



Homeopathy Individual Assessment Applicant Guide

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Prepared for: The College of Homeopaths of Ontario

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Overview

Under the *Regulated Health Professions Act, 1991 (RHPA)*, the *Homeopathy Act, 2007* is set to come into effect in 2014. 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 will provide a certain standard of care and act in a safe, ethical and consistent manner.

Governing the Profession of Homeopathy

The College of Homeopaths of Ontario (the College) is responsible for establishing the processes and framework for professional governance, which include:

- Establishing registration requirements for individuals wishing to practice in the field of homeopathy,
- Ensuring that practitioners maintain the established standards of practice, and
- Addressing professional misconduct.

Once these steps have been implemented, the remaining provisions of the *Homeopathy Act, 2007* will be put into full force and the College will be proclaimed to assume its full regulatory duties.

Registration Requirements

For an individual to become a regulated practitioner of homeopathy, he or she must meet the standards established by the College. Having demonstrated that they meet the standards allows practitioners to use a protected title and call themselves a “Homeopath”, signalling to the public that they have met the requirements to practice homeopathy in Ontario.

The registration regulation includes a number of requirements for a practitioner to become a registrant of the College. These requirements deal with such issues as providing evidence of good character, English or French fluency, as well as being able to demonstrate that the applicant is a knowledgeable and competent practitioner in homeopathy through individual assessment of competence.

For more information on Registration Requirements, see <http://www.collegeofhomeopaths.on.ca>.

Note to Readers: In the event of any inconsistency between this document and the legislation that affects homeopathic practice, the legislation governs.



IMPORTANT

Determining Eligibility for Registration

The Individual Assessment (IA) is a requirement for all applicants who are eligible for registration in Full class. DO NOT complete the IA until eligibility for Full class registration has been determined.

- a. Have you graduated from an approved program in homeopathy in Ontario in the last 12 months?
 Yes (Proceed to prepare and submit Individual Assessment.)
 No (**Contact the CHO for more information on next steps.**)
- b. Have you received pre-approval from CHO to complete the Individual Assessment?
 Yes (Proceed to prepare and submit Individual Assessment.)
 No (**Contact the CHO for more information on next steps.**)
- c. Did you submit an application for registration to CHO prior to April 2, 2016 and have not yet completed your IA or are resubmitting your IA?
 Yes (Proceed to prepare and submit Individual Assessment.)
 No (**Contact the CHO for more information on next steps.**)
- d. If you answered "yes" to any of the above, proceed to complete this form and the individual assessment. **If you answered no to all three**, please contact CHO Registration Staff at registration@collegeofhomeopaths.on.ca, 416-862-4804 or visit the College's website at www.collegeofhomeopaths.on.ca for more details on determining eligibility.

Any individual who has **not graduated** from an approved program in homeopathy in Ontario is required to undergo a Substantially Equivalent Competence Assessment (SECA) which reviews the individual's education and training compared to the criteria set by the College of Homeopaths of Ontario's (CHO or the College) regulation, policy and *Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario*. **Eligibility must be determined prior to completing registration requirements** such as Individual Assessment, Jurisprudence course, certification in healthcare provider CPR and standard first aid, criminal background check, proof of professional liability insurance or declaration regarding character and any past or present registration with another regulatory body.

A SECA review shows the College how your knowledge and practice compares to what is expected of homeopaths trained in Ontario. The SECA process reviews your homeopathy education and clinical training and looks at the competencies taught and evaluated in your homeopathy studies. The applicant's education and training must be successfully completed, and may include a variety of education and training approaches.

Entry-to-practice competencies are the competencies that new graduates from an approved Ontario homeopathy program have. If there are differences, the individual seeking eligibility for registration with the College may need more education in certain topics before completing the College's registration process. SECA does not look at expert levels of homeopathy practice. Even if you practise in a highly specialized area, your knowledge and practice is compared to the entry-to-practice competencies.



Homeopathy Individual Assessment

As part of the registration requirements, applicants must demonstrate that they have 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).

The following sections describe the steps required to provide evidence of prior learning as part of the registration requirements. This evidence is referred to as Individual Assessment.

Organization of the Guide

The guide is organised into four main sections which provide all the information necessary for you to understand how to submit content to demonstrate competence in homeopathy.

[Section 1 – Submitting Information](#)

This section will guide you through the process of submitting your Individual Assessment application package.

[Section 2 – Developing Homeopathic Cases and an Essay](#)

This section will provide you with guidelines on how to develop content to meet the assessment criteria. Two cases and an essay are provided as examples of content that meets the assessment criteria. These examples were reviewed and approved by a committee of homeopathy practitioners.

[Section 3 – Self-Assessment Form](#)

A sample Self-Assessment Form is provided. The form contains the assessment criteria and provides guidelines on how the criteria need to be addressed.

[Section 4 – What to Expect upon Completion of Individual Assessment](#)

This section describes what you can expect upon completion of assessment and the reassessment process. Processes that have been established for challenging the assessment findings are also described.



Before You Begin

1. Complete the Individual Assessment Application Form found on the College's website. The Individual Assessment Application Form includes payment information and a fee structure. Your application fee must be paid before you can submit your Individual Assessment application package.
2. Read the Applicant Guide and the Self-Assessment Form that are provided as part of your Individual Assessment application package.
3. Read the Professional Practice Standards and Guidelines. These documents have been designed to be both educational and prescriptive: educational so as to help you understand the requirements of the standards and guidelines; and, prescriptive so as to help you understand how you can use the standards in your practice. These are found on the College's website.
4. Review the *Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario* (competencies) found on the College's website. The competencies will help you understand how to structure your content to meet the assessment criteria.
5. This is a process that will take time to complete. Do not try to do everything at once. Take time to plan your approach and schedule your time accordingly.
6. You will need to submit **one essay** and **three cases** in order to comprehensively demonstrate your knowledge, skill and judgment in homeopathy. Follow the guidelines provided in the [Self-Assessment Form](#).

APPLICATION: The recommended maximum is 33 pages, typed, single-spaced, 12-point font or 16,500 words.



SECTION 1: Submitting Information

Before you get started, it is important to understand the components you will need to submit as part of your application.

You must first submit an **Individual Assessment Application Form**. The application form includes the fee that you must pay before you submit your Individual Assessment application package.

The quickest and easiest way to submit your Individual Assessment Application Form and Individual Assessment Application Package is to submit your materials electronically.

If you chose to submit your application through email, you must submit the following components:

- ✓ Proof of payment according to the Fee Schedule found on the “Individual Assessment Application Form”
- ✓ A signed Individual Assessment Consent Form
- ✓ A photocopy of government-issued photo identification (ID) (Drivers License, Passport) with an original signature on the photocopy that must match the signature on the photo ID
- ✓ One homeopathic essay (**2 copies**, one in non-editable, e.g., .pdf **AND** one editable, e.g., MS Word format)
- ✓ Three homeopathic cases (**2 copies**, one in non-editable, e.g., .pdf **AND** one editable, e.g., MS Word format)
- ✓ Supporting information such as anonymized patient intake forms, confidentiality forms or brochures

You can also email your application to: Administrator (Homeopathy Individual Assessment), homeopathyassessment@hrsg.ca

Make sure that you do NOT include any identifying information WITHIN your essay, cases or supporting information such as your name, name of your clinic, address, patient name, patient address, or names of other practitioners or clinics you may be affiliated with.

In order to avoid delays and to ensure accuracy in assessment, information should be typed. If necessary, information can be prepared on paper and submitted by mail. If you chose this option please ensure the information is clear and easy to read.

Cases must be current in the three (3) years immediately prior to submitting your application.

If you wish to mail your application, please **mail four (4) copies** of your homeopathic cases and essay and supporting information to the address below:



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Human Resource Systems Group Ltd.
c/o Administrator (Homeopathy Individual Assessment)
6 Antares Dr., Phase 2, Suite 100
Ottawa, ON, K2E 8A9

Fax: 613-745-4019
Phone: 613-745-6605, ext. 370
Toll free: 1-866-574-7041, ext. 370

Failure to submit the required materials may result in your application being returned or a delay in the assessment of your application.

It is your responsibility to ensure that you submit a full and complete package. All packages will be assessed as submitted.



SECTION 2: Developing Homeopathic Cases and Essay

Developing Homeopathic Cases

You need to demonstrate the following six assessment categories in your cases:

1. Initial Intake
2. Case Taking - Consultation
3. Patient Communication and Rapport
4. Case Analysis & Repertorisation
5. Selection and Dispensing of Medicines
6. Case Management and Follow-up

These categories are organized in a logical progression illustrating how a practitioner would normally structure his/her case. The categories are based on the *Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario*.

The competencies are organized under the six categories as follows:

Category	Competencies
1. Initial Intake	2.25, 2.26
2. Case Taking - Consultation	2.28
3. Patient Communication and Rapport	2.30
4. Case Analysis & Repertorisation	2.33, 2.8, 2.9, 2.19, 2.35, 2.6, 2.34, 2.32, 2.21, 2.36
5. Selection and Dispensing of Medicines	2.37, 2.38, 2.39, 2.40
6. Case Management and Follow-up	2.43, 2.46

CASES: As a suggested rule, the total length of cases submitted should be a maximum of 25 pages, typed, single-spaced, 12-point font, or 12,500 words.

