DRAFT AGENDA

Council Meeting
College of Homeopaths of Ontario

June 11, 2020 from 10:00 a.m. to 3:02 p.m.
by teleconference

		ITEM	ACTION	FORMAT	WHO	DURATION	START TIME
1		**Call to Order**	Information	Verbal	M. Heller	1 min	10:00
2		**Agenda**					
	2.1	Adoption of Agenda	Decision	Written	M. Heller	1 min	10:01
	2.2	Consent Agenda	Decision	Written	M. Heller	2 min	10:02
3		**Declaration of Conflict of Interest**	Decision	Verbal	M. Heller	1 min	10:04
4		**Approval of minutes**					
	4.1	Meeting minutes dated February 27, 2020	Decision	Written	M. Heller	5 min	10:05
IN CAMERA							
In-camera *As permitted by the* Regulated Health Professions Act, 1991*, Schedule 2, section 7.2, there are times when it is appropriate for Council to discuss matters* in camera*. These include issues of public security; financial or personal or other matters of such a nature that it is desirable to avoid public disclosure; information related to a person involved in a criminal proceeding or civil suit; personnel matters or property acquisition; or instructions to be given to or opinions received from legal counsel. A meeting or any portion of a conference held* in-camera *is not open to the public.*							
	4.2	*In-camera* meeting minutes dated November 27, 2019	Decision	Written	M. Heller	5 min	10:10
5		**Finances**					
	5.1	Renewal Update	Information	Written	B. Ziv	15 min	10:15
	5.2	Statement of Operations	Decision	Written	B. Ziv	15 min	10:30
OPEN SESSION							
6		**Elections and Appointments**					
	6.1	Election of Executive Committee	Decision	Written	B. Ziv	45 min	10:45
BREAK						10 min	11:30
	6.2	Committee Appointments	Decision	Written	J. Blanchard	15 min	11:40
	6.3	Council Member Transitions	Information	Verbal	M. Heller	15 min	11:55

		ITEM	ACTION	FORMAT	WHO	DURATION	START TIME
7		**Bylaws**					
	7.1	Fees Bylaw 10.03 B6 Proposal Increase to Fee for Substantially Equivalent Competency Assessment	Decision	Written	J. Blanchard	20 min	12:10
	7.2	Council Seat – North District	Decision	Written	J. Blanchard	10 min	12:30
BREAK						30 min	12:40
8		**2019 / 2020 Goals & Objectives Wrap Up**					
	8.1	Final, Year-End Status Report on Deliverables	Information	Written	B. Ziv	10 min	1:10
9		**2020 / 2021 Goals & Objectives**					
	9.1	Finalize Operational Goals	Discussion / Decision	Verbal	M. Heller	60 min	1:20
	9.2	2020 / 2021 Financial Projections	Information	Written	B. Ziv	10 min	2:20
10		**Outreach**	Information	Verbal	B. Sharma	15 min	2:30
11		**Other Business**	Discussion	Verbal	M. Heller	5 min	2:45
12		**Meeting Actions & Follow Up Summary**	Information	Verbal	Staff	10 min	2:50
13		**HBS – Preparation Time**	Information	Verbal	M. Heller	1 min	3:00
14		**Adjournment**	Decision	Verbal	M. Heller	1 min	3:01

Next Meeting: September 24, 2020

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

Council Meeting
College of Homeopaths of Ontario (CHO)
Minutes

Thursday, February 27, 2020
by teleconference

Present

Council

Mark Heller	Public (Chair)
Anna Berger	Professional
Heather Broadhead	Public
Anna Cardozo	Professional
Kerri Flood	Professional
Eden Gajraj	Public
Julie Hughes	Public
Paul Joseph	Professional
Gary Kapelus	Public
Sanjeev Nayyar	Professional
Guru Dutt Vaid	Professional
Bhupinder Sharma	Professional (Past-President)

Staff

Janet Blanchard	Senior Manager, Quality Assurance, Patient Relations, Communications
Kathryn Harvey	Communications Officer (recorder)
Basil Ziv	Registrar

Regrets

Kamika Mclean	Public
Sukhdev Kooner	Professional

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1 Call to Order

The President called the meeting to order at 12:05 p.m. and conducted a roll call.

1.1 Introduction of New Council Members

The President welcomed two new public members, Heather Broadhead and Julie Hughes.

2 Adoption of Agenda

2.1 Adoption of Agenda

(Appendix 2.1 Agenda, Council Meeting, February 27, 2020)

Motion # 1: To adopt the agenda.
Moved by E. Gajraj, seconded by J. Hughes

That Council adopt the agenda.
CARRIED

3 Declaration of Conflict of Interest
None declared.

4 Approval of Minutes
(Appendix 4.1 Minutes, November 27, 2019 Council meeting)

Motion # 2: To approve the minutes of November 27, 2019
Moved by G. Kapelus, seconded by A. Cardozo

That Council approve the minutes of its November 27, 2019 meeting.
CARRIED (J. Hughes and H. Broadhead abstained)

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

Motion # 3: To move *in camera*
Moved by S. Nayyar, seconded by A. Cardozo

That Council move *in camera* at 2:12 p.m.
CARRIED

7 Bylaw Changes

7.1 Consultation Feedback
(Appendix 7.1 Report Form: 60-day Bylaws Consultation Feedback)

Staff reviewed the feedback received during the 60-day consultation period.

7.2 Discussion and Implications
(Appendix 7.2 Report Form: Bylaw Changes Discussion and Implications)

Motion # 12: To approve as final the bylaw changes outlined at the November 27, 2019 Council meeting.
Moved by G. Kapelus, seconded by E. Gajraj

That Council approve as final the bylaw changes outlined at the November 27, 2019 Council meeting.
CARRIED

Motion # 13: To approve proposed outlines for training
Moved by H. Broadhead, seconded by G. Kapelus

That Council approve, as presented, the proposed program outlines for Council member training – pre-election, post-election, Executive Committee and President/Vice President.
CARRIED

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7.3 Fees Bylaw 10.03 B6 Proposal Increase to Fee for Substantially Equivalent Competency Assessment
(Appendix 7.3 Report Form: Substantially Equivalent Assessment Fee – Bylaw Revision)

The Registrar described the need to reassess the fee for SECA and the recommendations of the Registration Committee. Council agreed by consensus that the issue would go out for consultation.

8 Goals & Objectives

8.1 2020-2021 Planning Process

Council members agreed by consensus that the 2019-2020 process had been successful. Going forward, it was agreed that three areas of focus would be maintained: delivering on the mandate, practicing good governance, and delivering on growth. Council and staff input will be sought to identify priorities for the year. It was recognized that standing items must be accounted for prior to the addition of non-standard items, and that all activities need to stay within the parameters of the regulatory mandate.

9 Strategic Planning

9.1 Strategic Planning Consultations

Council discussed the possibility of planning a strategic think-tank day during which homeopaths, educators, professional associations, and other stakeholders could contribute to identifying strategic priorities for the longer term.

10 Reports

10.1 Executive Committee

- Committee met on January 30, items were covered by Council

10.2 Registration Committee

- The Chair noted that most issues were on Council's agenda; another meeting is scheduled

10.3 Quality Assurance

- The Chair reported that there had been good progress All documents are ready to roll out but have been delayed. Testing to be done in March and feedback from cttee members will be sought.

10.4. Patient Relations

- No chair has been appointed yet. A proposed mandate list in development, as is a list of required policies.

10.5 ICRC/Discipline

- The Registrar reported that there are a number of complaints in process which may or may not proceed to the ICRC.

10.6 Fitness to Practice

- Not currently active

10.7 Governance

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- The Panel met before Christmas and will meet again in March to identify work for the coming year. It was noted that several of Council's items arose from Governance Cttee. The Panel's work list will contribute to the mapping of goals and objectives.

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11 Other Business

It was noted that some CPR programs are no longer available, raising the question as to how applicants and registrants will meet the registration requirement. Staff will provide guidance to registrants to ensure they know what is required.

12 Meeting Actions & Follow Up Summary

1. Staff to list action items and follow-ups arising from this meeting.
2. Letter of decision to school applicant to be signed by President
3. Adjust statement of operations
4. Update bylaws
5. Implement training programs for Council and nominees
6. Continue to work with governance Panel to refine training
7. 60-day Consultation on SECA fees
8. Communicate with registrants re: guidance on first aid
9. President to reach out to Council members re strategic planning and operational plan
10. Update committee reports list
11. Follow up on plans for presence at April conference

13 HBS Meeting and Preparation Time

Full day preparation, full day meeting
Start time: 12:05 p.m.
End time: 3:45 p.m.

14 Adjournment

Motion # 14: To adjourn
Moved by E. Gajraj, seconded by H. Broadhead

That Council adjourn at 3:45 p.m.
CARRIED

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

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Mark Heller, Chair **Date**

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL, JUNE 11, 2020**	**DECISION**	**X**
DATE:	**JUNE 10, 2020**	**DISCUSSION**	□
ITEM NAME:	**Slate of Executive Committee & Officers**	**INFORMATION**	□
INITIATED BY:	**REGISTRAR**		
PRESENTED BY:	**BASIL ZIV**		

OBJECTIVE OF THIS REPORT (relevance to the business of Council, potential impact/outcome of decision):
To inform Council of the outcome of the election for officers and the 2020/2021 Executive Committee and seek ratification for the proposed slate.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2019/2020 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

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

GUIDING LEGISLATION/BYLAW/POLICY:
CHO BYLAWS SECTION 6 AND SCHEDULE 1.

6.01 – Eligibility for Nomination and Election

(i) Only a member of Council is eligible for nomination or election as an officer of the College.
(ii) A member of Council is eligible for nomination to the Executive Committee, if on the date of the nomination deadline, the member of Council provides evidence of successful completion of the Council approved training program relating to the Executive Committee duties, obligations and expectations.
(iii) A member of Council is eligible for election to the Executive Committee if, on the date of the election, the member of Council has served at least twelve (12) months on Council. If no members of Council have met the requirement set out at article 6.01(iii) Council may exempt this requirement.

6.01.1 - Eligibility for Nomination for President and Vice-President

(i) A member of Council is eligible for nomination for President or Vice-President, if on the date of the nomination deadline, the member of Council provides evidence of successful completion of the Council approved training programs relating to the Executive Committee duties, obligations and expectations and the President and Vice President duties, obligations and expectations.
(ii) A member of Council is eligible for election as President or Vice-President if, on the date of the election, the member of Council has served at least twelve (12) months on the current or past Executive Committee. If no members of Council have met the requirement set out at article 6.01.1(ii) Council may exempt this requirement.

All positions have been filled by acclamation, as follows:

President:	Mark Heller (Public)
Vice President:	Anna Cardozo (Professional)
Treasurer:	Eden Gajraj (Public)
Members-at-Large:	Kerri Flood (Professional)
	Gurudutt Vaid (Professional)
Past-President:	Bhupinder Sharma [this is a non-elected position]

Additionally, it should be noted that Gurudutt Vaid has only been on Council since July 2019 and is one month short of the required time to have been on Council prior to being eligible to serve on the Executive Committee (Bylaw 6.01). This is due to the later-than-usual scheduling of the 2019 Council meeting at which the Executive Committee election was held (i.e. July rather than June). Mr. Vaid joined the Executive Committee as Treasurer in July 2019 and has been developing his knowledge of the role of the CHO since that time. Bylaw 6.01 states that "If no members of Council have met the requirement set out at article 6.01(iii) Council may exempt this requirement."

KEY CONSIDERATIONS:

1. The slate meets the composition requirements under Bylaw section 13.01 Executive Committee.

RESOURCE IMPLICATIONS:

1. None

OPTIONS:

1. To accept the slate of Executive Committee and officers as presented.
2. To accept a modified slate of Executive Committee and officers as discussed.
3. To reject the proposed slate of Executive Committee and officers and direct the Registrar to run a new election for Executive Committee and officers.

RECOMMENDATIONS:

1. To accept the slate of Executive Committee and officers as presented.

RESOLUTION:

BE IT RESOLVED THAT Council accept the slate of Executive Committee and officers as presented.

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM

MEETING/DATE:	**COUNCIL/JUNE 11, 2020**	**DECISION**	**X**
		DISCUSSION	**X**
		INFORMATION	□
DATE:	**JUNE 4, 2020**		
ITEM NAME:	**Committee Appointment**		
PRESENTED BY:	**B ZIV / J BLANCHARD**		

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

1. To put forward a proposed 2020-2021 slate of committee appointments for Council's consideration and approval.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2019/2020 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

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

GUIDING LEGISLATION:
CHO Bylaws and internal appointment process (section 13)

STRUCTURE:
Council members are assigned to committees and panels on an annual basis. This activity usually occurs in the Spring, additionally there is generally a link between each committee and the Executive Committee. The President is an ex-officio member of all committees.

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

Registration Committee
Eden Gajraj (Public) (Chair)
Julie Hughes (Public)
Gurudutt Vaid (Professional)
Anna Cardozo (Professional)
Sanjeev Nayyar (Professional)

Registration Committee Appeals Panel
Kamika McLean (Public)
John Millar (Professional) (Non-Council appointee)
Bhupinder Sharma (Professional) (Non-Council appointee)

Quality Assurance Committee
Eden Gajraj (Public)
Heather Broadhead (Public)
Anna Cardozo (Professional) Chair
Kerri Flood (Professional)
Paul Joseph (Professional)
Sukhdev Singh Kooner (Professional)
Sanjeev Nayyar (Professional)
Gurudutt Vaid (Professional)

Governance Panel
Mark Heller (Public)
Gary Kapelus (Public) [Non-Council appointee]
Anna Cardozo (Professional)
Sanjeev Nayyar (Professional)

Patient Relations Committee
Heather Broadhead (Public)
Kerri Flood (Professional) (Chair)
Julie Hughes (Public)
Sukhdev Kooner (Professional)
Kamika McLean (Public)

Inquiries, Complaints and Reports Committee
Kamika McLean (Public)
Kerri Flood (Professional)
Paul Joseph (Professional)

KEY CONSIDERATIONS:

1. Complementary skill sets for each committee.

RESOURCE IMPLICATIONS:

1. Time and per diems for training and orientation.

DEADLINES AND NEXT STEPS:

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

OPTIONS:

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

RECOMMENDATIONS:

1. Approve new slate of committee appointments as presented.

RESOLUTION:
BE IT RESOLVED THAT COUNCIL APPROVE THE 2020/2021 COMMITTEE APPOINTMENTS SLATE AS PRESENTED.

What is the time commitment?

The number of committee meetings per year (which may include panels and/or hearings) varies according to workload. Generally speaking Council members should expect to devote an average of 6 to 10 days each year and Non-Council Committee members 4 to 8 days per year depending on the committee(s).

The following table demonstrates an estimate of the time commitments for each Committee:

Committee	Time Commitment	Preparatory Time per meeting
Executive	6 half-day meetings per year (budgeted)	½ day; varied prep time as required
Registration	4 half-day meetings per year (budgeted) (plus training time)	½ day; varied prep time as required
Inquiries, Complaints, and Reports	3 half-day meetings (budgeted) (plus training time) Full- and half- day meetings, as needed.	½ day or more; varied prep time as required
Quality Assurance	1 full day meetings per year plus 3 half-day meetings (budgeted)	½ day; varied prep time as required
Patient Relations	5 half-day meetings per year (budgeted)	½ day; varied prep time as required
Curriculum Assessment	6 half-day meetings per year (budgeted) based on application	½ day; varied prep time as required
Governance Panel	4 half-day meetings per year (budgeted)	½ day; varied prep time as required
Ad Hoc Advisory Panel	Scheduled as required for consultation purposes.	
Discipline	Scheduled as required.	
Fitness to Practice	Scheduled as required.	
Council	4 full-day meetings per year (budgeted)	Full day prep time per meeting

FOR INFORMATION ONLY - CHO BYLAWS

13. SPECIFIC COMPOSITION AND SELECTION OF COMMITTEES

13.02 – Registration Committee

(1) The Registration Committee shall be composed of:
   (i) at least three (3) Registrants who are members of Council;
   (ii) at least two (2) Public Members who are members of Council; and
   (iii) one (1) or more Registrants who are not members of Council if Council so wishes.

(2) The transitional Council shall establish, for as long as is needed, the following standing Panels of the Registration Committee:
   (i) Individual Assessment Panel; and
   (ii) Steering Panel.

13.03 – Inquiries, Complaints and Reports Committee
The Inquiries, Complaints and Reports Committee shall be composed of:
(i) at least two (2) Registrants who are members of Council;
(ii) at least one (1) Public Member who is a member of Council; and
(iii) one (1) or more Registrants who are not members of Council if Council so wishes.

13.04 – Discipline Committee
The Discipline Committee shall be composed of every member of Council and one (1) or more Registrants who are not members of Council if Council so wishes.

13.05 – Fitness to Practise Committee
The Fitness to Practise Committee shall be composed of every member of Council and one (1) or more Registrants who are not members of Council if Council so wishes.

13.06 – Quality Assurance Committee
(1) The Quality Assurance Committee shall be composed of:
(i) at least two (2) Registrants who are members of Council;
(ii) at least two (2) Public Members who are members of Council; and
(iii) one (1) or more Registrants who are not members of Council if Council so wishes.

(2) The transitional Council shall establish, for as long as is needed, the following standing Panels of the Quality Assurance Committee:
(i) Quality Assurance Program Panel; and
(ii) Governance Panel.

13.07 – Patient Relations Committee
The Patient Relations Committee shall be composed of:
(i) at least one (1) Registrant who is a member of Council;
(ii) at least two (2) Public Members who are members of Council; and
(iii) two (2) or more Registrants who are not members of Council if Council so wishes.

13.08 – Appointment of Committee Members
Unless otherwise stated in the bylaws, every Committee member shall be appointed by Council, with the exception of the Executive Committee, whose members shall be elected to office.

13.09 – Appointment of Non-Council Individuals
Subject to any specific composition requirements in these bylaws, Council may, at its discretion, appoint individuals who are not members of Council to any Committee.

13.10 – Term of Office of Committee Members
The term of office of a Committee member shall commence immediately after the appointment and shall continue for approximately one (1) year.

13.11 – Chairs
Unless stated otherwise in these bylaws, the Chair or Chairs of each Committee shall be selected by the members of the Committee, failing which they may be appointed by Council.

13.12 – Decisions Regarding Appointments
In making an appointment under article 13.08 or 13.09, Council shall take into consideration the location of practice, if applicable, as well as the experience, expertise, availability and other qualifications and characteristics of the Registrant or other person, in order to complement the attributes of the other Committee members.

13.13 – Eligibility for Appointment

A Registrant is eligible for appointment to a Committee if, on the date of the appointment,

(i) the Registrant holds a certificate of registration;

(ii) the Registrant is not in default of payment of any fees prescribed to the College;

(iii) the Registrant is not the subject of any disciplinary or incapacity proceeding;

(iv) the Registrant has not been the subject of any professional misconduct, incompetence or incapacity finding in the preceding three (3) years;

(v) the Registrant's certificate of registration has not been revoked or suspended in the preceding six (6) years for any reason;

(vi) the Registrant's certificate of registration is not subject to a term, condition, or limitation imposed by the Discipline Committee or the Fitness to Practice Committee;

(vii) the Registrant has agreed to and does resign, before taking office, any position such as director, owner, board member, officer or Employee that the Registrant holds with a Professional Association relating to homeopathy;

(viii) the Registrant has not been disqualified from Council or a Committee within the preceding three (3) years;

(ix) the Registrant is not a member of a council of any other college regulated under the RHPA;

(x) the Registrant is not currently and has not been for the previous two years an Employee of the College;

(xi) the Registrant is not in any default of returning any required form or information to the College; and

(xii) the Registrant does not have a conflict of interest to serve as a committee member or has agreed to remove any such conflict of interest before sitting on the committee or panel.

13.14 – Removal of Committee Members

Despite the other provisions of this by-law that permit the removal of a Committee member in specific circumstances, Council may also remove a member of a Committee at its pleasure.

Council of the College of Homeopaths of Ontario
Process for Appointments to All Committees and Panels

Appointment of Committee and Panel Members

1. Invitation is sent out to Council members at large for the appointment of members to committees and working groups.
2. Staff will compile a list of all those interested in each committee/working group and, as required, will double check with each Council member to confirm their intent to sit on any Committee/Panels as outlined on their returned Invitation.
3. For the June 11, 2020 meeting Council members will be populated into Committees/ Panels based on the invitations. A decision-making matrix maybe used if deemed appropriate/required.
4. To ensure consistency and effectiveness in information flow, one member of the Executive Committee will be appointed to each committee.
5. In the event there are more Council members interested than required, and if deemed necessary the Group will use a decision-making matrix.
6. If deemed in the best interests of the CHO a Council member who has not indicated interest in a committee/panels may be appointed, to a committee/panel in order to ensure all committees have the required skill set to function effectively. If challenges arise when assigning individuals, the Registrar will come back to check with the individual appointed.

