



# **Program in Homeopathy Academic Program Review and Approval Guide**

College of Homeopaths of Ontario



## Program in Homeopathy Academic Program Review and Approval (APRA) Guide (Final)



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## AUDIENCES

This guide has been prepared to provide information to the following audiences:

- The public (users and prospective users of homeopathy).
  - General information about the requirements of homeopathy education.
- Academic providers and administrators.
  - Guidelines upon which educators should base their application for recognition as a College of Homeopaths of Ontario (CHO or the College) approved Program in Homeopathy.
  - Guidelines providing context for delivery and development of subject and course outlines, plans, learning objectives and materials for the benefit of students.
- Homeopathy students (current and prospective).
  - Information about what is expected from Program in Homeopathy providers whose programs meet the policies and registration regulation requirements applicable to homeopaths practicing in Ontario.
- External agencies concerned with health care and its regulation.
  - Information about homeopathic education requirements necessary to meet CHO's registration regulation and policies.
- Health-care professionals from other disciplines
  - Insight into the content, emphasis and nature of professional homeopathic education, including guidelines on professional practice standards and guidelines to be understood in conjunction with CHO's policies and registration regulation requirements.

### NOTE to Graduates of Unapproved Programs in Homeopathy

If the administrators of a Program in Homeopathy do not complete the Academic Program Review and Approval process, program graduates/Applicants will be required to provide information to verify they have graduated from a post-secondary Program in Homeopathy which meets the CHO's requirements of an approved program.

Individual applicants who have graduated from unapproved Program in Homeopathy or who are seeking review of their education program to determine substantial equivalence should also refer to CHO's registration policy *REG CS06 Substantial Equivalent Program in Homeopathy and Clinical Training*<sup>1</sup>.

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<sup>1</sup> Currently in development.



## INTRODUCTION

The profession of Homeopathy is regulated under the *Regulated Health Professions Act, 1991 (RHPA)* and the *Homeopathy Act, 2007*. Regulating professions that provide health care to individuals is particularly important because it helps protect the public from harm. It also serves to reassure the public that the regulated professional is expected to provide a certain standard of care and act in a safe, ethical and consistent manner.

### Regulating the Profession of Homeopathy

In accordance with the *Regulated Health Professions Act, 1991*, the CHO has a duty to work in consultation with the Minister of Health and Long-Term Care in the Province of Ontario to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated<sup>2</sup> health professionals. In so doing, the CHO has the duty to serve and protect the public interest.

Through its legislated objects<sup>3</sup>, the CHO is responsible for establishing the processes and framework for professional governance, which include but are not limited to:

- Developing, establishing and maintaining standards of qualification for persons to be issued certificates of registration for individuals wishing to practice in the field of Homeopathy;
- Ensuring that the practitioners maintain the established standards of practice;
- Developing, establishing and maintaining standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the registrants; and
- Establishing checks and balances for professional conduct.

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<sup>2</sup> *Regulated Health Professions Act, 1991 (RHPA)*, Schedule 2, Health Professions Procedural Code, Section 2.1 Duty of College

<sup>3</sup> RHPA, Schedule 2, Section 3.1 Objects of College



## A. ACADEMIC PROGRAM REVIEW AND APPROVAL

This Guide outlines the academic program review and approval process and components required for a Program in Homeopathy to become approved by the College of Homeopaths of Ontario.

One of the roles of the CHO is to determine who is qualified to practice as a homeopath. Academic program review and approval is intimately linked to individual registration requirements, as graduation from an approved academic Program in Homeopathy is one of the requirements for becoming a registered homeopath.

Section 6(1). 1 of *O. Reg 18/14 Registration, Homeopathy Act, 2007*, provides that the Applicant must have:

- i. *Successfully completed a post-secondary program in homeopathy in Ontario that is approved by Council or another body approved by Council for that purpose, or*
- ii. *Successfully completed a program in homeopathy together with other education or training which a panel of the Registration Committee considers, when taken together, to be substantially equivalent to the requirements set out in subparagraph i.*

As such, the CHO will review an educational program to determine whether it meets the requirements of a post-secondary Program in Homeopathy. If it does, it will become approved by the CHO. It is important to note that CHO has no opinion or judgment on the academic program philosophies or practice methods utilized.

Following review and recommendation by an Assessment Team, the Registration Committee may recommend to Council:

- a) Approval of a post-secondary Program in Homeopathy that meets the regulatory and policy requirements set by Council.
- b) Denial or withdrawal of approval of a post-secondary Program in Homeopathy that does not meet the regulatory and policy requirements set by Council.
- c) Conditional approval of a post-secondary Program in Homeopathy, or changes to an existing academic Program in Homeopathy, in accordance with the regulatory and policy requirements set by the Council. Conditional approval is time limited.



## B. ACADEMIC PROGRAM REQUIREMENTS

A Program in Homeopathy applying for academic program review and approval shall provide the following:

1. Evidence that curriculum materials meet the *Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario (February 2012)*
2. Evidence that the length of the program meets the registration requirements
3. Evidence that faculty and supervisor qualifications meet approval requirements
4. A written application and payment of application fee.

### 1. Curriculum Requirements: Curriculum materials meet the Entry-to-Practice Competencies

As part of the registration requirements, a graduate of an academic Program in Homeopathy needs to demonstrate that he or she has the knowledge, skill and judgment to safely and effectively practice homeopathy. The knowledge, skill and judgment required for entry-to-practice into homeopathy are outlined in the *Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario (February, 2012)* and O. Reg. 18/14 requirements for clinical practice experience. A Program in Homeopathy may be approved for the theory portion, the clinical portion or both.

As such, the curriculum of an academic Program in Homeopathy needs to provide learning experiences for students to demonstrate knowledge, skill and judgment as outlined in both the entry-to-practice competencies in homeopathy and the clinical practice experience requirement.

To demonstrate that the Program in Homeopathy's curriculum meets the entry-to-practice competencies, the Program needs to undergo a curriculum-mapping self-assessment exercise (Form B).

#### a) Suggested Subject Areas and Curriculum

Below are the main suggested subjects covered in the *Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario (February, 2012)*. Program Representatives, however, will need to provide evidence that their curriculum meets all of the entry-to-practice competencies as detailed in the Curriculum Mapping Self-Assessment Form (Form B). Additionally, Appendix A of this Guide outlines the entry-to-practice competency profile mapped to suggested subject areas.

1. Philosophy and Principles
2. Materia Medica
3. Homeopathic Pharmacy
- 4a. Case Taking and Analysis
- 4b. Case Analysis
5. Translation of Patient Symptoms to Rubrics
6. Repertory and Repertorization
7. Remedy Selection
8. Remedy Confirmation
9. Remedy Administration
10. Case Management
11. Practice Management
12. Anatomy and Physiology



13. Psychology
14. Biochemistry Principles of Metabolism
15. Disease Identification Recognition
16. Pharmaceuticals
17. Medical Reports
18. Nutrition
19. Physical Examination

Additionally there are ten attitudinal competencies which it is suggested be integrated into all subjects and courses (competencies 1.1, 1.2, 1.3, 1.4, 1.6, 1.7, 1.8, 1.9, 1.10, and 1.11).

#### **b) Mode of Delivery**

Mode of delivery refers to the method in which instruction is offered and can include some or all of the following:

- In-person – development of knowledge through classroom settings, small group work, grand rounds, lectures, etc.
- Clinical – development of knowledge, skill and judgment in a structured, comprehensive, supervised and evaluated manner in a variety of clinical practice settings.
- E-learning and distance education academic Programs in Homeopathy.

#### **c) Mode of Assessment**

Each subject, course or logical unit of instruction offered by a Program in Homeopathy needs to have an assessment method associated with it in order to verify learning. Examples of assessment methods are:

- Feedback questionnaires
- Oral feedback
- Self-assessment
- Self-reflection
- Written tests – including open questions, multiple choice, paper cases, essays, etc.
- Oral contributions to lectures and presentations
- Oral examinations
- Casework
- Paper presentations
- Home assignments
- Practical tests
- Projects
- Supervision
- Tutorials

#### **d) Access to Resource Materials**

The Academic Program in Homeopathy needs to demonstrate that students have access to the appropriate learning resources such as books, readings, journals, libraries, recorded cases and on-line references.



## 2. Academic Program Length: Meets the Registration Requirements

An academic Program in Homeopathy may include a theoretical component and a clinical component. Approval or conditional approval may be granted to a theoretical or clinical Program in Homeopathy separately.

### Minimum Requirements

Theory: 750 hours of instruction or class time

Clinical: 225 hours of direct client contact through a program of clinical experience that is at least 45 weeks in length and is structured, comprehensive, supervised and evaluated.

#### a) Theory

A theoretical experience Program in Homeopathy includes at least 750 hours of instruction or class time. The academic program shall be supported by assignments and assessments related to the content covered in the class or course.

For example, an academic Program in Homeopathy may have 30 courses consisting of 10 classes that are 2.5 hours each for a total of 750 hours of instruction.

#### b) Clinical

*Registration Regulation (O.Reg 18/14) 6.(1).2.: The applicant must have successfully completed a program of clinical experience in the profession that is structured, comprehensive, supervised and evaluated, that is at least 45 weeks in length and includes at least 225 hours of direct client contact.*

- In addition to academic theoretical instruction, an applicant for a Full Class Certificate of Registration with the CHO must successfully complete a program of clinical experience. Formal clinical experience may be part of an approved Program in Homeopathy (i.e. a program including both theory and clinical) or may be a separate approved clinical Program in Homeopathy. If the clinical experience has not been completed as part of the Program in Homeopathy, the applicant can complete the clinical component separately.
- Clinical experience training is intended to lead the student to independent practice and is most effective with a solid foundation of knowledge and understanding of the treatment protocol and art, science and philosophy of homeopathy. Clinical experience training should, therefore, follow an appropriate amount of theoretical study.
- Clinical experience in the profession must be structured, comprehensive, supervised and evaluated, as defined in the Definition section of this Guide (page 23) and the CHO's Registration Policy REG CS01 Education and Clinical Practice Requirement Full Class Criteria.
- To be approved, a clinical experience Program in Homeopathy must include at least 45 weeks of structured, comprehensive, supervised and evaluated clinical experience and 225 hours of direct client contact. If a Program in Homeopathy consists of both a theoretical and clinical component, the 45 weeks need not be consecutive and may occur over the duration of the program. If the Program in Homeopathy is clinical only, the 45 weeks must be structured in such a manner as to maximize the student's learning experience.