To be eligible to apply for Full Registration Class, you must demonstrate ALL six (6) of the case categories at least two times throughout your cases.

The following guidelines were developed to help you structure your cases.



Case Development Guidelines

1. Cases must be current in the three (3) years immediately prior to submitting your application.
2. Keep the case anonymous by removing the identifying details and any patient initials, name(s), or contact information from the case.
3. The case needs to be edited in a way to allow a full explanation of the symptoms as they relate to the competencies that need to be covered.
4. Use cases that demonstrate the effective use of homeopathy as defined in *Organon of Medicine*. Choose cases where you can clearly demonstrate how your actions (e.g., homeopathic prescription and/or treatment) led to patient improvement.
5. Provide a description of the case – subject, patient, and the complaint/issue.
6. The case is given in the words of the patient throughout the case consultations, edited as necessary for brevity, but including the important aspects of the case. The patient description can be reported using first person or third person with the intent being to capture the patient's experience.
7. The dates of the initial visit and every follow-up visit are recorded.
8. The case is analyzed based on observed and relevant symptoms. The identified repertory is followed or *Materia Medica* is searched.
9. In the repertorization, the practitioner indicates which source was used. Rubrics are noted correctly as found in the repertory or *Materia Medica*. If necessary for clarity, practitioners may want to explain why specific rubrics were included.
10. A list of remedies have been selected based on aetiology, characteristic symptoms, the results of repertorization, miasmatic terrain, etc., or whatever the practitioner felt was important.
11. Descriptions of what you considered to be unique in the case, apart from general symptoms, are identified.
12. The applicant's thinking about the remedies selected is shown with the comparative *Materia Medica* discussion, as may be required. The practitioner notes other relevant texts referenced in the investigation to support the case.
13. The practitioner explains the final remedy selection, indicating the potency, frequency and dosage and explains the thinking behind these choices.
14. In follow-up consultations, the (edited) patient report is given in the patient's own words (see point 5, above), followed by the practitioner's assessment of symptoms showing the



practitioner’s thoughts on what has improved or changed, and how that influences the decisions on the case.

- Case management – in each follow up, the practitioner has noted any changes or improvement in the patient’s health and explains any action taken and the reason why that action was chosen.

Homeopathic Case Factors

You should review your cases against the following factors. These factors will help ensure that the content in your cases demonstrates the six assessment criteria.

Currency	
DO	DON'T
<p>Make sure to date your case and supporting information. The case-based information provided and referenced must have occurred within three years of application.</p> <p>If a case is based on a long-standing patient (e.g., chronic case), a timeline of patient interaction should be included. The case can be started at an earlier period, however there has to be a proper follow-up and focus should be on activities and treatment within the past three years of application.</p> <p>Exerts of information, supporting knowledge, skill and judgment can be older than three years.</p>	<p>Do not use patient cases or follow-ups which occurred earlier than three years of the date of this application.</p>

Relevance	
DO	DON'T
<p>The information is relevant to homeopathic practice and the examples provided demonstrate knowledge, skill and judgment that can be applied to a typical homeopathic clinical patient setting within the scope of practice of homeopathy.</p>	<p>Do not use information that is not relevant to the homeopathic practice or that is based on non-human patients¹.</p>

¹ The cases must be related to human beings only as required under *Regulated Health Professions Act, 1991*. The scope of practice for animal health care is attributed exclusively to veterinarians through the *Veterinarians Act* and does not cover the *Homeopathy Act, 2007*.



Quality	
DO	DON'T
<p>Make sure the information in a case is presented in a logical progression from observation through prioritization, repertorization, <i>Materia Medica</i>, and final remedy selection.</p> <ul style="list-style-type: none"> • Main patient complaints are covered • Shows understanding of main issues that need to be cured • Each case includes: concise, clearly illustrated symptom picture; articulate evaluation; identification of keynote, miasmatic patterns and repertorization, where applicable; explanation of the homeopathic thought process; effective <i>Materia Medica</i> reference; remedy selection and posology; and follow-up. <p>The cases can be written in many different styles but the content and the inclusion of these features remain the same.</p>	<p>Do not include any information that could disclose a patient's identity.</p> <p>Do not omit important steps that are relevant to the understanding of the case.</p>

Sample Cases

The sample cases were developed and reviewed by a panel of subject matter experts (experienced homeopaths), and represent the variety of cases that can be developed to demonstrate competence in homeopathy.

Sample Case 1: Chronic Case of Joint Pain and Depression

Chronic - 45 year old male complaining of joint pain and depression.

File opened and file number identifier assigned.

The case was taken on 10 December 2011.

The patient is a 45 year old male, referred to me by a homeopath who was related to him and wanted me to treat him. The patient provided consent to my colleague to discuss his file with me. Prior to agreeing to see the patient, I contacted the homeopath and discussed the patient's case and asked him to provide all supporting documents.

I provided the patient with information about the nature of homeopathic treatment, prognosis, treatment expectations, nature and safety of medicine and fee schedule. An intake form was completed. After discussion with the patient I asked him to sign a consent form for the treatment, which I placed in



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the patient's file. I also explained to the patient that all the information he provides is confidential and who will have access to it. The possibility of follow-up visits was also discussed.

(NOTE: In order to demonstrate competency 2.26, the intake form needs to be supplied.)

In order to develop rapport, I shook the patient's hand and sat directly across from him. I proceeded to encourage the patient to describe his signs and symptoms by using open-ended questions, active listening, direct eye contact, and asking clarifying questions when necessary.

The patient had fair skin, dark eyes and hair, with an awkward, self-conscious presentation. I asked the patient to tell me about his problems. He was not talkative; however upon further prompting with open-ended questions, he provided the following information. He also answered questions about family history and review of body systems based on my review of his intake form.

Practitioner: What brought you to the office today?

Patient: I have trouble with my knees, hips, elbows, shoulders. They ache and feel sore and stiff. I take anti-inflammatory medication (Brufen 400 mg) which helps, but I don't like taking it. It seems like I am taking poison or something. I have had this since I was in my teens. It comes and goes, but I have not seen any pattern as to why. The ones on the right side hurt more often, but they all hurt. Sometimes I have some swelling around my right knee and my left elbow.

Practitioner: Tell me more?

Patient: My life feels flat - I feel like I am dead inside - sometimes I think I am just an empty corpse walking around, with no living soul in me at all. There is nothing I care about, nothing that inspires me or excites me. I just go through each day, getting through it. I just don't care. I go to work, I go home, it's all the same, nothing matters. Even sex doesn't interest me much. I have almost no sex drive. My brother has a wonderful wife and family, a job he loves, and I feel jealous of him often. I am envious of the joy he has in his life. I wonder why his life seems so different from mine because we were not that different as kids. I avoid him if I can.

Practitioner's note: During this time, I was sitting silently and did not ask any questions. I was allowing the patient to tell me more about himself.

Patient: So many things irritate me. Traffic, dumb things the government does, politics at the office, waiting in line. I live in the basement and my neighbour plays loud music, which irritates me. I am probably the least patient person on the planet, and the longer I have to stand in line, the more annoyed I get. I don't like being touched, and it is irritating to walk in a crowd where people bump against me. It seems like I am mad about something most of the time. It is a lousy way to spend my life.

Practitioner: Anything else?



Patient: Despite the pain in my joints, I try to stay active by exercising and riding my mountain bike. Maybe that is part of why my joints hurt. I am pretty clumsy, I guess, always have been. Have never been very well coordinated, and I fall off my bike with annoying regularity, or run into things. But my joints hurt even when I haven't been injured lately. I get sties in my right eye about twice a year, they really hurt, swell, and burn. I am always thirsty; it feels like I drink gallons every day but it is never enough.

Practitioner: I reviewed your intake form. Tell me more about your family history.

Patient: Mother has arthritis. She was adopted, so no info about her biological parents. Father has high blood pressure and is on medication. Paternal grandparents are in their 90s and still in relatively good health.

OBJECTIVE FINDINGS:

Review of Systems

I performed a physical examination. I visually examined his eyes, nose and throat to understand the physical condition of the patient. Findings non-remarkable. I examined the knee joints and noted crepitus. I also noted some swelling. Pain was demonstrated on passive and active movement of the joint.

Side note: Anatomical description of the knee joint

The knee joint is a hinge type synovial joint which is composed of three functional compartments: femoral patellar articulation consisting of the patella, which is also called the knee cap, the patellar groove on the front of the femur through which it slides, and the medial and lateral femoral tibial articulations linking the femur or the thigh bone with the tibia, which is a main bone of the lower leg. The joint is filled with synovial fluid which is contained inside the synovial membrane called the joint capsule.

Reference: Principles of Anatomy and Physiology (1984), Tortora, G. J.

The most common problem with the knee can be related to either problems with articular bodies or bursa or ligaments (intracapsular, or extracapsular), cartilage, including meniscus.

