



Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario

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I. Introduction and Background

Purpose and Use of the Profile

This newly developed competency profile describes the integrated knowledge, skills, judgment and attributes required by homeopaths in Ontario at the beginning of their practice. Safe, competent and ethical practice is based on the integration and performance of many competencies simultaneously. The Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario will be used to:

- Support regulatory activities that protect the public;
- Develop practice standards, entry-to-practice assessment tools and quality assurance tools;
- Serve as a guide for curriculum development; and
- Increase public and employer awareness of practice expectations of entry-level.

This profile was developed to reflect the diversity of homeopathic practice as well as present homeopathy as a primary health-care option in Ontario.

Development of the Profile

The competency profile was developed through the completion of a five-phase project that involved consultation with a large and diverse group of homeopaths from across Ontario (see Appendix A and B). The framework used to develop this competency profile was adapted from the patient-centred framework used by several health-care professions throughout Canada and beyond including nurses and chiropractors. The decision for a patient-centred framework was based on the following criteria: (a) it highlights the patient-centred beliefs at the heart of homeopathic practice and (b) it uses a common language that is shared across health-care professions. It should be noted that all examples provided throughout this document are meant to provide general guidance on the meaning of the concept and are not meant to be an exhaustive list.



II. Context of Practice

Basic Principles of Homeopathy

The principles of homeopathy were developed into a system of medicine by the German physician Samuel Hahnemann (1755-1843). Homeopathy dates back to the late 18th century (1796) and is a complete system of medicine based on the principle of “like cures like.” This means if a substance can cause symptoms in a healthy person, it can treat a sick person suffering from similar symptoms (Castro, 1996). Homeopathy recognizes that all signs and symptoms of ill health are expressions of *dis-ease* within the whole person and it is the patient who needs treatment, not the disorder.

Vast clinical experience along with hundreds of peer-reviewed basic science, pre-clinical and clinical studies confirm homeopathy’s safety and effectiveness. Historically, the success of homeopathy has been evident in the treatment of epidemics (cholera, India, 1830; Spanish influenza, 1918; leptospirosis, Cuba, 2009).

Homeopathy has a long history in Canada. It was a regulated profession under the *Ontario Medical Act* from 1869 to 1970 (Ania, 1995). The resurgence of homeopathy as a primary care option has resulted in the *Homeopathy Act, 2007*, which has been established under Ontario’s *Regulated Health Professions Act, 1991*.

Description of Homeopathic Practice

The practice of homeopathy is the assessment of body system disorders and treatments using homeopathic techniques to promote maintain or restore health. Homeopaths are trained health-care practitioners who observe and assess the totality of signs and symptoms that the patient exhibits and their life circumstances. The totality refers to taking all the symptoms a patient exhibits and expresses on a physical, mental and emotional level. Treatment, when appropriate, involves choosing a homeopathic medicine that best matches the totality of symptoms and is administered in minute doses. The aim of homeopathic treatment is to stimulate an individual’s healing response in order to restore and maintain health.

Context of Practice

Homeopaths practise autonomously yet in collaboration with other health-care professionals. Homeopaths practise in a variety of settings including but not limited to home-based offices, clinics, employer-based environments and health-care facilities, as well as providing home visits and virtual consultations.

Patient

Homeopaths treat individuals with acute and chronic conditions, throughout the patients' life span. Homeopaths consider all aspects affecting the individual including physical, mental, emotional states, as well as environmental and hygienic factors.

III. Key and Safety Competencies

Key Competencies are marked in this document with a “K”. Key Competencies are the knowledge, skills, and abilities identified by subject matter experts as those that are most essential to competent practice at entry into the profession. These 38 competencies and sub-competencies are based on their importance to competent practice as well as their frequency of occurrence in practice.

There are 36 Safety Competencies. These are marked in this document with an “S”. Safety Competencies are the competencies and sub-competencies identified by subject matter experts as those most important to minimizing the risk of harm to the patient.¹

Note that there is significant overlap between the Safety Competencies and the Key Competencies. In other words, many competencies and sub-competencies that are deemed “Key Competencies” are also deemed “Safety Competencies”. Together Key Competencies and Safety Competencies comprise approximately 46% of the 105 competencies and sub-competencies in this document.