7. The slate for each committee/panel will be presented at Council for a vote. In the absence of an individual member, Council has the right to assign him/her to a committee/working group without their acceptance of the appointment in advance.

The Chair or Chairs of each Committee shall be selected by the members of the Committee, failing which they may be appointed by Council. Exception: Chair of the Adhoc Advisory Panel which is appointed by Council, in accordance with Bylaw 13.11.

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM

MEETING/DATE:	**COUNCIL, JUNE 11, 2020**	**DECISION**	**X**
		DISCUSSION	□
		INFORMATION	□
DATE:	**JUNE 4, 2020**		
ITEM NAME:	**Substantially Equivalent Assessment Fee – Bylaw Revision**		
PRESENTED BY:	**J BLANCHARD**		

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

1. To provide Council with feedback from the 60-day consultation on the proposed change in the fee for an initial or retake review of the Substantially Equivalent Competency Assessment (SECA). [This fee relates to the pre-application cost to conduct a comprehensive review to determine if an individual is eligibility for registration in Full Class. I.e. their education and clinical training is substantially equivalent to an applicant from an approved post-secondary program in homeopathy in Ontario.]

STRATEGIC DIRECTIONS: This initiative fits with the regulatory responsibilities of the College. While this fee change is cost recovery, it further fits with the strategic direction of the College, which is a reflection of the fundamental components of our mandate. In the public interest the CHO will:
X 2A. Grow the cash reserves 6.13%.

GUIDING LEGISLATION:
CHO Bylaws RHPA, 1991 section 95 O.Reg 18/14 Registration section 6.(1) 1ii.

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

A bylaw addition or change on fees requires Council preliminary approval in addition to distribution for 60-day consultation. Following 60-day consultation Council votes to determine if it wishes to proceed with the proposed bylaw changes. For additional details on the rationale for the proposed bylaw changes please see 7.3.1 SECA Fees Bylaw Report provided at the February 27, 2020 Council meeting package.

Feedback Received
As a result of 60-day consultation the College received feedback from two individuals and the Office of the Fairness Commissioner of Ontario (OFC).

Respondent 1: Individual Comment from a CHO registrant [April 1, 2020]
Q10 Comments on proposed fee changes:
I trust the integrity and discretion of the College in determining that this is a necessary step and agree with their proceeding with it.

Respondent 2: Individual Comment from a CHO registrant [April 27, 2020]
Q10 Comments on proposed fee changes:
I agree with the fees schedule.

The feedback from the OFC and the College's response to this feedback can be found in appendix 7.1.2.

It is important to note that the mandate of the Office of the Fairness Commissioner[1] is to assess the registration practices of certain regulated professions and trades to make sure they are transparent, objective, impartial and fair for anyone applying to practise his or her profession in Ontario.

The Office of the Fairness Commissioner (OFC) supports the Fairness Commissioner in acting on the mandate set out in the Fair Access to Regulated Professions and Compulsory Trades Act, 2006 (FARPACTA) and the Regulated Health Professions Act, 1991 (RHPA). In doing so, the OFC assesses every element of the registration process.

The functions of the Fairness Commissioner include:

- Assessing the regulated professions' and compulsory trades' registration process
- Initiating audits of registration processes
- Advising regulatory bodies about their registration process and other issues
- Setting guidelines for the regulatory bodies' reports to be provided to the Fairness Commissioner
- Advising provincial government ministries about issues relating to the professions and trades in their portfolio
- Issuing compliance orders to the non-health professions and to the trades, if necessary
- Advising the Minister of Health and Long-Term Care about a health profession's non-compliance, if necessary
- Conducting research to explore issues relating to fairness and identify solutions to those issues

The Fairness Commissioner does not have a mandate to help internationally trained and educated individuals get their professional licences and does not assess credentials.

Bodies that regulate the professions and trades submit reports and implement the Fairness Commissioner's recommendations for improvement.

The OFC is an agency of the Government of Ontario and reports to the Ministry of Labour, Training and Skills Development. The CHO reports to OFC annually through the Registration Fair Practices Report[2,3] and the assessment cycle process[4].

Follow-up Actions

The CHO Registration Committee will meet on Tuesday, June 9 to review the consultation feedback and will bring any additional considerations forward to Council on June 11.

[1] http://www.fairnesscommissioner.ca/index_en.php
[2] http://collegeofhomeopaths.com/registration-requirements.html
[3] http://www.fairnesscommissioner.ca/index_en.php?page=professions/college_of_homeopaths_of_ontario
[4] The 2016-2018 Assessment Cycle 3 was CHO's first assessment.
http://www.fairnesscommissioner.ca/index_en.php?page=professions/summary_homeopaths_2016

Existing Bylaw / Proposed Changes (Highlighted in Blue)

19.03 – Fee Amounts

	Fee Item	
B. Fees Relating to Applications for Initial Registration		
1.	Initial Registration Application Fee	$275
2.	Registration Fee Full Class	$1250
2.1	One month after the first anniversary of proclamation, a Registrant issued a certificate of registration shall pay, in respect of the registration year in which the certificate was issued: one twelfth of the registration fee for that category of the registration multiplied by the number of calendar months remaining before the next registration year, including the month in which the certificate of registration was issued.	
3.	Registration Fee (Inactive)	$725
4.	Transfer to a Different Class Fee	$100
5.	Jurisprudence Program Fee	$75
6.	**Substantially Equivalent Assessment Fee**	~~$150~~450
7.	**Substantially Equivalent Assessment Retake Fee**	**$225**

KEY CONSIDERATIONS:

1. Applicant adherence and commitment to the review process.
2. Applicant fairness and affordability.
3. Staff resources to review pre-applications. The hiring of SECA assessors has been beneficial in re-distributing workflow.
4. Requirement for fee bylaws to be clear and transparent.

RESOURCE IMPLICATIONS:

1. This fee increase will be cost recovery for initial and retake assessments.

DEADLINES AND NEXT STEPS:

1. June 11 Council meeting – consultation findings and bylaw to return to final decision.
2. Proposed implementation date of October 1, 2020 to ensure that current applicants and those considering applying for a SECA review have adequate time to complete or undertake a review.

OPTIONS:

1. Approve change in SECA fees as presented.
2. Approve change in SECA fees as amended (based on discussion).
3. Request further amendments and discussion at Registration and/or Executive Committee.
4. Reject change in SECA fees.

RECOMMENDATIONS:

1. Approve change in SECA fees as presented

RESOLUTION:

BE IT RESOLVED THAT Council approve the change to fee bylaw 19.03 for Substantially Equivalent initial and retake assessment effective October 1, 2020.

Office of the Fairness Commissioner's Comments regarding the College of Homeopaths of Ontario's Revision of Bylaws related to the Substantially Equivalent Assessment Fee

The Office of the Fairness Commissioner (OFC) has become aware of the College of Homeopaths of Ontario's (CHO) Executive Election Bylaws Consultation Package pertaining to the proposed amendments to bylaw **19.03- Fee Amounts**.

As your consultation package states, the proposed fee increase is based on cost recovery, and the changes to **Section B** (Fees Relating to Applications for Initial Registration) are as follows:

- To increase the fees under **part 6** (Substantially Equivalent Assessment Fee) from $150.00 to $450.00
- To add **part 7** (Substantially Equivalent Assessment Retake Fee), a fee in the amount of $225.00

The proposed amendments are of great interest to our office, and we would like to thank you for the opportunity to comment. As you know, a general duty exists in the Fair Access to Regulated Professions and Compulsory Trades Act (FARPACTA), and Schedule 2 of the Regulated Health Professions Act (RHPA), for Ontario's regulated professions to provide registration practices that are transparent, objective, impartial and fair. This is the foundation from which the OFC works and bases its comments.

While the CHO has outlined the rationale for the proposed amendments, it is important to acknowledge that the amendments themselves and their implementation can have a significant impact on applicants. For example, the amendments can cause confusion or misconceptions, particularly concerning applications already in progress at the time changes take effect.

The OFC has concluded that amendments to registration requirements can be particularly concerning if applicants are not given enough information and reasonable notice. During the process of considering amendments, it is essential that regulators carefully plan the transition and provide enough information and reasonable notice to applicants. What constitutes enough information and reasonable notice will vary according to the circumstances, but as a general guideline, the information and notice should permit applicants to proceed through the registration process uninhibited by factors directly related to the implementation of any new requirement.

As registration requirement amendments have the potential to inhibit an applicants' ability to proceed through the registration process, and in extreme cases, may jeopardize their ability to become licensed, the OFC suggests that when deciding about the amendments, the CHO consider the following:

- Will the increased and new fees create unnecessary barriers for access to the homeopath profession?
    - If yes, what are those barriers and how can they be addressed?
- Will there be a limit to the number of examination attempts permitted as the process is now more involved?
    - If so, how will this affect applicants taking subsequent examinations?
- If the proposed amendments are implemented immediately after approval, how will this affect applicants who have started the registration process?
    - Is there a possibility for a grace period?

    - Are the proposed timelines reasonable?
- Will CHO offer reasonable support in any manner to applicants?

The OFC suggests that the CHO should develop a detailed transition and communication plan, to ensure that applicants are provided information and notices, specifically on the College's website. Suggested content is as follows:

- The rationale driving the changes in fees
- The costs they are intended to off-set
- The expected date the new requirements will take effect
- How applications already in progress will be impacted
- Any other information that is relevant to the new requirements and their implementation

Lastly, the OFC has the following questions to pose to the CHO, with the hopes that a response can be received prior to the May 31, 2020 consultation deadline.

- Was a cost analysis conducted to determine the reasonableness of the increase/new fees?
    - If so, is there information regarding this analysis the CHO can share with the OFC?
- As the 2019 changes introduced a mandatory 90-minute interview to determine the applicant's understanding of theories and demonstrate their clinical competencies, how did the College assess this prior to 2019?

The OFC's goal is to ensure that everyone who is qualified to practice a profession or trade that is regulated in Ontario can get a licence to practice. We appreciate the opportunity to provide these comments to the CHO and look forward to our continued collaboration.

College of Homeopaths of Ontario
163 Queen Street East, 2nd Floor, Toronto, Ontario, M5A 1S1
TEL 416-862-4780 OR 1-844-862-4780
www.collegeofhomeopaths.on.ca

May 29, 2020

Christopher Rosati
Director
Office of the Fairness Commissioner of Ontario
595 Bay Street, Suite 1201
Toronto, ON M7A 2B4

Dear Christopher,

Thank you for your feedback on the proposed bylaw changes related to Substantially Equivalent Competency Assessment (SECA) fees. As always, we appreciate the input and perspective of the Office of the Fairness Commissioner. This letter is intended, as best as possible, to respond to the questions in your email of April 29, 2020 and to provide you with background on the SECA process. We understand that you may wish to provide the College with further feedback on the proposed fee changes and ask that you provide any additional comments by June 8th.

The CHO agrees with the OFC's goal of ensuring that everyone who is qualified to practice a profession or trade can get a licence to practice. CHO is diligently taking steps to facilitate that process, while ensuring public protection through access to safe and competent homeopaths. The improvements made to the SECA review process have substantially improved all aspects of the review, and we believe that they have also addressed several concerns raised by the OFC in the 2018 Cycle 3 Assessment.

Additional Details Related to Proposed Fee Increase

At its June 11, 2020 meeting the Council of the College of Homeopaths of Ontario (CHO or the College) will consider the input received from the 60-day public consultation and any further input from the Registration Committee stemming from that consultation. It is anticipated that, if approved, the two fee changes will go into effect October 1, 2020. This will allow the College to give sufficient notice to all who are in the process or may be considering undertaking SECA. The existing fees will be in effect for anyone who submits an application up to, and including, September 30, even if they have not yet completed the interview portion of the process. The October 1 implementation date would hold true for the retake fee. As such, anyone who requests a retake after September 30, 2020 will be required to pay the retake fee.

Information about the approved fee change and effective date will be included on the College's website, in registration materials (specifically the Guide to Registration, SECA Handbook, Application Form, and SECA Applicant Interview Preparation Guide) and direct communication to those who are in the process of application or who have expressed interest in applying for SECA. We feel that 90 days notice is adequate for such a fee change, however, will consider accommodations on a case-by-case bases.

Prior to introducing the proposed bylaw changes the College and the Registration Committee had substantial discussion as to whether this proposed fee change would create an unnecessary barrier to any potential applicant wishing to determine eligibility for registration in Full Class. While the increase itself is three-fold, it is still a minimal fee to determine and review eligibility. Given the fact that the College does

not require a third-party credential or individual academic review, and there are limited costs involved in the eligibility phase of registration, the Registration Committee felt that the fee was reasonable and manageable for applicants. The external costs involved in the SECA review, i.e. ordering transcripts, language testing (if required), are one-time costs and are required for either the SECA review or application for Full Class. The information provided by the applicant at the SECA phase is carried forward to the individual's application for Full Class if he/she demonstrates eligibility. This carry forward minimizes additional effort and expense for the applicant.

In coming to its conclusion, the Registration Committee, which is comprised of a culturally diverse representation of public and professional Council members, also reviewed comparable costs from all Regulated Health Professions Act regulatory bodies, which supported the Committee's belief the proposed SECA fee and re-assessment fee are substantially lower than most Colleges. (Comparative analysis attached.)

The College has made attempts to be both fair to applicants and ensure its own delicate financial balance is considered. The College believes it appropriate to expect programs to reasonably cover costs.

The process to review a SECA application is comprehensive and includes:

1. Administrative review by registration staff to ensure the application is complete and ready for a detailed review by the Registrar. In this process staff dialogue with applicants to address questions and facilitate the information collection process. At the appropriate point in the review process staff also coordinate an interview time with a SECA assessor.

2. First review by the Registrar (who is also a registered member of the College) examines the application to confirm that the applicants' education and clinical training meets the requirements set out in the College's Registration Regulation (O.Reg. 18/14). This is a paper review.

3. An interview conducted by a trained SECA assessor (who is paid for interview preparation, interview time, and results report preparation). The SECA assessors are registered members of the College.

4. The Registrar reviews the totality of the individual's application (paper-review and interview results) and determines if the applicant has demonstrated substantial equivalence. The outcome may be:

   a. Demonstration without further action.

   b. Demonstration with suggested areas for focused self-improvement. Note this does not limit the individual's ability to register with the College, but merely provides suggestions for continued quality improvement of knowledge or skill to enhance the applicant's overall competence.

   c. Referral to a panel of the Registration Committee - for those who have demonstrated gaps in knowledge and clinical skills which is below the 80% level of substantial equivalence. The panel will provide specific guidance on recommended actions to meet the requirements. For

example, the applicant would receive direction on a program or individual course(s) and the expected level of education required to satisfy the entry-to-practice requirements to become eligible for registration.

The correspondence provided to the SECA applicant at the time of referral includes a summary and detailed report of competence demonstration resulting from the paper and interview review, information on the next steps (i.e. option to retake the interview and/or referral to committee), and information on the applicants route to appeal. Note, if the applicant does not do a retake the file goes directly to committee. The intention is to provide the applicant with every opportunity to successfully enter the college.

It is worthwhile to provide a process note here. Before Step 4, if there are concerns about the individual's performance in the interview, due to reasons such as technology challenges or borderline performance[1], the Registrar will direct that the applicant undertake a second full interview at the cost of the College.

This re-review process is similar to that utilized in the College's Individual Assessment process, used for individuals who have demonstrated eligibility to register for Full Class. The re-review is intended to mitigate any potential reviewer bias by allowing an applicant with borderline performance to undergo a second interview by another reviewer. If the second interviewer agrees with the findings of the first interviewer, the results stand and are provided to the applicant. If the applicant passes the second interview, then the applicant meets with a third reviewer who would act as a tie breaker. The results are then provided to the applicant. It is important to note that there are no additional costs to the applicant under these circumstances; this will not change with the introduction of the re-take fee.

The College's goal is to provide applicants with a fair opportunity to demonstrate substantial equivalence or to gain a clear understanding of areas in which he/she has failed to demonstrate equivalence, which in such a case will allow the applicant to adequately prepare and retake the interview. CHO believes that the process is comprehensive, detailed, yet fair, objective, and impartial. Furthermore, the College feels confident that its mandate of public protection in registering safe and qualified individuals is fairly achieved. The original fee of $150 per application does not cover the costs of the review process. The increase to $450 will cover the cost of a successful first take application. If a second or third take is required, and if a referral to Registration Committee is required, this will exceed the $450 application fee.

[1] Overall borderline performance appears in an applicant's results when the applicant demonstrates some understanding but has not fully demonstrated a number of the required competencies or has a higher level of "borderline" marks where "meets" marks are required. If, the results summary indicates that the applicant achieves 70 - 78% overall correct responses then the applicant would be considered to have demonstrated borderline performance and would be directed by the Registrar to re-take the interview at the expense of the College. The second interview allows the College to validate the results of the interview and may allow the applicant to make immediate improvements in performance. If an individual scored an overall mark of 79%, the College would give she/he the benefit of the doubt and deem them substantially equivalent.

Background to the SECA Review Process

The homeopathy profession has no external accreditation body or external examination process to validate an individual's education, clinical training, or competency prior to registering with the College. Fewer than six countries in the world have recognized processes for educating and qualifying a homeopath's education and training. In North America only Ontario regulates the profession. The Ontario regulatory process is unique, and, for the profession of homeopathy, there is not a comparable schematic.

The CHO has made significant efforts to balance T.O.I.F. principles to applicants with adequate public protection. It is with these considerations and the desire to address a number of items raised in the OFC Cycle 3 Assessment that adjustments were made to clarify assessment steps, improve assessor processes to ensure greater consistency, strengthen the T.O.I.F. aspects of the SECA review, and make the interview process mandatory.

The SECA process was first introduced in late 2016 as a predominantly paper-based review. The assessment included a review of applicant self-assessment documents, official academic transcripts, and other information provided by the applicant to support the content of education and clinical training.

Staff cross verified documents and official academic transcripts to confirm that the applicant's education and training had been delivered by a creditable source and that the applicant's homeopathy education and clinical training covered all competency and regulatory requirements.

> The CHO's regulatory requirement for Full class (O.Reg. 18/14) is as follows:
> **6.** (1) The following are registration requirements for a Full certificate of registration:
> 1. The applicant must have,
>
> i. successfully completed a post-secondary program in homeopathy in Ontario that is approved by Council or another body approved by Council for that purpose, or
>
> ii. successfully completed a program in homeopathy together with other education or training which a panel of the Registration Committee considers, when taken together, to be substantially equivalent to the requirements set out in subparagraph i.

In 2015, the College developed a process for approving academic programs which required that all entry-to-practice competencies be taught and evaluated, and graduates satisfy all other education and clinical training requirements detailed in the CHO Registration Regulation. This process of determining the requirements for teaching and evaluating the CHO Competency Profiles for Homeopaths Practicing in Ontario was used as a basis for developing the SECA review process.

In accordance with section 6.(1)1.ii of the Registration Regulation, an applicant for registration who has not graduated from an approved program must first undergo a review of their past education and training to determine whether their homeopathy education and training is substantially equivalent to that of a graduate from a program in homeopathy in Ontario approved by the CHO. While it is recognized that the SECA process need not be as stringent as the approved program process, the College did need a clear understanding of the equivalence of the applicant's education and training compared to the requirements of the CHO entry-to-practice competencies and regulatory requirements.

Between 2016 and 2019, the CHO focused its substantially equivalence review primarily on the competency mapping conducted by CHO staff. The competency mapping process includes significant complexity, and there is a high level of reliance on the applicant to gather and provide information to support the breadth and depth of their education and clinical training. Due to the inconsistency in homeopathy education and the limited education options in Ontario and Canada, the applicant is tasked with gathering adequate information to provide a clear picture of the course objectives, competencies and evaluations which comprised their individual education and training. Some applicants were challenged due to circumstances beyond their control to adequately collect such information, and some applications included limited supporting documentation. As such, despite its best attempts, this process would often leave the College guessing as to whether an applicant's knowledge, skill and judgment was indeed substantially equivalent. Applicants were frequently required to provide additional information, and the process of seeking and re-reviewing materials added time to the review process and led to frustration for some applicants. Prior to making the interview mandatory for all SECA applicants, the interview approach was used with select applicants who did not clearly demonstrate all competency requirements through the paper-based review. The interview was generally informative to staff, however, lacked the consistency and transparency of the standardized mandatory interview. Prior to use of a mandatory interview, more files were referred to a panel of the Registration Committee which could add weeks or months to the review process.