Patient exhibited the following physical signs and symptoms:

- Swelling in multiple joints; oedematous
- Crepetis, non-pitting edema
- Blood test findings were negative for Rheumatoid factor (from MDs file)
- Negative uric acid (from MDs file)
- MRI revealed bone erosion (from MDs file)
- Normal blood pressure



Practitioners Note: Based on the physical findings and the blood picture, I concluded that the patient was suffering from Osteoarthritis (OA). I continued with my observation in order to individualise the case. I continued to listen to the patient's explanations of his symptoms.

Patient: I seem to bruise a lot, maybe because I bump into things a lot. The bruises don't last long – they clear up until I bump into something else.

Practitioner note: I found this warrants attention since it is not common for a 45 year-old person to bump into things often. I also observed many bruises, which seems peculiar.

Patient: Also, I broke my left wrist falling out of a tree when I was 5 years old.

Skin

Patient: Nothing I remember.

Nervous system: Uncle with a frequent twitch on his face.

Patient: Dad's brother – think he had an injury in some kind in military combat.

Respiratory: Sometimes with bad colds in the winter.

Patient: I have gotten bronchitis. Does not seem to last long, may end up with a cough for a week or two. This happened when I was in college.

Gastrointestinal: Normal.

Patient: Eat pretty much everything, like spicy food and ice cream. Appetite is ok, not hungry until mid-day, often don't usually eat breakfast. Digestion and elimination are regular.

Reproductive: Normal, no history of sexually transmitted infections.

Urinary

Patient: Dad has some kind of issue with his kidneys, maybe kidney stones he had once, was in the hospital. I don't quite remember. I have not had any urinary or kidney issues.

Ear, nose and throat

Patient: Sometimes have postnasal drip if I get a cold. No problems with nose or sinuses.

Sensory function

Patient: Hearing tends to be overly acute, can be very irritating. Vision is good, only problem with the eyes are the sties I get sometimes.

Sleep / dreams



Patient: Sleep is good; fall asleep and stay asleep, but I do not feel refreshed when I wake up in the morning. Don't remember my dreams.

Weather / Seasons

Patient: Does not seem to affect me in any particular way. Don't like hot weather.

Energy level: The family physician has diagnosed him as having signs of arthritis for which he prescribed Brufen 400 mg/daily. The MD advised him to continue to take Brufen only when required.

Patient: Low all the time, just feel like I am dragging.

Practitioner note: From what I see, patient is seeing his family physician. At this moment, his complaints are apparently addressed by anti-inflammatory medication on an as-needed basis. All medical and diagnostic reports were reviewed by me and appear to be normal. It did not require any referral to other health-care professionals at this time.

From what I see, the patient is already seeing a family physician and is already diagnosed with arthritis. I feel that homeopathy can complement his current treatment for acute pain providing a resolution of a chronic condition which encompasses his physical as well as mental/emotional state.

After evaluation of the totality of the symptoms and selecting the characteristic symptoms, which reveal the dynamic disturbance of the patient, I decided to do a repertorization of the case to reach a homeopathic diagnosis.

INITIAL ASSESSMENT:

Practitioner note: This patient has come for relief from the chronic pain he has in his joints, but I believe that his chronic condition goes beyond his physical pain and his mental/emotional state is also a concern for me as a practitioner. He describes himself as apathetic, death-like, irritable, impatient, and jealous. Along with the joint pain and occasional swelling, he mentions that he has sties in his eyes that burn and swell. He notes that he has unquenchable thirst. This patient seems to be mostly troubled in relation to the present complaints of arthritis. In my judgment, the arthritis seems to be exacerbated by his depressed mental state, which is a reflection of his suppressed anger.

Based on presented information, I feel that the best approach for analysis is the totality of symptoms. The patient had clearly demonstrated both physical and mental symptoms therefore a pure therapeutic approach could not be used as it would not cover the totality of the case. A keynote approach was also not used as there were insufficient keynotes in the case.

By taking the symptoms, I have decided to do a repertorization of the case to reach a homeopathic diagnosis.



Repertorization:

Mind, Delusion, dead, that he himself was dead

Mind, Irritability

Mind, Indifference, apathy

Mind, Impatience

Mind, Jealousy

Eye, Sties

Stomach, Thirst, unquenchable

Extremities, Pain, joints

The remedies considered based on this repertorization were Apis, Bryonia, and phosphoric acid.

Apis was the only remedy of the final set I considered that was listed in the rubric for delusion of being dead. It covers the joint pains, sties, mental symptoms and thirst. It was interesting to find Apis in italic type in the rubric for unquenchable thirst, because thirstlessness is a keynote for this remedy. In addition to the rubrics chosen, Apis demonstrates a fear of being poisoned that he mentioned in reference to the medication he takes for the joint pain. He also refers to himself as “do its work.” No action was taken and a follow up was scheduled. Apis is listed in bold type for the rubric, “extremities,” “awkwardness.” The swelling he mentioned for the sties and occasional elbow and knee joints is characteristic of this remedy as well. These additional confirmations make Apis the strongest choice.

Bryonia was one of the remedies I considered, hearing him recount joint pain, irritability and great thirst, and it did come through in the repertorization. However, the indifference, jealousy, and feeling of being dead are not covered by this remedy. This remedy is a good match for the physical symptoms (joint pain, thirst, sties) but there is not a close enough match on the mental/emotional plane to select this remedy for this case. I suspect that if Bryonia were given it would be only palliative.

Phosphoric Acid was characteristic of the apathetic, irritable mental state, even noted in the rubric for jealousy. Although it was not included in Kent’s rubric for delusion of being dead, Roger Morrison’s Desktop Guide describes the mentals of phosphoric acid as “Depressed, apathetic patients - almost dead inside.” It also covered the joint pain, sties and thirst. However, Phosphoric Acid, like many acids, is more typically associated with states of collapse and depletion.

The additional verifications found for Apis (poisoning, awkwardness, inflammatory swelling) are not found for Phosphoric Acid, making it a less likely candidate. However, there is still much similarity to the case, and it is my second choice remedy.



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The considered remedies were further researched using *Boericke's Materia Medica* (9th Edition), p. A-62 (Apis) (clinical data). Supporting references were: Kent (historical data) as found in MacRep v.8.2.0.1, Vermeulen's Prisma and Mirelli (clinical data), after which Apis was selected as the simillium.

I communicated the treatment plan with the patient and provided him with written instructions. I also recorded it in his patient file. Apis was given in 200C potency because the disease was at a higher level of existence in the patient. There was also a disturbance of the vital force at a mental level. The administration instructions were: one dose dry orally – allow the medicine to dissolve under the tongue, and avoid eating and drinking anything for 30 minutes before and after. Based on patient's susceptibility and vitality, the single dry dose was provided because it is enough to stimulate the vital force. This is supported by Aphorism 241 - 248 (*Organon* 4th Edition). The patient was generally in good health, his symptom picture was clear and he had no limiting conditions that would have led me to choose a lower potency. This is the potency I generally start a case with unless there is a reason to go higher or lower.

The instructions also included an explanation that this particular remedy is not known to have any interaction with Brufen. The patient was also advised to avoid salt, stop taking the Iodine supplement and avoid eating onions as they are antidotes to Apis.

I also provided written instructions that the homeopathic medicine should be stored away from direct sunlight, heat and strong odours. He was also advised to contact me if any of the symptoms worsened.

I documented the above in the patient case and added it to the patient file.

Patient took a single dose December 10, 2012.

Follow up January 12, 2012.

Patient: About two weeks after I took the remedy, I got a sty in my right eye that was very painful and lasted for over a week. Then it went away. The joint pain came and went as normal until three weeks ago, and then it stopped. This is the longest I have gone without any trouble with my joints for at least 10 years. There has been no swelling and no stiffness – I have not taken any ibuprofen. I am still thirsty often, but don't drink as much as I used to. I don't have that feeling of always being thirsty no matter how much I drank. I have taken up a new hobby that quite interests me - I have begun to do some wood-carving and have signed up for some classes. Nice to have something to do that I look forward to after work.

Practitioner: In response to questioning, the patient indicated that he still felt dead inside and was impatient as ever, though he noted that he was less irritable, improved by perhaps 50%.

My assessment based on this information was that the Apis was acting. The appearance of the sty may have been part of an aggravation, and was followed by relief of the joint pain. He notes that the sense of being dead inside was still the same, but the irritability was less, and he had an interest in something new, which was a marked change from his prior apathy - I saw this as confirmation of improvement.



Practitioner note: It is not surprising to see the physical symptoms improving first as the mental symptoms were quite deep. George Vithoulkas notes in “The Science of Homeopathy”, that apathy is among the deepest of emotional illnesses. Because of the physical improvement in joint pain, and the partial relief of irritability and apathy, I felt that the action of the remedy was in progress and it should be left to act.

Follow up February 11, 2012.

Patient: I am surprised to be saying this but I am even enjoying my life somewhat. I brought a wood carving for you to see. When I first started carving, I was in a hurry to finish whatever I was working on, but I think it has taught me some patience, doing this. When I am carving, it is as if time stops and I focus on the wood completely.