Assumptions

A number of assumptions apply to all the competencies described in the competency profile:

1. Homeopaths work under the regulatory environment as defined by the *Regulated Health Professions Act, 1991 (as amended)* and the *Homeopathy Act, 2007*.
2. Homeopaths practise patient-centred care to meet the unique needs of those served.
3. Homeopaths act with the patient’s informed consent and regard patient safety and confidentiality as paramount.
4. Homeopaths view dynamic disease as a disturbance of the homeostatic state of the body.
5. Homeopaths view all symptoms as an expression of dynamic dis-ease.
6. Homeopaths have knowledge of homeopathy, health sciences, clinical training, jurisprudence, ethics, and practice management and are committed to continuing education.
7. Homeopaths encourage patients to be actively involved in their own health decisions.
8. Homeopaths practise homeopathy as a complete system of medicine.
9. In addition to having a knowledge of the fundamental principles of homeopathy, homeopaths also recognize that in current homeopathic practices there is a diversity in case-taking, case analysis and prescribing
10. Homeopaths demonstrate a commitment to maintaining a professional therapeutic relationship along the homeopathic healing continuum.
11. Homeopaths educate the public on the role and benefits of patient-centred homeopathy as a primary health-care option within the Standards, Policies and Guidelines of the College of Homeopaths of Ontario.

¹ Based on HPRAC- New Directions: Regulation of Homeopathy and Naturopathy Ch. 5, p. 163, April 2006

IV. Competencies

Professional Responsibility and Ethical Practice

Homeopaths demonstrates 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.

- 1.1 Provide patient-centred care within the scope of homeopathic practice. (K, S)
- 1.2 Develop a professional therapeutic relationship with patient, maintain boundaries and act in the best interest of the patient. (K)
- 1.3 Demonstrate sensitivity to and respect for each patient’s rights, autonomy, dignity and uniqueness. (K, S)
- 1.4 Practise safely, ethically, collaboratively and within own level of individual competence. (K,S)
- 1.5 Maintain patient confidentiality and privacy. (K, S)
- 1.6 Identify the potential effect of personal values, beliefs and experiences and utilize this self-awareness to provide unbiased care. (S)
- 1.7 Collaborate with colleagues, other health-care practitioners and community resources to facilitate patient care.
- 1.8 Maintain professional competency through ongoing self-assessment, intraprofessional collaboration and professional development.
- 1.9 Use effective communication to develop professional relationships with patients, families and other health-care professionals.
- 1.10 Recognize the limitation of their own individual experiences and knowledge, and seek guidance from and collaborate with experienced professionals. (S)
- 1.11 Demonstrate an understanding of the legal and ethical obligations as it relates to the practice of homeopathy, including those imposed by the Homeopathy Act, 2007, the Regulated Health Professions Act, 1991, and the College of Homeopaths of Ontario Code of Ethics. (K)

Knowledge-Based Practice Specialized Body of Knowledge

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 Specialized 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:
 - a) Law of similars; (K, S)
 - b) Totality of symptoms; (K, S)
 - c) Minimum dose; (K, S)
 - d) Individualization of the case; (K, S)
 - e) Theory of health and disease (e.g., acute and chronic miasm);
 - f) Principles and methods of cure; (K, S)
 - g) Potentization of the medicines; (K) and
 - h) Provings and action of homeopathic medicine.
- 2.2 Demonstrate thorough case-taking skills, including but not limited to the *Organon* (Aphorisms 6, 18, 82-104, 153, 210-213, 220). (K)
- 2.3 Demonstrate a sound knowledge of Materia Medica including:
 - a) The signs and symptoms of the most well-known homeopathic 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).
- 2.4 Apply knowledge of homeopathic principles, Materia Medica and repertorization to reach a homeopathic diagnosis. (K, S)
- 2.5 Understand and assess the various data sources available when selecting homeopathic medicines including:
 - a) Clinical data;
 - b) Evidence-based research;
 - c) Historical materials;
 - d) Provings;
 - e) Toxicological data; and
 - f) Properties of the source materials.