Today, the College continues to request applicants provide comprehensive information to the best of their ability, however, the SECA interview reduces some burden from applicants to gather and submit suitable evidence to demonstrate equivalence. The College also maintains a bank of academic curriculum materials to inform review of future applicants, who have graduated from the same program.

The change in process from interviewing some applicants who have been identified with gaps in their education or training, to interviewing all SECA applicants has streamlined the process and ensured a fair and transparent approach to determining substantial equivalence. For most applicants it has even accelerated the timeframe for review. The process has been made clear and consistent, and the information provided to SECA applicants in the Interview Preparation Guide create clear expectations of what to expect going into the interview process. The paper-based review and the SECA interview now work hand-in-hand to give the College a clear picture of an applicant's ability to satisfy the requirements. The change created balance in ensuring public protection and fairer registration processes for those seeking to determine eligibility for registration in Full Class.

SECA Applicant Interview Preparation Guide

Through its website, the College provides individuals who have not graduated from an approved program with the advanced information about SECA including the Guide to Registration, Flowchart to Determine Eligibility, and the SECA Handbook. Additionally, the College provides applicants with the Interview Preparation Guide at the time they contact the College regarding their interest in submission a SECA application.

The Interview Preparation Guide[2] provides individuals with substantial resources to help them successfully prepare for the SECA interview including the structure of the interview, full list of questions to be asked, references to source materials, the list of competencies to be reviewed and performance indicators which may demonstrate knowledge and clinical skill, marking and scoring information by question, and tips on how to prepare. The College has been reluctant to provide the Interview Preparation Guide on its website – as doing so would be like publishing one's full exam.

The bar for the interview is set at an entry-to-practice level. There is adequate room for flexibility and accommodation.

Most questions require a mark of "Meets" or "Borderline". Competencies considered to be crucial to the practice of homeopathy, generally requires the applicant to demonstrate at the level of "Meets". The rating level of "Meets" shows that the individual understands the requirement and can describe or demonstrate through examples of past training or experience how/when to incorporate the requirement into everyday practice. These questions relate to the fundamental principles of homeopathy theory and the clinical application and are universal in nature, and an applicant, with training and education in the profession, would understand these questions regardless of the country of study or practice. The applicant should be able to answer these questions 80% of the time.

The rating level of "Borderline" requires that the individual demonstrates an understanding of the requirement and can describe how/when to incorporate the requirement into everyday practice. Borderline may also recognize that this competency may not have been taught in the individual's prior education and clinical training, however, the individual recognizes its importance and can explain how/when to incorporate the requirement into practice in a regulatory setting. There is leeway to test the applicants understanding and borderline answers are acceptable. As such, for questions requiring a borderline response the applicant may demonstrate an understanding of the concept in general terms 80% of the time.

Demonstration of most competencies in the interview are determined based on the results of several questions.

Demonstration of clinical knowledge, skill and judgment competencies is achieved through specific questions in which the applicant is encouraged to answer using two of his/her own case (provided to the College in advance of the interview). The questions allow the applicant to answer referencing their own case or other appropriate examples of demonstration if the case does not lend itself to answering the question.

Accommodations

CHO is very flexible in allowing for accommodations. Requests are considered on a case-by-case basis. A few examples of how registration staff have provided accommodations include technology support to help

[2] Please note that the SECA Applicant Interview Preparation Guide will be updated in conjunction with the outcome of Council's decision on the proposed fee changes. Additional information will be added into the SECA handbook and interview guide to reflect the updates to registration policy REG-CS 008 Substantially Equivalent and the introduction of the re-take fee. Note that the updated policy is currently posted on the College's website.

an applicant smoothly connect to their online interview, so that he/she can focus on being prepared, centered, and grounded for their interview.

In developing the SECA interview, the College was sensitive to potential language challenges. The SECA assessors have been trained to simplify the question (without losing the inherit objective) if English is not the applicant's first language, and it is observed that terminology may be an unintended barrier to the applicant's success. The College has taken the approach that it is more important to determine the applicant's understanding of the required materials, then rigidly sticking to the phrasing of a question.

The College has not yet entertained requests for SECA fee assistance but can accept installments as required.

The Retake Process

To support the proposed bylaw changes the Registration Committee has approved amendments to registration policy REG-CS 008 Substantially Equivalent which details the process which CHO takes in review of equivalence, documents applicant's rights to appeal, and details the applicant's limitations to reattempts at the SECA process. While CHO has introduced a limit of three attempts to retake the interview process, it does not preclude the SECA applicant from re-applying if he/she has made additional effort to remedy any significant gaps in the applicants demonstration of the requirements. Since the introduction of the SECA interview process, less than 5% of SECA applicants have failed to demonstrate substantial equivalence.

Benefits of the SECA Interview Process

The interview process provides an enhanced and beneficial experience for the applicant, in the following ways:

1. It helps those applicants who have not graduated from an approved program to become familiar with the College's entry-to-practice competencies which are heavily integrated into the College's registration process, professional practice standards and guidelines, and Quality Assurance Program.
2. With only two approved programs in Ontario and no third-party accreditation body, SECA allows for consistent and reliable indicators that the applicant possesses the key entry-to-practice theoretical and clinical competencies required to practice the profession in Ontario. While the College reviews the individual's academic credentials education and training, there are general limitations to the depth of information available to objectively measure substantial equivalence. The SECA interview lends itself to a PLAR based review and enables the applicant to use the breadth of his/her knowledge, skill, and judgement to demonstrate their experience, education and clinical training is substantially equivalent.
3. The SECA interview is a solid pre-cursor to the regulatory requirement that an applicant eligible for Full Class undergo a paper-based Individual Assessment (IA) through a third-party assessment provider. The IA written submission is focused on a written essay on homeopathy theory and principles, and the written submission of three patient cases analysed by the applicant. Of note, the IA process fee for Full Class review is $650 + HST, and $350 + HST to have the essay or case portion reassessed. To date, all who have successfully completed the SECA process have also been

successful in their IA submission. Competency review in this order diminishes the chance of applicant fraud and cheating (an issue which the College has had to contend with.) For those who are not able to demonstrate eligibility, it allows them to understand their competency gaps prior to spending further funds on the assessment process.

Together the paper-based and interview components of the SECA application give the College a solid picture of the applicant's ability to demonstrate substantial equivalence. CHO's intention is to provide the applicant with every opportunity to successfully enter the profession. As such, for those who fail to demonstrate substantial equivalence or who demonstrate substantial gaps, the SECA process provides a roadmap for the applicants' future success.

Specific Questions Raised by the OFC

Have we introduced any new requirement?

The idea of the SECA interview has been present since the process was implemented in 2016. It did, however, take the College time to develop and fine-tune an interview process which could be delivered in a truly T.O.I.F manner.

Will the increased and new fees create unnecessary barriers for access to the homeopath profession? If yes, what are those barriers and how can they be addressed?

The College does not believe this to be the case. While, the fees have increased and there is potential that this increase will negatively impact some applicants, the College believes the increase and level of fee is reasonable, especially compared to other regulators. The College is open to making accommodations to address any unforeseen barriers. The College is willing to provide additional consideration by waiving fees and allowing for installment payments where such accommodations are requested. The College does provide accommodations for retakes at no cost to the applicant in the situation of technology challenges and borderline results. Finally, the College has provided applicants with substantial support through the SECA Preparation Guide which, if used, would help the applicant succeed in the interview process.

Will there be a limit to the number of examination attempts permitted as the process is now more involved? If so, how will this affect applicants taking subsequent examinations?

The goal is to provide each applicant with a clear understanding of his/her results. If an applicant fails to demonstrate substantial equivalence the College provides them with a summary and detailed report of competence demonstration resulting from the paper and interview review, information on the next steps (i.e. option to retake the interview and/or referral to committee), and information on the applicants route to appeal. The applicant may take additional steps to study for the next retake or undertake additional knowledge expansion. Additionally, the applicant could appeal the results to a panel of the Registration Committee.

While CHO has introduced a limit of three attempts to retake the interview process, it does not preclude the SECA applicant from re-applying if he/she has made additional effort to remedy any significant gaps in the applicant demonstration of the requirements. [See the revised registration policy REG-CS 008 attached.]

If the proposed amendments are implemented immediately after approval, how will this affect applicants who have started the registration process? Is there a possibility for a grace period? Are the proposed timelines reasonable?

The College believes it is fairer to the applicant to provide adequate lead up to the fee increase. Should Council approve the fee changes they will be implemented effective October 1 and will affect anyone who applies or requests a re-take after September 30. The College believes that 90 days notice is reasonable.

Will CHO offer reasonable support in any manner to applicants?

The College is very supportive and accommodating of applicants and registrants. The College does its best to provide advance information, technology hook-up support, addressing questions, special requests, and financial accommodations. CHO welcomes any additional guidance the OFC recommends.

Was a cost analysis conducted to determine the reasonableness of the increase/new fees? If so, is there information regarding this analysis the CHO can share with the OFC?

Yes, see attached comparison report of fees charged by other regulators.

As the 2019 changes introduced a mandatory 90-minute interview to determine the applicant's understanding of theories and demonstrate their clinical competencies, how did the College assess this prior to 2019?

Please see information above for complete answer.

2016 – CHO completed first approved program review requiring competencies to be demonstrated based on evidence each was taught and evaluated. This process of determining the requirements for teaching and evaluating the CHO Competency Profiles for Homeopaths Practicing in Ontario was used as a basis for developing the SECA review process.

An applicant for registration who has not graduated from an approved program must first undergo a review of their past education and training to determine whether their homeopathy education and training is substantially equivalent to that of a graduate from a program in homeopathy in Ontario approved by the CHO. The substantially equivalent review was first introduced in late 2016 as a predominantly paper-based review. The assessment included a review of self-assessment documents, and cross verification by staff that the applicant's homeopathy education and clinical training covered all competency and regulatory requirements. Staff validate that the education and training have been delivered by a creditable source.

SECA fee of $150 was first introduced in April 2017. Prior to this the SECA process was free.

2016 → 2019 – SECA review was predominantly a staff conducted paper review based on information provided by applicants, applicant self-evaluation of knowledge/skill/judgment, evidence of course content, competencies and materials taught and evaluated, official transcripts provided by academic institutions, and other supporting documents provided by the applicant. Some applicants were interviewed if questions arose from their paper application. All applicants with significant gaps (demonstrating less than 80% or missing key subject areas) were referred to a panel of the Registration Committee.

2018 – Start of re-evaluation and re-development of SECA to enhance transparency, objectivity, impartiality, and fairness of evaluation process to ensure consistent and measurable outcomes and clear direction to applicants.

Spring 2019 – Introduction of SECA interview for all applicants and detailed and summary reports of competency / regulatory requirement gaps.

2020 – Proposed fee for re-takes and increase in the SECA fee.

We hope this provides you with an adequate understanding of the College's SECA process and addresses your general questions. If you are interested in speaking directly to the Registration Committee, we invite you to join their meeting on the morning of June 9th. As always, we look forward to your feedback and our positive ongoing dialogue.

Respectfully,

Janet Blanchard
Senior Manager, Quality Assurance, Patient Relations and Communications

Attachments

- SECA Handbook
- SECA Interview Preparation Guide
- Updated Registration Policy REG CS008 Substantial Equivalence
- Comparative Review of Regulatory College Assessment Fees

CC: Naikka Marshall, Compliance Analyst, OFC
Basil Ziv, Registrar, College of Homeopaths of Ontario

Janet Blanchard

From: Office of the Fairness Commissioner (MLTSD) <OfficeoftheFairnessCommissioner@ontario.ca>
Sent: June 8, 2020 1:27 PM
To: Janet Blanchard
Cc: Marshall, Naikka (MLTSD); Rosati, Christopher (MLTSD)
Subject: RE: Proposed By-Law Change - OFC Response

Sent on behalf of Christopher Rosati, Director, Office of the Fairness Commissioner

Dear Janet Blanchard,

Thank you for providing the requested information related to the proposed fee changes and the Substantially Equivalent Competency Assessment (SECA) process itself. The wealth of information demonstrated the cost analysis and decision-making around the SECA process changes over the last few years.

Based on our understanding of your rationale behind the improvements to the SECA process, and the scope of the changes implemented, increasing the fee and adding the re-take fee, is logical and reasonable. Some practices of note are:

- Conducting the SECA process without a fee, introducing a fee later, and taking time to assess the situation prior to proposing an increase
- Offering stakeholders, a chance to comment on the proposal prior to you deciding to implement the change
- If the decision to implement the changes is approved, your plan is to provide 90 days notice prior to the implementation date
- Keeping the fees proportionate to your increased resource costs
- Ensuring the increased and additional fees are in line with other health regulators

We have no concerns with the implementation of the fee changes at this time and will be sending a representative to attend your Registration Council meeting on Tuesday, June 9th, 2020, primarily in a learning capacity.

Finally, the OFC would like to applaud you in your efforts to address concerns raised in your 2018 Cycle 3 assessment, as well as in keeping the fairness principles at the forefront of your decision making throughout.

Sincerely,

Office of the Fairness Commissioner

From: Office of the Fairness Commissioner (MLTSD)
Sent: June 4, 2020 3:56 PM
To: Janet Blanchard <janet.blanchard@collegeofhomeopaths.com>; Basil Ziv <basil.ziv@collegeofhomeopaths.com>
Cc: Marshall, Naikka (MLTSD) <Naikka.Marshall@ontario.ca>; Rosati, Christopher (MLTSD) <Christopher.Rosati@ontario.ca>
Subject: RE: Proposed By-Law Change - OFC Response

Dear Janet Blanchard,

Thank you for providing the requested information. We are currently reviewing the documentation, and we will provide a response by end of business on Monday, June 8th. Also, please be advised that Naikka Marshall from our office will be joining your Registration Committee's meeting on June 9th.

Would you please inform us of the platform to be utilized for your Registration Committee meeting so we can consult with our IT department ahead of time and make sure Naikka is set up and ready to go.

Thank you.

Office of the Fairness Commissioner

From: Janet Blanchard <janet.blanchard@collegeofhomeopaths.com>
Sent: May 29, 2020 11:44 AM
To: Office of the Fairness Commissioner (MLTSD) <OfficeoftheFairnessCommissioner@ontario.ca>; Rosati, Christopher (MLTSD) <Christopher.Rosati@ontario.ca>; Marshall, Naikka (MLTSD) <Naikka.Marshall@ontario.ca>
Cc: Basil Ziv <basil.ziv@collegeofhomeopaths.com>
Subject: RE: Proposed By-Law Change - OFC Response

CAUTION -- EXTERNAL E-MAIL - Do not click links or open attachments unless you recognize the sender.

Dear Christopher and Naikka,

I trust this email finds you both well.

Thank you for your feedback on the proposed bylaw changes related to Substantially Equivalent Competency Assessment (SECA) fees. As always, we appreciate the input and perspective of the Office of the Fairness Commissioner. This letter is intended, as best as possible, to respond to the questions in your email of April 29, 2020 and to provide you with background on the SECA process. Additionally, we have provided a few attachments related to the substantially equivalent review process for your reference.

We understand that you may wish to provide the College with further feedback on the proposed fee changes and ask that you forward these to us by end of day June 8th. If you are interested in speaking directly to the Registration Committee, we invite you to join their meeting on the morning of June 9th.

As always, we look forward to your feedback and our positive ongoing dialogue.

Respectfully,
College of Homeopaths of Ontario
Janet Blanchard
Senior Manager, Quality Assurance, Patient Relations, Communications
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From: Office of the Fairness Commissioner (MLTSD) <OfficeoftheFairnessCommissioner@ontario.ca>
Sent: April 29, 2020 4:21 PM
To: Basil Ziv <basil.ziv@collegeofhomeopaths.on.ca>
Cc: Janet Blanchard <janet.blanchard@collegeofhomeopaths.on.ca>
Subject: Proposed By-Law Change - OFC

Dear Basil Ziv and Janet Blanchard,

On behalf of Christopher Rosati, Director of the Office of the Fairness Commissioner, please find attached.

The attached submission provides the OFC's comments on the Revision of Bylaws related to the Substantially Equivalent Assessment Fee consultation. We understand that the College of Homeopaths of Ontario (CHO) will consider input obtained during the consultation with members and stakeholders to decide about next steps during its first meeting following the May 31, 2020 consultation deadline.

It is the role of the OFC to work with regulatory bodies to ensure their registration practices adhere to the requirements set out in the legislation. As the regulatory body responsible for the regulation of Homeopaths in Ontario, the CHO is subject to fair access provisions of the Fair Access to Regulated Professions and Compulsory Trades Act (FARPACTA), and Schedule 2 of the Regulated Health Professions Act (RHPA).

As part of our work, when regulated professions and trades develop their practices, it is common practice for the OFC to provide advice to those regulatory bodies to ensure that their practices and procedures have fair-access principles embedded in them. This has proven to be a very successful process and it mitigates future problems. Our comments are provided in the attached document.

We would like to thank the CHO for the opportunity to comment. If you have any questions about this submission, please do not hesitate to contact me.

Regards,

Office of the Fairness Commissioner

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM

MEETING/DATE:	**COUNCIL, FEBRUARY 27, 2020**	**DECISION**	**X**
		DISCUSSION	□
		INFORMATION	□
DATE:	**FEBRUARY 13, 2020**		
ITEM NAME:	**Substantially Equivalent Assessment Fee – Bylaw Revision**		
PRESENTED BY:	**E GAJRAJ/ B ZIV / J BLANCHARD**		

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

1. To provide Council with a recommendation from the Registration Committee to implement a proposed change in the fee for an initial or retake review of the Substantially Equivalent Competency Assessment (SECA). [This fee relates to the pre-application cost to conduct a comprehensive review to determine if an individual is eligibility for registration in Full Class. I.e. their education and clinical training is substantially equivalent to an applicant from an approved post-secondary program in homeopathy in Ontario.]

STRATEGIC DIRECTIONS: This initiative fits with the regulatory responsibilities of the College. While this fee change is cost recovery, it further fits with the strategic direction of the College, which is a reflection of the fundamental components of our mandate. In the public interest the CHO will:
X 2A. Grow the cash reserves 6.13%.

GUIDING LEGISLATION:
CHO Bylaws RHPA, 1991 section 95 O.Reg 18/14 Registration section 6.(1) 1ii.

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

A bylaw addition or change on fees requires Council approval in addition to distribution for 60-day consultation.

Rationale for Change

An applicant for registration who has not graduated from an approved program must first undergo a review of their past education and training to determine whether their homeopathy education and training is substantially equivalent to that of a graduate from a program in homeopathy in Ontario approved by the CHO.

The SECA process was first introduced in December 2016 as a predominantly paper-based review. The assessment includes a review of self-assessment documents, and cross verification by staff that the applicant's homeopathy education and clinical training covers all competency and regulatory requirements. Staff validate that the education and training has been delivered by a creditable source.

The SECA fee was first introduced in spring 2017. Currently no fee is charged for repeat reviews (i.e. an individual may be provided an opportunity to redo the interview if they performed poorly). Retake fees are common and acceptable in regulatory environments. The proposed fee is cost recovery.

In 2019, the College amended the review process as follows:

- Individuals are still required to submit a paper application with supporting documentation including transcripts, course outlines, etc. to support the education received. The College staff review the documentation as noted above.
    - First level review confirms that the application is complete and follows up with the applicant if more information is required;
    - Second level review examines the applicant's education and clinical training in detail to determine if the demonstrates the applicant has met the competency and regulatory requirements.
- All individuals are now required to undergo a structured three-hour interview with a trained assessor.
    - The content of the interview validates the paper submission and poises approximately 90 competency based questions to determine the applicants' understanding of homeopathy theory and the demonstrated application of clinical competencies.
    - In conjunction with the review of clinical competencies, the assessor discusses two clinical cases provided by the applicant.
    - Finally, the assessor provides feedback on their impression of the applicant in relation to professionalism, ability, safe practice and overall understanding of homeopathy.
    - The interview provides a measured[1] indication of the individual's theoretical and clinical knowledge of homeopathy at an entry-to-practice level.
    - Individuals are provided with a comprehensive preparation guide in advance of the interview. The guide provides full instructions of how to prepare for the interview. The guide includes a listing of all theory and clinical questions asked, and references to resource materials key in preparing for the interview.
- At the end of the interview, the SECA assessor provides the Registrar with a results report. The Registrar gains an overall understanding of the individual's competency demonstration. In accordance with registration policy REG CS08 Substantially Equivalent individuals who successfully demonstrate substantial equivalence may be deemed eligible[2] by the Registrar. This SECA results report may flag concerns including gaps in requirements and failure to demonstrate. The results of the SECA review may trigger a referral to a panel of the Registration Committee for review and clear direction on the necessary steps/remedies to successfully demonstrate substantial equivalence.

