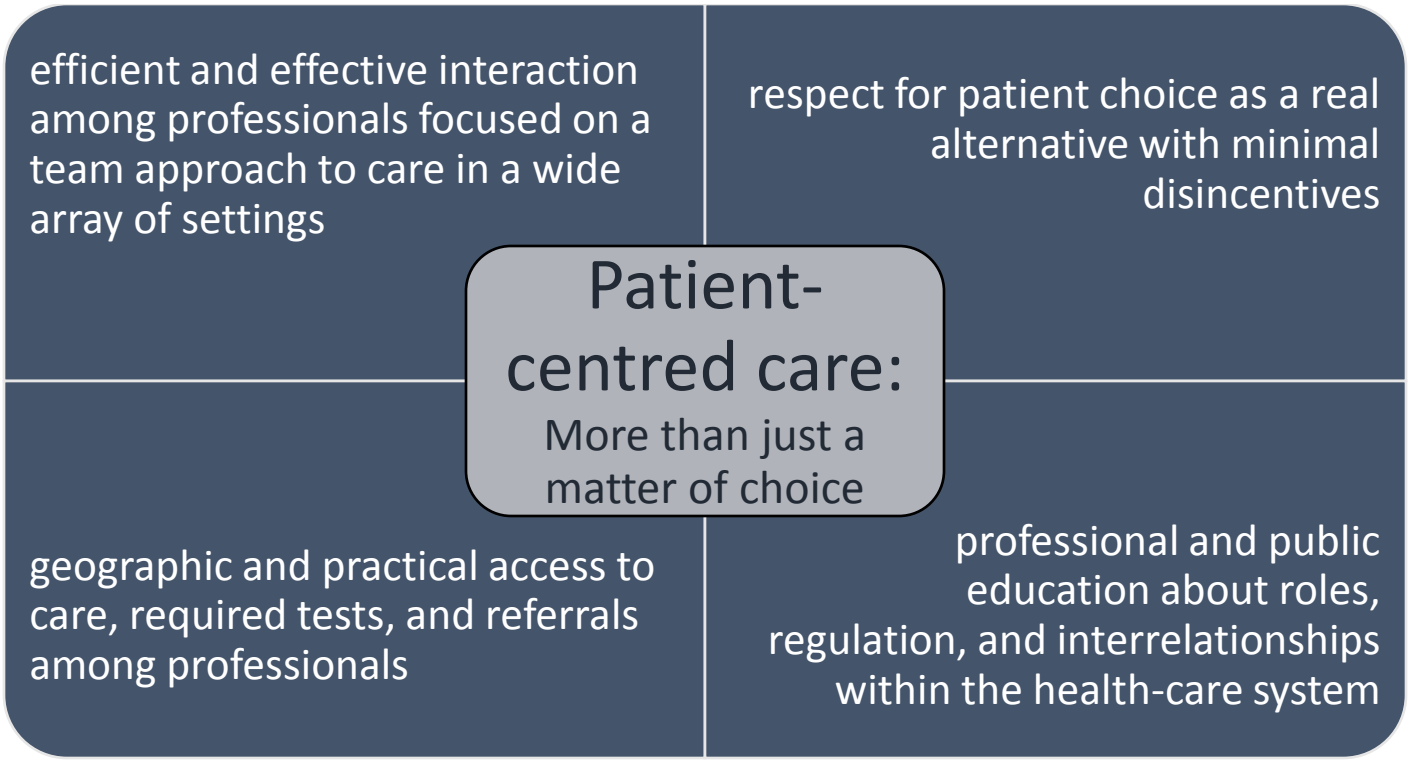


Patients First emphasizes a number of priorities both conceptual and practical. Well-defined involvement of homeopaths and their patients in these initiatives would serve to fortify support for patient choice and encourage sensible participation in an inclusive system.

Whether it is filling identified gaps or easing strain on limited resources, the addition of homeopathy in a wide variety of settings and programs could act as a low-cost alternative while at the same time opening these programs more fully to patients whose first choice is homeopathy.