I don't feel thirsty as often. I even declined when someone offered me something to drink the other day! My knees bothered me a little last week, but it wasn't much and it went away after a day or two. It was the first time they had ached since I was here to see you last. About two weeks ago, I had an outbreak of hives all across my back - it itched like hell. Seems like I had that before when I was in college, but I had forgotten. It happened one night when I couldn't sleep. Lasted for hours. But the next morning it was gone. Couldn't remember eating anything or getting something on my skin – don't know why it happened.

Practitioner: When questioned about the feeling of being dead inside, he said he wasn't sure about it. His jealousy of his brother was unchanged. He continued to be less irritable, and waiting in traffic or standing in line was not as annoying as they used to be. He thought wood carving was teaching him patience.

My assessment was that he was continuing to improve. The mental symptoms are improving, with a lessening of the impatience and irritability, and he is no longer certain about the sense of being dead inside. The outbreak of hives is interesting, since it is so characteristic of Apis, and appears to be a repeat of an old symptom. The case still has forward momentum and is progressing. The reappearance of the knee pain could have been a normal fluctuation, or may indicate that the remedy will need to be repeated if it becomes a continual problem again. A follow up was scheduled and he was instructed to call if the joint pain returned.

Follow up March 10, 2012

Patient: All the joint pain is back and I feel like hell. I feel like I did when I first came to see you in December. I feel lousy and very discouraged because things were just starting to go well. Over the holiday weekend, there was a family reunion at my brother's house and I just hated being there. Everyone in the family goes on about how well he's done in his career, such a great home he has, how clever his kids are, what a lovely woman his wife is. I know it is all true, especially about his wife, but I just don't want to hear about it. By the time I had been there for an hour or two, my right shoulder was hurting and by the time I left at the end of the day I ached everywhere. Since then I just don't want to do anything. I have stopped carving and just don't see the point of doing anything.



My assessment at this point was that the case had relapsed, triggered by the visit with his brother and the strong jealousy he felt there. All of his prior complaints had returned. Following Kent's guidelines on the second prescription, I repeated the same remedy in the same potency. He was also advised to do light physical exercises in consultation with a physiotherapist.

He took Apis 200C dry dose orally again on March 10, 2012.

Follow up April 12, 2012.

Patient: By the next day after I took the remedy, I was feeling better again. The joint pain had stopped and I slept really deeply. My life seemed easier again over the next week or so, I started enjoying wood carving again. My joints aren't hurting.

Practitioner's Note: Since there is a connection between nutrition and development of arthritis (www.arthritis.ca), diets high in Arachidonic Acid promote inflammation. Given the patient's history of OA and the fact that he lives in a basement and likely does not get enough sun, he was advised to stay away from grain-based desserts, pasta and pork. He was also told to avoid pickles as it may be aggravated by Apis (Reference: Boenninghausen's Repertory). He was also advised to take 1000 IU of Vitamin D3 and follow the written instructions.

Upon consultation with the patient, the patient was further referred to a nutritionist to modify his diet with non-inflammatory foods and supplements, and a physiotherapist to provide appropriate exercise for his joints. Also, he should consider getting orthotics for improved posture.

The patient was also advised to do mild physical activity, such as walking, after the swelling and the pain subsides.

PROGNOSIS:

At the moment the acute exacerbation due to arthritis was alleviated, however it is not expected that the chronic disease would be completely cured by Apis. Common following remedies of Apis are: Nat-mur, Phosphorou, Sulphur, and Pulsatilla. Nat-mur is also an antidote and a complementary remedy to Apis. I would note, further however Phosphorous is inimical with Apis. I would also be careful with the remedy of stocks Rhus-t is inimical to Apis.

Both his situation of living in a damp basement and his associations with his brother's family may function as obstacles to cure.

END OF CASE 1



Sample Case 2: Acute Case of Child with Ear Pain

Title: Acute case of 3.5 year old child with ear pain

FILE NUMBER: New – APDN0311

On 23rd March 2011, a 3.5 year old child came to me with her mother.

The child had been seen by a pediatrician yesterday who diagnosed her with Otitis media and prescribed antibiotics.

The mother was agitated and confused as 24 hours have passed and there was no relief. The mother decided to seek the help of a homeopathic practitioner in conjunction with conventional treatment.

After greeting both of them, I provided the mother with information about the nature of homeopathic treatment, acute and chronic illnesses, prognosis, treatment expectations, nature and safety of medicine and fee schedule. An intake form was completed. After a brief discussion with the mother I asked her to sign a consent form for the treatment, which I placed in the Patient's file. I also explained to the mother that all the information she provides is confidential and who will have access to it. The possibility of follow-up visits was also discussed.

Since the patient was not capable of giving consent, I obtained consent from the mother. I asked her to answer additional questions to help me get a better picture of her child's complaint. I also explained to the mother that homeopathy is individualized and must be tailored to the child's individualized symptoms.

I asked specific questions to which she provided detailed answers.

The mother explained that after the child woke up yesterday morning, she started crying with pain in right ear & had a fever of 101 °F.

Upon further questioning the mother also informed me that the child wanted to hold her and sit on her lap all the time. The child neither had food nor walked and wanted to be carried all the time. The child however liked to be in open air.

I asked the mother to tell me more about the child's complaint in detail and about things that would make the child feel better.

The mother told me that she was holding her child all the time. Also the child did not like to have anything warm near her ear. She did not like eating, took only drinking water.

Practitioner's note: The mother's description is consistent with the diagnosis of Otitis media.



Otitis media (Latin) is inflammation of the middle ear, or middle ear infection. It occurs in the area between the tympanic membrane and the inner ear, including a duct known as the Eustachian tube. It is one of the most common causes of earache.

Signs & Symptoms: When the middle ear becomes acutely infected, pressure builds up behind the eardrum (tympanic membrane), and frequently causing intense pain. Fever, intense pain in the ear – “common symptoms” of Otitis Media (e.g., Harrison, 2011; Clark, 1998).

As I observed the child, she was silent, covered with blanket and cuddled in the mother’s arm. Although the child was familiar to me, she didn’t want to communicate, did not even make eye contact.

When I tried to directly talk to the child, she hid behind mother. She also started crying and held her mother tightly.

In this case, dullness, cuddling up and aversion to everything are characteristic symptoms. So, in this case I decided to select the homeopathic medicine based on the characteristic symptoms.

Physical examination:

On external examination the right ear canal was red and inflamed. No visible discharge. Left ear looked normal. Nose had a clear discharge. Throat appeared normal, tonsils not enlarged.

I did not hear any obstructions to breathing.

Pulse was 72 b.p.m.

Temperature was 101 °F

Totality of symptoms:

Weeping with pain

Clinging to mother

Aversion to being disturbed

Pain in the right ear

Ear pain aggravated by warmth

Better in open air

Reference: Study of *Materia Medica Pura* (Hahnemann)

Mind: Weeping, pain with

Mind: Disturbed averse to being



Mind: Clinging to persons

Ear: Pain, right ear

Ear: Pain, aggravated by warmth

Ear: Pain, ameliorated in open air

No other remedy but Pulsatilla covers the totality of symptoms

(Cara homeopathic software, complete repertory)

According to the homeopathic philosophy, we look for individualizing features in the case. In this case of the child having been diagnosed with otitis media presented with uncommon symptoms of the pain ameliorated in open air, pain aggravated by warmth.

Taken into consideration of these symptoms, Pulsatilla was selected.

Based on this principle I selected Pulsatilla 30 for this patient. Based on homeopathic law of *similia similibus curantur*, this medicine produces a kind of set of symptoms and the same medicine is able to cure same type of set of symptoms.

Pulsatilla is known for otitis media with pains which wake the child, she cries and needs comfort but without the anger of chamomilla. Ameliorated by open air, and aggravated by heat. (Desktop Guide to keynotes and confirmatory symptoms by Roger Morrison copyright 1993)

Ear: Heat, redness, swelling in the outer ear (After a few hours)

Ear: While in pain for the ear, is for something forcing outward.

Mind: Extremely capricious and peevish with everything, even at himself. (T.F Allen, *Encyclopedia of pure materia medica*, remedy Pulsatilla pratensis, common name Anemone pratensis)

Medication:

Pulsatilla 30 – 1 dry dose was poured onto the child's tongue.. Additionally one dry dose in a clear bottle was provided to mother, to be given only when instructed by the practitioner. The mother was informed to call back in three hours and she confirmed that she understood the instructions.

Written instructions were provided to mother for administration, handling and storage of medicine, as well as for dietary and lifestyle recommendation.

Do not touch medicine with the hand.

Directly put medicine into the mouth.

Don't eat anything for 20-25 minutes - before and after taking medicine.



Keep away from strong smelling substances, heat and sunlight.

Take rest properly and eat light food.

Please avoid cold drinks and cold food until pain is gone.

Take warm food only.

Keep remedies away from all children.

Take rest properly and eat light food.

Practitioner's note: If after three hours, the patient's symptoms do not improve, re-evaluate the case. If after 24 hours the symptoms do not improve, recommend the mother to contact the pediatrician.

Follow up after 3 hours

The mother called and informed that the child responded to the homeopathic remedy and the temperature has returned to normal. The child is eating and is playing.