The 2019 process changes have restructured the allocation of processing times (deceased the time spent on paper based review, and increased face-to-face assessor time). The process is time consuming and onerous, yet necessary to ensure public protection and registration of individuals who have demonstrated all requirements. It takes a minimum of 10 hours to review each completed application. Not all applications are complete when received by the College, which may add to the length of time to service the file and deliver a decision.

This change in process from interviewing some applicants, who have been identified with gaps in their education or training, to interviewing all SECA applicants has streamlined the process and ensures a fair and transparent process is in place for all SECA applicants. The process changes have been commended by the Office of the Fairness Commission of Ontario as being transparent, fair, objective and impartial.

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[1] Each competency based question is rated on the basis of meets, borderline or does not meet.

[2] The individual must still successfully complete the Individual Assessment process and all other registration requirements before they proceed to register with CHO.

A SECA assessor must be a member in good standing of CHO. Assessors are paid positions, and work for the CHO on a contract basis.

The CHO SECA fee proposed increase is based on cost recovery.

The SECA fee encourages commitment and follow through on the part of the applicant, without being overly onerous, and is considered reasonable compared to some agencies costs which can run into thousands of dollars e.g. WES (World Education Services).

See appendix 7.3.2 for details on cost comparisons to other health regulatory colleges (information on approaches to assessment requirements are also provided where information is available).

Existing Bylaw

19.03 – Fee Amounts

	Fee Item	
B. Fees Relating to Applications for Initial Registration		
1.	Initial Registration Application Fee	$275
2.	Registration Fee Full Class	$1250
2.1	One month after the first anniversary of proclamation, a Registrant issued a certificate of registration shall pay, in respect of the registration year in which the certificate was issued: one twelfth of the registration fee for that category of the registration multiplied by the number of calendar months remaining before the next registration year, including the month in which the certificate of registration was issued.	
3.	Registration Fee (Inactive)	$725
4.	Transfer to a Different Class Fee	$100
5.	Jurisprudence Program Fee	$75
6.	**Substantially Equivalent Assessment Fee**	**~~$150~~450**
7.	**Substantially Equivalent Assessment Retake Fee**	**$225**

KEY CONSIDERATIONS:

1. Applicant adherence and commitment to process.
2. Staff resources to review pre-application.
3. Requirement for fee bylaws to be clear and transparent.

RESOURCE IMPLICATIONS:

1. This fee increase would be cost recovery for both initial and retake assessments.
2. Time and staff resources required for distribution and 60-day consultation of bylaw.

DEADLINES AND NEXT STEPS:

1. February 6 Council meeting – present proposed bylaw for approval "in principle" to proceed to consultation stage.
2. 60-day public consultation to be completed for June 2020 Council meeting.
3. June 11 Council meeting – consultation findings and bylaw to return to final direction.

OPTIONS:

1. Approve as presented.
2. Approve as amended (based on discussion).
3. Request further amendments and discussion at Registration and/or Executive Committee.
4. Reject.

RECOMMENDATIONS:

1. Approve as presented

RESOLUTION:

BE IT RESOLVED THAT Council approved the proposed change to fee bylaw 19.03 for Substantially Equivalent initial and retake assessment and circulate the change for 60-day public consultation.

College of Homeopaths of Ontario
Registration Policies

Title:	**Substantially Equivalent**
Category:	**Class Specific Requirement**
Policy Type:	**Internal / External**
Policy Number:	**REG CS 08**
Status:	**Approved by Council November 15, 2016**
Updated:	**Updated January 28, 2020 approved by Registration Committee**

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

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

Applicable to (unless otherwise noted):

1. Applicant Full Class Certificate of Registration

Type of Requirement: Non-Exemptible

Applicable CHO Registration Regulation: Section 6. (1)1 ii.

Policy

The College of Homeopaths of Ontario (CHO) takes a prior learning assessment and recognition (PLAR) approach in its review of an individual's knowledge, skill and judgment for those who have not successfully completed a post-secondary program in homeopathy in Ontario that is approved by the Council or another body approved by Council for that purpose.

In determining eligibility, at the pre-application stage, the CHO examines the individual's knowledge, skill and judgment against the Competency Profile of Entry-to-Practice Homeopaths Practising in Ontario and any other education and clinical training requirements set out in the Registration Regulation (O.Reg. 18/14) and College policy.

The College recognizes an individual's education and clinical training qualifications as being substantially equivalent if he/she demonstrates eighty percent (80%) or more of each identified section of the eligibility registration requirements as per Appendix A CHO policy REG CS08.

Individuals demonstrating less than 80% of each identified education and clinical training section of the eligibility registration requirements may be required, at the discretion of the Registrar and/or the direction of the Registration Committee, to fulfil any refreshment, clinical training, and/or other education deemed necessary to substantially demonstrate Ontario education and clinical training requirements at an entry-to-practice level.

Process
The Substantially Equivalent Competency Assessment (SECA) process is the full review of a candidate's education and clinical training in homeopathy. The SECA process includes both a paper review and a structured one-on-one interview component. The review process seeks to understand the candidates' knowledge and demonstrated application of a broad subsect of theoretical and clinical competencies from the College's *Competency Profile of Entry-to-Practice Competencies for Homeopaths Practicing in Ontario*. The SECA process compares the candidate's education and clinical training and demonstrated knowledge against that required of a graduate from an approved post-secondary program in homeopathy in Ontario. At the end of the review process the candidate is provide with information on the outcome of the review.

If the candidate demonstrates 80% or greater of each identified education and clinical training registration requirement, he/she may commence the application process for Full Class, and must successfully satisfy all other registration requirements to become a member of the College.

If the candidate demonstrates less than 80% of each identified education and clinical training registration requirements, the Registrar may refer the file to a panel of the Registration Committee. Before this occurs the candidate will be given the opportunity to retake the assessment with a different assessor.

Retakes
The College will provide the candidate with a 30-day period after he/she receives the results of the SECA review to request a retake of the interview. Each SECA candidate is allowed up to three (3) attempts at the SECA interview, before exhausting their opportunity to improve their results.

If, after the 30-day period no request is received from the candidate or he/she waives the right to a retake, the file will be referred to a panel of the Registration Committee, unless the candidate expresses in writing that they no longer wish to proceed and would like to withdraw from the SECA process.

Panel Review
A panel of the Registration Committee will provide the candidate with clear direction through written correspondence to provide:

1. a summary of the results of the assessment;
2. specific details on the type and level of additional education and/or clinical training required to address any deficiencies or gaps identified in the assessment; and
3. a general list of acceptable sources/providers to fulfil the successful demonstration of deficiencies or gaps identified in the assessment.

Reassessment
If the candidate has successfully remedied all deficiencies identified by the Registrar or a panel of the Registration Committee, and the candidate delivers acceptable proof of demonstration to the Registrar, the Registrar may:

1. find the candidate eligible to proceed with their application for Full Class registration; or
2. Require the candidate to undertake another SECA assessment. Prior to proceeding with an attempt to retake the review, the candidate shall pay the retake fee, and any applicable taxes, identified under Section 19 of the CHO Bylaws. The candidate is allowed up to three (3) attempts at the SECA interview, before exhausting their opportunity to improve their results.

Appeals
If the candidate is not satisfied with the outcome of the decision of the Registration Committee panel he/she may:

1. request an internal review by a second panel; or
2. submit an application to Full Class and invoke their right to appeal under the Health Professions Review and Appeals Board (as laid out under the *Health Professions Procedural Code*.)

Refer to policy REG AD 01 Registration Appeals Process and Timelines for full details of process.

Definitions
Prior Learning Assessment and Recognition **(PLAR)**
Prior learning assessment and recognition defines processes that allow individuals to identify, document, have assessed and gain recognition for their prior learning. The learning may be formal, informal, non-formal, or experiential.[1]

Substantially Equivalent Competency Assessment (SECA)
The Substantially Equivalent Competency Assessment process is the full review of a candidate's education and clinical training in homeopathy. The SECA process included both a paper review and structure one-on-one interview component. The review process seeks to understand the candidates' knowledge and demonstrated application of a broad subsect of theoretical and clinical competencies from the College's *Competency Profile of Entry-to-Practice Competencies for Homeopaths Practicing in Ontario*. The SECA process compares the candidate's education and clinical training and demonstrated knowledge against that required of a graduate from an approved post-secondary program in homeopathy in Ontario.

Related Policies, Standards, Guidelines and Regulations
CHO Registration Policy REG CS 01 *Education and Clinical Practice Requirements Full Class Criteria*

Homeopathy Act, 2007, Ontario Regulation 18/14 Registration

Registration requirements, Full class
6. (1) The following are registration requirements for a Full certificate of registration:

1. The applicant must have,
    i. successfully completed a post-secondary program in homeopathy in Ontario that is approved by Council or another body approved by Council for the purpose, or

    ii. successfully completed a program in homeopathy together with other education or training which a panel of the Registration Committee considers, when taken together, to be substantially equivalent to the requirements set out in subparagraph i.

2. The applicant must have successfully completed a program of clinical experience in the profession that is structured, comprehensive, supervised and evaluated and that is at least 45 weeks in length and includes at least 225 hours of direct client contact.

[1] Canadian Association for Prior Learning Assessment (capla.ca/)

Appendix A: Evaluation of Competency Sections/Groupings for the Assessment of Candidate Education and Clinical Training to Determination Substantial Equivalence and Eligibility for Registration in Full Class

Order of Submission	Requirement	Source/Mechanism	Marking/Scoring Current Proposal	Status
Step 1				
Pre-application	Theory General Health Sciences Subject Specific – including	Transcript/Curriculum/Competency Review (with evidence of) - Anatomy/physiology - Pathology (general and homeopathy related) - Nutrition - Physical exam - Biochemistry - Environmental medicine - Laboratory studies Pharmacology	Policy: Theory Based part of 750 hour requirement; Mandatory: recognition of substantially equivalent; Policy: **80%** required for substantially equivalent	Non-exemptible under 6(1)1.ii
Pre-application	Theory Homeopathy Subject Specific – including	Transcript/Curriculum/Competency Review (with evidence of instruction on) validated through structured interviewed with candidate - Organan / homeopathy theory / philosophy - Case taking (homeopathy) - Case analysis - Repertorization - Materia Medica/homeopathy pharmacy - - Homeopathy case management	Policy: Theory Based part of 750 hour requirement; Mandatory: recognition of substantially equivalent; Policy: **80%** demonstration of theory competencies required for substantially equivalent	Non-exemptible under 6(1)1.ii
Pre-application	Clinical	Transcript/Curriculum/Competency Review (with evidence of) validated through structured interviewed with candidate - Initial intake - Case taking – consultation - Patient communication/rapport - Case analysis & repertorization - Selection & dispensing of medicines - Case management & follow-up	225 direct client contact hours, 45 weeks; Policy: **80%** demonstration of clinical competencies required for substantially equivalent	Non-exemptible under 6(1)2
Pre-application	Theory and Clinical	SECA in-person one-on-one structured interview with trained assessor Questions relate to: - validation of clinical training - subject specific education - education in homeopathy theory - demonstrated understanding of application of clinical competencies	Policy: **80%** demonstration of selected competencies required for substantially equivalent	

APPLICANT'S PREPARATION GUIDE

COMPETENCY LIST TO BE ASSESSED UNDER

Substantially Equivalent Competency Assessment (SECA) APPLICATION PROCESS

This competency list is based on a subsection of the Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario approved by the transitional Council February 27, 2012

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Version 2, May 2020

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SECA Assessment Review

Overall Assessment Process

What is Substantially Equivalent Competence Assessment (SECA)?
Any individual who has **not graduated** from an approved program in homeopathy in Ontario is required to undergo a 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*.

A SECA review shows the College how your knowledge and practice compares to what is expected of a homeopath trained in an approved program 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.

The SECA process assists the College to determine if an applicant's academic credentials are equivalent to a post-secondary program in homeopathy in Ontario. It is the goal of the College to conduct all registration processes in a manner which is transparent, objective, impartial and fair. The refined interview process aims to achieve this goal. The interview is your opportunity to demonstrate current knowledge of homeopathy theory and clinical application based on your education and training.

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.

The SECA is your opportunity to demonstrate your homeopathy knowledge and skills to the College.

In the SECA review process each applicant's file is reviewed on an individual basis by a trained assessor. Through a thorough review the assessor is attempting to make a determination of the individual's eligibility against the requirements for registration in Full Class. In accordance with the College's Registration Regulation, O. Reg. 18/14, the requirements include:

1. **Theory Program**
   Programs must offer a minimum of 750 hours of instruction, and cover broad areas:
   - Subject Specific – must include anatomy/physiology, pathology, and nutrition; physical exam is optional
   - Theory – must include philosophy, case taking, case taking, case analysis, repertorization, Materia Medica/homeopathy pharmacy, selection of medicines (remedies), potency/posology/dosage, and case management
2. **Clinical Program**
   Clinical training requires an additional 225 hours of direct client care over at least 45-weeks in a setting which allows for a structured, comprehensive, supervised and evaluated program. In accordance with the CHO competency profile clinical training shall cover competent practice in the following areas – initial intake, case taking consultation, patient communication and rapport, case analysis and repertorization, selection and dispensing of medicines, and case management and follow-up.

3. **Competency Based Education and Assessment**
   The College's competency profile is divided into the following sections:
   - Professional Responsibility and Ethical Practice (Competency 1.1 to 1.11)
   - Knowledge-Based Practice Body of Knowledge (Competency 2.1 to 2.24) – the majority of these competencies are theory based.
   - Competent Application of Knowledge (Competency 2.25 to 2.46 – these competencies are clinical based. Covering: Initial Intake, Case-Taking – Consultation, Case Analysis, Selection and Dispensing of Medicine, Case Management
   - Practice Management (Competency 3.1 to 3.6)

   The full *Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario* can be can be found on the College's website at www.collegeofhomeopaths.com

Four Part Review

The SECA review consists of four parts. First your paper based application is reviewed for thoroughness and completeness and reviewed to determine your homeopathy education and clinical training. Next a specially trained SECA Assessor, who is also a homeopath, will conduct a one-on-one interview to further explore your knowledge of homeopathy and validate your clinical training. The SECA Assessor sends a report to the College's Registrar, who looks at all of the information which you provided and SECA Assessor's report to determine if your education and training is substantially equivalent to that of an applicant who graduated from an approved program in homeopath in Ontario. The Registrar will notify you of the findings within four to six weeks of you completing the interview.

The overall application review including the one-on-one interview consists of four parts as follows:

Part 1 – Validation of Written Pre-Assessment Form and Supporting Materials

Part 1 is a paper based review, which occurs prior to the one-on-one interview. It captures a picture of the applicant's education and covers specifically review subjects studied as they relate to entry-to-practice competencies.

- Competences are demonstrated with evidence that the subject has been studied in an appropriate academic environment and the applicant has passed the subject. Borderline indicated that the applicant has studied most aspects of the subject and has at least a minimum level of knowledge of the subject.
- Focus on 11 subject specific mandatory competencies.
  i. 3 Competencies = 2.1, 2.3, 2.19 =[1] Meets
  ii. 8 Competencies = 2.2, 2.11, 2.12, 2.13, 2.14, 2.15, 2.16, 2.20 =[2] Borderline
  iii. Confirms education in homeopathy theory and clinical training to satisfy CHO regulatory and policy requirements.
  iv. Subjects include: homeopathy philosophy, Organon, Materia Medica, repertorization, anatomy, physiology, pathology, environmental medicine, biochemistry, laboratory studies, nutrition, pharmacology, and physical examination.

Part 2 – Oral Interview to Review Homeopathy Based Knowledge

Part 2 of the review occurs at the time of the oral interview conducted by the SECA Assessor. This consists of approximately 60 questions exploring your basic homeopathy theory knowledge. A full list of the competencies, performance indicators and potential interview questions are including in this Applicant's Preparation Guide.

- Focus on 21 mandatory competencies or sub-competencies.
  i. 13 Competencies 2.1, 2.1 a, 2.1 b, 2.1 c, 2.1 d, 2.1 e, 2.1 f, 2.1 g, 2.1h, 2.19, 2.25 c, 2.25 e, 2.35 = Meets
  ii. 8 Competencies 2.6 a, 2.6 b, 2.6 c, 2.6 d, 2.8, 2.9, 2.17, 2.21 = Borderline

[1] Required level of demonstration equals meets or borderline as indicated.
[2] Required level of demonstration equals meets or borderline as indicated.

Part 3 – Oral Interview to Review Clinical Knowledge

In Part 3 of the one-on-one interview with the SECA Assessor, you will be asked a series of approximately 30 questions which are to be answered using the two sample cases you bring with you, or through your own clinical knowledge, skill and judgment.

- This part validates applicant's ability to take a case, understand information to be collected, arrive at a conclusion, and explain to the assessor how he/she arrived at a homeopathic diagnosis and remedy.
- Based on two sample cases provided by the applicant.
- A full list of the competencies, performance indicators and potential interview questions are including in this Applicant's Preparation Guide.
- Focus on 20 mandatory competencies (1 with 13 components)
    i. 10 Competencies and/or competency components 2.28, 2.28 a, 2.28 b, 2.28 c, 2.37, 2.38 a, 2.38 b, 2.38 c, 2.39 c, 2.43 = Meets
    ii. 9 Competencies and/or competency components 2.28d, 2.28e, 2.32, 2.33, 2.34, 2.39 a, 2.39 b, 2.39 d, 2.46 = Borderline
    iii. 1 Competency 2.36 with 3 components = Meets and 10 components = Borderline

Part 4 – Assessor's Impression

In Part 4, the SECA assessor's provides his/her impression to the Registrar of the applicant's ability to communicate and demonstrate professionalism. This includes (but is not limited to), applicant:

- demonstrates ability to develop an appropriate patient relationship (impression gathered through case examples and discussion),
- is polite and courtesy,
- respects boundaries with assessor,
- asks meaningful questions to clarify questions or information provided,
- responses in a thoughtful appropriate manner,
- is polite and courtesy, and
- is on time or makes reasonable attempts to notify College due to unexpected delays.

- Focus on 2 competencies focused on communications and professionalism
    i. 2 Competency 1.2, 1.9 = Borderline

Minimum Required Rating

The competencies are assessed on a three point scale – meets, borderline and does not meet.

The minimum required rating and mark for each competency is indicated in the right-hand columns of the chart (in this document) titled "Competency Requirements and Rating Information for SECA Process". Most required ratings are "Meets" or "Borderline".

Competencies considered to be crucial to the practice of homeopathy, generally requires the applicant to demonstrate at the level of **"Meets"**. The rating level of "Meets" shows that the individual understands the requirement and can describe or demonstrate through examples of past training or experience how/when to incorporate the requirement into everyday practice.

The rating level of **"Borderline"** requires that the individual demonstrates an understanding of the requirement and can describe how/when to incorporate the requirement into everyday practice. Borderline may also recognize that this competency may not have been taught in the individual's prior education and clinical training, however, the individual recognizes its importance and can explain how/when to incorporate the requirement into practice in a regulatory setting.

Assessor Report and Outcome

The assessor provides a results report of the assessment to the Registrar. The assessor has no power to make recommendations on who is eligible for registration. The College will inform you of the results of the interview within four weeks of the interview. If the review identifies gaps which indicate your training and/or education is not equivalent to that of a graduate from an approved program in homeopathy in Ontario and/or do not meet the College's regulatory or policy requirements, the College will provide you with a report outlining the area(s) of weakness. In addition, the College will provide you with clear direction on what actions are required to resolve the gaps in your eligibility.

Possible Decisions and Right to Appeal or Retry

At the end of the SECA review process you will be provided with a decision by the Registrar regarding your eligibility to register with the College. The Registrar may make one of the following decisions:

1. Determine that your education and training is substantially equivalent to that of a graduate from an approved post-secondary program in homeopathy in Ontario and provide you with clearance to proceed to complete all registration requirements;

2. Determine that there are gaps in your education and training and refer your file to the Registration Committee for consideration and direction. In accordance with the *Health Professions Procedural Code* (Schedule 2) of the *Regulated Health Professions Act, 1991*, the Registration Committee may direct the Registrar to i. issue a certificate of registration once all requirements are complete; ii. Issue a certificate of registration once a specified requirement is complete (such as further training or examination); or iii. Deny to a certificate of registration. In the case where specific gaps in education and training are identified, the Registration Committee will provide you with a clear indication of the gaps which exist and recommendations on acceptable ways to address the gaps.