- 2.6 Demonstrate a thorough knowledge of the process of repertorization including:
 - a) The structure, organization, advantages and limitations of Repertory;
 - b) Defining rubrics by translating patient narrative into the condensed language of the homeopathic Repertory;
 - c) Grading of the symptoms and the remedies and their significance; and
 - d) Technique of repertorization.
- 2.7 Demonstrate a thorough knowledge of prescribing that recognizes the need for flexible and individualized dosing for each patient including:
 - a) Homeopathic potency, dose and frequency; (K, S)
 - b) Administration of medicines; (K, S)
 - c) Sequence of medicines; and
 - d) Relation between medicines.
- 2.8 Understand how the psychological and emotional states of the individual can affect the patient's health and well-being. (K, S)
- 2.9 Identify potential obstacles to cure including, but not limited to, nutritional imbalances, environmental imbalances, and environmental exposure and toxicity. (K)
- 2.10 Identify exciting causes and maintaining causes.
- 2.11 Possess a fundamental knowledge of human anatomy and physiology, based on the study of all body systems both structural and functional. (K)
- 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.
- 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).
- 2.14 Demonstrate a basic understanding of laboratory data reports as it relates to case analysis and management (e.g., blood analysis, urinalysis).
- 2.15 Demonstrate a basic understanding of nutrition and the appropriate use of nutritional support.
- 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.
- 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)

- 2.18 Identify disease processes and their manifestations to recognize a conventional diagnosis and understand its implication for the purpose of homeopathic assessment, prognosis, treatment and potential referral.
- 2.19 Recognize common symptoms of pathologies in order to identify characteristic and individualized symptoms in the patient. (K, S)
- 2.20 Demonstrate skills to perform a physical examination within the scope of homeopathic practice. (K, S)
- 2.21 Recognize when homeopathic treatment can complement, interact and/or interfere with other health care that the patient is receiving.
- 2.22 Recognize integrative modalities that may complement homeopathic treatment in improving patient outcome.
- 2.23 Understand handling, dispensing and storage of homeopathic medicines as set out in the professional practice guidelines. (S)
- 2.24 Possess a valid certification in Health Care Provider CPR and Standard First Aid. (S)

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:
- a) Confidentiality; (K, S)
 - b) Basic homeopathic principles and process;
 - c) Nature and safety of homeopathic medicine;
 - d) Duration and frequency of visits;
 - e) Treatment expectations (acute vs. chronic, prognosis); and
 - f) Fee schedule.
- 2.26 Review patient intake form (e.g., family health history, patient health history, chief complaint, etiology, supplements and pharmaceuticals, lifestyle assessment).

Case-Taking - Consultation

- 2.27 Establish a therapeutic relationship by developing a rapport with patients that facilitates the sharing of information in a professional environment.
- 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
- b) Information provided by the patient’s extended network if appropriate (e.g., family, caregiver).

Objective data including:

- c) Homeopath’s observation (i.e., visual, etc.) (K, S)
- d) Physical exam, as required, within the scope of practice of homeopathy; (K, S) and
- e) Interpretation of medical tests, diagnostic or laboratory result reports.

- 2.29 Utilize effective listening and communication skills, taking into account the age, gender, culture, language, ability, emotional and developmental state of the patient. (K)
- 2.30 Demonstrate interviewing and case-taking skills to elicit spontaneous responses from the patient (e.g., using open-ended questions, avoiding leading questions, respecting silence). (K)
- 2.31 Encourage more detailed responses from the patient to formulate a complete symptom statement.

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”).
- 2.33 Use various approaches to case analysis (e.g., etiology, totality of characteristic symptoms, constitutional basis).
- 2.34 Select rubrics for repertorization to reach a homeopathic differential diagnosis.
- 2.35 Research homeopathic references and literature to confirm the medicine selection using:
 - a) Clinical and proving data;
 - b) Historical journals; and
 - c) Cured cases.
- 2.36 Synthesize the collected information and utilize critical thinking to arrive at homeopathic diagnosis.