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- The College suggests that each academic program determine the approach of delivering direct clinical contact which best suits their structure and teaching experience. While 225 hours of direct client contact is required, the College is not prescriptive in how these hours are satisfied. An academic program may wish its clinical experience Program in Homeopathy to include both primary and secondary direct patient contact hours as defined in this guide (and registration policy REG CS01 Education and Clinical Practice Requirement Full Class Criteria).
- Direct client contact that takes place within a clinical experience program (O. Reg. 18/14 section 6.(1)2) does not have the same definition as clinical practice hours (O. Reg. 18/14 section 1) as indicated in the Registration Regulation. The CHO has the discretion to define the calculation of direct client contact hours and recognizes that students may spend more time for an initial or follow-up visit, then is suggested in the Clinical Experience Hours Chart below.
- A school may wish its clinical experience Program in Homeopathy to include a minimum of 99 hours of primary direct patient contact (equaling a minimum of 11 patient cases). Under this scenario, additionally, a minimum of 126 hours of secondary direct patient contact (estimated as 32 patient cases) are necessary to meet the clinical experience requirement. The calculation of direct client contact hours may require students to count one (1) initial visit plus a minimum of one (1) follow-up visit for each patient for secondary and primary case-taking during the 45-week period.

### Suggested Clinical Experience Hours

NOTE: The following may be considered for the calculation of direct client contact hours in a structured, comprehensive, evaluated, and supervised clinical experience program.

Hour Type	Value Initial	Value Follow-up	Recommended Minimum Hours/Patients	Recommended Additional Hours/Patients	Total
Mandatory Total Hour Requirement	--	--	--		225 hours
Primary (1 initial + 1 follow-up)	6 hours	3 hours	99 hours 11 patients		99 hours 11 patients
Secondary (1 initial + 1 follow-up)	3 hours	1 hour		126 hours 32 patients	126 hours 32 patients

- A Program in Homeopathy may exceed these clinical requirements but must include a minimum of 225 hours of direct client contact.
- Patient cases shall cover the *Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario* including initial intake, case-taking consultation, patient communication and rapport, selection and dispensing of medicines, and case management and follow-up. Additionally, patient cases shall comply with the CHO professional practice standards and guidelines.
- It should be noted that initial cases means providing homeopathic service and treatment to a patient in the form of an initial intake visit of a new patient or a new initial complaint from an existing patient, requiring a full case-work assessment.



- In the context of education and clinical practice requirements and criteria, Direct Client Contact means a student has the opportunity to interact directly with the patient acting as the primary or secondary case-taker.
- Primary Direct Client Contact Hours means the student has direct contact with the patient and under supervision<sup>4</sup> the student has the primary responsibility to manage the patient's case from initial contact to the conclusion of at least one follow-up visit. The successful completion of Primary Clinical Practice Hours will lead the student to independent practice.
- Secondary Direct Client Contact Hours means the student has an active role in reviewing and monitoring the patient's case. It may include direct patient contact within small groups, case work through a combination of observation, analysis and case work-up leading to remedy selection. The student shall have the opportunity to directly or indirectly pose questions to the patient. Secondary Clinical Practice Hours occur under supervision<sup>5</sup> and demonstrate increased understanding and independence of the student leading to Primary Direct Client Contact Hours. It is expected that the supervisor provides direct feedback to the student.

### 3. Faculty and Supervisor Qualifications: Meet Approval Requirements

Faculty shall have a minimum of an undergraduate degree from an approved Program in Homeopathy or appropriate level of experience, knowledge, skill and judgment in an area relevant to the subject being taught. As part of its application, the academic program must complete and submit an APRA Faculty and Supervisor Qualification form (Form E), for each faculty member or supervisor.

Ontario-based faculty teaching homeopathy subjects or clinical practice supervisors:

- Hold a Full Class Certificate of Registration in Homeopathy
- Be a Registrant in good standing with the CHO and not in default of any obligations to the CHO
- Have a minimum of five years of experience in the practice of homeopathy
- Understand and support the philosophy of the CHO and its principles, standards and regulations
- As appropriate for out-of-province or visiting faculty member shall be familiar with and teaches to the CHO principles, standards and regulations

Recommended Qualifications:

- Demonstrated ability to work as a part of a team
- Previous supervisory or clinical education experience
- Ability to apply the principles of adult learning
- Experience with development and implementation of learning contracts / plan
- Experience in accessing a broad range of resources (current literature, internet, professional networks, etc.)

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<sup>4</sup> Supervisors shall meet the clinical practice experience supervision criteria set by CHO (see item B3 on page 10).

<sup>5</sup> Ibid.



#### 4. Submission of Written Application and Payment of Application Fee

A Program Representative shall complete the full application package and submit all forms plus payment.

The application package for approval of a Program in Homeopathy consists of the following:

- Form A Application for Request for Academic Program Review Form
- Form B Curriculum Mapping Self-Assessment Form
- Form C1 Program Length Requirement – Declaration of Theory Hours Form
- Form C2 Program Length Requirement – Declaration of Clinical Hours Form
- Form D APRA – Course Information Summary Form for Each Course Reviewed
- Form E APRA – Faculty and Supervisor Qualification Form
- Form F Approved Program Applicant Declaration Form
- Form G Credit Card Payment Form for APRA Fees

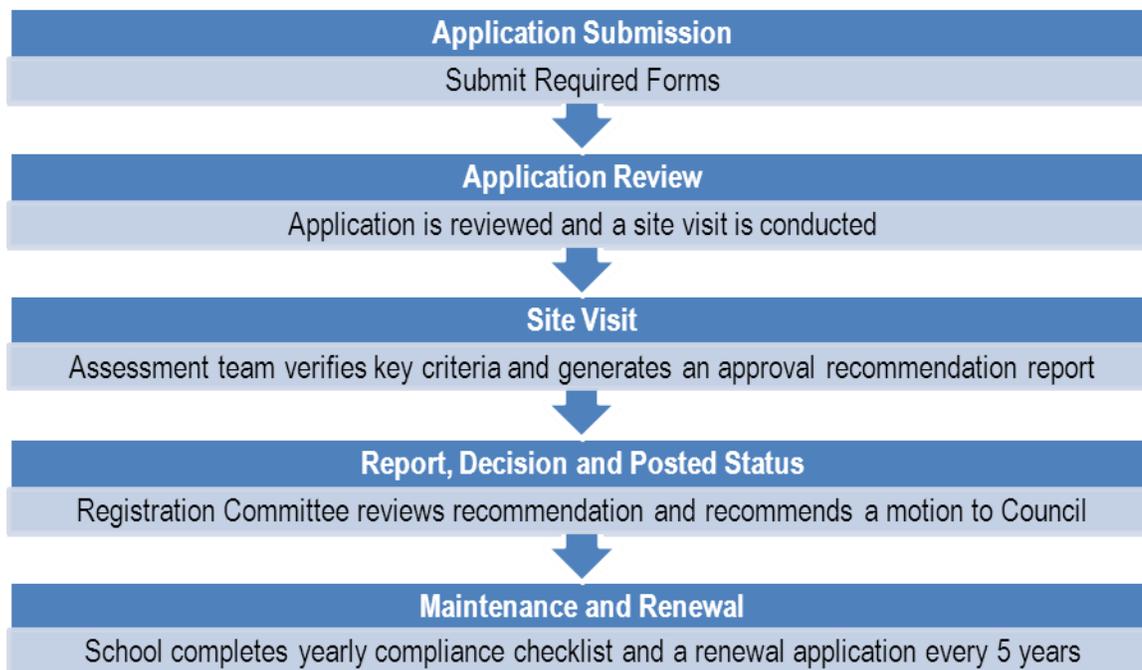
See section C for additional details.



## C. ACADEMIC PROGRAM REVIEW AND APPROVAL PROCESS

Academic program review and approval includes the following steps:

1. Application Submission
2. Application Review
3. Site Visit
4. Review Against Assessment Criteria & Factors, Report, Decision, and Posted Status
5. Maintenance and Renewal



### 1. Application Submission

While a Program in Homeopathy may opt for its own approach to collect materials for self-assessment, the CHO recommends that the following process is followed. Collecting the materials for a complete Self-Assessment may take some time.

- a) An Authorized<sup>6</sup> Representative (“Program Representative”) schedules a meeting with faculty and staff to appoint a Self-Assessment Team and assign a Team Lead – someone responsible for collecting the relevant information and adhering to the scheduled timelines. At this step, team members should review the *Curriculum Mapping Self-Assessment Form* (Form B) and discuss strategies for collecting curriculum materials that will be reviewed against the entry-to-practice competencies.
- b) The Self-Assessment Team meets to identify the roles and responsibilities of each member, such as:

<sup>6</sup> Someone who has decision-making powers, such as the Dean of Programs.



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- Assigning specific subjects and relevant content and material collected for review to each member (includes collecting the relevant subject information and filling out the *APRA Approval Course Information Summary Form* for each Course Reviewed (Form D), and *Academic Program Length Requirement Declaration of Theory Hours* (Form C1) and *Declaration of Clinical Form* (Form C2).
  - Developing a schedule for the completion of each portion of the *Curriculum Mapping Self-Assessment Form* (Form B).
- c) The Team Lead meets with the members of the team and compiles the submissions into the complete *Curriculum Mapping Self-Assessment Form* (Form B). The Team Lead is also responsible for collecting the academic program length requirements, faculty credentials, signing the *Approved Program Applicant Declaration* form (Form F) and informing students to complete an on-line student feedback form.
- d) Compare the compiled *Curriculum Mapping Self-Assessment Form* (Form B) against the Academic Program requirements and identify gaps, if any. Develop a plan to address the gaps before submitting the application to the CHO.
- e) Once gaps are addressed, the Program Representative completes an *Application for Request for Academic Program Review Form* (Form A) and submits the entire application package with payment of \$565.00 (\$500.00 + \$65.00 HST) to the CHO.