   Individuals have the right to appeal any decision regarding the outcome of your pre-assessment for eligibility to register submission, individual assessment submission and your application for registration with the College.

If you disagree with a registration related decision, you can request a review of your file by the College's Registration Committee. This committee meets four times a year to assess the qualification of applicants to the College.

The Registration Committee reviews applications from applicants who want to become members of the College but do not meet one or more of the registration requirements. After considering the application and submissions, the Registration Committee may direct the Registrar to:

- issue a certificate of registration
- issue a certificate of registration with terms, conditions and limitations
- issue a certificate of registration if the applicant completes specified training or additional exams
- refuse to issue a certificate of registration.

Orders of the Registration Committee can be appealed to the Health Professional Appeal and Review Board. An Order of the Review Board can be appealed further to the Divisional Court of Ontario.

If you disagree with a decision by the Registration Committee, you can appeal the decision by sending your request in writing (not by email) to both the Registration Committee and the **Health Professions Appeal and Review Board**, an independent review board established under the *Regulated Health Professions Act* (RHPA).

Your request for an appeal must be received by the College within 30 days after the date you received notice of the Registration Committee's decision. You can ask for either a hearing (you and a College representative appear in person to present evidence to the Board) or a review (Board members review written submissions from the applicant and the College).

You can contact the Registration Committee and the Health Professions Appeal and Review Board at the addresses below:

Registration Committee
College of Homeopaths
163 Queen Street East, 2nd Floor
Toronto, ON M5A 1S1
www.collegeofhomeopaths.com

Health Boards Secretariat
Health Professions Appeal and Review Board
151 Bloor St. West, 9th Floor
Toronto, ON M5S 2T5
www.hparb.on.ca

Helpful Information for the SECA Interview
The College recommends that you review the provided the resources and references provided to preparing for your interview. When you feel you are ready to proceed, please call to schedule your interview.

Three-Hour Interview
The SECA process can be done from any location in the world. The in-person or virtual (live/interactive i.e. video conferencing and reliable telephone line) interview is led by the SECA Assessor. You will be **required to show a government issued photo identification** at the start of the interview. The name on your photo identification must match the name or alternate name on your application.

Generally the interview lasts three (3) hours and includes the following segments:

Agenda	Time Allocated	Notes
Welcome	10 minutes	Welcome and review of process.
SECA Part 1	15 minutes	May include questions as the result of the paper-based review of materials submitted as part of the SECA pre-application to determine eligibility for registration.
SECA Part 2	80 minutes	The SECA assessor will ask approximately 60 competency-based questions to better understand the individual's theoretical knowledge of homeopathy.
Break	10 minutes	Allow for a brief break at the appropriate or required time.
SECA Part 3	60 minutes	The SECA assessor will ask approximately 30 competency-based questions to better understand the individual's clinical training knowledge of homeopathy case taking. The questions may be answered based on the cases the applicant brings with them or based on their clinical knowledge and experience.
Wrap-up	5 minutes	

How to schedule your interview?
The interview schedule is set for Tuesdays and Fridays. If you live within the GTA, it is expected that you will attend your interview at the CHO office in person. If you live outside out the GTA, or require special accommodations, you may complete your interview by live interactive video conference and reliable telephone service. Please note that all requests for special accommodations must be received in writing to the CHO. The available time slots are based on Toronto, Ontario Eastern Standard or Daylight Savings Time. The earliest interview time slot starts at 9:30 a.m. to 12:30 p.m., and the latest interview time slot starts at 1:30 p.m. and ends at 4:30 p.m. EST.

To schedule your interview appointment or if you have any questions regarding the process contact the College at 647-749-4952 or by email at registration@collegeofhomeopaths.com

Provide Two Clinical Cases
To satisfy demonstration of clinical knowledge, skill and judgment, you will need to bring two paper copies of two anonymized homeopathic patient cases for discussion. You will use these cases to demonstrate your knowledge and experience. If the interview is conducted by video conferencing you are required to provide an electronic copy of the two cases in a minimum of two business days in advance of your interview. Please send your cases to registration@collegeofhomeopaths.com. The

cases should have depth to them to sufficiently demonstrate the required clinical competencies[3]. Also see the potential question list at the end of this document to understand the types of clinical based questions you may be asked.

Competencies (Based on the 6th Edition)

The competencies reviewed in this assessment process include a sampling of 53 competencies. This assessment does not assess the full 105 competencies covered in the Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario. To review the full set of competencies and the accompanying Performance Indicators please visit the CHO website.

For the purposes of the Substantially Equivalent Competency Assessment (SECA) process, the College has determined that review of the 53 competencies included in this document, when taken together with education in homeopathy theory and clinical training, are considered sufficient to assess an individual's eligibility for registration in Full Class. Eligibility is based on the demonstration that an applicant's education and training is substantially equivalent to that of a graduate from an Ontario based post-secondary program in homeopathy which has been reviewed and approved by the College of Homeopaths of Ontario to satisfy the College's regulatory and policy requirements.

Other competencies in the Competency Profile may be assessed through vehicles such as the Individual Assessment process or Jurisprudence Program.

The end result of the College's SECA assessment provides the individual applicant with an opinion on whether or not he/she was successful in demonstrating equivalence. If the assessment reveals gaps in the individuals training and/or clinical education, the College will provide the applicant with details on those gaps and an appropriate course of action to remedy these gaps and demonstrate equivalence.

Supporting Resources

The interview will be approximately three-hours (3-hours) in length. In the attached supporting documents you will find detailed information related to the content of the interview including:

- the list of specific CHO entry-to-practice competencies and performance indicators for homeopaths practicing in Ontario which form the basis of the SECA interview;
- a list of potential question you may be asked; and
- a list of aphorisms from the Organon of Medical Arts, 6th Edition, S Hahnemann (1842) which will provide you with direction on the fundamentals of homeopathy as they are linked to the CHO competency profile.

In addition to reviewing this guide to the SECA competency assessment, individuals may wish to review the *SECA Pre-applicant Interview Potential Question List* and the *Guideline to Demonstration of Competency 2.36*.

Additionally, the full CHO Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario and accompanying Performance Indicators can be found on the College's website at www.collegeofhomeopaths.com .

Staff at the College are available to answer your questions about the interview and application process, however, cannot provide any information related to the correct answers to potential interview questions. Staff and the SECA evaluator are not here to teach homeopathy, only to determine if your education, clinical training, knowledge, skill and judgment is equivalent to that of an entry-to-practice homeopath who has graduated from an approved post-secondary program in homeopathy in Ontario. Please read the provided information and consult your own resources and mentors for technical guidance.

[3] A clinical competency is any competency listed in this guide between competency number 2.25 to 2.46.

Professional Responsibility and Ethical Practice

Homeopaths demonstrate professionalism by practising in accordance with legislation and the standards set by the College of Homeopaths of Ontario and demonstrates that the primary duty is to the patient to ensure consistently safe, competent and ethical homeopathic care. Homeopaths enact the principle that the primary purpose is to practice in the best interest of the public and protect the public from harm.

1.2 Develop a professional therapeutic relationship with patient, maintain boundaries and act in the best interest of the patient. (K)

Possible Performance Indicators[4]:

1. Recognize patient's concerns and requirements.
2. Demonstrate respect for patient's personal boundaries.
3. Identify commonly occurring boundary violations.
4. Describe actions used to address boundary violations.

1.9 Use effective communication to develop professional relationships with patients, families and other health-care professionals.

Possible Performance Indicators:

1. Use clear and concise written communication.
2. Use clear and concise verbal communication.
3. Adapt communication to recipient (e.g., patients, families and other health-care professionals).
4. Confirm that communication is being understood by recipients.

[4] It is important to note that the performance indicators do not represent an exhaustive list but rather a portion of all behaviours associated with a competency.

Knowledge-Based Practice
Body of Knowledge Competencies

Homeopaths understand that health and well-being are consistent with the principles, philosophy and practice of the homeopathic system of medicine. To this end, homeopaths develop, maintain and advance a comprehensive knowledge of the medical art and science of homeopathy and health sciences. Achievements of the competency statements under Body of Knowledge reflect the cumulative knowledge of the homeopath from diverse sources.

2.1 Demonstrate a thorough understanding of the philosophy and fundamental principles of homeopathy as outlined in the *Organon of the Medical Art* including but not limited to:

Note: [**Subject Specific** demonstration of organon, philosophy of homeopathy]

a) Law of similars; (K, S)

Possible Performance Indicators:
1. Explain the principle of the Law of Similars.
2. Identify how the Law of Similars is applied to determine treatment plan.
3. Describe homeopathic (therapeutic) law of nature (Aphorism 26).

b) Totality of symptoms; (K, S)

Possible Performance Indicators:
1. Explain the concept of "totality of symptoms."
2. Identify how the "totality of symptoms" is used to reach an understanding of the case.
3. Describe how the "totality of symptoms" forms a remedy picture.

c) Minimum dose; (K, S)

Possible Performance Indicators:
1. Explain the concept of minimum dose.

d) Individualization of the case; (K, S)

Possible Performance Indicators:
1. Explain the concept of individualization in homeopathy.

e) Theory of health and disease (e.g., acute and chronic miasm);

Possible Performance Indicators:
1. Define the concept of dynamic disturbance and disease.
2. Compare and contrast the concept of health and disease in homeopathy with other health-care systems.

f) Principles and methods of cure; (K, S)

Possible Performance Indicators:
1. Explain principles and methods of cure.
2. Identify how the principles and methods of cure apply to the treatment plan.
3. Define primary and secondary action of medicines[5].
4. Explain direction of cure.

[5] Medicine: Refers to homeopathic medicine, homeopathic remedy, homeopathic preparation and homeopathic drug 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.

g) Potentization of the medicines; (K) and
Possible Performance Indicators:
1. Define concept and the purpose of potentization.
2. Explain the process of potentization.
3. Explain different types of potentization methods.

h) Provings and action of medicine.
Possible Performance Indicators:
1. Explain the concept of proving in homeopathy.
2. Explain the purpose of proving.
3. Describe how provings are conducted.

2.2 Demonstrate thorough case-taking skills, including but not limited to the *Organon* (Aphorisms 6, 18, 82-104, 153, 210-213, 220). (K)
Note: [**Subject Specific** demonstration of Organon, philosophy of homeopathy or case taking/case analysis]
Possible Performance Indicators:
1. Explain steps in homeopathic case-taking.
2. Demonstrate key case-taking skills presented in the noted Aphorisms (e.g., Aphorisms 6, 18, 82-104, 153, 210-213, 220).
3. Demonstrate the ability to establish a therapeutic relationship with the patient.

2.3 Demonstrate a sound knowledge of Materia Medica including:
Note: [**Subject Specific**: Materia Medica]
Possible Performance Indicators:
a) The signs and symptoms of the most well-known medicines referred to as polycrests and "smaller remedies";
Possible Performance Indicators:
1. Explain the main characteristics of polycrest homeopathic medicines.
2. Demonstrate knowledge of "smaller remedies."

b) Medicines indicated in specific circumstances (e.g., therapeutics such as first aid, injuries, acute conditions, palliative care, epidemics);
Possible Performance Indicators:
1. Identify commonly used first-aid medicines.
2. Identify medicines used for common acute conditions.
3. Identify common medicines used in palliative care.
4. Identify medicines historically used for epidemics.

c) Preparation of medicines (e.g., sources, methods); and
Possible Performance Indicators:
1. Identify the sources of medicine.
2. Explain the process of preparation of mother tincture.
3. Explain the process of trituration.
4. Describe the process of succussion.
5. Explain how potencies are prepared.

d) Relationships between medicines (e.g., complementary, follows well).
Possible Performance Indicators:
1. Describe the relationships between medicines in Materia Medica.

2.6 Demonstrate a thorough knowledge of the process of repertorization including:

a) The structure, organization, advantages and limitations of Repertory;
Possible Performance Indicators:
1. Explain differences between Repertories.
2. Explain advantages and limitations of Repertories.

b) Defining rubrics by translating patient narrative into the condensed language of the homeopathic Repertory;
Possible Performance Indicators:
1. Explain terminology and abbreviations used in Repertories.
2. Demonstrate how to translate the language used by the patient into the language of the Repertory.

c) Grading of the symptoms and the remedies and their significance; and
Possible Performance Indicators:
1. Explain system of grading used in different Repertories and their significance.
2. Explain the grading of rubrics.

d) Technique of repertorization.
Possible Performance Indicators:
1. Describe techniques of repertorization.

2.8 Understand how the psychological and emotional states of the individual can affect the patient's health and well-being. (K, S)
Possible Performance Indicators:
1. Explain basic concepts in psychology (e.g., depression, anxiety) and how these may affect patient's treatment and therapeutic relationship.
2. Explain how the patient's emotional state can affect treatment.
3. Seek sources of information regarding psychological/emotional concerns when necessary.

2.9 Identify potential obstacles to cure including, but not limited to, nutritional imbalances, environmental imbalances, and environmental exposure and toxicity. (K)
Note: [**Subject Specific**: Environmental Medicine]
Possible Performance Indicators:
1. Recognize the scope and significance of common obstacles to cure.
2. Explain characteristics of common obstacles to cure.

2.11 Possess a fundamental knowledge of human anatomy and physiology, based on the study of all body systems both structural and functional. (K)
Note: [**Subject Specific**: Anatomy/Physiology]
Possible Performance Indicators:
1. Demonstrate a fundamental knowledge of the structural systems of the human body (e.g., skeletal, muscular).
2. Demonstrate a fundamental knowledge of the functional systems of the human body (e.g., cardiovascular, respiratory).
3. Demonstrate an understanding of medical terminology as it relates to anatomy and physiology.
4. Seek additional current information related to anatomy and physiology when necessary.

2.12 Possess a basic knowledge of biochemical processes (e.g., principles of metabolism) as it relates to assessing obstacles to cure and maintaining causes.
Note: [**Subject Specific**: Homeopathy related Biochemistry]
Possible Performance Indicators:
1. Understand how healthy biochemical processes are altered in a state of disease.
2. Demonstrate an understanding of medical terminology as it relates to biochemical processes.
3. Seek additional current information related to biochemical processes when necessary.

2.13 Demonstrates a basic understanding of reports from medical tests and diagnostic procedures as sources of information related to case-taking, analysis and management (e.g., Imaging, biopsy).
Note: [**Subject Specific**: Laboratory Studies]
Possible Performance Indicators:
1. Describe purpose of common medical tests and diagnostic procedures.
2. Understand common terminology and abbreviations frequently used in common medical tests and diagnostic procedures.
3. Differentiate between normal and abnormal findings.
4. Demonstrate how the medical tests and diagnostic procedures can help case-taking, analysis and management.
5. Seek additional current information related to medical and diagnostic testing when necessary.

2.14 Demonstrate a basic understanding of laboratory data reports as it relates to case analysis and management (e.g., blood analysis, urinalysis).
Note: [**Subject Specific**: Laboratory Studies]
Possible Performance Indicators:
1. Understand common terminology and abbreviations frequently used in laboratory data reports.
2. Recognize normal and abnormal values of common laboratory data reports.
3. Demonstrate how report findings can be applied to case analysis and management.
4. Seek additional current information related to laboratory data reports when necessary.

2.15 Demonstrate a basic understanding of nutrition and the appropriate use of nutritional support.
Note: [**Subject Specific**: Nutrition]
Possible Performance Indicators:
1. Identify common nutritional deficiency conditions and their impact on health.
2. Identify common nutritional support strategies to restore health.

2.16 Demonstrate a basic understanding of pharmaco-therapy including but not limited to pharmaceutical drugs and their:
Note: [**Subject Specific**: Pharmacology]

a) Actions;
Possible Performance Indicators:
1. Explain general actions of common drug classifications.
2. Seek appropriate reference materials to understand actions associated with pharmaceutical drugs and natural health products.

b) Classification;
Possible Performance Indicators:
1. Explain common medical drug classifications and terms (e.g., analgesic, antibiotics).
2. Seek appropriate reference materials to understand classification.

c) Side effects; and
Possible Performance Indicators:
1. Explain common side effects associated with pharmaceutical drugs and natural health products.
2. Seek appropriate reference materials to understand side effects associated with pharmaceutical drugs and natural health products.

d) Toxicity.
Possible Performance Indicators:
1. Explain difference between side effects and toxicity.

2. Seek appropriate source materials to identify the toxic effect of common natural health products or pharmaceutical drugs.

2.17 Recognize the signs and symptoms of potentially serious or life-threatening conditions to determine whether referral to other health-care professionals or agencies is required. (S)
Note: [**Subject Specific**: General and Homeopathy Related Pathology]
Possible Performance Indicators:
1. Identify common signs and symptoms of conditions that could pose serious or life-threatening risk to health (e.g., seizures, heart attack, shock).
2. Offer appropriate support for serious or life-threatening conditions (e.g., CPR, first aid, 911, referral to other health-care professionals).

2.19 Recognize common symptoms of pathologies in order to identify characteristic and individualized symptoms in the patient. (K, S)
Note: [**Subject Specific:** General and Homeopathy Related Pathology]
Possible Performance Indicators:
1. Demonstrate knowledge of common pathologies.
2. Differentiate between common pathological symptoms and uncommon symptoms.

2.20 Demonstrate skills to perform a physical examination within the scope of homeopathic practice. (K, S) [not mandatory]
[**Subject Specific**: Physical Exam (not mandatory)]
Possible Performance Indicators:
1. Use appropriate physical examination skills (e.g., observation, palpation, inspection).
2. Use infection control practices while performing a physical examination.
3. Demonstrate knowledge of controlled acts under the *Regulated Health Professions Act* (1991) as they relate to physical examination.

2.21 Recognize when homeopathic treatment can complement, interact and/or interfere with other health care that the patient is receiving.
Possible Performance Indicators:
1. Demonstrate an understanding of the scope of practice of other health-care professions.
2. Recognize when homeopathic treatment can complement, interact or interfere with other health-care treatment.

Competent Application of Knowledge

Application of the following competency statements requires that homeopaths perform a comprehensive assessment combining critical inquiry and a caring approach to determine a personalized treatment plan. Homeopaths will strive to establish a professional relationship that includes freedom from bias and close attention to observation in order to accurately record the "image of the disease."

Initial Intake

2.25 Inform the patient and obtain informed consent regarding the nature of the homeopathic process including:

c) Nature and safety of medicine;
Possible Performance Indicators:
1. Explain the nature and safety of medicines.

e) Treatment expectations (acute vs. chronic, prognosis); and
Possible Performance Indicators:
1. Explain how treatment addresses acute versus chronic conditions.

2. Explain reasonable outcome expectations of the treatment.

Case-Taking - Consultation

2.28 Collect detailed information regarding the health status of the patient to obtain a totality of symptoms using the following:

Subjective findings including:

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

Possible Performance Indicators:

1. Use active listening skills to obtain account of chief complaints.
2. Document detailed information about chief complaints and other symptoms.

b) Information provided by the patient's extended network if appropriate (e.g., family, caregiver).

Possible Performance Indicators:

1. Document information provided by the patient's extended network.

Objective data including:

c) Homeopath's observation (i.e., visual, etc.) (K, S)

Possible Performance Indicators:

1. Observe patient's non-verbal communication.
2. Document detailed information about observations.

d) Physical exam, as required, within the scope of practice of homeopathy; (K, S) and

Possible Performance Indicators:

1. Demonstrate an understanding of conditions when physical exam may be necessary.
2. Conduct physical exam as necessary.
3. Document observations and clinical data from physical exam.

e) Medical tests, diagnostic or laboratory result reports.

Possible Performance Indicators:

1. Review medical, diagnostic and laboratory reports as they relate to the case.
2. Apply the data from medical, diagnostic and laboratory reports to the case analysis.
3. Document conclusions obtained from medical tests and diagnostic or laboratory reports.

Case Analysis

2.32 Analyze case findings to identify the characteristic signs and symptoms to construct a hierarchy of symptoms (e.g., "image of the disease").

Possible Performance Indicators:

1. Analyze the totality of collected data.
2. Extract relevant data to construct hierarchy of symptoms.

2.33 Use various approaches to case analysis (e.g., etiology, totality of characteristic symptoms, constitutional basis).