Follow up the next day

Next day, patient's mother called and informed me that the child was fine, is no longer crying and had normal temperature.

I asked the mother to bring the child in for a follow-up the next week to examine the ear and confirm the curative result.

Follow up in one week

I observed that there was no further inflammation in the ear canal and the temperature was normal. I explained to the mother that there is no need to take further homeopathic remedies.

END OF CASE 2



Developing the Homeopathic Essay

You need to 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:

- a) Law of similars; (K, S)
- b) Totality of symptoms; (K, S)
- c) Minimum dose; (K, S)
- d) Individualization of the case; (K, S)
- e) Theory of health and disease (e.g., acute and chronic miasm);
- f) Principles and methods of cure; (K, S)
- g) Potentization of the medicines; (K) and
- h) Provings and action of medicine.

You need to be able to explain the above principle(s)/terms in detail, how they relate to each other and how they are used to reach an understanding of the case and form a remedy picture. Use examples from your cases to describe how these principles are used.

ESSAY: The recommended length of the essay is a maximum of 8 pages, typed, single-spaced, 12-point font or 4,000 words.

Essay Development Guidelines

1. As you write the essay, note how well you explained your thought process. View your essay through the eyes of the assessors.
2. Make sure to follow a logical progression when writing an essay. Describe the example or situation and explain how your example or situation supports the competency.
3. Try to describe everything in your own words. This shows the assessors that you can demonstrate the competency. If you are citing an external source, make sure to reference it correctly, by using quotes, author names, book or journal title, dates and page numbers.
4. Essays can be written as full sentences or in point form.



Homeopathic Essay Factors

You should use the following factors to help you structure your essay. The factors will help ensure that the content in your essay demonstrates the competencies.

Relevance		
DO		DON'T
The information is relevant to homeopathic practice and the examples provided demonstrate knowledge, skill and judgment that can be applied to a typical homeopathic clinical patient setting and within the scope of practice of homeopathy.		Do not use information that is not relevant to the entry-to-practice competencies or that is based on non-human patients ² .

Quality		
DO		DON'T
Must be coherent and structured in a logical order. Can be written using full sentences or point form, must clearly describe how content addresses the competency.		Do not include any information that could disclose a patient's identity. Do not include information that is not related to assessing the competency.

Sample Essay

The following is a sample essay. You are expected to reflect on your personal experience (e.g., using personal examples from own practice) and write how that applies to demonstrating your knowledge of homeopathy principles. If information is taken from another source (e.g., book, journal, website) it must be referenced properly.

This essay references sample case #2 included in the guide. When structuring your essay, make sure to add any relevant case information, either by referencing cases that you have submitted as part of your application in your essay, or by including case content directly in your essay.

² The cases must be related to human beings only as required under *Regulated Health Professions Act, 1991*. The scope of practice for animal health care is attributed exclusively to veterinarians through the *Veterinarians Act* and does not cover the *Homeopathy Act, 2007*.



Homeopathy Principles

Law of similars 2.1 (a) and Provings and action of medicine 2.1 (h)

Homeopathy is a system of medicine founded on a definite law '*Similia Similibus Curantur*' which means *like cures like*. The word homeopathy is a Greek derivation where homeos meaning similar and pathos meaning suffering. So homeopathy may be defined as the therapeutic method of symptom-similarity. It can be explained as follows: any remedy which in large doses could create a particular set of symptoms can, in minute doses, relieve the same symptoms. The process of provings is used to reveal the intrinsic curative property of a substance. The process of proving is conducted on a group of relatively healthy individuals of different ages and gender, with the purpose of observing and recording its sick-making properties, for the purpose of developing appropriate data to elicit curative properties.

Take Pulsatilla, for example, from case #2. Pulsatilla is a plant. Taken in material doses it causes pain in the ear due to an inflammation of the mucous membranes with a yellow green discharge. But when taken in homeopathic doses, Pulsatilla will resolve the signs and symptoms of yellow green discharge with other associated symptoms given in this case.

Totality of symptoms 2.1 (b)

The totality of symptoms refers to an observation of the individual's mental, emotional, physical and general symptoms that are used to assess an individual holistically.

By considering all the mental, emotional, physical and general symptoms exhibited by the child in case #2, and by matching these symptoms through the original proving process Pulsatilla was identified as the most appropriate remedy. In this case Pulsatilla was the simillimum, however with other patients having similar symptoms may require other remedies according to their individual characteristic symptoms. This illustrates the **individualization of the case in homeopathy 2.1 (d)**.

Minimum dose 2.1 (c)

The minimum dose is the minimum stimulus required to produce a curative effect.

I decided to use Pulsatilla 30 C in a dry dose in case #2. The child showed improvement with one dose, and therefore repeating was not required. However, there are other scales (e.g., Decimal, LM Potency or 50 Millicimal, etc.) of potency that may be used from time to time in different cases.

Potentization of medicines 2.1 (g)

Potentization is a process by which the medicinal properties which are latent in natural substances in their crude state become activated and can be utilised for curative purposes. Potentization is done through successive processes of dilution and succussion for liquid or soluble substances, and trituration for insoluble or dry substances.



The purpose of potentization avoids unnecessary aggravation and toxicity of the substance, increases the dynamicity of the medicine, and reveals the intrinsic curative properties.

Succession is a process of dynamization of liquid or soluble substances. The process comprises of giving a bottle, having a solution of mother tincture or previous potency and vehicle, successive forceful downward strokes, each stroke ending in a jerk, maintaining same distance between upper and lower end of pathway of stroke.

Trituration is a process of dynamization of dry, insoluble substances. It comprises of rubbing or grinding the crude substance or the previous potency with sugar of milk (vehicle) in a mortar with pestle for about one hour.

There are three principle potentization methods:

Decimal – ratio is 1 part of medicinal substance and 9 parts of vehicle. The potency is represented by the letter X or D.

Centesimal – ratio 1 part of medicinal substance and 99 parts of vehicle. The potency is represented by C or CH (Hahnemann).

50 millesimal – ratio is 1 part of 3C potency and 50,000 parts of vehicle. The potency is represented by LM(#).

Theory of health and disease 2.1 (e)

The theory of health and disease in homeopathy is explained by Samuel Hahnemann in the Organon of Medicine by aphorisms 9, 10 and 11.

Aphorism 9 reads that “in the healthy condition of man, the spiritual vital force (autocracy), the dynamis that animates the material body (organism), rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our in-dwelling, reason-gifted mind can freely employ this living, healthy instrument for the higher purposes of our existence.” (Organon of Medicine, Samuel Hahnemann, 6th edition)

Aphorism 10 reads that “The material organism, without the vital force, is capable of no sensation, no function, no self - preservation; it derives all sensation and performs all the functions of life solely by means of the immaterial being (the vital principle) which animates the material organism in health and in disease.

Aphorism 11 reads that “When a person falls ill, it is only this spiritual, self acting (automatic) vital force, everywhere present in his organism, that is primarily deranged by the dynamic (Materia pecans!) influence upon it of a morbid agent inimical to life; it is only the vital force, deranged to such an abnormal state, that can furnish the organism with its disagreeable sensations, and incline it to the irregular processes which we call disease; for, as a power invisible in itself, and only cognizable by its



effects on the organism, its morbid derangement only makes itself known by the manifestation of disease in the sensations and functions of those parts of the organism exposed to the senses of the observer and physician, that is, by morbid symptoms, and in no other way can it make itself known.

Principles and methods of cure 2.1 (f)

According to Organon Aphorism 19, “diseases are alterations in the state of health of the healthy individual, which express themselves by morbid signs.” For example, according to Aphorism 72, case 1 is a chronic case (begins insidiously and develops over time and is not resolved without intervention), suffering and case 2 is an acute case (an illness that arises suddenly and lasts for a specific period of time resolving in life or death).

A law of *similia similibus curantur* (which means like cures like) is the principle in homeopathy according to which cure is to be achieved and it is supported by the homeopathic law of nature (cure).

Method of cure – when a homeopathic remedy is given on the basis of similarity it produces in the body an artificial disease which is similar, but stronger than the existing natural disease and it replaces this natural disease. Thus now, there exists only this artificial disease produced by the homeopathic medicine, which goes away as the action of the homeopathic medicine wears off and by the secondary curative action of the vital force (Aphorism 29).

Treatment plan – homeopathic medicine is selected on principle of symptom-similarity, minimum dose, single remedy, proper repetition, removal of obstacles to cure with the consideration of knowledge of disease, knowledge of homeopathic medicines.

Primary action of medicines – it is the effect of homeopathic remedy on the vital force causing a certain alteration in the health of the individual for some time (Aphorism 63).

Secondary action of medicines – it is the reaction to the primary action produced, the vital force reacts, which is called secondary action, which is either curative action or counter action (Aphorism 63, 64).

Direction of cure – according to Hering’s law of cure – when a homeopathic simillimum is given, cure takes place from within outwards, above downwards, from more important organs to less important organs and in the reverse order of appearance of symptoms.

For example, in case 1 Apis was chosen and case 2 Pulsatilla was chosen as the respective simillimum each reflecting the totality of symptoms in appropriate dosage and potency.