The overlap between areas identified as priorities and areas in which homeopaths particularly excel is striking. In order to make these programs as effective as possible – and to include patients who choose alternatives to the traditionally public system – policy development should recognize that there is a place for homeopaths in:

- Community Access Settings aimed at the provision of culturally appropriate care
- Rural coverage
- Mental health
- Addictions
- Senior care
- End-of-life care
- Mother-and-child Care
- Innovative Programs in Innovative Settings
    - Faith-based Organizations
    - Cultural Societies
    - Correctional Facilities



Making It Happen: Recommendations

- Engage and educate patients
- Designate space for homeopaths and other alternative providers in discussions of policy and planning
- Develop competencies on interprofessional collaboration
- Establish pilot sites for integration of homeopathy in community health and/or hospital settings, complete with tools such as interdisciplinary charts
- Remove obstacles so as to ensure patients can choose their point of entry for primary care without sacrificing access to other parts of the system or requiring duplicate care
- Encourage employee benefits plans to include cost-saving alternatives, including all regulated health professions
- Strive for equity among professions in matters of patient access
- Strive for equity among patients in matters of access to services

- Worldwide, 300-500 million people use homeopathy on a regular basis.
- Homeopathy is included in the national health systems of numerous countries, including France, Switzerland, Belgium, Germany, Brazil, Chile, India, Mexico, Pakistan, South Africa, and the United Kingdom.
- India leads in terms of number of people using homeopathy, with 200 million people depending solely on homeopathy for their medical care.
- There are over 300,000 registered homeopaths currently practising in India, with approximately 12,000 more being added every year.
- 100 million European Union citizens, or 29% of the EU's population, use homeopathic medicines in their day-to-day health care.
- Ontario is the first province in Canada to regulate homeopathy.

Appendix A: Backgrounder on homeopathy and the College of Homeopaths of Ontario

College of Homeopaths of Ontario
163 Queen Street East, 4th Floor, Toronto, Ontario, M5A 1S1
TEL 416-862-4780 OR 1-844-862-4780
FAX 416-874-4077
www.collegeofhomeopaths.on.ca

Background: College of Homeopaths of Ontario

What is homeopathy?

Homeopathy is a system of medicine used around the world and based on the principle of "let likes be cured by likes." Patients who exhibit symptoms of disease are treated with administration of minute doses of substances to stimulate the individual's natural healing process in order to restore and maintain health.

Homeopaths are trained health-care practitioners who observe and assess the totality of signs and symptoms that the patient exhibits. This totality refers to taking all the symptoms a patient exhibits on a physical, mental, emotional and general level, and prescribing a remedy that best matches this symptom profile. Treatment involves choosing the appropriate remedy, which is administered in minute doses with the aim of stimulating the individual's healing response.

What is the homeopathic scope of practice?

Under the *Homeopathy Act, 2007*, the scope of practice is defined as "the assessment of body system disorders and treatment using homeopathic techniques to promote, maintain or restore health." The College of Homeopaths of Ontario has created a series of professional practice standards and guidelines to define the safe and effective practice and scope of practice for homeopathy.

Where do homeopaths work?

Homeopaths work in a variety of settings including private practice, multi-practitioner health-care centres, pharmacies, and other health-care settings.

Do patients need a referral from a family doctor?

Homeopathy may be used independently to treat acute or chronic illness or disorders or as an adjunct to other forms of health care. In many cases homeopaths are part of the patient's multi-disciplinary health care team. A referral is not required to see a homeopath.

What should a patient expect upon visiting a homeopath?

At the first consultation the homeopath will spend at least one to two hours, sometimes longer, asking detailed questions about one's health, medical history, and lifestyle. The homeopath is seeking to understand how the patient experiences symptoms and how they affect daily life, so that s/he can assess and prescribe the most appropriate remedy to match the totality of symptoms. The homeopath will obtain informed consent prior to completing their visit with the patient and prior to providing remedy options.

Subsequent consultations are often shorter in duration and will involve discussing the changes that have occurred, so that the homeopath can understand how the patient has responded to the remedy and what the next treatment step will be.