Possible Performance Indicators:

1. Apply suitable methods of case analysis to arrive at a homeopathic differential diagnosis.

2.34 Select rubrics for repertorization to reach a homeopathic differential diagnosis.

Possible Performance Indicators:

1. Demonstrate how to select relevant rubrics pertaining to the case.
2. Develop a short list of rubrics for the case.

2.35 Research homeopathic references and literature to confirm the medicine selection using:

a) Materia Medica;

Possible Performance Indicators:

1. Demonstrate how to seek the required information of the indicated medicine in Materia Medica.
2. Apply information from Materia Medica to confirm the medicine selection.

b) Clinical and proving data;

Possible Performance Indicators:

1 Demonstrate how to seek the required information of the indicated medicine in the clinical and proving data when necessary.

2 Apply information from the clinical and proving data to confirm the medicine selection when necessary.

c) Historical journals; and

Possible Performance Indicators:

1. Demonstrate how to seek information on indicated medicines in historical journals when necessary.
2. Apply information from the historical data to confirm the medicine selection when necessary.

d) Cured cases.

Possible Performance Indicators:

1. Demonstrate how to seek information on cured cases when necessary.
2. Apply information from cured cases to confirm the medicine selection when necessary.

2.36 Synthesize the collected information and utilize critical thinking to arrive at homeopathic diagnosis. (K)
To understand how this competency is interpreted and marked refer to Guidelines on Competency 2.36 document for more information.

Possible Performance Indicators:

1. Analyze information using homeopathic methodologies.
2. Interpret collected information using critical thinking skills.
3. Apply homeopathic principles to arrive at a homeopathic diagnosis.

Selection and Dispensing of Medicine

2.37 Select suitable medicine or sequence of medicines to restore/maintain optimal health and vitality. (K, S)

Possible Performance Indicators:

1. Select medicine that will have a desired effect based on the differential diagnosis.
2. Select subsequent medicine based on the outcome of the previous medication and the current differential diagnosis when necessary.

2.38 Select administration of medicine including:

b) Homeopathic potency (e.g., MT, X, D, C, Q or LM); (K)

Possible Performance Indicators:

1. Determine case-specific potency.

c) Posology (dosage); and (K)

Possible Performance Indicators:

1. Determine case-specific posology.

2.38 c) Delivery mechanism (e.g., dry, liquid, injectable when or if approved in the scope of practice). (K)

Possible Performance Indicators:

1. Select appropriate delivery mechanism.

2.39 Provide written instruction to patient on use of medicine including:

a) Administration; (K, S)

Possible Performance Indicators:
1. Provide, in writing, how medicine is to be taken.

b) Storage; (K, S)
Possible Performance Indicators:
1. Provide, in writing, how medicine is to be stored.

c) Cautions and warnings; (S)
Possible Performance Indicators:
1. Provide, in writing, the cautions and warnings associated with taking the medicine.

d) Interactions; (K,S) and
Possible Performance Indicators:
1. Provide, in writing, the possible interactions with other treatments.

Case Management

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)
Possible Performance Indicators:
1. Recognize impact of previous treatment.
2. Identify when there is a need for change to the treatment plan.
3. Determine the prognosis after observing the action of the medicine.
4. Adjust treatment plan.

2.46 Recommend referral and/or collaborate with other health-care practitioners, as required, to provide optimal care to the patient. (S)
Possible Performance Indicators:
1. Collaborate and refer in the best interest of the patient.

Competency Requirements and Rating Information for SECA Process Rating

Meets (M)
Borderline (B)
Does not meet (DNM)

Competency #	Competency (For Performance Indicator, please refer to the CHO Website)	Completion Mandatory Y/N	Required Rating
2.1	Demonstrate a thorough understanding of the philosophy and fundamental principles of homeopathy as outlined in the *Organon of the Medical Art* including but not limited to:	Y	M
2.1 a	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: **Law of similars; (K, S)**	Y	M
2.1 b	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: **Totality of symptoms; (K, S)**	Y	M
2.1 c	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: **Minimum dose; (K, S)**	Y	M
2.1 d	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: **Individualization of the case; (K, S)**	Y	M
2.1 e	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: **Theory of health and disease (e.g., acute and chronic miasm);**	Y	M
2.1 f	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: **Principles and methods of cure; (K, S)**	Y	M
2.1 g	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: **Potentization of the medicines; (K) and**	Y	M
2.1 h	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: **Provings and action of medicine.**	Y	M
2.2	Demonstrate thorough case-taking skills, including but not limited to the *Organon* (Aphorisms 6, 18, 82-104, 153, 210-213, 220). (K)	Y	B
2.3	Demonstrate a sound knowledge of Materia Medica including: a) The signs and symptoms of the most well-known medicines referred to as polycrests and "smaller remedies"; b) Medicines indicated in specific circumstances (e.g., therapeutics such as first aid, injuries, acute conditions, palliative care, epidemics); c) Preparation of medicines (e.g., sources, methods); and d) Relationships between medicines (e.g., complementary, follows well).	Y	M

Competency #	**Competency** (For Performance Indicator, please refer to the CHO Website)	Completion Mandatory Y/N	Required Rating
2.6 a	Demonstrate a thorough knowledge of the process of repertorization including: a) The structure, organization, advantages and limitations of Repertory;	Y	B
2.6 b	Demonstrate a thorough knowledge of the process of repertorization including: b) Defining rubrics by translating patient narrative into the condensed language of the homeopathic Repertory;	Y	B
2.6 c	Demonstrate a thorough knowledge of the process of repertorization including: c) Grading of the symptoms and the remedies and their significance; and	Y	B
2.6 d	Demonstrate a thorough knowledge of the process of repertorization including: d) Technique of repertorization.	Y	B
2.8	Understand how the psychological and emotional states of the individual can affect the patient's health and well-being. (K, S)	Y	B
2.9	Identify potential obstacles to cure including, but not limited to, nutritional imbalances, environmental imbalances, and environmental exposure and toxicity. (K)	Y	B
2.11	Possess a fundamental knowledge of human anatomy and physiology, based on the study of all body systems both structural and functional. (K)	Y	B
2.12	Possess a basic knowledge of biochemical processes (e.g., principles of metabolism) as it relates to assessing obstacles to cure and maintaining causes.	Y	B
2.13	Demonstrates a basic understanding of reports from medical tests and diagnostic procedures as sources of information related to case-taking, analysis and management (e.g., Imaging, biopsy).	Y	B
2.14	Demonstrate a basic understanding of laboratory data reports as it relates to case analysis and management (e.g., blood analysis, urinalysis).	Y	B
2.15	Demonstrate a basic understanding of nutrition and the appropriate use of nutritional support.	Y	B
2.16	Demonstrate a basic understanding of pharmaco-therapy including but not limited to pharmaceutical drugs and their: a) Actions; b) Classification; c) Side effects; and d) Toxicity.	Y	B
2.17	Recognize the signs and symptoms of potentially serious or life-threatening conditions to determine whether referral to other health-care professionals or agencies is required. (S)	Y	B
2.19	Recognize common symptoms of pathologies in order to identify characteristic and individualized symptoms in the patient. (K, S)	Y	M
2.20	Demonstrate skills to perform a physical examination within the scope of homeopathic practice. (K, S)	Y	B
2.21	Recognize when homeopathic treatment can complement, interact and/or interfere with other health care that the patient is receiving.	Y	B
2.25 c	Inform the patient and obtain informed consent regarding the nature of the homeopathic process including: c) Nature and safety of medicine;	Y	M
2.25 e	Inform the patient and obtain informed consent regarding the nature of the homeopathic process including:	Y	M

Competency #	**Competency** (For Performance Indicator, please refer to the CHO Website)	Completion Mandatory Y/N	Required Rating
	e) Treatment expectations (acute vs. chronic, prognosis);		
2.28	Collect detailed information regarding the health status of the patient to obtain a totality of symptoms using the following:	Y	M
2.28 a	Subjective findings including: 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	Y	M
2.28 b	Subjective findings including: b) Information provided by the patient's extended network if appropriate (e.g., family, caregiver).	Y	M
2.28 c	Objective data including: c) Homeopath's observation (i.e., visual, etc.) (K, S)	Y	M
2.28 d	Objective data including: d) Physical exam, as required, within the scope of practice of homeopathy; (K, S) and	Y	B
2.28 e	Objective data including: e) Medical tests, diagnostic or laboratory result reports.	Y	B
2.32	Analyze case findings to identify the characteristic signs and symptoms to construct a hierarchy of symptoms (e.g., "image of the disease").	Y	B
2.33	Use various approaches to case analysis (e.g., etiology, totality of characteristic symptoms, constitutional basis).	Y	B
2.34	Select rubrics for repertorization to reach a homeopathic differential diagnosis.	Y	B
2.35	Research homeopathic references and literature to confirm the medicine selection using: a) Materia Medica; b) Clinical and proving data; c) Historical journals; and d) Cured cases.	Y	M
2.36 (3 components)	Synthesize the collected information and utilize critical thinking to arrive at homeopathic diagnosis. (K)	Y	M
AND 2.36 (10 components)	**To understand how this competency is interpreted and marked refer to *Guidelines on Competency 2.36* document for more information.**	Y	B
2.37	Select suitable medicine or sequence of medicines to restore/maintain optimal health and vitality. (K, S)	Y	M
2.38 a	Select administration of medicine including: a) Homeopathic potency (e.g., MT, X, D, C, Q or LM); (K)	Y	M
2.38 b	Select administration of medicine including: b) Posology (dosage); and (K)	Y	M
2.38 c	Select administration of medicine including: c) Delivery mechanism (e.g., dry, liquid, injectable when or if approved in the scope of practice). (K)	Y	M
2.39 a	Provide written instruction to patient on use of medicine including: a) Administration; (K, S)	Y	B

Competency #	**Competency** (For Performance Indicator, please refer to the CHO Website)	Completion Mandatory Y/N	Required Rating
2.39 b	Provide written instruction to patient on use of medicine including: b) Storage; (K, S)	Y	B
2.39 c	Provide written instruction to patient on use of medicine including: c) Cautions and warnings; (S)	Y	B
2.39 d	Provide written instruction to patient on use of medicine including: d) Interactions; (K,S)	Y	B
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)	Y	M
2.46	Recommend referral and/or collaborate with other health-care practitioners, as required, to provide optimal care to the patient. (S)	Y	B
Communication	1.2 Develop a professional therapeutic relationship with patient, maintain boundaries and act in the best interest of the patient. (K)	Y	B
Professionalism	1.9 Use effective communication to develop professional relationships with patients, families and other health-care professionals.	Y	B

Preparing for the Substantially Equivalent (SECA) Review
Pre-Applicant Interview - Potential Question List

Sample Questions Individuals may be asked during a SECA Interview[6]

1. Who is described as the founder of Homeopathy?
2. Is there a specific book written by the founder of homeopathy where you would expect to read about the philosophy and fundamental principles of homeopathy?

I. 3. What edition of the Organon did you study?

4. What is the law of similars?
5. Explain how the Law of similars works (Aph 26)? Provide a simple example that demonstrates the law of similar..
6. What is the totality of symptoms?
7. What is the minimum dose?
8. What factors determine the minimum dose?
9. Explain the concept of individualization. What does this mean?
10. How does the concept of individualization differ to the approach taken in conventional medicine?
11. According to the Organon and Hahnemann's description of the theory of health and disease, what is the vital force?
12. Explain what happens when the vital force is absent.
13. How does vital force become disturbed, and what is the result when this happens?
14. What is chronic disease?
15. What is a miasm?
16. Explain the acute miasm.
17. Explain the meaning of 'Exciting Cause' in homeopathy.
18. Explain the concept of Epidemic and how is it treated homeopathically.
19. Explain Hahnemann's concept of the Chronic miasmas.
20. List and explain the three miasmas discussed by Hahnemann and at least two remedies that have been used to treat them.
21. What is the law of contraries and how is it different to homeopathy?
22. Explain Aphorism 3 in the Organon 6th edition.
23. Define Primary and Secondary action of medicines.
24. Explain Herrings Laws of Cure.
25. Describe the potentization of medicines and how they apply to patient care.
26. What are homeopathic remedies made from?
27. Why are remedies potentized?
28. How are the Centesimal homeopathic remedies potentized?
29. How are solid substances potentized?
30. In addition to Centesimal identify two other scales of potentization.
31. Comment on Avagadro's number in the preparation of homeopathic remedies.
32. Which potencies did Hahnemann consider to be the most gentle and most efficacious (6th edition of the Organon)?
33. How do Allopathic medicines act when taken by patients and how does this differ from homeopathic medicines?
34. What are the different ways of taking homeopathic remedies?
35. Describe provings and action of medicine. How does this apply to patient care?

[6] Disclaimer: While the College endeavors to administer a fair, transparent, objective and impartial review process, the College reserves the right to modify or substitute questions at any time without notice.

36. Why are provings undertaken?
37. Describe the Double-Blind method for conducting provings.
38. How are the results of provings used by homeopaths?
39. Why are mind symptoms important in homeopathy?
40. What are some common obstacles to cure in homeopathy? Give two examples.
41. What are the common signs and symptoms of conditions that could pose serious or life-threatening risk to health in the following: a) heart attack; b) stroke?
42. What actions do you take when you notice the signs and symptoms of a heart attack or stroke in your patient? Provide an example of your actions.
43. How are homeopathic remedies made and from what substances?
44. Why are homeopathic remedies considered to be safe?
45. Give an example when a referral to another health-care practitioners is required and under what circumstances.
46. Provide examples as to how homeopathic treatment can: i. compliment healthcare, and ii. interact or interfere with health care.
47. What is the difference between treatment for acute and chronic disease?
48. What does prognosis mean, and how is it used in homeopathy?
49. What is the difference between the homeopathic treatment for acutes versus chronic complaints?
50. What is meant by the term "the" 3-legged stool in the selection of rubrics to define the totality of symptoms?
51. Beside the totality of symptoms, what other factors would be useful to the homeopath in order to obtain a full picture of the patient in disease?
52. When would a homeopath ask family members and others to provide information on behalf of the patient?
53. Under what circumstances would a homeopath conduct a physical exam?
54. Provide two examples of medical tests or diagnostic or laboratory results or reports which are commonly used.
55. What are controlled acts under the *Regulated Health Protection Act, 1991?* Give two examples.
56. What is the main difference between Type 1 and Type 2 Diabetes?
57. What is a general symptom? Provide an example of where general symptoms taken together with other symptoms can lead to individualization.
58. Have you studied Materia Medica?
59. Which Homeopathic Materia Medica do you use in your work or research? Name three sources/books.
60. Briefly describe the Kentian method of repertorization.
61. Provide names of two other methods of repertorization.
62. Why were repertories developed?
63. Explain the Kentian method of grading rubrics.
64. Describe techniques of repertorization.
65. What is the Differential Diagnosis?
66. What are the homeopath's objectives in conducting the follow-up.
67. What factors can causes symptom aggravation or amelioration and what kind of action steps would a homeopath take in each case?
68. What conclusions would a homeopath come to if new symptoms appear after giving the remedy?
69. What actions would a homeopath take if the patient's progress or improvement stops?

Questions Demonstrating Clinical Knowledge

The questions in this section are also competency based, but rely on your two sample cases for demonstration. If your cases do not provide demonstration of your clinical knowledge, the SECA Evaluator will ask you to provide an answer based on what a homeopath might do.

Using one (or both) of the cases you use to support your interview:

70. Explain the difference between subjective and objective symptoms obtained in case-taking.
71. Explain what categories of symptoms are covered in developing the totality?
72. Explain how you used the technique of active listening.
73. Demonstrate where/how you used open-ended questioning.
74. What is the chief complaint?
75. Demonstrate some objective factors used in patient observation techniques.
76. Briefly explain briefly the steps to case analysis.
77. Demonstrate how to select relevant rubrics pertaining to the case.
78. Describe how you analyze findings to identify the characteristic signs and symptoms to construct a hierarchy of symptoms (e.g., totality or "image of the disease").
79. Explain the steps used to come to a homeopathic diagnosis.
80. Demonstrate how you determine when it might be appropriate to change the remedy (2nd prescription)?
81. Provide a brief example of a patient case where you had to select the administration of medicine.
82. For the medicine you described in the question above: i. Explain the potency selection; ii. Explain the posology selection; and iii. Explain in what form you administered the remedy (how did you give the remedy to the patient?).
83. What verbal or written instructions you provided to patients regarding the use of medicine? i.e. instructions (administration) for taking the remedy, storage recommendations, cautions, warning and interactions.
84. Explain how you evaluated, interpreted, and adjusted the treatment plan.

Organon of Medical Arts 6th Edition

In preparing for your interview, you are also advised to review the following aphorisms (from the Organon of Medical Arts, 6th Edition, S Hahnemann (1842)): 3, 4, 5, 9, 10, 11, 16, 17, 22, 23, 24, 26, 27, 51, 52, 54, 55, 56 to 64, 66, 68, 69, 70, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 94, 95, 99, 100, 101, 102, 104, 121 to 145, 171, 201, 206, 267, 268, 269, 270, and 271.

Guideline to Demonstration of CHO Competency 2.36

The College of Homeopaths of Ontario (CHO or the College) *Entry-to-Practice Competency Profile for Homeopaths Practicing in Ontario* details a number of competencies relevant to practicing the profession of homeopathy in a regulatory environment. The clinical competencies (from 2.25 to 2.46) are broken down into the following general areas: initial intake (2.25 to 2.26), case-taking consultation (2.27 to 2.31), case analysis (2.32 to 2.36), selection and dispensing of medicine (2.37 to 2.41), and case management (2.42 to 2.46).

Competency 2.36 is a case analysis competency. In a clinical setting it is important to take the appropriate steps to ensure that all the information collected during the case-taking consultation portion of the patient interview is synthesized using critical thinking to arrive at a homeopathic diagnosis which can be substantiated (if necessary) and that will be safe and effective for the patient.

> Competency 2.36 – Synthesize the collected information and utilize critical thinking to arrive at homeopathic diagnosis. (K)

The individual actions required to achieve Competency 2.36 can be broken down into 13 steps, some of these steps consider information gathered in the demonstration of other competencies (i.e. 2.26 gather and review patient intake form) and are also supported by the requirements detailed in some of the College's Professional Practice Standards and Guidelines (i.e. Guideline #1 on Record Keeping and Privacy of Information).

The 13 steps of competency 2.36 are as follows:

#	Required Step	Required Rating
1	Individualize the case	B
2	Review intake form	B
3	Consider objective data findings of physical exam (if required)	B
4	Review objective data findings from any medical tests, diagnostic or laboratory results reports (if required)	B
5	Review case notes and patient's record	M
6	Differentiate between acute and chronic	M
7	Establish miasm	B
8	Translate and identify rubrics	B
9	Repertorize the case	B
10	Develop the totality	B
11	Conduct differential analysis	B
12	Materia Medica confirmation (including provings, clinical cases and accidental poisonings)	B
13	Arrive at a homeopathic diagnosis	M

Note regarding Required Rating
For the purposes of the SECA review competencies are assessed on a three point scale – meets (M), borderline (B) and does not meet (DNM).

The minimum required rating and mark for each competency is indicated in the right-hand columns of the chart (in this document) titled "Competency Requirements and Rating Information for SECA Process". Most required ratings are "Meets" or "Borderline".

Competencies considered to be crucial to the practice of homeopathy, generally requires the applicant to demonstrate at the level of **"Meets"**. The rating level of "Meets" shows that the individual understands the requirement and can describe or demonstrate through examples of past training or experience how/when to incorporate the requirement into everyday practice.

The rating level of **"Borderline"** requires that the individual demonstrates an understanding of the requirement and can describe how/when to incorporate the requirement into everyday practice. Borderline may also recognize that this competency may not have been taught in the individual's prior education and clinical training, however, the individual recognizes its importance and can explain how/when to incorporate the requirement into practice in a regulatory setting.

Step Interpretation
Below are further details on each step and how the CHO interprets it.

1. **Individualize the Case**
   Individualization is the process of determining the unique expression of disease through one individual compared to another. For example, headaches are not experienced in the same way in all individuals. Identifying the sensation, location and concomitants of one headache will yield symptoms which will correspond to the profile of a specific homeopathic remedy. Whereas, in the second patient with a different headache profile, the homeopathic remedy may have a different profile corresponding to the profile of that patient. The likelihood that the two remedies will be the same will be more by coincidence rather than by design.

   Individualization means that the homeopathic diagnosis or remedy selection is not based on a medical diagnosis or specific symptoms of disease, but rather on the collective totality of mental, emotional, physical and general symptoms. It is based on the disposition of the whole patient.

2. **Review Intake Form**
   It is a requirement to provide every new patient with an intake form to capture their contact information, obtain details about their health records, current health complaints, including the chief complaint, and to assist in understanding the overall patient's health history. For all follow-up visits, the homeopath keeps a record of the visit, together with detailed notes about the patient's response to treatment, any new relevant information and any changes that have occurred including a new chief complaint. All intake forms and updates should be kept in the patient's file.