Selection and Dispensing of Homeopathic Medicine

- 2.37 Select suitable medicine or sequence of medicines to restore/maintain optimal health and vitality. (K, S)
- 2.38 Select administration of medicine including:
 - a) Homeopathic potency (e.g., MT, X, D, C, Q or LM); (K)
 - b) Posology (dosage); and (K)
 - c) Delivery mechanism (e.g., dry, liquid, injectable when or if approved in the scope of practice). (K)
- 2.39 Provide written instruction to patient on use of medicine including:
 - a) Administration; (K, S)
 - b) Storage; (K, S)
 - c) Cautions and warnings; (S)
 - d) Interactions; (K,S) and
 - e) Dietary and lifestyle recommendations. (K, S)

- 2.40 Communicate individualized treatment plan to the patient.
- 2.41 Document treatment plan in patient’s file including name, potency and posology, and rationale of homeopathic medicine. (K, S)

Case Management

- 2.42 Monitor patient response to homeopathic medicine, and changes in patient health status. (S)
- 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)
- 2.44 Promote patient-specific healthy lifestyle choices to optimize treatment outcome.
- 2.45 Develop in consultation with patient, a plan for the continuation of homeopathic care.
- 2.46 Recommend referral and/or collaborate with other health-care practitioners, as required, to provide optimal care to the patient. (S)

Practice Management

Homeopaths establish, develop and manage a practice effectively while delivering homeopathic services in a safe environment.

- 3.1 Manage a practice environment that is professional and safe for patients and staff. (K, S)
- 3.2 Maintain confidential patient records as per standards, regulations and guidelines. (K)
- 3.3 Develop administrative and management skills (e.g., maintaining patients’ and financial records, managing staff).
- 3.4 Respect patients’ right to choose to integrate other therapeutic modalities in combination with homeopathic treatment.
- 3.5 Implement safety measures to protect self, colleagues and patients from injury and hazards. (S)
- 3.6 Develop and maintain appropriate billing practices as per standards, regulations and guidelines.

V. Glossary

Acute Disease

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

Body Systems

A series of interconnected or interdependent parts or entities within the human body that act together toward a common life-sustaining purpose. These include the following: musculoskeletal system; endocrine system; nervous system; cardiovascular system; integumentary system; respiratory system; gastrointestinal system; urinary system; reproductive system; eyes, ears, nose and throat; lymphatic and immune systems. (Gray, 2010)

Characteristic Symptom

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

Chronic Disease

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

Competencies

The specific knowledge, skills, attributes and abilities required of an entry-to-practice homeopath in order to practise safely and ethically.

Diagnosis

See Homeopathic Diagnosis

Dis-ease

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

Dynamic Disturbance

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

Homeostasis

A balanced state of health.

Homeopathic Diagnosis

The process of establishing a meaningful totality from the patient's signs and symptoms directed from mental, emotional and physical signs and symptoms, past and present symptoms, acute and chronic states, physical pathologies and life experience. (Castro, 1996)

Informed Consent

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

Interprofessional

Providers from different professions working together with interaction as an important goal to collaborate in providing services. (Adapted from the World Health Organization 1998)

Law of Similars

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

Materia Medica

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

Medicine

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

Miasms

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

Naturopath

A practitioner of a system of medical science comprising many natural healing techniques. (Yasgur, 1998)

Old Symptoms

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

Organon of the Medical Art

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

Patient

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

Patient-Centred Approach

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

Potency

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

Potentization

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

Proving

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

Therapeutic Relationship

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

Totality of Symptoms

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

Repertorize

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

Repertory

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

Rubric

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

Scope of Practice

Encompasses the services that its practitioners are educated, competent and authorized to provide. (National Physiotherapy Advisory Group, 2009)

