



more than just
a matter of choice



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

Phase II: Profiling the Profession and Getting Practical



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The Patients First: Action Plan for Health Care Year 2 progress report includes this message from Ontario Minister of Health and Long-Term Care Eric Hoskins (2014-2018):

Our health care system belongs to everyone in Ontario. In February 2015, we launched our Patients First: Action Plan for Health Care to transform our health care system into one that puts patients at the centre. We are working with our partners in health care to make the system more accessible, equitable and integrated...

...As we move forward, we remain committed to focusing on the needs of patients and improving their health care experience by working with our health care partners across the system to ensure that patients have access to the services they need, where and when they need them.

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

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

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

This report represents Phase II of this project, moving from the broader concepts described in the October 2017 report into the more practical aspects of integrating homeopathy into the larger health-care system for the benefit of patients and society as a whole. This integration considers homeopathy in terms of its current scope of practice and with an eye to future enhancements for the benefit of patient access.

The Story So Far

Upon proclamation of the Homeopathy Act 2007, homeopaths joined the 25 other health-care colleges in becoming a regulated profession. This was a major step forward for homeopaths and their patients. Now required to abide by comprehensive registration requirements, quality assurance standards, and a process for complaints and discipline, homeopaths and their regulatory body – the CHO – have reached a new and necessary level of equality as key players in the broader health-care system.

However, there are significant differences in the degree to which practitioners in different professions can perform the full array of services required for effective patient care. For example, the ability to communicate a diagnosis or to directly order laboratory tests is limited to a small number of professions. Those professions whose scope of practice does not include these activities are required to refer to other professionals – a requirement that is not only inefficient but adds costs and could threaten patient safety by delaying treatment. This inefficiency is particularly frustrating for individual practitioners whose training and experience have proven them competent to provide these services. The absence of clear standards on collaboration makes such inefficiencies all the more unfair and unfriendly to patients.

Other differences also exist. For example, Chiropractors, Optometrists, Physicians and Surgeons, Psychologists and Dental Surgeons may use the title Doctor. Naturopaths and Traditional Chinese Medicine Practitioners and Acupuncturists may also use the title doctor followed immediately by professional designation, while homeopaths have no such option. The uneven application of title rules leads to confusion among patients and has an impact on perceptions of competence. Many homeopaths were trained as MDs in their home countries and bring an added level of competency to the homeopathy profession. In certain communities, homeopathy is the primary modality for health care. No less competent than practitioners in other professions, homeopaths are regulated, have proven their competence, and maintain high standards of practice, and should therefore be granted the same privileges related to use of title. This would aid significantly in levelling the playing field among practitioners and patients alike.

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

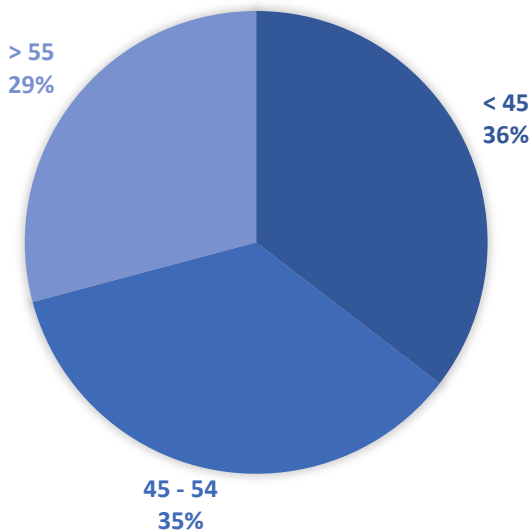
In October 2017, the College of Homeopaths presented to the Ministry of Health and Long-Term Care a series of recommendations about the optimal role of homeopathy – and homeopaths – within the Patients First action plan and the Excellent Care for All Act 2010 in the context of the broader health-care system. In an environment that is complex, constantly changing, and often difficult to understand and navigate, it is vital for homeopaths and patients to have a clear vision of where and how they fit in – particularly in light of government imperatives to improve the delivery of health-care services and reduce associated costs. For example, homeopaths should be considered as ‘Health Service Providers’ and therefore eligible to participate in multidisciplinary clinics within Community Health Care Centres.