Will patients have to pay for treatment?

Homeopathic care may be covered by individual health-care benefits plans. Patients should check with their employers or insurance providers for more details.

How can a patient find a homeopath?

As of April 1, 2015, homeopathy is a regulated health profession in Ontario. Regulation will ensure all homeopaths meet the education and clinical experience criteria set out by the College of Homeopaths of Ontario. Homeopaths will also be required to undergo assessment to demonstrate their knowledge, skills and judgment in the practice of the profession. The competency-based assessment is conducted by a third-party assessment expert. Once the homeopath has completed their assessment and satisfied the other necessary registration requirements, they may be considered for registration with the College of Homeopaths of Ontario.

Once registered, the Homeopath's name will appear on the Public Register of the College. The Public Register provides the public with information about the practitioner including business name and address, years in practice, status of College regulation, and information about any formal disciplinary or fitness to practice issues.

Regulated Health Professions Act, 1991

The *Regulated Health Professions Act, 1991* (RHPA), which came into force on December 31, 1993, and was amended in June 2007, provides a common legislative framework under which all regulated health professions in Ontario must function. Currently 28 health professions (27 fully regulated, 1 transitional) are regulated under the RHPA.

The underlying objectives of the RHPA are:

- To protect the public from harm and from unqualified, incompetent or unfit providers;
- To promote safe, high quality care;
- To make regulated health professions accountable to the public;
- To provide patients/clients access to health-care professionals of their choice;
- To achieve equality and consistency by requiring all regulated health professions adhere to the same purposes, procedures and public interest principles;
- To treat individual patients/clients and health professionals in an equitable manner.

Homeopathy Act, 2007

Every regulated health profession in Ontario has, in addition to the RHPA, a profession-specific Act which establishes a regulatory college responsible for governing the profession to ensure the public is protected. The *Homeopathy Act, 2007* establishes the College of Homeopaths of Ontario.

The *Homeopathy Act, 2007* sets out:

- The scope of practice of homeopathy is defined as "...the assessment of body system disorders and treatment using homeopathic techniques to promote, maintain or restore health";
- Title protection, authorizing only members of the College of Homeopaths of Ontario the use of the title "homeopath," a variation or abbreviation or an equivalent in another language;
- The composition of the College Council.

How does the College protect the public?

In Ontario, the law sets out the responsibilities, powers and procedures for the College of Homeopaths of Ontario to regulate the profession of homeopathy in the interest of public protection. The College works for the public to ensure that homeopaths are qualified to offer safe, competent and ethical care.

Accountability

While anyone can legally provide homeopathy education and advice, what sets registered homeopaths apart is that, under

the *Regulated Health Professions* Act, 1991, they are accountable to the College of Homeopaths of Ontario to provide safe, competent and ethical practice. Each homeopath must participate in quality assurance and practice assessment programs to ensure continuing competency. Under certain circumstances, homeopaths and employers have an obligation to report registrants who are not practising ethically, safely and competently.

Complaints Resolution Process

The College also has a complaints resolution process in place for anyone who has a concern or complaint about the services they have received from a homeopath. The College has the responsibility and power to investigate and take action in all complaints.

Homeopath: A Protected Health Profession Title

In Ontario, only members of the College of Homeopaths of Ontario are regulated and authorized to use the title "Homeopath" or “HOM.” Individuals who are not members of the College are prohibited from using this professional designation or from holding themselves out as qualified to practise as a homeopath. You can verify that your homeopath is a qualified and registered member by consulting the Public Register.

Appendix B: Conference Report

INTERNATIONAL CONVENTION ON WORLD HOMEOPATHY DAY

Defining the Role of Homeopathy within Ontario's Health-Care System

CONFERENCE REPORT

On April 22 and 23, 2017, an international convention to commemorate the 262nd anniversary of Dr. Samuel Hahnemann's birth was held at the Courtyard by Mariott Hotel, Brampton, Ontario. The theme of the convention was 'Defining the Role of Homeopathy within Ontario's Health Care System.' This event was organized by the Homeopathic Medical Association of Canada (HMAC) together with Liga Medicorum Homeopathica Internationalis (LMHI), the North American Society of Homeopaths (NASH), Ontario Homeopathic Association (OHA), and the Syndicat Professionnel des Homéopathes du Québec (SPHQ).