3. **Consider objective findings of physical exam (if required)**
   All physical exams conducted by a CHO registrant must be within the scope of practice of homeopathy. Scope of homeopathic practice in Ontario does not extend to controlled acts. Document, review and consider your observations and objective clinical data from the physical exam, as may be appropriate.

4. **Review objective findings from any medical tests, diagnostic or laboratory results reports**
   Review medical, diagnostic and laboratory reports as they relate to the case and apply data to the case analysis. For future reference, document conclusions obtained from medical tests and diagnostic or laboratory reports remain in the patient's file.

5. **Review case notes and patient's record**
   Review case notes and the patients' file to ensure a full picture of the patient's state of health and include information from all sources.

6. **Differentiate between acute and chronic**
   Differentiating between Acute and Chronic at the outset will allow the Homeopath to determine the nature and course of treatment. Depending on the complexity of the case, consider the miasm, predisposition, vitality and susceptibility of the patient. Also, consider the extent of suppression, and the aggressiveness of the disease.

   An acute may be a true acute or an exacerbation of a Chronic condition. True acute is a disease that develops relatively quickly and last a relatively short period of time e.g. childhood illnesses such as chicken pox. An acute related to a Chronic condition, may arise suddenly and last a short period of time, but the underlying relationship is to a much deeper issue e.g. heart attack may be acute but is related to a much more serious health condition.

   Chronic disease arises because of a miasm and tends to develop slowly over time e.g. Multiple sclerosis.

7. **Establish miasm**
   Miasm is the underlying cause of disease, the infectious principle that sets the framework (predisposition) for specific disease. A miasm can also be defined as "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)."[7] Reference Origin of Chronic Disease Para 74, 75, 76, 77, 78, 79, 80, 81, 82, 94, 95, 171, 201, 206.

8. **Translate and identify rubrics**
   Through the identification of the most important symptoms, including unique symptoms, translate these symptoms from the language of the patient into repertory language i.e. rubrics.

   The CHO Competency Profile defines a Rubric[8] as "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)"

9. **Repertorize the case**
   The CHO Competency Profile defines Repertorize[9] as "research[ing] rubrics in the repertory in order to determine which remedy (or remedies) is common to the presenting symptoms.

10. **Develop the totality**
    Totality is a collection of symptoms (mental, emotional, physical and general) that define the illness as observed in the patient. Totality is part of the process that leads to the individualization of the case and may include strange, rare and peculiar symptoms, which lead to the homeopathic diagnosis based on the healing properties (remedy picture) of the remedy known as the simillimum. Refer to 6th edition of the Organon Para 24, 26, 70, 104, et al.

11. **Conduct differential analysis**
    The process of comparing the healing profile of a number of remedies within the repertorization is known as the differential diagnosis. The remedy that fits the patient's profile best is selected by checking congruencies within Materia Medica.

12. **Materia Medica confirmation (including provings, clinical cases and accidental poisonings)**
    The totality may reveal a number of remedy options. In order to confirm the remedy choice, patient profiles reflected through rubrics contained in the totality, must be compared to information within materia medica as to which yield the best fit.

[7] *Entry-to-Practice Competency Profile for Homeopaths Practicing in Ontario, College of Homeopaths of Ontario, February 2012.*
[8] Ditto.
[9] Ditto.

13. **Arrive at a homeopathic diagnosis**
    The process of establishing a meaningful totality from the patient's signs and symptoms (mental-emotional, physical and general) leads to a homeopathic diagnosis.

If you have questions about the interpretation of competency 2.36 or any other competency in the CHO *Entry-to-Practice Competency Profile for Homeopaths Practicing in Ontario*, please contact programs@collegeofhomeopaths.com or call the College at 647-749-9366.

RHPA Colleges on Substantially Equivalent Registration Requirements (based on 2020 prices)

College	Internally Trained Process	Third Party Assessment	Entry Exam	Prior Learning Assessment	Pass Indicator	Cost	Other Info
College of Homeopaths of Ontario	Internal		None	Internal	Meets, significant gaps identified, minor gaps identified	$150 Proposed $450	See item 8.1.2
College of Audiologists and Speech-Language Pathologists of Ontario	Different if more or less than 2 years; if less than 2 years must be mentored once eligible	6 month mentorship required if under 2 years experience	Master's Degree University + min clinical training No entry exam	Internal review If more than 2 years' experience must have 750 hours over 3 years. Yes Reviews hours, courses and study areas	Meets, needs work, N/A	Previously $100	www.caslpo.com Academics to WES, CES or IQAS In the process of changing registration process requirements. New process and fees for SE not yet set for 2020.
College of Chiropodists of Ontario	Post-secondary program (not just in Ontario) plus three month clinical training. If an applicant's program does not appear on the list, then the applicant must submit his or her academic information to the College for an evaluation that will be conducted by a third party. A report will be prepared for consideration by the College. The College will consider the academic evaluation report principally in connection with the Registration Reg which says: "The applicant must have successfully completed a post-secondary program	Yes	Yes (written + OSCE)	No	No information available	$500 non-approved program	www.cocoo.on.ca

College	Internally Trained Process	Third Party Assessment	Entry Exam	Prior Learning Assessment	Pass Indicator	Cost	Other Info
	approved by the Council whose curriculum includes courses in health sciences, chiropodial sciences, humanities and clinical education that, in the opinion of the Council, are relevant to the scope of practice of the profession."						
College of Chiropractors of Ontario	Must be a graduate of an accredited member of the Councils of Chiropractic Education Internationally	Yes	Yes – written and OSCE	No	No information available	Must complete certification exam prices (reflects 5% increase as of May 2020) Part A – Basic & Applied Sciences $850 Part B – Clinical Decision Making & Diagnostic Imaging $850 Part C – Clinical Skills Evaluation $1875	www.cco.on.ca
College of Dental Hygienists of Ontario	Substantially equivalent review for international grads if not eligible for national exam/assessment	Yes	Yes x 2 total cost $1315	Yes – internal review based on area of study and Ontario based competencies	Meets or doesn't meets competency	See next column	www.cdho.org Evaluation Fees Canadian Performance Exam in Dental Hygiene $2,650 Provincial written assessment for entry to practice $675 Re-take the provincial written assessment for entry to practice $575 Radiology evaluation for entry to practice $650 Clinical competency evaluation for registration $1500 Professional competency assessment for re-entry to practice $2075 Professional competency assessment for a specialty

College	Internally Trained Process	Third Party Assessment	Entry Exam	Prior Learning Assessment	Pass Indicator	Cost	Other Info
							certificate $1500 Appeal with the Registrar $150 Appeal of clinical evaluation results $150
College of Dental Technologists of Ontario	Must be assessed to determine eligibility for examination (pre-requirement to entry college)	Yes	Yes x 2	Yes	The curriculum and actual training of the dental technology program must cover at least 80% of the Competency Profile of Canadian Dental Technicians/Technologist for an applicant to be eligible to take the CDTO's Registration Examination. Dental technology programs assessed below the required 80% will be reviewed by the Examinations Committee to determine next steps. The applicant will be notified that the Examinations Committee will be reviewing their application and informed of their right to make written submissions to support their application within 30 days of receiving written notice from the CDTO.	$266 - Application Evaluation & Processing Fee (non-refundable) $266 - Written Theory Examination • $1,598 - Practical Examination (four practical projects)	www.cdto.ca Education assessment done by International Credential Assessment Service of Canada (ICAS)
College of Denturists of Ontario	One approved program in Ontario, otherwise, applicant must be pre-assessed.	Yes	Yes x 2	Yes	Pass/Fail Weighed by area	$84 application fee MCQ $904 Clinical $4500	www.denturists-cdo.com

College	Internally Trained Process	Third Party Assessment	Entry Exam	Prior Learning Assessment	Pass Indicator	Cost	Other Info
College of Dietitians of Ontario	Self-assessment plus exam or credential assessment + exam	Yes	Yes	Yes	No information available	For pre-assessment $185 application fee $425 Academic Equivalence Assessment Fee $425	www.collegeofdietitians.org WES assessment on credentials Upgrading Assessment for Submission of Continuing Competence Portfolio For applicants who completed their academic and practical training more than 3 years ago. OR For former dietitians who have not been practising dietetics as a member of a regulatory body in the past 3 years. $425 Canadian Dietetic Registration Examination (CDRE) Fee $525 Prior Learning Assessment and Recognition/Competency Assessment fees Application to write the Knowledge and Competency Assessment Tool (KCAT) $185 KCAT Registration Fee $400 Practice-Based Assessment $2,300
College of Kinesiologists of Ontario	Course based assessment; full application assessed before applicant is deemed eligible to write entry exam.	Yes – WES or ICASC or ICES	Yes	Post secondary education based by area of study	Points based assessment on analysis of courses. 27 points required to prove equivalent.	$100 application fee $400 for entry exam	www.coko.ca No fee for academic assessment by CKO post WES
College of Massage Therapists of Ontario	CMTO education and credential assessment process is called the Massage Therapy Education and Credential Assessment (MTECA). + WES, ICAS, CES, or ICES		Yes – MCQ and OSCE	Yes - extensive	Met or not met	$100 application fee $850 review fee	www.cmto.com

College	Internally Trained Process	Third Party Assessment	Entry Exam	Prior Learning Assessment	Pass Indicator	Cost	Other Info
	Must under go a prior learning assessment, (PLA) than an exam.						
College of Medical Laboratory Technologists of Ontario	1. CMA accredited MLT education program 2. Declared equivalent through the CSMLS PLA process and meet language requirement	Yes – CMA Canadian Society for Medical Laboratory Science	Yes	Yes	Bridging Program	PLA fee $1,850	Required general areas: Clinical chemistry Clinical microbiology Hematology histotechnology transfusion science Plus option of two specialists. www.cmlto.com self assessment http://csmls.protraining.com/index.cfm
College of Medical Radiation Technologists of Ontario	Approved programs by college; or substantially similar but not equivalent	No	Yes +clinical practice training	No	No information available	$100 Application fee $250 evaluation fee	www.cmrto.org
College of Midwives of Ontario	The Registration Regulation requires that all applicants seeking a General certificate of registration with the College of Midwives of Ontario College must have a degree from a Midwifery Education Program, have completed the International Midwifery Pre-registration Program, or be applying as an inter-provincial applicant.	Yes	Yes + clinical practice training	Yes	Pass/Fail	Qualifying Exam $750	www.cmo.on.ca 9 month bridging program The following is a breakdown of the IMPP costs: IMPP Orientation Session – $295 Phase 1 Testing – $400 Phase 2 Testing – $400 Independent Study Term – $700 Intensive #1 – (For all participants – in both accelerated and full program) CVIM 100 Prior Learning Assessment for Midwives – $1,022.22 CVIM 400 Orientation to Midwifery Practice in Ontario – 1,022.22 Intensive #2 – (For full

College	Internally Trained Process	Third Party Assessment	Entry Exam	Prior Learning Assessment	Pass Indicator	Cost	Other Info
							program participants only) CVIM 200 Effective Professional Communication for Midwives – $792.22 CVIM 300 Clinical Skills and Knowledge Enhancement for Midwifery – $792.22 CVIM 600 Clinical Clerkship (14–16 weeks full time/on call in Ontario) – $3,017.22 Post-Clerkship Exam practice days for CMRE preparation – No charge Post-Clerkship Mentoring for interviews, gaining employment, and support in first year of practice – No charge Cost of resources including texts and online courses is variable – Approximately $500
College of Naturopaths of Ontario	PLAR The Stages of PLAR Stage 1 - Assessment of Formal Education Stage 2 - Paper-Based Assessment Stage 3 - Written Exam #1 Stage 4 - Demonstration-Based Assessment Stage 5 - Written Exam #2 At the conclusion of each stage of the PLAR program, an applicant is evaluated to determine whether they are eligible to move forward to the next stage, or, in the case of the final stage, to move forward to sit the Ontario Clinical Examinations and the Jurisprudence	Yes	Yes	Yes	Not indicated	Stage 1 – external review (ie. WES, etc.) Stage 2/3 $750 Stage 4 $1750	www.collegeofnaturopaths.on.ca

College	Internally Trained Process	Third Party Assessment	Entry Exam	Prior Learning Assessment	Pass Indicator	Cost	Other Info
	Examination of the College and complete the Registration application process.						
College of Nurses of Ontario	Must provide and demonstrate evidence of competency and experience		Yes (outside party)	Yes CNO assesses	Pass/Fail	Initial application $339 Registration Exam RPN $254.20 RN $360.00 NP $768.75	www.cno.org
College of Occupational Therapists of Ontario	5 step process: 1. Academic credential assessment 2. Curriculum + fieldwork assessment 3. Language assessment 4. Jurisprudence 5. Competency assessment interview	Yes	Yes (must be eligible to write)	Yes	Pass/Fail	$3600 (3 part competency assessment) WES Credential report $180 + CAOT Exam $550 Exam appeal $50	www.coto.org
College of Opticians of Ontario	Submit application. Registration Committee reviews to determine if eligible for intern certificate. Step 2 Upon the review of the application and supporting documents, the Registration Committee may: Direct the applicant undergo a further assessment of his / her prior learning and	Yes	Yes $1300	Yes by Registration Committee	Not indicated	$1350	www.coptont.org

College	Internally Trained Process	Third Party Assessment	Entry Exam	Prior Learning Assessment	Pass Indicator	Cost	Other Info
	experience. This is not an exam, but a tool for the Registration Committee to verify that the applicant's current level of knowledge and skill in the practice of opticianry is comparable to applicants educated in ON.						
College of Optometrists of Ontario	Full pre-applicant assessment to determine eligibility	Yes	Yes	Yes	Pass/Fail	1 credential assessment $2542.50 2 Evaluation exam $5000 Canc fee $1000 3 Bridging Program UWO $47,326 4 assessment written exam $1730 OSCE $3370 Rescore $350 Appeal $350 to $550	www.collegeoptom.on.ca
College of Physicians and Surgeons of Ontario	Medical Council of Canada Evaluating Examination (MCCEE) Medical Council of Canada Qualifying Examinations (MCCQE)	Yes	Yes	Yes		Medical Council of Canada $509 CPSO application fee $517 to $1035 Qualifying Exam Part 1 $1305 Part 2 $2780 National	www.cpso.on.ca

College	Internally Trained Process	Third Party Assessment	Entry Exam	Prior Learning Assessment	Pass Indicator	Cost	Other Info
						Assessment Collaboration (NAC) Examination $2830	
College of Physiotherapists of Ontario		Yes	Yes	Yes		Credential Review $1015 Competency Exam Part 1 written $855 Part 2 clinical $1555	www.collegept.org
College of Psychologists of Ontario		Yes ASPPB	Yes	Yes	Supervised practice	Credential assessment $200 to $600 Exam $600 USD The Test Center Appointment Fee $87.50 USD Rescheduling/Cancellation - > 31 days < - 24 hr $87.50 USD No-shows, or rescheduling/ cancellation within 24 hours Forfeiture of all fees paid $687.50 USD ASPPB Practice Exams (online) $63.50 / (in person) $115.00 (Per attempt) USD Oral exam $550 CDN	www.cpo.on.ca

College	Internally Trained Process	Third Party Assessment	Entry Exam	Prior Learning Assessment	Pass Indicator	Cost	Other Info
College of Registered Psychotherapists of Ontario	Must do WES of something similar and submit all documentation	Yes		Yes		Application fee $160 Review of education & training $100 Registration exam $525	www.crpo.ca
College of Respiratory Therapists of Ontario	Must do WES of something similar and submit all documentation		Yes	Yes		$75 pre-application fee $500 to review education and structured interview $2750 clinical assessment	www.crto.on.ca
Royal College of Dental Surgeons of Ontario	Accredited and non-accredited programs by country. Previously indicated that Non-accredited programs applicants must successfully complete full time 2 year qualifier or NDEB equivalency process.	Yes	Yes - All must write and undertake OSCE	No	Not indicated	2 year program $90,000 - 140,000 Application Fee (payable once, non-refundable) $900 Assessment of Fundamental Knowledge $800 Assessment of Clinical Judgement $1350 Assessment of Clinical Skills $9000	www.rcdso.org
Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario	Must do WES of something similar and submit all documentation	Yes	Yes	Yes Competency based assessment, requires currency and language proficiency.	90% based on weighted competency review in key areas. Registration committee makes determination	$300 app fee TCM - Exams Written $550 Clinical $550 Acupuncturist Written $300 Clinical $450	www.ctcmpao.on.ca

College	Internally Trained Process	Third Party Assessment	Entry Exam	Prior Learning Assessment	Pass Indicator	Cost	Other Info
						Rescore Exam Written $50 Clinical $350	
Ontario College of Pharmacists / Pharma Technologists	1 Successfully complete an approved structured practical training program or the College's Practice Assessment of Competence at Entry* 2 Successfully complete the relevant Pharmacy Examining Board of Canada's (PEBC) Qualifying Exam.	Yes	Yes	Yes		Application fee $375 + $94 Issuance fee $188-$750 Assessment fees (see next page) Pharma tech qualifying exam part 1 $465 part 2 $1140	www.ocpinfo.com

Ontario College of Pharmacists
Putting patients first since 1871

SCHEDULE OF FEES - *THIRD PARTY*

All fees and penalties are subject to Harmonized Sales Tax (HST), and may be subject to change at any time

	Fees	HST	Total with Tax
THIRD PARTIES			
Pharmacist Applicant Fees			
National Association of Pharmacy Regulatory Authorities (NAPRA) – Pharmacists' Gateway Enrollment	330.00	42.90	**$372.90**
Pharmacy Examining Board of Canada (PEBC) – Document Evaluation	650.00		**$650.00**
PEBC – Pharmacist Evaluating Exam	850.00		**$850.00**
PEBC – Pharmacist Qualifying Exam – Part I (MCQ)	795.00		**$795.00**
PEBC – Pharmacist Qualifying Exam – Part II (OSCE)	1,795.00		**$1,795.00**
University of Toronto, Faculty of Pharmacy – International Pharmacy Graduate (IPG) Program Application Per Term	250.00	32.50	**$282.50**
University of Toronto, Faculty of Pharmacy – IPG Program Total Tuition for CPS I and CPS II	13,650.00	1,774.50	**$15,424.50**
Language Proficiency Testing (approximate, depending on exam and country)	350.00	45.50	**$395.50**
Sterling Talent Solutions – Police Background Check	30.00	3.90	**$33.90**
Local Police Background Check (approximate, depending on type of check and municipality)	50.00		**$50.00**
Personal Professional Liability Insurance	Varies		
Education Requirement from the Registration Committee Panel	Varies		
Pharmacy Technician Applicant Fees			
PEBC – Pharmacy Technician Certification Process (refer to PEBC website)			
PEBC – Pharmacist Qualifying Exam – Part I (MCQ)	460.00		**$460.00**
PEBC – Pharmacist Qualifying Exam – Part II (OSCE)	1,125.00		**$1,125.00**
University of Toronto, Faculty of Pharmacy – Orientation to the Canadian Health Care System Course Application Fee	399.00	51.87	**$450.87**
Sterling Talent Solutions – Police Background Check	30.00	3.90	**$33.90**
Local Police Background Check (approximate, depending on type of check and municipality)	50.00		**$50.00**
Personal Professional Liability Insurance	Varies		
Education Requirement from the Registration Committee Panel	Varies		

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL, JUNE 11, 2020**	**DECISION**	**X**
DATE:	**JUNE 5, 2020**	**DISCUSSION**	□
ITEM NAME:	**Council Seat – North District**	**INFORMATION**	□
INITIATED BY:	**EXECUTIVE COMMITTEE**		
PRESENTED BY:	**BASIL ZIV**		

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

To inform Council of the outcome of the 2020 elections for the professional member seat in the north district. And to seek support for Executive Committee decision to leave the seat vacant until the 2021 election.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2019/2020 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

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

GUIDING LEGISLATION/BYLAW/POLICY:

CHO BYLAWS: 9.03 – COMPOSITION OF COUNCIL; 10.1 – ELECTORAL DISTRICTS; 10.02 – ELECTION DATE; 10.03 – NUMBER OF REGISTRANTS ELECTED; 10.04 – ELIGIBILITY FOR ELECTION; AND

10.32 – Filling of Vacancies
If the seat of an elected Council Member becomes vacant less than twelve (12) months before the expiry of the member's term of office, Council may,

(i) leave the seat vacant;
(ii) appoint as an elected Council Member a Registrant who meets the criteria for eligibility for election set out in article 10.04 or
(iii) direct the Registrar to hold a by-election in accordance with this by-law.