Patient choice has been identified as a priority, as has access to culturally appropriate care. Whether that choice can realistically reflect actual preferences as opposed to practical or financial ones depends on adapting the system in a way that minimizes obstacles and optimizes the relationships between its many components. The next phase of this initiative seeks to identify practical changes that could do just that.

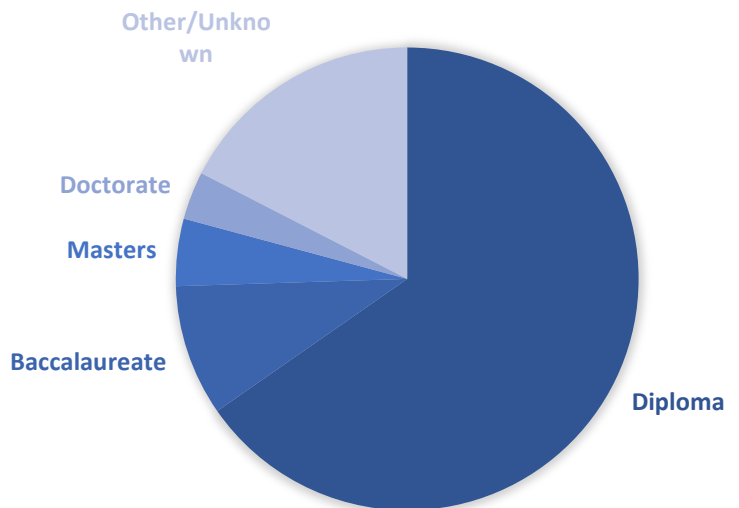
First, though, it's important to establish a clear picture of where, how and by whom homeopathy services are provided in the province. Data were collected from approximately 450 homeopaths as part of the 2017 renewal process as mandated by HealthForceOntario.