### Application package consists of:

- Form A Application for Request for Academic Program Review Form
- Form B Curriculum Mapping Self-Assessment Form
- Form C1 Program Length Requirement – Declaration of Theory Hours Form
- Form C2 Program Length Requirement – Declaration of Clinical Hours Form
- Form D APRA – Course Information Summary Form for Each Course Reviewed
- Form E APRA – Faculty and Supervisor Qualification Form
- Form F Approved Program Applicant Declaration Form
- Form G Credit Card Payment Form for APRA Fees

## 2. Application Review

CHO staff receives forms and ensure all required documents are included. Staff correspond with Program Representative to follow-up on missing information.

Once the application is completed and the Registrar has determined the institution has submitted sufficient material to warrant assessment, the institution will be asked to submit a fee of \$2,825.00 (\$2,500.00 + \$325.00 HST) for program assessment.

The members of the Assessment Team will meet to review the Program's *Curriculum Mapping Self-Assessment Form* (Form B) and associated forms, and complete an *Assessment Report* based on the Approval Requirements.

Initial requests for program review and five year renewals require a site visit. The site visit fee is \$1,356.00 (\$1,200.00 + \$156.00 HST), plus site assessor travel and accommodations, as required.



The Assessment Team will provide recommendations to the Registration Committee on whether the Program in Homeopathy is eligible for full or conditional approval, or whether approval is denied (see section on Academic Program Approval Status). If full approval is not granted, the Program in Homeopathy will receive a copy of the *Assessment Report* with identified gaps. The Registration Committee may also require additional site visits.

### 3. Site Visit

The site visit involves an assessment of the Program's curriculum and related materials by the CHO assigned Assessment Team. A minimum of two assessors will spend a day observing courses taught, clinical work and exercises, and speaking with faculty, supervisors, staff and students.

When conducting a site visit, the assessors will ensure that:

- Participants are provided with the confidentiality policy and asked to sign a confidentiality form,
- All information provided is handled confidentially,
- Any conflict of interest is declared,
- Participants are selected randomly to be interviewed, and
- There is mutual agreement on which documents should be reviewed ahead of time.

The Program Representative may wish to meet with the assessors directly or he/she may wish to appoint someone else as the point person.

#### a) Conflict of Interest

Before an Assessor is selected to participate in the CHO Assessment Team, in order to review an application or conduct a site visit, the assessor shall read and sign a conflict of interest form. The assessor shall declare any and all conflicts of interest with the homeopathy educational institution which would impact their ability to be transparent, objective, impartial, and fair (TOIF). In such case, a new assessor may be assigned.

It is recognized that the pool of available qualified assessors for such a task may be limited. Assessors are mandated, in the course of their duty to the College, to maintain confidentiality at all times. While applying the principles of TOIF, the College retains the right to make independent decisions.

#### b) Materials Review

While the assessors may not request to see all the materials previously submitted with the Self-Assessment Report, they may wish to verify some information through the process of interviewing faculty and students. The materials that may be requested are:

- course syllabi,
- assignments,
- exercises (midterms, tests, quizzes, practice-based simulations),
- final examination/practice-based assessment,
- course textbooks,
- course notes,
- additional supporting information, if applicable (e.g., examples or links to subject related software applications).



**c) Feedback/Focus Groups/Interviews**

Feedback from stakeholders, including students, shall be included as part of the approval process. Student feedback will be submitted as part of an anonymous questionnaire submitted directly to the CHO. Program Representative need to communicate to students that their feedback is required and ensure that it is submitted. A link on the CHO's website will be provided to appropriately identified Program stakeholders to partake in an on-line survey specific to the Program in Homeopathy under review.

One or more members of the Assessment Team may also wish to conduct focus groups with students and faculty. The focus groups must be conducted separately by audience, i.e. students, faculty, graduates, patients, etc. Following a focus group, the Assessment Team may wish to conduct follow-up interviews with individual faculty members or students, if necessary.

**d) Observations**

Assessor(s) may also wish to observe a class or a clinical practice setting. Faculty and students should be informed ahead of time that there may be an observer in the class. Assessor(s) will not interfere with the class or clinical practice setting. They may follow up with an interview during a regular break time or at the end of the class or any other time mutually agreed upon between the Assessment Team and Program Representative.

**e) Ending the Site Visit**

At the end of the site visit, the Assessment Team will meet with the Program Representative and inform him/her regarding the next steps in the approval process.

**4. Assessment Criteria & Factors, Report, Decision, and Posted Status**

**a) Assessment Criteria & Factors**

Each portion of the Program in Homeopathy will be reviewed against a number of assessment criteria and factors to ensure that it teaches and assesses students to the level of education to satisfy the *CHO Entry-to-Practice Competency Profile for Homeopaths Practising in Ontario* and the requirement of the *Homeopathy Act, Registration Regulation O. Reg 18/14*.

Within the framework of the identified assessment criteria and factors, each program will be assessed on an individual basis. A Program in Homeopathy may receive a status of: Approved Academic Program; Approval Denied or Withdrawn; or Conditional Approval. Conditional Approval consideration may be given if a program does not meet the assessment factors, but any gap(s) is/are reasonably addressed with program changes in a timely manner, or explanation of planned program changes with implementation timelines is provided.



**For All Courses**

Each course and its related content will be reviewed against the following assessment factors:

- Currency**                      The course content reflects current Homeopathic practice.
- Relevance**                    The course content is relevant to homeopathic practice.
- Quality**                        The course content is organized in logical progression. For example, introducing the topic, verifying understanding, assessing the understanding and providing feedback.
- Transferability**              The course content focuses on providing knowledge, skill and judgment that can be applied to a typical homeopathic clinical patient setting.
- Complexity**                    The course content is at the appropriate level of complexity in terms of teaching the knowledge, skill and judgment leading to a homeopath entering independent practice.
- Comprehensiveness**        Cumulatively the course content demonstrates of all necessary aspects of the required competencies that can be addressed in that particular course.

Program Representatives are required to consider assignments, exercises (midterms, tests, quizzes, practice-based simulations), final examination/practice-based assessment, course textbooks, course notes, additional supporting information, if applicable (e.g., course-related software applications) against the assessment factors.

If a course or its related content does not meet one or more of the Assessment Factors, a rationale must be provided under the “Comments” section of the *APRA Course Information Summary Form for Each Course Reviewed (Form D)*.

**Expectations Criteria for Theoretical Programs**

Criteria Not Met	Criteria Met
<ul style="list-style-type: none"> <li>• Many competencies not covered within the courses taught.</li> <li>• Competencies covered are not assessed within the courses taught.</li> <li>• Unable to answer questions in the “Addressed by” column of the <i>Curriculum Mapping Self-Assessment Form (Form B)</i>.</li> <li>• Unable to address assessment factors.</li> <li>• Gaps in meeting the assessment factors not addressed with an explanation of planned program changes with implementation timelines.</li> </ul>	<ul style="list-style-type: none"> <li>• Able to demonstrate adequate number of hours in theoretical portion of the program.</li> <li>• Competencies covered within the courses taught.</li> <li>• Competencies assessed within the courses taught.</li> <li>• Able to answer questions in the “Addressed by” column of the <i>Curriculum Mapping Self-Assessment Form (Form B)</i>.</li> <li>• Consideration may be given, if a program does not meet the assessment factors, however, any gap(s) is/are reasonably addressed with program changes in a timely manner, or explanation of planned program changes with implementation timelines is provided.</li> </ul>

**For Clinical Courses**

Program Representatives shall provide information related to primary and secondary case taking, demonstrating the number of patient cases undertaken by the student.

**Primary case taking**

How many patients does each student see as a primary case taker?

How many hours does each student spend as a primary case taker, as part of initial patient contact?

How many hours does each student spend as a primary case taker, as part of follow-up with the patient?



**Secondary case taking**

How many patients does each student see as a secondary case taker?

How many hours does a student spend as a secondary case taker, as part of initial patient contact?

How many hours does a student spend as a secondary case taker, as part of follow-up with the patient?

Total hours each student spends in direct patient contact (based on the CHO suggested hour calculation)?

Total length of program in weeks?

**Expectations Criteria for Clinical Programs**

Criteria Not Met	Criteria Met
<ul style="list-style-type: none"> <li>• Unable to demonstrate sufficient number of direct client contact hours.</li> <li>• Unable to demonstrate adequate number of weeks in clinical experience training.</li> <li>• Unable to satisfactorily demonstrate that clinical experience includes all of the following elements structured, comprehensive, supervised and evaluated.</li> <li>• Gaps in meeting the assessment factors not addressed with an explanation of planned program changes with implementation timelines.</li> </ul>	<ul style="list-style-type: none"> <li>• Able to demonstrate sufficient number of direct client contact hours.</li> <li>• Able to demonstrate adequate number of weeks in clinical experience training.</li> <li>• Able to demonstrate that clinical experience includes all of the following elements structured, comprehensive, supervised and evaluated.</li> <li>• Consideration may be given, if a program does not meet the assessment factors, however, any gap(s) is/are reasonably addressed with program changes in a timely manner, or explanation of planned program changes with implementation timelines is provided.</li> </ul>

**b) Report**

The Assessment Team will prepare a report on its review of the academic program and site visit and indicate to the Registration Committee whether the program met or did not meet the registration requirement, and note any gaps identified. See Appendix B for a Sample Assessor Recommendation Report.

The Assessment Team will recommend one of the following:

- i. Approved Academic Program – Clinical and Theoretical
- ii. Approved Academic Program –Theoretical
- iii. Approved Academic Program – Clinical
- iv. Conditional Approval – Theoretical and Clinical
- v. Conditional Approval – Theoretical
- vi. Conditional Approval – Clinical
- vii. Approval Denied/Withdrawn

**c) Decision**

The Registration Committee will consider the information provided by the Assessment Team and will then put forward a motion to Council in relation to the granting of academic Program in Homeopathy approval status. See Appendix B for a Sample Registration Committee Decision Report.