In case 1, there was a temporary aggravation of the medicine, primary action of the medicine, followed by alleviation of the symptoms (secondary action). This is a common expectation in a chronic case.

In case 2, the aggravation (primary action) was not obvious because it was an acute case and dose and potency was ideal to provoke the vital force and eliminate the symptoms of the disease (secondary curative action).



SECTION 3: Self-Assessment Form

OVERVIEW

The Self-Assessment Form has been developed to help you structure the content of your submission. You need to submit **one essay** and **three cases** demonstrating competence in the following categories:

For the Essay

You need to 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:

- a) Law of similars; (K, S)
- b) Totality of symptoms; (K, S)
- c) Minimum dose; (K, S)
- d) Individualization of the case; (K, S)
- e) Theory of health and disease (e.g., acute and chronic miasm);
- f) Principles and methods of cure; (K, S)
- g) Potentization of the medicines; (K) and
- h) Provings and action of medicine.

You need to be able to explain the above principle(s)/terms in detail, how they relate to each other and how they are used to reach an understanding of the case and form a remedy picture. Use examples from your cases to describe how these principles are used.

ESSAY: The recommended length of the essay is a maximum of 8 pages, typed, single-spaced, 12-point font or 4,000 words.

For the Cases

You need to demonstrate the following six assessment categories in your cases:

1. Initial Intake
2. Case Taking - Consultation
3. Patient Communication and Rapport
4. Case Analysis & Repertorisation
5. Selection and Dispensing of Medicines
6. Case Management and Follow-up



The *Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario* serves as the underlying foundation of how the six case-based categories need to be demonstrated. The competencies support the six assessment categories as follows:

Category	Competencies
1. Initial Intake	2.25, 2.26
2. Case Taking - Consultation	2.28
3. Patient Communication and Rapport	2.30
4. Case Analysis & Repertorisation	2.33, 2.8, 2.9, 2.19, 2.35, 2.6, 2.34, 2.32, 2.21, 2.36
5. Selection and Dispensing of Medicines	2.37, 2.38, 2.39, 2.40
6. Case Management and Follow-up	2.43, 2.46

Length and Format – General Rule

CASES: As a suggested rule, the total length of cases submitted should be a maximum of 25 pages, typed, single-spaced, 12-point font, or 12,500 words.

To be eligible to apply for **Registration in the College**, you must demonstrate ALL six (6) of the case categories at least two times throughout your cases **and** demonstrate all the Homeopathy Principles through the essay.

APPLICATION: The recommended maximum is 33 pages, typed, single-spaced, 12-point font or 16,500 words.

The next page has guidelines on how to demonstrate the above competencies in your cases. Keep track of which competencies you have demonstrated and in which case in the three columns on the right.



1. Initial Intake	Demonstrated in case		
	1	2	3
<p>This section has two parts. The first is addressed by providing evidence that you have obtained informed consent (see CHO policy on informed consent) and explaining the purpose of the homeopathic consultation, treatment expectations and fee structure to the patient.</p> <p>Provide a sample Consent Form (see CHO standard no. 10 “Informed Consent”).</p> <p>The competency assessed in this section is:</p> <p>1) 2.25 Inform the patient and obtain informed consent regarding the nature of the homeopathic process including:</p> <ul style="list-style-type: none"> a) Confidentiality; (K, S) b) Basic homeopathic principles and process; c) Nature and safety of medicine; d) Duration and frequency of visits; e) Treatment expectations (acute vs. chronic, prognosis); and f) Fee schedule. <p>The second part is addressed by providing a sample of a patient intake form and clearly explaining the information in the patient intake form in your cases.</p> <p>The competency assessed in this section is:</p> <p>2) 2.26 Review patient intake form (e.g., family health history, patient health history, chief complaint, etiology, supplements and pharmaceuticals, lifestyle assessment).</p>			



2. Case Taking - Consultation	Demonstrated in case		
	1	2	3
<p>This section is addressed by documenting detailed information regarding the health status of the patient and explaining your thought process to obtain a totality of symptoms.</p> <p>The competency assessed in this section is:</p> <p>1) 2.28 Collect detailed information regarding the health status of the patient to obtain a totality of symptoms using the following:</p> <p><i>Subjective findings including:</i></p> <ul style="list-style-type: none"> a) Patient’s personal account of chief complaints and other symptoms (e.g., health/illness/experiences and the effects on quality of life); (K, S) and b) Information provided by the patient’s extended network if appropriate (e.g., family, caregiver). <p><i>Objective data including:</i></p> <ul style="list-style-type: none"> c) Homeopath’s observation (i.e., visual, etc.) (K, S) d) Physical exam, as required, within the scope of practice of homeopathy; (K, S) and e) Medical tests, diagnostic or laboratory result reports. <p>Address by:</p> <ul style="list-style-type: none"> (i) Providing detailed information about the patient’s chief complaints and other symptoms. (ii) Providing information from the patient’s extended network, if appropriate. (iii) Providing detailed information about observations of the patient, such as patient’s non-verbal communication, gestures, etc. (iv) Describing conditions when a physical exam may be necessary. When conducting a physical exam demonstrate any of the following: observation, palpation, percussion, auscultation. Document your observations and clinical data from the physical exam, as may be appropriate. (v) Including the use of medical tests, as appropriate. Document conclusions obtained from any medical tests and diagnostic or laboratory reports. 			



3. Patient Communication and Rapport	Demonstrated in case		
	1	2	3
<p>This section is addressed by describing how you would adapt your listening skills to take into account the patient’s unique needs. To do this, you should structure your cases, at least partially, in a question-and-answer format to demonstrate reciprocal communication.</p> <p>The competency assessed in this section is:</p> <p>1) 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). (K)</p>			

4. Case Analysis	Demonstrated in case		
	1	2	3
<p>This section covers the bulk of your thought process required to do case analysis. Below is a list of the competencies assessed in the Case Analysis section with instructions on how to address them in your cases.</p> <p>1) 2.33 Use various approaches to case analysis (e.g., etiology, totality of characteristic symptoms, constitutional basis).</p> <p>Address by explaining the thought process in your case analysis and how you arrived at your homeopathic diagnosis. Provide a homeopathic differential analysis.</p> <p>2) 2.8 Understand how the psychological and emotional states of the individual can affect the patient’s health and well-being. (K, S)</p> <p>Address by describing the importance of Mind (Mental) symptoms in remedy selection.</p> <p>3) 2.9 Identify potential obstacles to cure including, but not limited to, nutritional imbalances, environmental imbalances, and environmental exposure and toxicity. (K)</p> <p>Address by explaining the exciting/maintaining causes and/or common obstacles to cure.</p>			



4. Case Analysis		Demonstrated in case		
		1	2	3
4)	<p>2.19 Recognize common symptoms of pathologies in order to identify characteristic and individualized symptoms in the patient. (K,S)</p> <p>Address by differentiating between common and uncommon symptoms / provide identification of characteristic and individualized symptoms (i.e., strange, rare and peculiar symptoms).</p>			
5)	<p>2.35 Research homeopathic references and literature to confirm the medicine selection using:</p> <ul style="list-style-type: none"> a) Materia Medica; b) Clinical and proving data; c) Historical journals; and d) Cured cases. <p>Address by referencing the use of Materia Medica to support your remedy selection.</p>			
6)	<p>2.6 Demonstrate a thorough knowledge of the process of repertorization including:</p> <ul style="list-style-type: none"> a) The structure, organization, advantages and limitations of Repertory; b) Defining rubrics by translating patient narrative into the condensed language of the homeopathic Repertory; c) Grading of the symptoms and the remedies and their significance; and d) Technique of repertorization. <p>Address by demonstrating repertorization.</p>			
7)	<p>2.34 Select rubrics for repertorization to reach a homeopathic differential diagnosis.</p> <p>Address by describing how you would select the relevant rubrics and develop a short list of rubrics.</p>			
8)	<p>2.32 Analyze case findings to identify the characteristic signs and symptoms to construct a hierarchy of symptoms (e.g., “image of the disease”).</p> <p>Address by arranging the characteristic symptoms that you have identified within your case to reflect the totality of symptoms.</p>			



4. Case Analysis		Demonstrated in case		
		1	2	3
9)	<p>2.21 Recognize when homeopathic treatment can complement, interact and/or interfere with other health care that the patient is receiving.</p> <p>Address by illustrating where homeopathic treatment has either complemented, interacted with, or interfered with other health care treatment.</p>			
10)	<p>2.36 Synthesize the collected information and utilize critical thinking to arrive at a homeopathic diagnosis. (K)</p> <p>Address by explaining why you chose the remedy for your patient.</p>			