Profiling the Profession: Homeopaths in Ontario

AGE

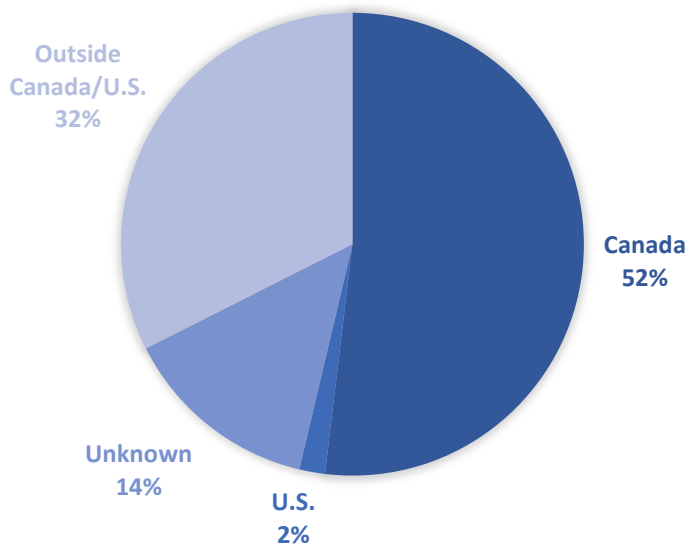


LEVEL OF EDUCATION IN PROFESSION



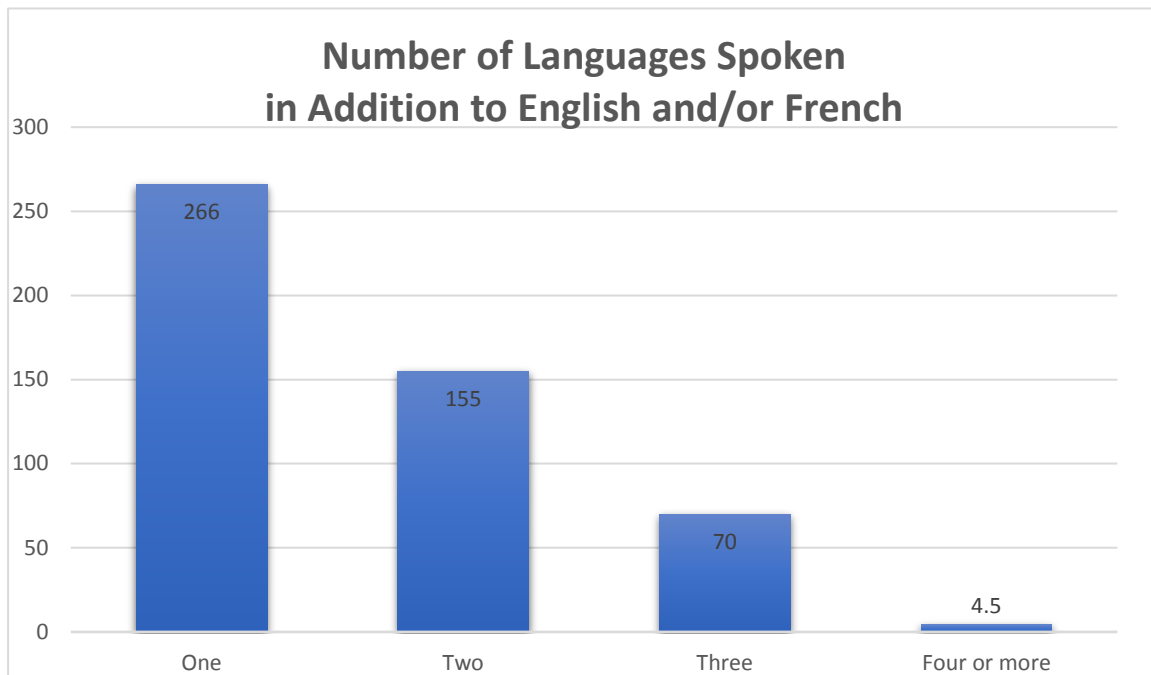
18.6% of CHO registrants are also registered to practice in another jurisdiction

COUNTRY OF GRADUATION

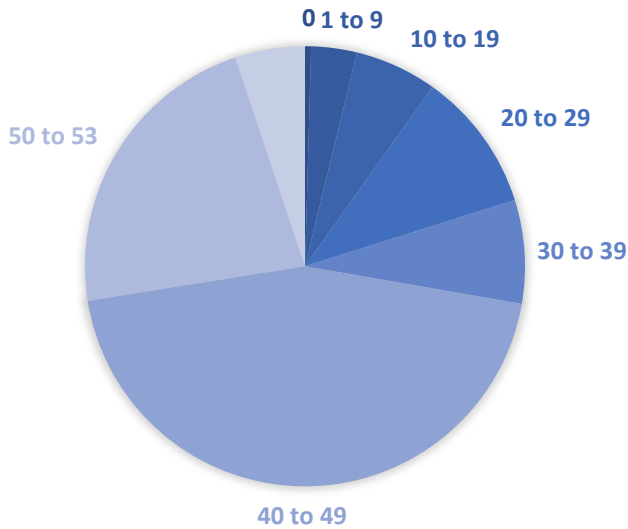


Countries of Graduation outside North America

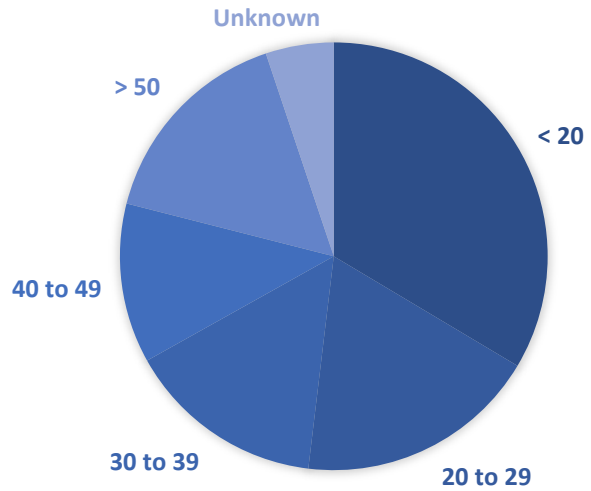
- India
- Pakistan
- United Kingdom
- Bangladesh
- Greece
- Iran
- France
- Ukraine
- Germany
- Australia
- South Africa
- Romania
- Sri Lanka
- Israel
- Russia