### ***Approved Academic Program – Clinical and Theoretical***

Granted when:

- An Academic Program in Homeopathy is deemed to have met the clinical and theoretical Academic Program Requirements. This approval is granted for a period of up to five years.
- Graduates of an academic Program in Homeopathy with *Academic Program Approved – Clinical and Theoretical* status will be deemed to have met the education and clinical experience requirements for registration.

### ***Approved Academic Program – Theoretical***

Granted when:

- An Academic Program is deemed to have met the theoretical Academic Program Requirements. This approval is granted for a period of up to five years.
- Graduates of an academic Program in Homeopathy with *Academic Program Approved – Theoretical* status will need to provide evidence of equivalency for the clinical portion of the regulation requirements to be eligible for registration status.

### ***Approved Academic Program – Clinical***

Granted when:

- An Academic Program is deemed to have met the clinical Academic Program Requirements. This approval is granted for a period of up to five years.
- Graduates of an academic Program in Homeopathy with *Academic Program Approved – Clinical* status will need to provide evidence of equivalency for the theoretical portion of the regulation requirements to be eligible for registration status.

### ***Conditional Approval – Theoretical and Clinical***

Granted when:

- The Assessment Team has identified gaps. If the Program in Homeopathy corrects those gaps within 18 months, it will be eligible for *Academic Program Approved – Clinical and Theoretical* status.

### ***Conditional Approval – Theoretical***

Granted when:

- The Program in Homeopathy is not eligible for approval of the clinical components and the Assessment Team has identified gaps in the theoretical component. If the Program in Homeopathy corrects those gaps within 18 months, it will be eligible for *Academic Program Approved – Theoretical* status.

### ***Conditional Approval – Clinical***

Granted when:

- The Program in Homeopathy is not eligible for approval of the theoretical components and the Assessment Team has identified gaps in the clinical component. If the Program in Homeopathy corrects those gaps within 18 months, it will be eligible for *Academic Program Approved – Clinical* status.

### ***Approval Denied/Withdrawn***

when:

- An Academic Program in Homeopathy does not meet the Academic Program Requirements, as evidenced by program deficiencies which, in the opinion of the Registration Committee, are such that students and graduates are unable to meet the requirements of the profession;



or when

- An Academic Program in Homeopathy that received Conditional Approval does not meet the Academic Program Requirements by the end of the conditional period;

or when

- A Program in Homeopathy previously approved by CHO undergoes substantive changes and no longer meets the Academic Program Requirements.

A graduate of an education Program in Homeopathy that has received the status of either Approval Denied or Approval Withdrawn will be deemed not to have met the registration requirements and will need to provide evidence of equivalence in order to be eligible to apply for registration with the College.

A Program in Homeopathy is not considered approved until it has been reviewed and approved by motion by the Council of the College of Homeopaths of Ontario.

#### d) Posted Status of Academic Programs

Approved Programs in Homeopathy will be posted on the CHO's website. Theoretical and clinical experience components are reviewed separately. A Program in Homeopathy may be approved for clinical, theoretical or both.

### 5. Approval Status Maintenance and Renewal

Recognition will continue for five years, provided that all substantive recognition criteria continue to be met, and the CHO is informed in advance of any significant changes to the Academic Program in Homeopathy.

An Academic Program in Homeopathy is required to provide a yearly *compliance checklist* to the CHO, providing an update on the number of students enrolling, and graduating, pass/fail rates, the number of faculty, supervisors and staff, and any significant program changes.

An Academic Program in Homeopathy undergoing significant program changes before its term for renewal must inform the CHO and submit a new *Curriculum Mapping Self-Assessment Form* (Form B) that reflects the program changes. Reassessment is required for any major change to the program or curriculum.

An Academic Program in Homeopathy is required to apply for renewal of its Approved status before its current term of recognition expires. All Academic Programs will be given sufficient notice of renewal requirements and procedures prior to their expiry date.



## D. ACADEMIC PROGRAM REVIEW AND APPROVAL PROCESS ADMINISTRATION

There are a number of process items related to the administration of the Academic Program Review and Approval Process including:

1. Fees
2. Audit
3. Appeals
4. Confidentiality
5. Selection and Training of Assessors
6. Review and Approval Support

### 1. Fees

Application fee: \$ 500.00 + \$65.00 HST = \$565.00

Assessment fee: \$2,500.00 + \$325.00 HST = \$2,825.00

Site visit fee: \$1,200.00 + \$156.00 HST = \$1,356.00, plus site visitor travel and accommodations as required.

If a site visit is required, the Program in Homeopathy will be required to cover the travel expenses of two assessors. The CHO will attempt to provide impartial assessors as close to the program as possible to minimize travel costs. Where travel results in unreasonable travel time and costs, alternative mechanisms will be utilized.

### 2. Audit

The CHO has developed a mechanism to monitor that the Program in Homeopathy is in compliance with the Program Approval requirements. The CHO may conduct site visits as part of program audits that are not part of the Program's regular approval cycle.

A program audit will be conducted if:

- a) A request is made by the Assessment Team or Registration Committee, and either:
  - a. insufficient information is provided in respect of the Program in Homeopathy, or
  - b. the Program in Homeopathy's records do not demonstrate adequate self-assessment; or
- b) The Program in Homeopathy is selected on the basis of other criteria specified by the CHO and published on its website at least three months before the Program is selected and reviewed on the basis of such criteria.



### 3. Appeal

An Academic Program in Homeopathy may appeal Council decisions on any process or legal points arising out of the academic program review and approval process. These appeals would be filed with the Ontario Court of Appeal, and shall be submitted by the Academic Program in Homeopathy no later than 30 days after receipt of the decision. Council decisions on Academic Program status take effect unless the Court of Appeals grants a stay of the decision.

### 4. Confidentiality

During the process of reviewing an Academic Program in Homeopathy for approval, all documents, correspondence and communications between the CHO, the Assessment Team, the Registration Committee, and the Academic Program will remain confidential.

However, the status of an approved Program in Homeopathy is public information and will be posted on the CHO's website.

### 5. Selection and Training of Program Review and Approval Assessors

Before an Assessor is selected to participate in the CHO Assessment Team, in order to review an application or conduct a site visit, the assessor shall read and sign a conflict of interest form. The assessor shall declare any and all conflicts of interest with the homeopathy educational institution which would impact their ability to be transparent, objective, impartial, and fair (TOIF). In such case, a new assessor may be assigned.

It is recognized that the pool of available qualified assessors for such a task may be limited. Assessors are mandated, in the course of their duty to the College, to maintain confidentiality at all times. While applying the principles of TOIF, the College retains the right to make independent decisions.

#### a) Selection of Program Review and Approval Assessors

The Assessment Team should consist of a minimum of three Registrants of the CHO. Assessment Team members may be selected from a pool of qualified Registrants.

Team assessors may be public appointees, Council members from the profession, non-council appointees from the profession, or others including a body or agency appointed by Council for the purpose.

*Criteria for Assessors from the homeopathy profession<sup>7</sup>:*

- Have experience delivering and/or developing curriculum related materials
- Be registered with the College of Homeopaths of Ontario
- Have a minimum of seven (7) years of experience in the profession which may include teaching homeopathy
- Demonstrate oral and written communication skills
- Have basic computer skills, such as using basic word processing and email
- Be able to speak, read and write in English and/or French with reasonable fluency
- Understand the *Regulated Health Professions Act, 1991*

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<sup>7</sup> Taken from Criteria for Selection of Curriculum Evaluators, Feb 4, 2013.



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- Be willing to devote the time required to complete at least one (1) site visit annually
- Participate in an assessor training workshop
- Abide by CHO policy and procedures including conflict of interest guidelines, privacy, confidentiality and other policy documents.

### b) Training of Program Review and Approval Assessors

Training assessors is critical to ensuring consistency and quality of assessment. The purpose of assessor training is to ensure that all assessors have the same understanding of requirements for approval and use this understanding consistently across Programs in Homeopathy.

Training of assessors will be standardized with all assessors receiving the same information about approval requirements and the process of the application review and site visits. As part of training, assessors will be provided with a thorough explanation of the approval process and forms.

### 6. Review and Approval Support

Questions about the academic program review and approval process can be addressed to CHO Registration Staff at 416-862-4775 or 416-862-4780 or toll free at 1-844-862-4780. Email can be sent to [programs@collegeofhomeopaths.on.ca](mailto:programs@collegeofhomeopaths.on.ca).



## DEFINITIONS

### Clinical Practice Definitions

For the purposes of this Guide and in accordance with the accompanying policies, the CHO uses the following definitions:

#### Comprehensive

In the context of education and clinical practice requirements and criteria **Comprehensive** means a curriculum with sufficient scope to provide the student with the required knowledge, skill, judgment and applied experience to demonstrate relevant clinical skills and abilities which meets all or almost all of the clinically related *Entry-to-Practice Competencies Profile of Homeopaths Practising in Ontario*.

**Direct Client Contact** means a student has the opportunity to interact directly with the patient acting as the primary or secondary case-taker.

#### Evaluated

In the context of education and clinical practice requirements and criteria **Evaluated** means having a systematic method for assessing the competency of students to ensure that the learning objectives of the clinical program curriculum have been met.

#### Follow-up Visit

Subsequent consultations are often shorter in duration and 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 step of treatment will be.<sup>8</sup>

#### Initial Intake Visit

Means providing homeopathic service and treatment to a patient in the form of an initial intake visit of a new patient or a new initial complaint from an existing patient, requiring a full case-work assessment.

#### Online

Online means communication mechanisms such as Skype, Web-conferencing with audio and/or video capabilities, and other emerging mechanisms which allow for real-time, live and interactive communication.

#### Primary Direct Client Contact Hours

In the context of education and clinical practice requirements and criteria, **Primary Direct Client Contact Hours** means the student has direct contact with the patient and under supervision<sup>9</sup> the student has the primary responsibility to manage the patient's case from initial contact to the conclusion of at least one follow-up visit. The successful completion of Primary Clinical Practice Hours will lead the student to independent practice.