Despite the above, if the seat of an elected Council Member becomes vacant because no Registrant was nominated for election, the Council may appoint a Registrant who meets the criteria for eligibility for election set out in article 10.04 to serve up to one year of the remaining term. In that case the Council shall direct the Registrar to hold a by-election for the remainder of the term, if there is any, in accordance with this by-law at the same time as the other elections are held in the year following the vacancy.

10.33 – By-Election
If the seat of an elected Council Member becomes vacant more than twelve (12) months before the expiry of the member's term of office, Council shall direct the Registrar to hold a by-election in accordance with this by-law.

10.34 – Manner of Holding By-Elections
A by-election ordered by Council shall be held in the same manner and shall be subject to the same criteria and processes as a regular election, subject to any necessary modifications.
10.35 – Term of Office for Members Filling Vacancies
The term of office of a person appointed or elected to fill a vacancy shall commence on the day of the appointment or election, as the case may be, and shall continue until the date that the former Council Member's term would have expired.

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:

9.03 – Composition of Council
Council shall be composed of seven (7) Registrants and as many Public Members as are appointed by the Lieutenant Governor in Council in accordance with subsection 5(1) of the Act. This provision does not apply to the transitional Council. Despite this provision, Council remains properly constituted despite any vacancies.

10.03 – Number of Registrants Elected
For each electoral district referred to in column 1 of the following table, there shall be elected to Council the number of members set out opposite in column 2.

Column 1	Column 2
Electoral District	Number of Members
East	1
Peel	1
Toronto	2
North	1
Southwest	1
Ontario	1

The number of Council Members elected each year shall correspond to the sum of,

(i) the number of Council Members whose terms of office have expired or will expire in conjunction with the elections, and
(ii) the number of Council Members whose seats have become vacant and have not been filled.

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

Nomination for professional Council members were open this year from February 11 to March 11, 2020. The College released several notices/reminders to inform and encourage registrants to put their name forward for the districts of: North (1 seat, 3 year-term); and East (1 seat, 3 year-term).

One nomination was received for East (Sanjeev Nayyar, re-elected by acclamation). No nominations were received for North district.

This is the first time CHO has experienced this situation, as such no procedure exists.

In accordance with the Bylaws, Council has three options:

1. To run a by-election to encourage self-selected candidates to put their name forward.
2. Institute a nomination process to identify and secure an eligible candidate to sit as an appointee to Council for one year. (Until the next election.)
3. To leave the seat vacant.

ANALYSIS:

1. **By-election**

- Open and democratic process. Individual must self-select with support of two nominators.
- Still may not result in a candidate.

2. **Appointment**

- Limit to the term of appointment is one year. Position would be up for election next year for a two-year term.
- Grooms appropriate candidates for short- or long-term involvement in Council and the work of the College.
- Allows the College to encourage a registrant with a skill set beneficial to Council to participate.

3. **Vacant Seat**

- Council would continue to be duly constituted.
- This would create an equal number of votes between elected professionals and public appointees.
- This would represent a small cost saving to the College, but a missed opportunity to encourage registrants in the work of the College.

Following discussion at the April 1, 2020 meeting of the Executive Committee, the following decision was made:

Motion to leave the North District seat for the election of professional members vacant for one year and to hold a by-election for the seat in conjunction with the 2021 election of council members.

Moved by Gary Kapelus, seconded by Anna Cardozo.
Abstained Gurudutt Vaid.
Carried.

KEY CONSIDERATIONS:

1. Fair process in accordance with the College's Bylaws.

RESOURCE IMPLICATIONS:

1. Workload impact on existing Council members in responsibility to support committees, panels and the work of the College.
2. Potential impact for staff time to organize another round of elections.

OPTIONS:

1. To accept the recommendation of the Executive Committee to leave the seat vacant for one year.
2. To direct the Registrar to run a by-election to encourage self-selected candidates to put their name forward.
3. Institute a nomination process to identify and secure an eligible candidate to sit as an appointee to Council for one year. (Until the next election.)

RECOMMENDATIONS:

1. To accept the recommendation of the Executive Committee to leave the seat vacant for one year.

RESOLUTION:

BE IT RESOLVED THAT Council support the decision to leave the North district professional Council member seat vacant until the 2021 Council election.

COLLEGE OF HOMEOPATHS OF ONTARIO

2019-2020 Operating Plan, Goals & Objectives
Summary of Deliverables
as of April 1, 2020

Status Legend	On track	Facing challenges	Stuck

By end of:	Deliverable	Status/Comments
2019-20 Q3 **December 31, 2019**	SECA – complete the framework, refine tool & process, train assessors & staff	Completed.
	Complete technology and system update [Part I]	Part I completed (see Part 2 in Q4).
	Investigate Ministry priorities and timelines for approval of spousal exemption regulations, investigate with other FRHCO colleges the content and format for submission, and develop a strategy to execute a plan for submission in 2020/2021.	Investigation completed. Submission in progress. To be completed in Q1 2020-21.
	Deliver a strategy to understand culpable loss and to convert eligible applicants into registrants by end of Q3.	Completed.
2019-20 Q4 **March 31, 2020**	Complete technology and system update [Part II] **ADDED: Implement more robust system to ensure adequate security.** **ADDED: Source and acquire computer-based phone system in anticipation of move.**	System upgraded. Phone system switch in progress. In the hands of 365 consultants. To be completed in Q1 2020-21.
	Registration -- complete an internal process audit and a peer college resource scan on O/I tools and measurements.	Internal audit process completed. Resource scan moved to Q1 2020-21.
	Review and update the Jurisprudence Program.	Final migration moved to Q1 2020-21.
	Launch the continuing education component of the Quality Assurance Program.	Final migration moved to Q1 2020-21.
	Complete the pilot testing and launch of the registrant self-assessment requirement of the CHO Quality Assurance Program to ensure registrants understand and comply with the annual requirements.	Final migration moved to Q1 2020-21.
	Create a framework for review of registrant websites including preparing a simplified checklist of professional standards to complete the preliminary assessment.	Draft framework completed in March 2020.
	Develop a comprehensive action plan and strategy document for the delivery of a patient-centered Patient Relations Program in compliance with the Health Professions Procedural Code.	Action plan completed for implementation in 2020-21.
	Grow the cash reserves 6.13%.	Achieved.

COLLEGE OF HOMEOPATHS OF ONTARIO

2019-2020 Operating Plan, Goals & Objectives
Summary of Deliverables
as of April 1, 2020

By end of:	Deliverable	Status/Comments
	Develop a slate of bylaw, policy and procedure changes, for consideration and approval by Council (by November 2019).	Completed.
	Achieve a membership level of 477.	Achieved and exceeded.
	Create a strategy and implementation plan to promote greater awareness amongst practitioners as to how schools, the College, and the professional association can/should contribute to the growth of the profession and increase interest in college membership and council leadership.	Not yet initiated. On hold.
	Establish a calendar for in-person meetings with executive leaders from the MOHLTC, FHRCO, and targeted professional colleges to inform the development and implementation of a strategy to reduce systemic barriers and increase support for interprofessional collaboration across regulated processions in Ontario.	Not yet initiated. On hold.
	Document strategy and timeframe for implementation of a framework for regular contact and engagement with other homeopathic regulatory bodies around the world. The framework will identify the recognized regulatory bodies, as well as establish a format/frequency for contact, and the resource to execute this program.	In progress.

Key Result Area 1: CHO Deliver of Legislative & Legal Mandate

1A) Participate in the MOH Cycle 1 of College Performance Measurement Framework

Fully participate in the College Performance Measurement Framework (CPMF) assessment administered by the Ministry of Health to demonstrate and support the regulatory functions and programs provided by CHO.

Deliverable/Timeframe:

1. Participate fully in fulfilling all requests from the MOH. The process set to begin in September 2020. Date of conclusion to be determined by Q4.

1B) Compliance with 2018 Fairness Commissioner Assessment Report

The 2018 Cycle 3 Assessment Report, by the Office of the Fairness Commissioner, identified nine areas of focus for the CHO. In this fiscal year, the CHO will address four areas, including Policy & Process Review (focus on mitigating strategies), Fairness in Special Accommodations, Gathering Applicant Feedback, and Audit of Third-Party Assessment Practices. Overall, focus on internal policy review to ensure the implementation of mitigating strategies so that registration processes are TOIF and bias-free.

Timeframe/Deliverable:

1. Registration Policy and Internal Process review to improve mechanisms for monitoring registration decisions to satisfy General Duty – Fairness #2, page 16 of action plan completed by the end of Q4
2. Fairness in Special Accommodation: Satisfy General Duty – Fairness #4, page 13 of the action plan by the end of Q2
3. Gathering Applicant Feedback: Satisfy General Duty – Transparency #1, page 15 of the action plan by the end of Q2
4. Develop systems to monitor third-Party assessment practices: Demonstration of Specific Duty – Assessment of Qualifications Practice 6.15, page 26 of the action plan by the end of Q4
5. Review resources from all RHPA colleges for objectivity and impartiality tools and measurements and implement appropriate solutions to build in higher levels of objectivity and impartiality into the registration process – Satisfy i. Specific Duty – Assessment of Qualifications Practice 6.12, page 8 of the action plan; ii. General Duty Objectivity 1 to 4, pages 9 to 11 of the action plan; and iii. General Duty Impartiality 1, page 12 of the Action Plan by the end of Q2 [carry forward from 2019/2020]

1C) Adopt Framework to Review Organizational Functions to Reduce Systemic Racism

To review and adopt a framework to examine all components of the organization to identify and manage systemic racism and cultural bias.

Deliverable/Timeframe:

1. Review and adopt a framework internal review by the end of Q2.
2. Deliver quarterly reports to the Executive Committee and Council to determine the necessary and best possible action plan. Q2

DRAFT

1D) Technology Infrastructure Enhancements to Support Regulatory Functions and programs including Quality Assurance and Jurisprudence [Carry forward from 2019/2020]

To improve administrative efficiency, reduce organizational risk, and enhance member service, the CHO will complete a two-phase project to:

Update hardware, operating platform and data storage systems, and telephone integration;
Utilize RUZUKU to support regulatory programs, including quality assurance and jurisprudence, including completing the update and relaunch of the Jurisprudence program, and launch the continuing education component of the Quality Assurance Program; and
Investigate and, if appropriate, implement a new membership database with enhanced data collection for regulatory functions, including registration, complaints, and quality assurance.

Timeframe/Deliverable:
1. Technology and system update complete by the end of Q1
2. Review and update of Jurisprudence Program and launch of the continuing education component of the Quality Assurance Program complete by the end of Q2
3. Implementation of new membership database by the end of Q3

1E) Quality Assurance Program (Self-Assessment Process)

To reduce organizational risk, enhance registrant competence and compliance, and improve member service, the CHO will launch the registrant self-assessment requirement of the Quality Assurance Program. [Carry forward from 2019/2020]

Timeframe/Deliverable:
1. Complete the pilot testing and launch of the registrant self-assessment requirement of the CHO Quality Assurance Program to ensure registrants understand and comply with the annual requirements by the end of Q2.
2. Complete the rollout of the self-assessment requirement to all registrants by the end of Q4.

1F) Investigations, Complaints & Reports (ICR)

To protect the public and patients, the CHO will initiate a program to monitor the advertising on electronic media of Homeopaths across Ontario, to ensure compliance with professional standards.

Timeframe/Deliverable:
1. Based on the established framework, the CHO will assess 10% of registrant websites by the end of Q4.
2. As needed, modify the framework to continue to audit and follow up on findings into 2021/2022.

1G) Patient Relations Program

To protect the public and patients, the CHO, through the Patient Relations Committee, will implement the Patient Relations Program aimed at preventing and dealing with sexual abuse of patients.

Deliverable/Timeframe:

1. Implement a plan to deliver a Patient Relations Program by the end of Q3.

DRAFT

Key Result Area 2: CHO to Practice Good Governance

2A) Financial

The CHO will maintain/grow the cash reserves by X%

Deliverable/Timeframe:
1. Grow the cash reserves by X% by the end of the fiscal year.

2B) Governance Framework Review

Monitor and prepare to modify Council governance structure based on the research conducted by CHO and recommendations from the Health Professions Regulators of Ontario (HPRO) and the Ministry of Health. This is based on the potential for legislative changes in the Regulated Health Professions Act by the Government of Ontario.

Deliverable/Timeframe:
1. Deliver quarterly reports to the Executive Committee and Council to determine the necessary and best possible action plan by Q4

2C) Council Education

Implement Council and Committee Education/Training Plan

Deliverable/Timeframe:
1. Rollout development plan into function and skill review, looking at what skills each committee needs to be successful. Identify what competencies Council and committee members need to fulfil their individual and collective functions and translate this into the development of a comprehensive education and training plan. Identify internal and external sources of education and training to achieve the program. Complete by the end of Q2

2D) Committee of Human Resource Management

Explore strategies to maximize skill, participation and experience of volunteers/Council members on all CHO committees/panels.

Deliverable/Timeframe:
1. Set up a framework to allow for the maximum utilization of Council member skill and experience. (What is the ideal formula for the period served on a committee? (i.e. five people – 2 new, one on for two years, two on for three years), to be completed by the end of Q3.

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2E) Committees Terms of Reference

Review and update terms of reference for all committees

Deliverable/Timeframe:

1. Review and update terms of reference for all committees to be completed by the end of Q4.

2F) Governance Policies

Review of the governance policies in the College's policy manual.

Deliverable/Timeframe:

1. Review and update 25% of the most timely or out-of-date governance policies in the College's policy manual to be completed by the end of Q3.

2G) Spousal Treatment / Exemption Regulation

Consistent with practice-norms across all Ontario regulated professions, the CHO will establish a regulation controlling the practice of spousal treatments. [Carry forward from 2019/2020]

Deliverable/Timeframe:

1. Submit Regulation Submission Application for the MOHLTC by Q2

DRAFT

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

3A) Membership Levels

The CHO will encourage and attract new registrants and optimize the retention of current registrants.

Deliverable/Timeframe:

1. Deliver a strategy to understand culpable member loss by the end of Q1. [Carry forward from 2019/2020]
2. The CHO will achieve a membership level of 463 by the fiscal year-end. The Registrar will continue to track and report to Council regularly using the established Membership Scorecard reporting tool.

These numbers are provisional.

2019-2020 Fiscal Year-End (PLAN)			Actual at March 31, 2020		2020-2021 Fiscal Year-End (PLAN)	Projected	Estimated Jun 9/2020
					Members in Good Standing at March 31/2020		498
2018-2019 Full Class Members		487	2019-2020 Full Class Members Grandparented to Full	463 7	2020-2021 Full Class Members Formed submitted and paid 133 draft form payment in progress by installment or other (this number may still be in flex) Estimated Total of Full Class Members		 326 133 424
			Inactive (from Full Class)	24	Inactive		35
			Inactive (from Grandparented Class)	1			
2018-2019 Grandparented Class Members*		29	Grandparented Class Members*	21	Grandparented Class Members		0
2018-2019 Year-End Total Members**:		516	2019-2020 Year-End Total Members**:	516	2020-2021 Year-End Total Members**:		459
Adjustments (as a result the 2019/2020 renewal)			**Adjustments**		**Adjustments**		
Admin Suspension (Current Year)***	5.21%	-27	100.0%	-22	Suspension pending		-14
Loss Rate (Culpable & Non-Culpable)****	3.86%	-20	100.0%	-22	Resignations Expired (formerly Grandparented)		-18 -7
New Members (first time registrants) (completed/approved registration)		+17	135.9%	+23	New Members		+4
2019-2020 Fiscal Year			**2019-2020 Fiscal Year-End**				
Year-End Total Members in good standing:		486	101.2%	498			463
Grandparented Members			**Grandparented Members**		**Grandparented Members**		
Conversion of Grandparented Members (in good standing)	60.0%	+13	44%	+7	Total who transferred to Full Class by March 31, 2020 83%		+15

Comments:
*** for June 2020 14 individuals are at risk and have not started the renewal process. These individuals will receive a letter of intent to suspend if no action is taken.
* at March 31, 2019 there were 29 members who qualified under grandparented class; including 7 on admin suspension, 2 who held membership in Inactive Class, and 20 who were in good standing
** number of renewal notices sent at February 15.
Expired registration: 14 Resulting from failure of Grandparented Class registrants to complete or satisfy requirements for Full Class.
Revoked registration: 6 Resulting from a failure of registrants to resolve their administrative suspension. Three more revocations are expected prior to the end of this fiscal year.

3B) Strengthen the Triad (Ontario)

As part of a Triad of institutions (Regulatory College, Education, Professional) supporting professional growth and practice excellence in homeopathy in Ontario, the CHO will promote greater awareness amongst practitioners of how each institution can/should contribute to the growth of the profession, and increase interest in the college membership and Council leadership. (Carry forward from 2019-2020)

Deliverable / Timeframe:

1. Create a strategy and implementation plan by the end of Q4.

3C) Interprofessional Collaboration (Ontario)

Consistent with the RHPA, which supports respect for other "Health Professionals," the CHO will seek to reduce barriers and increase support for interprofessional collaboration across regulated processions in Ontario. (Carry forward from 2019-2020)

Deliverable/Timeframe:

1. Develop and launch a strategy that includes case study examples where collaboration has benefited, how lack of cooperation has harmed patient outcomes (targeted to specific health professionals), and a work plan to communicate and engage with related professional colleges.
2. The CHO Registrar and President will establish a calendar for in-person meetings with executive leaders from the MOHLTC, HPRO, and target professional colleges to inform the development and implementation of the strategy. The end of Q4 will schedule the sessions.

3D) Post-Secondary Education Review – Review India BHMS program

Create a plan to review international post-secondary programs in homeopathy to assess curriculum and training against the CHO's entry-to-practice and regulatory requirements. International applicants represent 26% of total CHO applications; the BHMS represent 15% of all applications.

Deliverable/Timeframe:

1. Create an action plan for the review BHMS program (India) in 2021-22, to be completed by the end of Q4.

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3E) Member Practice Marketing & Communication Toolkit

In regular times, by some estimates, almost two-million times per year, Ontarians turn to Homeopathy as part of their health care solution. We are, however, not in 'normal times,' and Homeopaths are dealing with the reality of workplace restrictions. The COVID -19 Pandemic has impacted members and hampered the ability of members to communicate and market their services safely and effectively. Members are challenged to achieve and maintain economically sustainable clinical practices. Individual members are unable to effectively 'market' the benefits of safe and responsible homeopathic treatment.

Under the guidance of a multi-disciplinary member and college taskforce and using a third-party communications expert to design and administer a patient survey and direct interview plan, over a spectrum of patients, the CHO will develop the critical messages of patient benefit and value from safe and responsible homeopathy.

Key messages will be used to develop a toolkit of resources that homeopaths can use to populate their web sites, print and distribute, and communicate to current and prospective patients to market safe and responsible homeopathy.

Success will be measured through an increase in patient interest and faster return to pre-pandemic clinical activity levels for CHO members. A preliminary estimate to achieve the deliverable is (up to) $ 50,000, for which we would pursue one-time government funding.

Deliverable / Timeframe:

1. Develop proposals and meet with the government to present requests by Q2; refine as per the feedback received.
2. Upon acceptance and funding approval, strike a marketing task force to oversee the process; and engage the third-party communications consultant to design and execute the patient survey and interview process, completed by Q2 (dependent of approval date).
3. Create a toolkit of key-value proposition messages and rollout plans for implementation in 2021 and beyond, completed by Q4 (dependent on approval date).

DRAFT

	489	2019 - 2020
REVENUE		**$ 599,266**
Wages & Salaries		**$ 431,364**
		$ -
Council and Committees		**$ 17,582**
		$ -
Consulting/Professional Services		**$ 62,176**
		$ -
Special Programs		**$ -**
		$ -
Office and General Operational Costs		**$ 42,232**
Rent		
		$ 553,354
Surplus (Deficit)		**$ 45,913**

	463	2020 - 2021
REVENUE		**$ 568,650**
Wages & Salaries		**$ 431,385**
		$ -
Council and Committees		**$ 21,125**
		$ -
Consulting/Professional Services		**$ 59,400**
		$ -
Special Programs		**$ -**
		$ -
Office and General Operational Costs		**$ 40,880**
Rent		**$ 6,000**
		$ 558,790
Surplus (Deficit)		**$ $9,860**

Assumptions for 2020-2021 Projections

1. 463 members in good standing (35 Inactive Class, 424 Full Class); all renewals and provisional numbers noted in membership scorecard to be confirmed by July 15, 2020
2. Minimum expenses - bare bones (no salary increases in the projected expenses)
3. Funds include technology upgrades and tools to enhance productivity
4. No projects funded from reserves