PRACTICE WEEKS PER YEAR



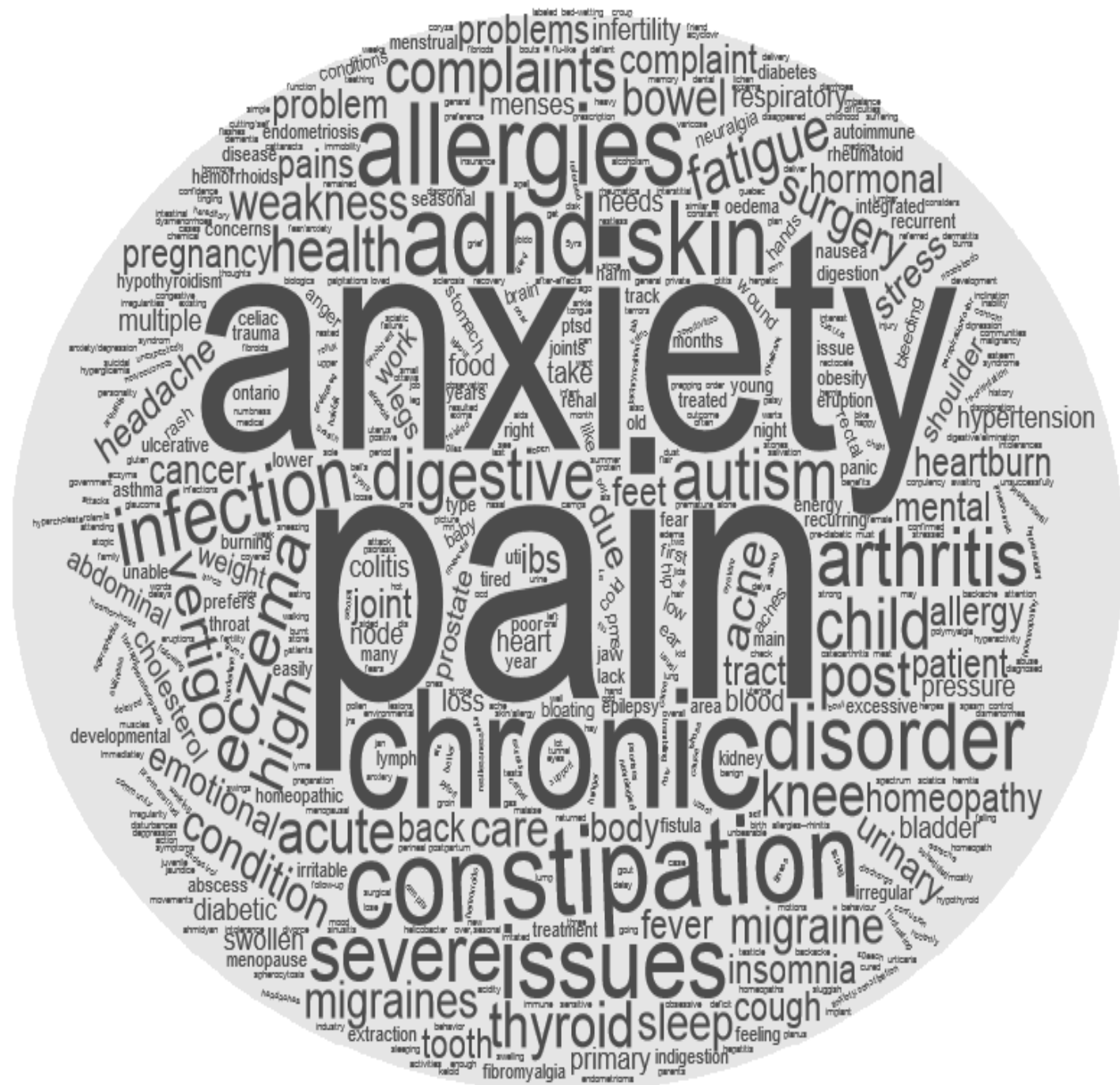
AVERAGE PRACTICE HOURS PER WEEK



Practice Location by Local Health Integration Network (LHIN) Region

Central	77	17.2%
Central East	42	9.4%
Central West	86	19.2%
Champlain	15	3.4%
Erie St. Clair	5	1.1%
Hamilton Niagara Haldimand Brant	22	4.9%
Mississauga Halton	55	12.3%
North East	4	0.9%
North Simcoe Muskoka	7	1.6%
North West	0	0.0%
South East	4	0.9%
South West	13	2.9%
Toronto Central	58	13.0%
Waterloo Wellington	11	2.5%
Ontario Postal Code Not Mapped to LHIN	4	0.9%
Other Provinces/Territories	18	4.0%
USA	3	0.7%
Outside Canada & USA	5	1.1%
Not Applicable	0	0.0%
Unknown/Not Matched	18	4.0%

Patients choose homeopaths for a wide array of conditions. The Phase I report includes information from survey respondents on their most recent five patients, yielding data on more than 700 individuals.