#### Secondary Direct Client Contact Hours

In the context of education and clinical practice requirements and criteria, **Secondary Direct Client Contact Hours** means the student has an active role in reviewing and monitoring the patient's case. It may include direct patient contact within small groups, case work through a combination of observation, analysis and case work-up leading to a remedy selection. The student shall have the opportunity to directly or indirectly pose questions to the patient. Secondary Clinical

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<sup>8</sup> TC-CHO What is Homeopathy Fact Sheet, June 2010

<sup>9</sup> Supervisors shall meet the clinical practice experience supervision criteria set by CHO. (see item B3 on page 10)



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Practice Hours occur under supervision<sup>10</sup> and demonstrate increased understanding and independence of the student leading to Primary Direct Client Contact Hours. It is expected that the supervisor provides direct feedback to the student.

### Structured

In the context of education and clinical practice requirements and criteria Structured means having defined program curriculum, learning objectives, learning plan, modes of instruction, appropriately trained staff and faculty, transparent/objective/fair/impartial methods of evaluation, and access to appropriate tools and resources upon which students can gain knowledge, skills and judgment to independently practice the profession.

### Supervised

In the context of education and clinical practice requirements and criteria Supervised means graduated learning, under an individual who meets the clinical practice experience supervision criteria set by the College of Homeopaths of Ontario that leads to independent, competent and safe practice by the student. The level of supervision should be commensurate with each student's abilities.

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<sup>10</sup> Supervisors shall meet the clinical practice experience supervision criteria set by CHO. (see item B3 on page 10)



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**APPENDIX A ACADEMIC PROGRAM REVIEW AND APPROVAL TOOLS AND PROCESSES**  
**SUGGESTED SUBJECT AREA TO CHO ENTRY-TO-PRACTICE COMPETENCY PROFILE MAPPING TOOL**

The following table is an example of how curriculum and subject areas can be mapped against the CHO Entry-to-Practice Competencies. Mapping the curriculum against the competencies will help the Program in Homeopathy identify any competency gaps. It is recommended that the Program in Homeopathy address any gaps before completing the Curriculum Mapping Self-Assessment Form (Form B).

Subject Area	Suggested Subject Area and Grouping of Theory Followed by Integration into Clinical Practice	Assessed in CHO Assessment Processes	CHO Related Professional Practice Standard & Guideline	Competency from <i>CHO Entry-to-Practice Competency Profile for Homeopaths Practicing in Ontario</i>	CHO Entry-to-Practice Competency Category of Theory or Applied Content	Suggested assessment mechanisms / Notes for Assessors review of learning outcomes, goals, objectives and CHO Performance Indicators
1	Philosophy and Principles		Standard 15 Scope of Practice			
				2.1 Demonstrate a thorough understanding of the philosophy and fundamental principles of homeopathy as outlined in the Organon of the Medical Art including but not limited to:	Knowledge-Based Practice Body of Knowledge: Theory	
	Aph 1-4	Individual Assessment Essay		2.1 a) Law of similars;	Knowledge-Based Practice Body of Knowledge: Theory	Short answer, essay, case-based multiple-choice.
		Individual Assessment Essay		2.1 b) Totality of symptoms;	Knowledge-Based Practice Body of Knowledge: Theory	Short answer, essay, case-based multiple-choice.
		Individual Assessment Essay		2.1 c) Minimum dose;	Knowledge-Based Practice Body of Knowledge: Theory	Short answer, essay, case-based multiple-choice.
		Individual Assessment Essay		2.1 d) Individualization of the case;	Knowledge-Based Practice Body of Knowledge: Theory	Short answer, essay, case-based multiple-choice.



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	Miasmatic Theory. Hahnemann et al Disease classification including Inductive logic	Individual Assessment Essay		2.1 e) Theory of health and disease (e.g., acute and chronic miasm);	Knowledge-Based Practice Body of Knowledge: Theory	Short answer, essay, case-based multiple-choice.
		Individual Assessment Essay		2.1 f) Principles and methods of cure;	Knowledge-Based Practice Body of Knowledge: Theory	Short answer, essay, case-based multiple-choice.
	Herring's Law of Cure	Individual Assessment Essay		2.1 g) Potentization of the medicines; and	Knowledge-Based Practice Body of Knowledge: Theory	Short answer, essay, case-based multiple-choice.
	Hierarchy of Symptoms	Individual Assessment Essay		2.1 h) Provings and action of medicine.	Knowledge-Based Practice Body of Knowledge: Theory	Short answer, essay, case-based multiple-choice.
	Obstacles to cure	Individual Assessment		2.9 Identify potential obstacles to cure including, but not limited to, nutritional imbalances, environmental imbalances, and environmental exposure and toxicity.	Knowledge-Based Practice Body of Knowledge: Theory	If not in subject area 1, could be in case taking or case analysis. Essay; short answer; multiple-choice.
	Exciting and Maintaining factors			2.10 Identify exciting causes and maintaining causes.	Knowledge-Based Practice Body of Knowledge: Theory	If not in subject area 1, could be in case taking or case analysis. Essay; short answer; multiple-choice.
	History			Suggested content, not covered within the CHO competency profile.	Knowledge-Based Practice Body of Knowledge: Theory	



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2	Materia Medica		Standard 15 Scope of Practice			
				2.3 Demonstrate a sound knowledge of Materia Medica including:	Knowledge-Based Practice Body of Knowledge: Theory	
	Signs and Symptoms = Characteristic Keynotes and StrangeRare-Peculiaris			2.3 a) The signs and symptoms of the most well-known medicines referred to as polycrests and "smaller remedies";	Knowledge-Based Practice Body of Knowledge: Theory	Short answer, essay, multiple-choice; case analysis; differential diagnosis as part of care taking.
	" Therapuetics"			2.3 b) Medicines indicated in specific circumstances (e.g., therapeutics such as first aid, injuries, acute conditions, palliative care, epidemics);	Knowledge-Based Practice Body of Knowledge: Theory	Short answer, essay, multiple-choice; case analysis; differential diagnosis as part of care taking. Covers acute and chronic. May also be covered in specialty care, emergency medicine, etc., including reference on appropriate referrals.
				2.3 d) Relationships between medicines		Short answer, essay, presentations.



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3	Homeopathic Pharmacy		Standard 15 Scope of Practice			
				2.3c Preparation of medicines (e.g., sources, methods)	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Refer to Organon Short answer, essay, presentations.
			Standard 3 Compounding	2.23 Understand handling, dispensing and storage of medicines as set out in the professional practice guidelines.	Knowledge-Based Practice Body of Knowledge: Theory	Essay; case taking; case analysis.
				2.1 Demonstrate a thorough understanding of the philosophy and fundamental principles of homeopathy as outlined in the Organon of the Medical Art including but not limited to:	Knowledge-Based Practice Body of Knowledge: Theory	
				2.1 c) Minimum dose;	Knowledge-Based Practice Body of Knowledge: Theory	Short answer, essay, case-based multiple-choice.
				2.1 g) Potentization of the medicines; and	Knowledge-Based Practice Body of Knowledge: Theory	Short answer, essay, case-based multiple-choice.
4a	Case Taking and Analysis		Standard 15 Scope of Practice			
	Therapeutic Relationship / Rapport	Jurisprudence	Standard 16 Therapeutic Relationships &	1.2 Develop a professional therapeutic relationship with patient, maintain boundaries and act in the best interest of	Professional Responsibility and Ethical Practice:	Short answer; essay; case scenario.



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			Professional Boundaries	the patient.	Theory / Applied	
	Includes record keeping; and use of appropriate forms.	Jurisprudence	Guideline 1 Record Keeping & Privacy of Information	1.5 Maintain patient confidentiality and privacy.	Professional Responsibility and Ethical Practice: Theory / Applied	Short answer, essay.
			Standard 16 Therapeutic Relationships & Professional Boundaries  Guideline 5 Patient Communications and Physical Exam	2.27 Establish a therapeutic relationship by developing a rapport with patients that facilitates the sharing of information in a professional environment.	Competent Application of Knowledge: Applied	Specific course section on rapport development.
				2.2 Demonstrate thorough case-taking skills, including but not limited to the Organon (Aphorisms 6, 18, 82-104, 153, 210-213, 220).	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Short answer, essay, multiple-choice; clinical observation, supervised practice. (Aphorisms change depending on the edition of the Organon taught.)
		Individual Assessment	Guideline 1 Record Keeping & Privacy of Information	2.26 Review patient intake form (e.g., family health history, patient health history, chief complaint, etiology, supplements and pharmaceuticals, lifestyle assessment).	Competent Application of Knowledge: Applied	Clinical observation; supervised practice; OSCE.



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		Individual Assessment		2.28 Collect detailed information regarding the health status of the patient to obtain a totality of symptoms using the following:	Competent Application of Knowledge: Applied	
	Use active listening <sup>11</sup> skills to obtain account of chief complaints.	Individual Assessment		2.28 a) Patient's personal account of chief complaints and other symptoms (e.g., health/ illness/experiences and the effects on quality of life);	Competent Application of Knowledge: Applied	Case analysis; clinical observation; supervised practice; OSCE.
		Individual Assessment	Standard 10 Informed Consent	2.28 b) Information provided by the patient's extended network if appropriate (e.g., family, caregiver).	Competent Application of Knowledge: Applied	Case analysis; clinical observation; supervised practice; OSCE.
		Individual Assessment	Guideline 5 Patient Communications and Physical Exam	2.28 c) Homeopath's observations (i.e., visual, etc.)	Competent Application of Knowledge: Applied	Case analysis; clinical observation; supervised practice; OSCE.
		Individual Assessment	Guideline 5 Patient Communications and Physical Exam	2.28 d) Physical exam, as required, within the scope of practice of homeopathy; and	Competent Application of Knowledge: Applied	Case analysis; clinical observation; supervised practice; OSCE.
		Individual Assessment		2.28 e) Medical tests, diagnostic or laboratory result reports.	Competent Application of	Case analysis; clinical observation; supervised

<sup>11</sup> Active listening (Effective listening)

Active listening aids the homeopath in recording the patient's words and non-verbal cues. As contrasted with passive listening, the homeopath confirms what he/she has heard by restating or paraphrasing in order to optimize case-taking. This form of communication requires the listener to be compassionate, engaged and objective.

(Source: College of Homeopaths of Ontario *Performance Indicators*, March 2012.)