Uniqueness

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

VI. References

- Ania, F. (1995). *Homeopathy in Canada: A synopsis. Health and homeopathy 1* (1). p. 4-8.
- Bickley, L. (2007). *Bate's pocket guide to physical examination and history taking* (5th ed). Philadelphia: Lippincott, Williams and Wilkins.
- Castro, M. (1996). *The complete homeopathy handbook* (3rd ed.). Bolton, ON: PAN MacMillan.
- College of Nurses of Ontario. (2008). *National competencies in the context of entry-level registered nurse practice*. Toronto: Author
- Gray, A. (2010). *Case taking: Best practice and creating meaning in the consulting room*. New Delhi: B. Jain Archibel.
- Hahnemann, S. (1842). *Organon of the medical arts* (6th ed.). Birdcage Books. (W. Brewster O'Reilley - copyright 1996)
- Health Canada (2004). *Natural health product regulation*. Retrieved on 12 October 2011 <http://www.hc-sc.gc.ca/dhp-mps/prodnatur/index-eng.php>
- Kaplan, B. (2001). *The homeopathic conversation: The art of taking the case*. Oregon: Natural Medicine Press.
- National Center for Homeopathy (2011). *Homeopathy today*. Autumn 2011. Alexandria, VA: Author.
- National Physiotherapy Advisory Group (2009). *Essential competency profile for physiotherapist in Canada*. Toronto: Author.
- Ontario's Health Care Consent Act (1996). Retrieved 5 December 2011 http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_96h02_e.htm
- Ontario's Homeopathy Act (2007). Retrieved on 13 October 2011 http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_07h10_e.htm
- Ontario Human Rights Code, R.S.O. (1990) c. H-19, retrieved on 2 December 2011 http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h19_e.htm
- Ontario's Regulated Health Professions Act (1991). Retrieved on 13 October 2011 http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm
- World Health Organization (1998). *Health promotion glossary*. Geneva, Switzerland. Retrieved on 13 October 2011 http://who.int/hpr/NPH/docs/hp_glossary_en.pdf
- Yasgur, J. (1998). *Yasgur's homeopathic dictionary and holistic health reference*. El Paso, Texas: Van Hoy Publishers.

VII. Appendix A – Profile Development

The *Entry-to-Practice Competency for Homeopaths Practicing in Ontario* is a culmination of hundreds of hours of time and effort by over 150 stakeholders. The process used to create, review and validate the competency profile followed a best-practice approach to competency development and strongly relied on the content expertise of a diverse group of homeopaths. The profile was designed to be meaningful to practitioners as well as those who want to learn more about the practice of homeopathy. There were five key phases to the profile including; (1) literature review and recommendation to Council; (2) five day competency development workshop with a diverse group of homeopaths from across Ontario; (3) review and update from the Ad-Hoc Advisory Group and Transitional Council of the College of Homeopaths of Ontario; (4) validation of the competency profile; and (5) finalization and additional review of the profile.

Phase I of the project involved conducting a scan of the current practice in homeopathy as well as other health care fields (including allopathic healthcare). Based on this review, a report was produced and recommendations were provided to the TC-CHO Council which reviewed the information and approved a general framework for the competencies.

Phase II comprised of a five-day workshop where experienced and entry-to-practice practitioners created a competency profile after receiving training in competency development practice. The group chosen was meant to reflect a multi-faceted view of practice in Ontario.

Phase III, the TC-CHO Council as well as an Ad Hoc group comprised of practitioners and key stakeholders reviewed the competencies and provided feedback. This feedback was integrated into the document for validation.

Phase IV, an online validation survey was developed in order to enable a broader group of stakeholders to review the competencies. The competency validation survey was created by ASI with guidance from TC-CHO. It was developed in an online format, which allowed respondents to submit their feedback on the competencies electronically over the Internet. In order to ascertain whether the competencies generated in earlier phases of the project are applicable for practicing entry-to-practice homeopaths in Ontario, the survey utilized three rating scales.

First, respondents were asked about the applicability of the competency to entry-to-practice by answering “How applicable is this competency to homeopaths in entry-to-practice?” Respondents indicated, on a dichotomous scale (yes/no) whether they felt that the competency was applicable. Only if a respondent marked “yes,” was he or she required to indicate its relative importance and frequency

The second scale asked respondents to rate each competency statement in terms of its importance for safe and effective practice. The third scale asked respondents to rate each competency statement in terms of its frequency of use. These types of rating scales are among the most commonly used for validation surveys as they provide a direct indication of the applicability of competencies across diverse practice settings. Seven hundred and twenty eight email messages were sent out to homeopaths and other stakeholders across Ontario and beyond. As of the survey deadline, 177 surveys were completed, yielding a response rate of approximately 24.3%. Respondent ratings of the 110 competencies and sub-competencies were aggregated to determine which if any should not be considered relevant to entry-level practice. Qualitative feedback from respondent was also reviewed.