5. Selection and Dispensing of Medicines		Demonstrated in case		
		1	2	3
<p>This section covers the selection and dispensing of medicines. Below is a list of the competencies assessed in the Selection and Dispensing of Medicines section with instructions on how to address them in your cases.</p>				
1)	<p>2.37 Select suitable medicine or sequence of medicines to restore/maintain optimal health and vitality. (K, S)</p> <p>Address by describing which medicine(s) would create a curative effect. Include a differential diagnosis.</p> <p>Describe any subsequent medicines that you have used following your original remedy choice and explain why you have used them.</p>			
2)	<p>2.38 Select administration of medicine including:</p> <ul style="list-style-type: none"> a) Homeopathic potency (e.g., MT, X, D, C, Q or LM). (K); b) Posology (e.g., dosage). (K); c) Delivery mechanism (e.g., dry, liquid, injectable when or if approved in the scope of practice). (K) <p>Address by describing the thought process behind selecting the homeopathic potency, posology and delivery mechanism.</p>			



5. Selection and Dispensing of Medicines		Demonstrated in case		
		1	2	3
3)	<p>2.39 Provide written instruction to patient on use of medicine including:</p> <ul style="list-style-type: none"> a) Administration; (K, S) b) Storage; (K, S) c) Cautions and warnings; (S) d) Interactions; (K,S) and e) Dietary and lifestyle recommendations. (K, S) <p>Address by providing, in writing, administration, storage, cautions and warning, interactions, and recommended dietary and lifestyle changes, where applicable.</p>			
4)	<p>2.40 Communicate individualized treatment plan to the patient.</p> <p>Address by confirming with the patient that he/she understands the treatment plan.</p>			

6. Case Management and Follow-up		Demonstrated in case		
		1	2	3
<p>This section covers case management and follow-up. Below is a list of the competencies assessed in the Case Management and Follow-up section with instructions on how to address them in your cases.</p>				
1)	<p>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. (S)</p> <p>Address by recording, as part of follow-up, the patient's observations after administration of the homeopathic medicine. Recognize the impact of the previous treatment and identify when there is a need to change the treatment plan.</p>			
2)	<p>2.46 Recommend referral and/or collaborate with other health-care practitioners, as required, to provide optimal care to the patient. (S)</p> <p>Address by including a case where a referral to another health-care provider is made, as may be required by the circumstances of the case.</p>			



SECTION 4: What to Expect upon Completion of Individual Assessment

The intent of the College is to create an assessment and application process that is transparent, objective, impartial and fair (T.O.I.F.).

Transparency, Objectivity, Impartiality and Fairness

Transparent assessment practices include well-documented criteria and good communication with applicants about their application³. The assessment is based on the entry-to-practice competencies and the “address by” guidelines that are provided to help you demonstrate your competence also serve to support the assessment of your content.

A third-party⁴, who is not involved with the homeopathic profession, has been contracted to ensure that the application and assessment process is as objective as possible. Your application will be assessed independently based on pre-defined assessment criteria and any decisions that are made will be based on those criteria. Criteria are objective when they can be measured on the basis of verifiable data without requiring a subjective assessment that applies personal views or judgments⁵. Assessors are subject matter experts in homeopathy and have been selected by the College based on a set of well-defined criteria (see the College’s website for a list of criteria). In order to ensure objectivity and impartiality, the third-party will pay the assessors and moderate their activities. The assessors are employees of the third-party.

Eligibility Criteria

Full Registration Class

To be eligible to apply for **Full Registration Class**, you must demonstrate ALL six (6) of the case categories at least two times throughout your cases **and** demonstrate the Homeopathy Principles in the essay.

If you have met the eligibility requirements to apply for Full Registration Class, you will receive a congratulatory letter through an email stating that you are eligible to move to the next step in your registration process. For a sample congratulatory letter, see [Appendix A](#). The third-party administrator will also inform the College that you are eligible to apply for Full Registration Class.

³ *Conducting Entry-to-Practice Reviews: Guide for Regulators of Ontario Professions*, Office of the Fairness Commissioner, Queen’s Printer for Ontario, 2009, pages 15-17.

⁴ The third-party refers to a consulting firm and/or its representatives. The consulting firm will manage the application process and will assign administrators or consultants depending on the nature of the work.

⁵ Ibid



Eligibility Requirements not Met

If you have not met the eligibility requirements to apply for Full Registration Class, you will receive an “Applicant Summary Form” outlining the areas where you have not demonstrated competence along with a rationale. This will allow you to understand your competency gaps and plan how to address them. For a sample Applicant Summary Form, see [Appendix B](#).

Assessment Process

Your application should take approximately five weeks to be assessed. However, there is a limit as to the number of applications that can be assessed in any given time, therefore it may take even longer than the approximate five weeks. You are strongly encouraged to apply as early as possible in order to avoid delays.

Reassessment Process

It is anticipated that if gaps are identified, the recommended approach will be to resubmit content to address those gaps. The cost of the reassessment is outlined in the “Individual Assessment Application Form”. This would be the most timely and effective option for most applicants. If you wish to challenge the assessment findings, rather than addressing any identified areas requiring more information, you can do so by undertaking the Request for IA Review process for an additional fee.

For application and payment information on the reassessment process see the “**Individual Assessment Application Form**” found on the College’s website.



Request for IA Review

The Request for IA Review is voluntary.

If the third-party finds that you have failed to demonstrate all or some of the necessary criteria, and you are not satisfied with the results, you can apply to the third-party for a Request for IA Review within 60 days of receiving the results.

A Request for IA Review triggers a review by the third-party who will select assessor(s) who were not involved in the initial IA and who do not have a conflict of interest. These assessor(s) will consider the information and make their own decision, which could be the same or different from the decision of the first IA assessment. Within this option it is possible to provide additional information with your Request for IA Review. The third-party will advise you and the College's Registrar of the results of the Request for IA Review. If you are not satisfied with the outcome you may move to the Appeal process.

For application and payment information on the Request for IA Review process see the "**Request for IA Review Application Form**" and the Individual Assessment (IA) Review and Appeals Policy found on the College's website.

Appeals Process

Since, the Request for IA Review process is voluntary, you may submit an application for registration to the College that will be referred directly to the Registration Committee. The Registration Committee, after considering any written comments you provide, will issue a written Decisions and Reasons. If you are not satisfied with the decision of the Registration Committee with respect to your application to the College, you can seek a review or hearing before the Health Professions Appeal and Review Board (HPARB).

If you have selected to submit a Request for IA Review and are not satisfied with the results, and wish to have the HPARB review the matter, you must proceed to complete an application for registration to the College and submit it to the Registrar. The Registrar will then refer the application to the Registration Committee. The Registration Committee, after considering any written comments you provide, will issue a written Decisions and Reasons. If you are not satisfied with the decision of the Registration Committee with respect to your application, you can seek a review or hearing before HPARB.

Please note that an application for review or hearing before HPARB can only occur after a decision from the Registration Committee has been rendered. A further appeal/judicial review application can be made to the courts.



Appendix A

Congratulatory Letter

Dear Candidate Name:

College of Homeopaths of Ontario Individual Assessment Results

Congratulations! We are pleased to inform you that you were successful in demonstrating competence as part of the Individual Assessment entry-to-practice requirements for the College of Homeopaths of Ontario.

The College has been informed of your successful completion of the Individual Assessment. You are now eligible to take the next step to apply for Full Registration Class with the College of Homeopaths of Ontario.

For more information on registration requirements see the College's website.

Sincerely,

Administrator

Homeopathy Individual Assessment



Appendix B

Applicant Summary Form

Applicant name: _____

Application received on: _____

Application

- Meets the Individual Assessment requirement to apply for Full registration.**
- Does not meet the minimum requirements to demonstrate competence in homeopathy.**

To apply for registration, you must demonstrate ALL six (6) of the case categories at least two times throughout your three cases. “Category Demonstrated” for each “Application of Knowledge” category will be represented by a “Y” in the respective cell. If a category is not demonstrated, the category will be represented by an “N”, and a rationale will be provided. You must also demonstrate the Homeopathic Principles in the essay.

Cases - Application of Knowledge	Category Demon- strated	Case 1	Case 2	Case 3
		Rationale for rating, if applicable	Rationale for rating, if applicable	Rationale for rating, if applicable
1. Initial Intake				
2. Case Taking - Consultation				
3. Patient Communication and Rapport				
4. Case Analysis				
5. Selection and Dispensing of Medicines				
6. Case Management and Follow-up				

Essay	Category Demon- strated	Rationale for rating, if applicable
Homeopathy Principles		

If you have NOT demonstrated the Individual Assessment requirement to apply for Full registration, please refer to the Homeopathy *Individual Assessment Applicant Guide, Section 4: What to Expect upon Completion of Individual Assessment*, for next steps.



Glossary⁶

Active 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.

Acute Disease

An illness that is usually brief in duration and self-limiting. It will result in a recovery or death.

Biochemical Processes

A process characterized by, produced by, or involving chemical reactions in living organisms.

Body Systems

A series of interconnected or interdependent parts or entities within the human body that act together toward a common life-sustaining purpose. These include the following: musculoskeletal system; endocrine system; nervous system; cardiovascular system; integumentary system; respiratory system; gastrointestinal system; urinary system; reproductive system; eyes, ears, nose and throat; lymphatic and immune systems.⁷

Boundary Violation

A breach in the barrier between a professional and the patient, e.g., a reversal of roles in the relationship between a physician and a patient.

Characteristic Symptom

A symptom of an unusual, striking, rare nature that gives the case a pronounced individuality. These symptoms often point to the best indicated (homeopathic) medicine.