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					Knowledge: Applied	practice; review diagnostic and laboratory reports; OSCE.
			Guideline 5 Patient Communications and Physical Exam	2.29 Utilize effective listening and communication skills, taking into account the age, gender, culture, language, ability, emotional and developmental state of the patient.	Competent Application of Knowledge: Applied	Supervised practice; OSCE.
		Individual Assessment	Standard 16 Therapeutic Relationships & Professional Boundaries	2.30 Demonstrate interviewing and case-taking skills to elicit spontaneous responses from the patient (e.g., using open-ended questions, avoiding leading questions, respecting silence).	Competent Application of Knowledge: Applied	Supervised practice; OSCE.
			Standard 16 Therapeutic Relationships & Professional Boundaries	2.31 Encourage more detailed responses from the patient to formulate a complete symptom statement.	Competent Application of Knowledge: Applied	Supervised practice; OSCE.
4b	Case Analysis		Standard 15 Scope of Practice			
				2.4 Apply knowledge of homeopathic principles, Materia Medica and repertorization to reach a homeopathic diagnosis.	Knowledge-Based Practice Body of Knowledge: Applied	Short answer, essay, multiple-choice, case analysis, differential diagnosis as part of case taking; repertorization skills.



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		Individual Assessment		2.32 Analyze case findings to identify the characteristic signs and symptoms to construct a hierarchy of symptoms (e.g., “image of the disease”)	Competent Application of Knowledge: Applied	Case analysis.
		Individual Assessment		2.33 Use various approaches to case analysis (e.g., etiology, totality of characteristic symptoms, constitutional basis).	Competent Application of Knowledge: Applied	Essay; short answer; case analysis.
		Individual Assessment		2.8 Understand how the psychological and emotional states of the individual can affect the patient's health and well-being.	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; short answer; case taking.
		Individual Assessment		2.9 Identify potential obstacles to cure including, but not limited to, nutritional imbalances, environmental imbalances, and environmental exposure and toxicity.	Knowledge-Based Practice Body of Knowledge: Theory	Essay; short answer; case taking.
		Individual Assessment		2.10 Identify exciting causes and maintaining causes.	Knowledge-Based Practice Body of Knowledge: Theory	Essay; short answer; multiple-choice.
		Individual Assessment		2.36 Synthesize the collected information and utilize critical thinking to arrive at homeopathic diagnosis.	Competent Application of Knowledge: Applied	Synthesize the understanding and totality of the case essay; case analysis.



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5	Translation of Patients Symptoms to Rubrics		Standard 15 Scope of Practice			
		Individual Assessment		2.34 Select rubrics for repertorization to reach a homeopathic differential diagnosis.	Competent Application of Knowledge: Applied	Case analysis; repertorization.
6	Repertory and Repertorization		Standard 15 Scope of Practice			
		Individual Assessment		2.6 Demonstrate a thorough knowledge of the process of repertorization including:	Knowledge-Based Practice Body of Knowledge: Theory	
		Individual Assessment		2.6 a) The structure, organization, advantages and limitations of Repertory;	Knowledge-Based Practice Body of Knowledge: Theory	Essay; short answer.
		Individual Assessment		2.6 b) Defining rubrics by translating patient narrative into the condensed language of the homeopathic Repertory;	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; short answer; open book practical exam; case analysis.
		Individual Assessment		2.6 c) Grading of the symptoms and the remedies and their significance;	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; open book practical exam; case analysis.
		Individual Assessment		2.6 d) Technique of repertorization	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; open book practical exam; case analysis.



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7	Remedy Selection		Standard 15 Scope of Practice			
	Relates to initial or follow up	Individual Assessment	Standard 13 Homeopathic Prescription	2.37 Select suitable medicine or sequence of medicines to restore/maintain optimal health and vitality.	Competent Application of Knowledge: Applied	Case analysis; supervised practice; OSCE. Assess initial understanding and follow-up.
				2.5 Understand and assess the various data sources available when selecting medicines including:	Knowledge-Based Practice Body of Knowledge: Theory / Applied	
	Understanding clinical data including (but not limited to) lab, pathology, imaging, reports			2.5 a) Clinical data;	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Understanding of pulling the information from the data reports and the application of the info – that feeds /confirm differential diagnosis. Essay; case taking; case analysis, clinical observation.
				2.5 b) Evidence-based research	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; case taking.
				2.25 c) Historical materials;	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; case taking.



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				2.25 d) Provings;	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; case taking; participation in proving.
				2.25 e) Toxicological data;	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; case taking; multiple-choice; oral questions.
				2.25 f) Properties of the source materials.	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; case taking; multiple-choice; oral questions.
8	Remedy Confirmation		Standard 15 Scope of Practice			
		Individual Assessment		2.35 Research homeopathic references and literature to confirm the medicine selection using:	Competent Application of Knowledge: Applied	
		Individual Assessment		2.35 a) Materia Medica;	Competent Application of Knowledge: Applied	Essay; case analysis.
		Individual Assessment		2.35 b) Clinical and proving data;	Competent Application of Knowledge: Applied	Essay; case analysis.
		Individual Assessment		2.35 c) Historical journals;	Competent Application of Knowledge: Applied	Essay; case analysis.
		Individual		2.35 d) Cured cases.	Competent	Essay; case analysis.



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		Assessment			Application of Knowledge: Applied	
9	Remedy Administration (PPDP or Potency Posology Dosage Prescribing)		Standard 15 Scope of Practice			
				2.7 Demonstrate a thorough knowledge of prescribing that recognizes the need for flexible and individualized dosing for each patient including	Knowledge-Based Practice Body of Knowledge: Theory / Applied	
				2.7 a) Homeopathic potency, dose and frequency;	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; short answer; case analysis.
				2.7 b) Administration of medicines;	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; short answer; case analysis.
				2.7 c) Sequence of medicines; and	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; short answer; case analysis.
				2.7 d) Relation between medicines.	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; short answer; case analysis.



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		Individual Assessment	Standard 13 Homeopathic Prescription	2.38 Select administration of medicine including:	Competent Application of Knowledge: Applied	
		Individual Assessment		2.38 a) Homeopathic potency (e.g., MT, X, D, C, Q or LM);	Competent Application of Knowledge: Applied	Case analysis; supervised practice.
		Individual Assessment		2.38 b) Posology (dosage);	Competent Application of Knowledge: Applied	Case analysis; supervised practice; OSCE.
		Individual Assessment		2.38 c) Delivery mechanism (e.g., dry, liquid, injectable when or if approved in the scope of practice).	Competent Application of Knowledge: Applied	Case analysis; supervised practice; OSCE.
10	Case Management		Standard 15 Scope of Practice			
		Individual Assessment	Standard 4 Concurrent Treatment	2.21 Recognize when homeopathic treatment can complement, interact and/or interfere with other health care that the patient is receiving.	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essays; short answer; clinical observation; case analysis.
			Standard 4 Concurrent Treatment	2.22 Recognize integrative modalities that may complement homeopathic treatment in improving patient outcome.	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; case taking; case analysis.
	Informed Consent	Individual Assessment	Standard 10 Informed Consent	2.25 Inform the patient and obtain informed consent regarding the nature of the homeopathic process including:	Competent Application of Knowledge: Applied	



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		Individual Assessment	Standard 10 Informed Consent	2.25 a) Confidentiality;	Competent Application of Knowledge: Applied	Clinical observation; supervised practice; OSCE.
		Individual Assessment	Standard 10 Informed Consent	2.25 b) Basic homeopathic principles and process;	Competent Application of Knowledge: Applied	Clinical observation; supervised practice; OSCE.
		Individual Assessment	Standard 10 Informed Consent	2.25 c) Nature and safety of medicine;	Competent Application of Knowledge: Applied	Clinical observation; supervised practice; OSCE.
		Individual Assessment	Standard 10 Informed Consent	2.25 d) Duration and frequency of visits;	Competent Application of Knowledge: Applied	Clinical observation; supervised practice; OSCE.
		Individual Assessment	Standard 10 Informed Consent	2.25 e) Treatment expectations (acute vs. chronic, prognosis); and	Competent Application of Knowledge: Applied	Clinical observation; supervised practice; OSCE.
		Individual Assessment	Standard 10 Informed Consent  Standard 9 Fees & Billing	2.25 f) Fee schedule.	Competent Application of Knowledge: Applied	Clinical observation; supervised practice; OSCE.
		Individual Assessment	Guideline 1 Record Keeping & Privacy of	2.39 Provide written instruction to patient on use of medicine including:	Competent Application of Knowledge: Applied	



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			Information			
		Individual Assessment		2.39 a) Administration;	Competent Application of Knowledge: Applied	Supervised practice; OSCE.
		Individual Assessment		2.39 b) Storage;	Competent Application of Knowledge: Applied	Supervised practice; OSCE.
		Individual Assessment		2.39 c) Cautions and warnings;	Competent Application of Knowledge: Applied	Supervised practice; OSCE.
		Individual Assessment		2.39 d) Interactions; and	Competent Application of Knowledge: Applied	Supervised practice; OSCE.
		Individual Assessment		2.39 e) Dietary and lifestyle recommendations.	Competent Application of Knowledge: Applied	Supervised practice; OSCE.
		Individual Assessment	Standard 2 Communicating a Homeopathic Assessment  Guideline 5 Patient Communications and Physical Exam	2.40 Communicate individualized treatment plan to the patient.	Competent Application of Knowledge: Applied	Supervised practice; OSCE.
			Guideline 1 Record Keeping	2.41 Document treatment plan in patient's file including name, potency	Competent Application of	Supervised practice; case taking; OSCE.



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			& Privacy of Information	and posology, and rationale of medicine.	Knowledge: Applied	
			Standard 10 Informed Consent	2.42 Monitor patient response to medicine, and changes in patient health status.	Competent Application of Knowledge: Applied	Case analysis; supervised practice; OSCE.
		Individual Assessment	Standard 10 Informed Consent	2.43 Evaluate, interpret and adjust treatment plan (e.g., second prescription) taking into consideration direction of cure, return of old symptoms, and/or new symptomatology.	Competent Application of Knowledge: Applied	Case analysis; supervised practice; OSCE.
				2.44 Promote patient-specific healthy lifestyle choices to optimize treatment outcome.	Competent Application of Knowledge: Applied	Supervised practice; OSCE.
			Standard 10 Informed Consent	2.45 Develop in consultation with patient, a plan for the continuation of homeopathic care.	Competent Application of Knowledge: Applied	Supervised practice; OSCE.
		Individual Assessment	Standard 4 Concurrent Treatment  Guideline 3 Inter-Professional Collaboration	2.46 Recommend referral and/or collaborate with other health-care practitioners, as required, to provide optimal care to the patient.	Competent Application of Knowledge: Applied	Case analysis; supervised practice; OSCE.