Overall, all competencies were rated as highly applicable with all 110 competencies and sub-competencies receiving an applicability rating of at least 80%. Across all 110 competencies and sub-competencies, the average importance rating was 3.36 on a 4-point scale and the average frequency rating was 3.42 on a 4-point scale. The range of ratings was relatively wide, with mean importance ratings fluctuating between 2.42 and 3.90 and mean frequency ratings fluctuating 2.46 and 3.85. Based on the survey data, a report was generated and distributed to the Steering Working Group for review. Recommendations included revisiting some of the competencies that received relatively lower ratings to verify their relevance to safe and effective practice.

During phase V, the Steering Working Group and TC-CHO Council reconvened to make a decision about modifying or deleting competencies based on the validation survey outcome report. In total, three competencies and sub-competencies were added while eight competencies and sub-competencies were deleted (Note that some of the content from many of these competencies were merges with other competency or assumption statements). Minor revisions were made to three competencies. This resulted in a fourth draft of the competency profile comprising 105 competencies and sub-competencies.

As a final step, the competencies are being disseminated to the profession and public for a 60-day consultation. The goal is to solicit additional feedback from stakeholders to ensure that the end product reflects the practice of homeopaths practicing in the Ontario.

VIII. Appendix B - Council and Working Group Members

Transitional Council

In accordance with the Regulated Health Professions Act, 1991, Health Professions Procedural Code, Schedule 2, Section 4: “The Council shall have a Council that shall be its board of directors and that shall manage and administer its affairs. 1991, c. 18, Sched. 2, s. 4.”

The Council is directly accountable to the government for the effective governance of the transitional Council in accordance with all applicable legislative requirements.

Members

Jim Dunsdon	President, Public
Whitney Collins	Professional
John Curran	Public
Kathy Desjardins	Professional
Eden Gajraj	Public
Ling Goh	Professional
Ron Harris	Professional
Violetta Ilkiw	Vice President, Professional
Maggi Martin	Public
John Millar	Professional
Wangari Muriuki	Public
Luba Plotkina	Professional
Bhupinder Sharma	Professional
Kelly Warren	Public

Steering Working Group

The Steering Working Group is a non-statutory working group struck as defined in the Bylaws of the College of Homeopaths of Ontario. The Steering Working Group develops the framework under which the competencies and standards will be developed.

Members

Eden Gajraj	Chair, Public
Kathy Desjardins	Professional
Ling Goh	Professional
Bhupinder Sharma	Professional
Kelly Warren	Public

Competency Working Group

The Competency Working Group is responsible for participating collaboratively in one two-day and one three-day workshops with a purpose to develop and populate a preliminary entry to practice competency framework (Competency Profile) for the profession of homeopathy that is transparent, objective, impartial and fair.

Members

Wangari Muriuki	Chair, Public, Council
Ling Goh	Professional, Council
Luba Plotkina	Professional, Council
Inna Dolgopolsky	Professional, Non-Council
Lucy Fournier	Professional, Non-Council
Kashka Kril-Atkins	Professional, Non-Council
Laurie Ann Allen	Professional, Non-Council
Lisa Decandia	Professional, Non-Council

Ad Hoc Advisory Working Group

The Ad Hoc Advisory Working Group is a non-statutory working group struck as defined in the Bylaws of the College of Homeopaths of Ontario. The Ad Hoc Advisory Working Group provides feedback to Council on sensitive and important areas within the TC-CHO mandate.

On October 20, 2011, in a session facilitated by Assessment Strategies Inc. the following organizations provided feedback to Council on the draft competency profile prior to it's distributed for validation.

Organization

Transitional Council College of Homeopaths of Ontario, Acting Working Group Chair
Transitional Council College of Homeopaths of Ontario, Observer
Board of Directors of Drugless Therapy - Naturopathy (BDDT-N)
Canadian College of Homeopathic Medicine (CCHM)
Homeopathic Medical Association of Canada (HMAC)
Homeopathic Medical Council of Canada (HMCC)
National United Professional Association of Trained Homeopaths (NUPATH)
North American Society of Homeopaths (NASH)
Ontario College of Homeopathic Medicine (OCHM)
Ontario Homeopathic Association (OHA)
School of Homeopathy

Representative

Jim Dunsdon
Eden Gajraj
Nadia Bakir
Joe Kellerstein
Alka Dalal
Clarissa Stevenson
Helen Hardinge Field
Kashka Kril-Atkins
Mirsada Vins
Olga Imas
Christine Jambrosic