Chronic Disease

An illness that usually develops slowly, results in deterioration of health and does not resolve without intervention.

Collaboration

Working with one or more member of a health-care team, each of whom makes a unique contribution to patient care from within the limits of his or her scope of practice.

Competencies

Competencies are the specific knowledge, skills, attributes and abilities required of an entry-to-practice homeopath in order to practise safety and ethically.⁸

⁶ Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario, February, 27, 2012

⁷ Gray, 2010

⁸ The competencies, from the Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario, were adopted by the transitional Council of the College of Homeopaths of Ontario in 2012.



Compounding

Homeopaths are not authorized to compound a drug but may compound substances that are not considered drugs.

Compounding is generally understood as a process whereby a health-care practitioner mixes or prepares health products (natural, medicinal, etc.) to an exact specification tailored to a patient's needs, and in a vehicle desired (cream, lotion, gel, drops, capsules, pellets, etc.). Compounding is generally used to:

1. Provide products unavailable or not readily available in the specifications needed by a practitioner (e.g., strength) to address the specific health concerns, symptoms and needs of a particular patient, and/or to meet the specific requirements of a particular health care practice;
2. Provide products free of preservatives, dyes and chemical allergens; and
3. Prepare palatable flavoured dosage forms.

(Health Canada, Natural Health Products Directorate, October 2006)

Controlled Act

Controlled act means any restricted diagnostic or therapeutic activity under the *Regulated Health Professions Act, 1991* that is considered potentially harmful if performed by an unqualified person.”⁹ Homeopaths are not permitted to perform a controlled act under their own authority.

Conventional Diagnosis

Medical diagnosis by a physician. Homeopaths are not legally authorized to communicate a diagnosis to a patient in most circumstances.

Diagnosis

See Homeopathic Diagnosis.

Differential Diagnosis (homeopathic)

The differentiation between two or more similar medicines under consideration for a patient (Yasgur, 1998). Homeopaths are not legally authorized to communicate a diagnosis to a patient in most circumstances.

Dis-ease

A lack of ease. This can be an illness or sickness; a disturbance in structure or function of an organ, body system, part of the body or mental state. (Castro, 1996)

Dispensing

“Dispensing” means to provide substances or devices for specific treatments. This includes the packaging, labelling and security necessary to safeguard the substances or devices provided. Dispensing a homeopathic prescription includes both technical and cognitive components performed by Registrants according to their scope of practice. Homeopaths are not legally authorized to dispense a drug to a patient.

⁹ College of Nurses of Ontario, Practice Standard, Nurse Practitioners, page 14.



Doctor

Doctor means an education credential associated with PhD or doctor programs. The RHPA contains special provisions that govern the use of this education credential in the context of the health-care environment.¹⁰ Homeopaths are not allowed to use the title when offering or providing health-care services.

Dynamic Disturbance

The level at which the causation of the disease originates and disrupts homeostasis.

Evidence-Based Research

Evidence-based research can encompass proven practices and methodology such as clinical trials.

Grafting

Process of medicating blank pellets. (Yasgur, 1998)

Guidelines

Guidelines provide advice, recommendations and guidance to Registrants, and may be applied to both standards and policies. They are informal and "user-friendly" for documents for Registrants.

Homeostasis

Homeostasis is a balanced state of health.

Homeopathic Diagnosis

The process of establishing a meaningful totality from the patient's signs and symptoms directed from mental, emotional and physical signs and symptoms, past and present symptoms, acute and chronic states, physical pathologies and life experience (Castro, 1996). Homeopaths are not legally authorized to communicate a diagnosis to a patient in most circumstances.

Homeopathic Treatment

A specific process of case analysis that results in a homeopathic prescription. Treatment may also include lifestyle suggestions or a referral to another healthcare professional. Homeopaths are not legally authorized to prescribe a drug to a patient.

Informed Consent

Ensuring that the patient understands and appreciates the nature, anticipated benefits, material risks and side-effects and alternatives, including the likely consequences of not proceeding, of the proposed intervention and agrees to proceed with it. (Health Care Consent Act, 1996)

Integrative Modalities

Treatment strategies that combine conventional therapeutic options with traditional healing systems for patient-centred care.

¹⁰ College of Occupational Therapists of Ontario



Interprofessional

Providers from different professions working together with interaction as an important goal to collaborate in providing services.¹¹

Intraprofessional

Providers from [the] same profession working together with interaction as an important goal to collaborate in providing services. (Adapted from the World Health Organization, 1998)

Jurisprudence

The knowledge of the legal and professional principles that apply to the practice of the profession.

Key Competencies

Key competencies are marked in the *Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario* document with a “K”. Key Competencies are the knowledge, skills and abilities identified by subject matter experts as those that are most essential to competent practice at entry into the profession.

Law of Similars

The principle of “like cures like.” This means if a substance can cause symptoms in a healthy person, it can treat a sick person suffering from similar symptoms.

Materia Medica

Latin for “material of medicine.” A reference book listing of medicines and their therapeutic actions/indications. This information comes primarily from the provings of the medicines and also clinical observations.

Medicine

Refers to homeopathic medicine, homeopathic remedy, and homeopathic preparation as per the Evidence for Homeopathic Medicines Guidance Document (Health Canada, 2007) as well as products that the homeopath may compound, dispense or recommend for the individual use of the patient.

Miasms

A block to health, usually left by a disease. This can be inherited or acquired and is an obstacle to cure. (National Center for Homeopathy, 2011)

Naturopath

A practitioner of a system of medical science comprising many natural healing techniques. (Yasgur, 1998). In the Province of Ontario, a naturopath is someone who is registered with the Board of Directors of Drugless Practitioners – Naturopathy or the College of Naturopaths of Ontario once proclaimed.

Obstacle to Cure

Something that hinders or prevents cure or recovery from an illness or injury. (Yasgur, 1998)

¹¹ Adapted from the World Health Organization 1998.



Old Symptoms

Symptoms associated with the patient's first departure from good health. These symptoms are associated with chronic disease and are of high value in case management. (Yasgur, 1998)

Organon of the Medical Art

The philosophical and practical guideline of the medical art and science of homeopathy as written by its founder, Samuel Hahnemann. Note that references throughout the document refer to the 6th edition. However, TC-CHO recognizes that many practitioners may practice using earlier versions of the Organon of the Medical Art.

Patient

May be an individual, group or organization receiving professional homeopathic services, products or information.

Patient-Centred Approach

An approach in which patients are viewed holistically. In addition to delivering services, a patient-centred approach involves advocacy, empowerment and respecting the patient's self-determination.

Performance Indicators

Performance indicators are measurable and observable features that can assist in determining whether performance expectations consistent with the entry-to-practice competencies have been met. In other words, performance indicators support the competencies by providing additional information on effective, observable behaviours associated with a competency. It is important to note that the performance indicators listed in this document do not represent an exhaustive list but rather a portion of all behaviours associated with a competency.

Pharmacotherapy

Medical treatment by means of drugs including pharmaceutical and natural health products.

Potency

The level of potentization of a homeopathic medicine. Potency is represented as a number attached to the medicine name (e.g., Aconite 30c or Arnica 6C). (Castro, 1996)

Potentization

The multi-step process of preparing a medicine according to the standards of homeopathic pharmacy.

Proving

A controlled clinical trial in which a medicine is administered to healthy volunteers to ascertain what changes (signs and symptoms) the medicine produces on the body and the mind. Participants in a proving record their symptoms, and the symptoms are collated and used as therapeutic indications for prescribing that substance.

Repertorize

To research rubrics in the repertory in order to determine which remedy (or remedies) is common to the presenting symptoms.



Repertory

An index to the *Materia Medica*: an index of symptoms with a list of remedies indicated for each symptom.

Rubric

An abbreviated symptom listed in a homeopathic repertory. Each rubric is followed by a listing of all the remedies that have either brought out the symptom in a proving (pathogenic) or that have cured the symptom in a patient (clinical). (Yasgur, 1998)

Safety Competencies

Safety Competencies are marked in the *Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario* document with an “S”. Safety Competencies are the competencies and sub-competencies identified by subject matter experts as those most important to minimizing the risk of harm to the patient.¹²

Scope of Practice

Encompasses the services in which a particular profession’s practitioners are educated, competent and authorized to provide. (National Physiotherapy Advisory Group, 2009). In the *Homeopathy Act, 2007* a registrant’s scope of practice is defined as “The practice of homeopathy is the assessment of body system disorders and treatment using homeopathic techniques to promote, maintain or restore health.”

Therapeutic Relationship

Is an important relationship that develops trust in the patient and creates a safe space for the disclosure of information and a sense of being listened to and understood. (Gray, 2010)

Totality of Symptoms

All signs and symptoms of the disease including mental, emotional and physical. (Yasgur, 1998)

Unbiased Care

To provide care without being influenced by preferences or an inclination that inhibits one’s impartial judgment.

Uniqueness

Includes, race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status or disability (Ontario Human Rights Code, 1990).

¹² Based on HPRAC- New Directions: Regulation of Homeopathy and Naturopathy, Ch. 5, p. 163, April 2006.