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11	Practice Management		Standard 15 Scope of Practice			
			Standard 16 Therapeutic Relationships & Professional Boundaries  Guideline 6 Infection Control	3.1 Manage a practice environment that is professional and safe for patients and staff.	Practice Management: Applied	Supervised practice.
		Jurisprudence	Guideline 1 Record Keeping & Privacy of Information	3.2 Maintain confidential patient records as per standards, regulations and guidelines.	Practice Management: Applied	Supervised practice.
			Standard 9 Fees & Billing	3.3 Develop administrative and management skills (e.g., maintaining patients' and financial records, managing staff).	Practice Management: Applied	Supervised practice.
		Jurisprudence	Standard 10 Informed Consent  Standard 4 Concurrent Treatment	3.4 Respect patients' right to choose to integrate other therapeutic modalities in combination with homeopathic treatment.	Practice Management: Applied	Supervised practice.
		Jurisprudence	Guideline 6 Infection Control	3.5 Implement safety measures to protect patients, self and colleagues from injury and hazards.	Practice Management: Applied	Supervised practice.



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		Jurisprudence	Standard 9 Fees & Billing	3.6 Develop and maintain appropriate billing practices as per standards, regulations and guidelines.	Practice Management: Applied	Supervised practice.
<b>Medical Knowledge and Skills</b>						
12	Anatomy and Physiology		Standard 15 Scope of Practice			
				2.11 Possess a fundamental knowledge of human anatomy and physiology, based on the study of all body systems both structural and functional.	Knowledge-Based Practice Body of Knowledge: Theory	Essay; short answer; multiple-choice.
13	Psychology		Standard 15 Scope of Practice			
	1. Explain basic concepts in psychology (e.g., depression, anxiety) and how these may affect patient's treatment and therapeutic relationship.	Individual Assessment		2.8 Understand how the psychological and emotional states of the individual can affect the patient's health and well-being.	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; short answer; case taking.



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14	Biochemistry Principles of Metabolism		Standard 15 Scope of Practice			
				2.12 Possess a basic knowledge of biochemical processes (e.g., principles of metabolism) as it relates to assessing obstacles to cure and maintaining causes.	Knowledge-Based Practice Body of Knowledge: Theory	Essay; short answer; multiple-choice.
15	Disease Identification Recognition		Standard 15 Scope of Practice			
		Jurisprudence	Guideline 3 Inter-Professional Collaboration  Standard 18 Medical Emergency Preparedness	2.17 Recognize the signs and symptoms of potentially serious or life-threatening conditions to determine whether referral to other health-care professionals or agencies is required.	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essays, multiple-choice questions, clinical observations; case taking, OSCE.
			Guideline 3 Inter-Professional Collaboration	2.18 Identify disease processes and their manifestations to recognize a conventional diagnosis and understand its implication for the purpose of homeopathic assessment, prognosis, treatment and potential referral.	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; multiple-choice; case taking.
				2.19 Recognize common symptoms of	Knowledge-Based	Essay; multiple-choice;



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				pathologies in order to identify characteristic and individualized symptoms in the patient.	Practice Body of Knowledge: Theory / Applied	case taking; clinical observation.
16	Pharmaceuticals		Standard 15 Scope of Practice			
				2.16 Demonstrate a basic understanding of pharmaco-therapy including but not limited to pharmaceutical drugs and their:	Knowledge-Based Practice Body of Knowledge: Theory / Applied	
				2.16 a) Actions;	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; multiple-choice; case taking.
				2.16 b) Classification;	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; multiple-choice; case taking.
				2.16 c) Side effects; and	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; multiple-choice; case taking.
				2.16 d) Toxicity.	Knowledge-Based	Essay; multiple-choice;



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					Practice Body of Knowledge: Theory / Applied	case taking.
17	Medical Reports		Standard 15 Scope of Practice			
	Pathology Images			2.13 Demonstrates a basic understanding of reports from medical tests and diagnostic procedures as sources of information related to case-taking, analysis and management (e.g., Imaging, biopsy).	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; short answer; case taking; interpreting different medical tests.
	Blood analysis and Urinalysis			2.14 Demonstrate a basic understanding of laboratory data reports as it relates to case analysis and management (e.g., blood analysis, urinalysis).	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; short answer; multiple-choice; case taking; interpreting different medical tests.
18	Nutrition		Standard 15 Scope of Practice			
				2.15 Demonstrate a basic understanding of nutrition and the appropriate use of nutritional support.	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Essay; short answer; multiple-choice; case taking; interpreting different medical tests.



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19	Physical Examination		Standard 15 Scope of Practice			
	Controlled Acts of RHPA		Guideline 5 Patient Communications and Physical Exam	2.20 Demonstrate skills to perform a physical examination within the scope of homeopathic practice.	Knowledge-Based Practice Body of Knowledge: Theory / Applied	Clinical observation, supervised practice; OSCE.

**Suggested Integration into all subjects and courses – Attitudinal Competencies**

			Standard 15 Scope of Practice	1.1 Provide patient-centred care within the scope of homeopathic practice as per <i>Homeopathy Act (2007)</i> .	Professional Responsibility and Ethical Practice: Theory / Applied	Short answer; essay; case scenario.
		Jurisprudence	Standard 15 Scope of Practice  Standard 16 Therapeutic Relationships & Professional Boundaries	1.2 Develop a professional therapeutic relationship with patient, maintain boundaries and act in the best interest of the patient.	Professional Responsibility and Ethical Practice: Theory / Applied	Short answer; essay; case scenario.
		Jurisprudence	Standard 15 Scope of Practice	1.3 Demonstrate sensitivity to and respect for each patient's rights, autonomy, dignity and uniqueness.	Professional Responsibility and Ethical Practice: Theory / Applied	Short answer; essay; case scenario.



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			Standard 16 Therapeutic Relationships & Professional Boundaries Guideline 5 Patient Communications and Physical Exam			
		Jurisprudence	Standard 17 Competency	1.4 Practise safely, ethically, collaboratively and within own level of individual competence.	Professional Responsibility and Ethical Practice: Theory / Applied	Short answer, essay.
			Standard 10 Informed Consent  Professional Ethics  Standard 16 Therapeutic Relationships & Professional Boundaries	1.6 Identify the potential effect of personal values, beliefs and experiences and utilize this self-awareness to provide unbiased care.	Professional Responsibility and Ethical Practice: Theory / Applied	Short answer, essay.
			Standard 4 Concurrent Treatment	1.7 Collaborate with colleagues, other health-care practitioners and community resources to facilitate patient care.	Professional Responsibility and Ethical Practice:	Clinical observation, supervised practice; case scenario.



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			Guideline 3 Inter-Professional Collaboration  Guideline 5 Patient Communications and Physical Exam		Applied	
			Standard 17 Competency	1.8 Maintain professional competency through ongoing self-assessment, intraprofessional collaboration and professional development.	Professional Responsibility and Ethical Practice: Applied	Clinical observation, supervised practice.
			Standard 16 Therapeutic Relationships & Professional Boundaries  Guideline 2 Electronic Communication & Social Media  Guideline 5 Patient Communications and Physical	1.9 Use effective communication to develop professional relationships with patients, families and other health-care professionals.	Professional Responsibility and Ethical Practice: Applied	Clinical observation, supervised practice.



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			Exam			
		Jurisprudence	Guideline 3 Inter-Professional Collaboration	1.10 Recognize the limitation of their own individual experiences and knowledge, and seek guidance from and collaborate with experienced professionals.	Professional Responsibility and Ethical Practice: Theory / Applied	Short answer, essay, clinical observation, supervised practice.
		Jurisprudence	Standard 17 Competency  Professional Ethics  Guideline 4 Title and Credential	1.11 Demonstrate an understanding of the legal and ethical obligations as it relates to the practice of homeopathy, including those imposed by the <i>Homeopathy Act</i> and the <i>Regulated Health Professions Act, 1991</i> and Standards of Principles of Professional Ethics.	Professional Responsibility and Ethical Practice: Theory / Applied	Short answer, essay, multiple-choice.



## APPENDIX B – SAMPLE REPORTS

### SAMPLE Assessor Recommendation to the Registration Committee Report

Institution Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Type:

Theoretical                       Clinical                       Both

Assessment Date: \_\_\_\_\_

#### Theoretical Program

<input type="checkbox"/> Satisfactory. The Program in Homeopathy clearly demonstrates that it teaches to and assesses students to the level of education required to satisfy the <i>CHO Entry-to-Practice Competency Profile for Homeopaths Practising in Ontario</i> and the requirement of the <i>Homeopathy Act, Registration Regulation O. Reg 18/14</i> .
<input type="checkbox"/> Not satisfactory. The Program in Homeopathy clearly <b>fails</b> to demonstrate that it teaches to and assesses students to the level of education required to satisfy the <i>CHO Entry-to-Practice Competency Profile for Homeopaths Practising in Ontario</i> and the requirement of the <i>Homeopathy Act, Registration Regulation O. Reg 18/14</i> .
<input type="checkbox"/> Satisfactory with conditions. The Program in Homeopathy meets numerous components of the program approval process; however it fails to demonstrate that it teaches to and assesses students to all levels required to satisfy the <i>CHO Entry-to-Practice Competency Profile for Homeopaths Practising in Ontario</i> and the requirement of the <i>Homeopathy Act, Registration Regulation O. Reg 18/14</i> . See additional comments.
Additional Comments:

#### Clinical Program

<input type="checkbox"/> Satisfactory. The Program in Homeopathy clearly demonstrates that it teaches to and assesses students to the level of education required to satisfy the <i>CHO Entry-to-Practice Competency Profile for Homeopaths Practising in Ontario</i> and the requirement of the <i>Homeopathy Act, Registration Regulation O. Reg 18/14</i> .
<input type="checkbox"/> Not satisfactory. The Program in Homeopathy clearly <b>fails</b> to demonstrate that it teaches to and assesses students to the level of education to satisfy the <i>CHO Entry-to-Practice Competency Profile for Homeopaths Practising in Ontario</i> and the requirement of the <i>Homeopathy Act, Registration Regulation O. Reg 18/14</i> .
<input type="checkbox"/> Satisfactory with conditions. The Program in Homeopathy meets numerous components of the program approval process; however it fails to demonstrate that it teaches to and assesses students to all levels required to satisfy the <i>CHO Entry-to-Practice Competency Profile for Homeopaths Practising in Ontario</i> and the requirement of the <i>Homeopathy Act, Registration Regulation O. Reg 18/14</i> . See additional comments.
Additional Comments:



### SAMPLE Registration Committee Decision Report

Below is a sample form which may be used by the Registration Committee in formulating its decision.