A Memorandum of Understanding (MOU) was signed last year in India between the College of Homeopaths of Ontario (CHO) and India's Central Council for Research in Homoeopathy (CCRH). In order to facilitate the implementation of the MOU, the Indian Delegation, including Mr. P.N. Ranjit Kumar, Joint Secretary Ministry of AYUSH, Government of India, and Dr. Raj K. Manchanda, Director General, Central Council for Research in Homeopathy, Ministry of AYUSH, participated in the convention, as well as workshops and discussions that followed with the CHO. The Consul General of India, Mr. Dinesh Bhatia, provided important technical support for the MOU and presented his address to the convention.

The event was inaugurated by Dr. Gustavo Albert Cataldi, MD, Vice-President, Liga Medicorum Homeopathica Internationalis (LMHI), together with dignitaries including Mr. Dinesh Bhatia, Mr. P.N. Ranjit Kumar, and Dr. Raj K. Manchanda. Also present were Mr. Basil Ziv, Hom, Registrar & CEO, College of Homeopaths of Ontario, and Prof. Bhupinder Sharma, Hom, NVP, LMHI, the Conference Chair.

Other noted guests at the conference panels included Ms. Cathy Hecimovich, CEO, Central West Community Care Access Centre, Dr. K.M. Dhawale, MD (Psych. Medicine), D.P.M. M.F.Hom. (London), Memorial Homeopathic Institute, Mumbai, India, Dr. Gulam Murtoza, MD, CCFP Family Physician, Mr. Louis Klien, Hom, FS Hom, (B.C.), Dr. Nazia Nighat, MD, CCFP Family Physician, Mr. Robert Field, RSHom (NA) Vice President, NASH, U.S.A., Dr. Jawahar Shah, M.D. (Hom.), Homeopathy Software Developer, and Martine Jourde Hom, SPHQ (Quebec).

Internationally acclaimed researchers from all over the world participated in the conference. More than 175 delegates, including practitioners, teachers, researchers, and students, attended this convention, arriving from various provinces in Canada and many countries including India, Argentina, and the U.S.A.

Prof. Bhupinder Sharma welcomed all the dignitaries, presenters and delegates. Dr. Cataldi gave his keynote address and spoke about the role of LMHI in the support and advancement of homeopathy in the member countries of the world.

Mr. Dinesh Bhatia, Consul General of India, Canada, spoke in his address about the introduction of homeopathy in India more than 200 years ago, and the substantial benefits that have flowed to the Indian public, and which have made India the world leader in the homeopathy profession. He emphasised the need for patients to have freedom of choice for primary and chronic health care.

Mr. P.N. Ranjit Kumar, Joint Secretary of AYUSH, spoke about altruistic efforts towards the globalization of AYUSH systems and the signing of MOUs with various countries, including Canada via the CHO, reflecting the willingness of the Ministry of AYUSH to offer support globally, as requested, to homeopathic regulatory bodies for the benefit of their patients. He offered full support to the College of Homeopaths of Ontario for the development of homeopathy in the province.

Dr. Manchanda, Director General of the CCRH, spoke about the importance of the MOU and the relationship developed with the CHO. He emphasized that successful relationships were key to successful projects. Mr. Basil Ziv offered a vote of thanks, followed by a lighting of candles in front of Hahnemann's portrait.

In preparation for the panel discussions, a questionnaire seeking stakeholder input about obstacles and future opportunities for the homeopathy profession had been circulated to CHO registrants. It included questions about potential strategies to shape the future participation of homeopathy within mainstream health care in Ontario. Respondents focused on a number of priorities, including standards of education, international co-operation and evidence-based practice. Panel discussions focused on clinical and practical aspects of integration, as well as the need for a common understanding of inter-professional collaboration in light of growing emphasis on patient choice.