Institution Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Type:

Theoretical                       Clinical                       Both

Assessment Date: \_\_\_\_\_

Registration Committee Review Date: \_\_\_\_\_

Council Review Date: \_\_\_\_\_

Date Decision Sent to Program: \_\_\_\_\_

- |   |
|---|
| <input type="checkbox"/> <b>Approved.</b> Satisfactory. The Program in Homeopathy clearly demonstrates that it teaches to and assesses students to the level of education required to satisfy the <i>CHO Entry-to-Practice Competency Profile for Homeopaths Practising in Ontario</i> and the requirement of the <i>Homeopathy Act, Registration Regulation O. Reg 18/14</i> .   |
| <input type="checkbox"/> <b>Denied.</b> Not satisfactory. The Program in Homeopathy clearly <b>fails</b> to demonstrate that it teaches to and assesses students to the level of education required to satisfy the <i>CHO Entry-to-Practice Competency Profile for Homeopaths Practising in Ontario</i> and the requirement of the <i>Homeopathy Act, Registration Regulation O. Reg 18/14</i> .  |
| <input type="checkbox"/> <b>Conditional Approval.</b> Satisfactory with conditions. The Program in Homeopathy meets numerous components of the program approval process; however it fails to demonstrate that it teaches to and assesses students to all levels required to satisfy the <i>CHO Entry-to-Practice Competency Profile for Homeopaths Practising in Ontario</i> and the requirement of the <i>Homeopathy Act, Registration Regulation O. Reg 18/14</i> .<br>The Program in Homeopathy is required address the following gaps within the program: |



## APPENDIX C – RESOURCES

To assist schools and Programs in Homeopathy to manage effectively in a competency-based model and offer theoretical education and clinical practice experience to students of a regulated health profession, the CHO suggests the resources listed below.

This list is non-exhaustive. The organizations and systems mentioned are not endorsed by the CHO, however, these programs and resources are excellent starting points in the development of benchmarks within competency-based learning environments.

- Accreditation Commission for Homeopathic Education in North America, [www.achena.org](http://www.achena.org)
- Canadian Medical Association – *2014 Requirements for Accreditation Handbook*
- *Education Policy, 5<sup>th</sup> Edition*, August 2014, Society of Homeopaths
- European Central Council of Homeopaths, [www.homeopathy-ecch.org](http://www.homeopathy-ecch.org)
- *Handbook for Curriculum Assessment*, Winter 2006, Peter Wolf, Art Hill, Ph.D, and Fred Evers, Ph.D, University of Guelph
- International Council for Homeopathy, [www.homeopathy-ich.org](http://www.homeopathy-ich.org)
- *Program Assessment Handbook*, University of Central Florida, revised 2008.



The following learning resources are also useful in assisting with curriculum design.

### Bloom's Taxonomy of Learning

*Benjamin Bloom's Taxonomy of Learning Domains - Cognitive, Affective, Psychomotor Domains - design and evaluation toolkit for training and learning,*

<http://www.businessballs.com/bloomstaxonomyoflearningdomains.htm>; retrieved May 16, 2013.

*Definitions of Bloom's Taxonomy, Activities at Various Cognitive Levels of Learning (LoL);*

<http://enpub.fulton.asu.edu/mcneill/blooms.htm>; retrieved May 15, 2013

Bloom's Taxonomy is a categorization method that can be used to define how well a skill/competency has been learned (learning objectives). Bloom's taxonomy divides these objectives into three domains: cognitive (knowledge), affective (feelings/attitudes), and psychomotor (skill level). Further, the cognitive domain involves six different levels of competencies/skills (knowledge, comprehension, application, analysis, synthesis, and evaluation). There are specific process verbs associated with each of these levels.

The table below defines how each of the cognitive levels of Bloom's Taxonomy can be used to assist with curriculum design.

Table 1: Revised Cognitive Domain and Educational Goals and Activities<sup>12</sup>

Revised Taxonomy	Educational Goals and Activities
Creating	Parts are put together in new ways, such as developing theories, hypotheses
Evaluating	Creating critiques, recommendations and reports
Analyzing	Distinguishing between parts by creating spreadsheets, surveys, charts or diagrams
Applying	Concepts are applied to new situations through models, presentations, interviews or simulations
Understanding	Producing drawings or summaries to demonstrate understanding
Remembering	Memory is used to produce definitions, fact charts, lists or recitations

<sup>12</sup> Anderson, L. W., & Krathwohl, D. R. (Eds.) (2001). *Taxonomy for learning, teaching and assisting: A revision of Bloom's taxonomy of education objectives*. New York: Longman.



## Andragogy

Andragogy is a theory of adult learning<sup>13</sup>, whose basic principle is that adults are self-directed and that they should be involved in planning their own learning activities with the teacher serving as a procedural guide and content resource. In terms of evaluation of learning, adults should not feel judged by another adult, but should be guided to understand their learning gaps and how to address them in a self-directed way. Focus is also placed on practical application of knowledge or skill and empowering learners to apply their learning to their day-to-day lives<sup>14</sup>.

Andragogical process design elements can be incorporated as part of curriculum design in order to organize the learning process and enhance the practice of adult education<sup>15</sup>. The design elements are outlined in the table below<sup>16</sup>.

Table 2: Design Elements Applied to the Andragogical Approach to Learning

Design Element	Andragogical Approach to Learning
Preparing the learner	Instructor needs to set expectations, prepare students for participation, develop realistic expectations and supply information in a timely manner
Climate	Needs to be relaxed, mutually respectful, collaborative, informal
Planning	The lesson plans should be mutually agreed upon between the learners and the instructor
Needs	Learners and instructors need to conduct a mutual assessment of needs
Objectives	Objectives are set by mutual negotiation
Designing learning plans	Learning plans need to be set through mutual contracts, setting learning projects and sequenced by readiness to move to the next step
Learning activities	Activities should revolve around inquiry projects, independent study, and experiential techniques
Evaluation	Evaluation needs to be validated by peers, facilitator and criterion-referenced

<sup>13</sup> Knowles, MMS. (1980). *The modern practice of adult education*. Retrieved from [http://www.cumc.columbia.edu/dept/medicine/hospitalists/downloads/cc4\\_articles/Education Theory/Andragogy.pdf](http://www.cumc.columbia.edu/dept/medicine/hospitalists/downloads/cc4_articles/Education%20Theory/Andragogy.pdf)

<sup>14</sup> Ibid.

<sup>15</sup> Darkenwald, G., & Merriam, S. B. (1982). *Adult education: Foundations of practice*. New York: Harper & Row.

<sup>16</sup> Knowles, M. S. (1990). *The adult learner: A neglected species* (Revised Edition). Houston: Gulf Publishing Company.



### Gagne's Conditions of Learning

Gagne's condition of learning is a useful tool for instructional design because it stipulates several different types or levels of learning, each of which requires different types of instruction. Gagne suggests that learning tasks for intellectual skills can be organized in a hierarchy according to complexity: stimulus recognition, response generation, procedure following, use of terminology, discriminations, concept formation, rule application, and problem solving<sup>17</sup> (Gagne, Briggs & Wager, 1992). The primary significance of the hierarchy is to identify prerequisites that should be completed to facilitate learning at each level. Gagne then mapped these prerequisites to nine events of instruction, outlined below<sup>18</sup>.

These events of instruction are:

1. Gaining attention. Related to motivation, this requires the instructor focussing the attention of the learner to the task at hand.
2. Informing the learner of the objective. This requires the instructor to set expectations related to the learning activity, such as stating the learning goals.
3. Stimulating recall of prior learning. This allows learners to build on previous knowledge and created dependencies in content. In the case of adult learners, who bring knowledge gained from personal experience, they can simply be asked to reflect on personal experience and how that related to the information being taught.
4. Presenting the stimulus. The stimulus need be demonstrated in a way that is consistent with the knowledge or skill being taught. For example, knowledge learning can consists of a textbook chapter or presentations, skill learning can be stimulated through a demonstration or role play, and attitudinal learning can be modelled.
5. Providing learning guidance. Related to the concept of scaffolding, providing guidance needs to be tailored to learner needs. Advanced learners in a topic might just require guidance or coaching, while more novice learners would require specific guidance.
6. Eliciting performance requires the learner to produce an appropriate indicator of what is leaned and is used to gauge progress.
7. Providing feedback. Feedback is provided incrementally in order to assist the learner in making improvements.
8. Assessing performance in this context is similar to summative feedback, where performance is assessed at the completion of a learning activity where grades are assigned, such as through tests, projects, portfolios, skill demonstrations, etc.
9. Enhancing retention and transfer. Related to higher level cognitive thinking and attitudes, this event seeks to instill long-term learning through skill application in a new or unrelated setting.

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<sup>17</sup> Gagné, R. M., Briggs, L. J., & Wager, W. W. (1992). *Principles of instructional design (4th ed.)*. Fort Worth, TX: Harcourt Brace Jovanovich College Publishers.

<sup>18</sup> Driscoll, M. P. (2000). *Gagne's theory of instruction*.



## Program in Homeopathy Academic Program Review and Approval (APRA) Guide (Final)