Ms. Cathy Hecimovich, CEO, Central West Community Care Access Centre, spoke about the practical implications of Bill 41, the *Patients First Act*, and considered opportunities for homeopaths and their patients within the broader health-care system. One of her suggestions was to explore the possibility of including a homeopathic facility in the new phase of the Peel Memorial Integrated Health and Wellness Centre in Brampton, Ontario. She emphasised that the homeopathic community itself would need to work proactively in order for this to become a reality.

The Honourable Harinder Malhi, Member of the Provincial Parliament (MPP) for Brampton-Springdale, addressed the conference and congratulated those present for establishing the College of Homeopaths and the self-regulation framework for the profession. She encouraged homeopaths step up to the plate and to become more involved in playing a role in health care in the Brampton-Springdale community. As a supporter of homeopathy, Ms Malhi believes that homeopaths will bring more opportunities for health care for the benefit of the community. She later presented honours to Prof. Bhupinder Sharma, Conference Chair, and to other presenters, including Dr. Gustavo Albert Cataldi and Dr. Raj K Manchanda in appreciation of their continuous support in the promotion of homeopathy in Ontario.

The Honourable Linda Jeffrey, Mayor of Brampton, spoke about the Peel Memorial Centre and how it will benefit the entire Brampton community, noting that many people in the community are already familiar with homeopathy. She recognized the cost advantages and effectiveness of homeopathic treatment, especially in home care and among members of an aging community. Mayor Jeffrey was proud that Phase 1 of Peel Memorial Facility had already opened in Brampton, and said that this would not have happened without the support of the SE Asian community. She encouraged homeopaths to negotiate to participate in the second phase of the Peel Memorial Integrative Health Centre, due to open soon.

The conference included a number of clinical presentations. Topics included mental health, proving of new remedies, case studies and evidence-based research in dermatology.

The Conference concluded with closing remarks from the Chair, Prof Bhupinder Sharma, who offered thanks to the Liga Vice-President and Secretary (Research) for their support, and to everyone who participated, including panellists, dignitaries and attendees, for their contribution to the huge success of the convention. He emphasized that there is a real possibility for homeopathy to play a more significant role within Ontario's health-care system provided all stakeholders work together in the best interest of patients.

Prof Sharma said that Bill 41, the *Patients First Act*, offers a unique opportunity for homeopaths to become integrated and to be able to work together with the other health professionals. He thanked the Indian government for sending a delegation to the convention and for providing guidance for mainstreaming homeopathy. He also thanked the College of Homeopaths and the registrar for their participation. The convention provided an ideal platform for discussing opportunities for homeopathy within the broader health-care system and activities that support professional self-regulation.

Media Coverage: Asian Television Network and P.T.V. covered the event.

Tuesday, April 25, 2017

Prof. Bhupinder Sharma and Dr. Naveed, Vice-President, Medical Affairs, William Osler Health System, arranged for a meeting between the officials at the Peel Memorial Centre for Integrated Health and Wellness, the College of Homeopaths of Ontario and the Indian delegation from Ministry of AYUSH, Government of India. The group toured the facility to understand how homeopathy could fit within the existing health-care framework. Members of the delegation shared their experience of successfully offering integrated health-care services with homeopathy, yoga and other Indian systems under one roof.

A lunch meeting followed with Mr. Dinesh Bhatia, Consul General of India. Participants discussed a number of items, including the International Convention, Terms of Reference of the Joint Working Group for the implementation of the MOU, various possibilities for the exchange of experts, ways to strengthen homeopathic education, and joint research projects on provings.

Wednesday, April 26, 2017

Dr. Raj K. Manchanda conducted a workshop on evidence-based homeopathy with 20 people in attendance from the Ontario homeopathic community. Participants appreciated the workshop and there was a demand to organise more programs such as this in future in collaboration with CCRH.

Feedback and recommendations arising from these discussions will be shared with Ontario's Ministry of Health and Long-Term Care.

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