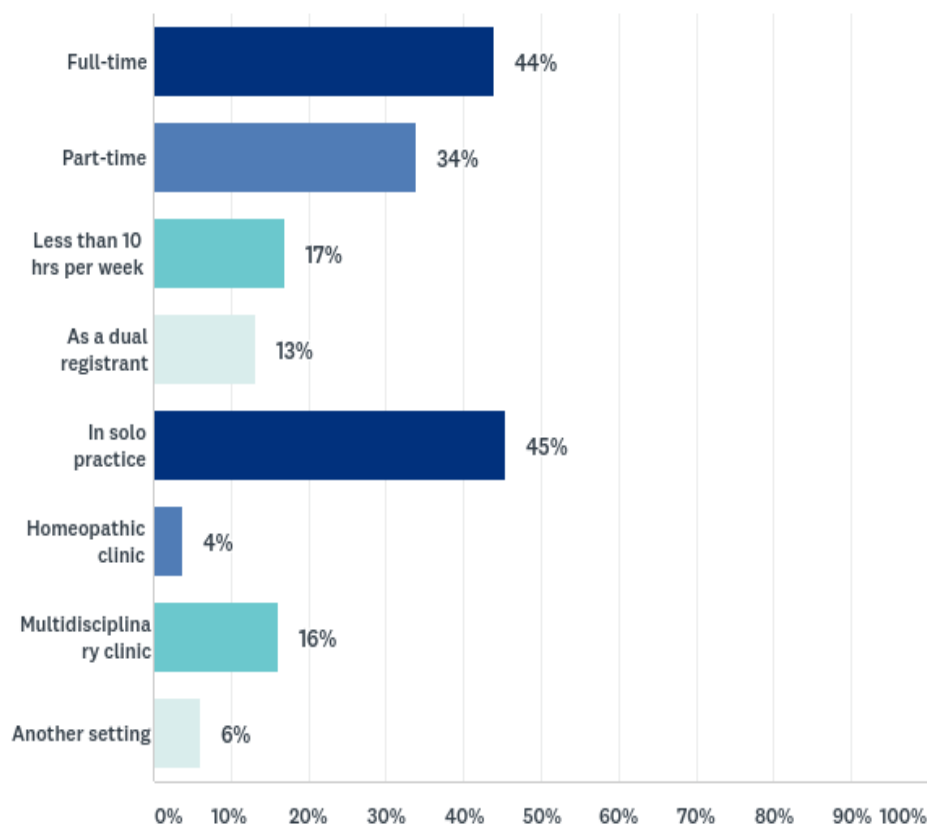
Phase II: The Second Survey

Following the Phase I report, the CHO sought to dig deeper in order to translate conceptual directions into practical recommendations. To this end, a second survey of registrants was conducted. 133 homeopaths responded. Questions were designed to identify those elements of the health-care system that could be modified in ways that would benefit those patients who choose homeopathy as part of their approach to care.

For example, it's important to determine whether patients have access to the full range of necessary services when they choose homeopathy as part of their health-care strategy – either as a primary point of entry or as an adjunct to allopathic medical services. When a patient receives care from a homeopath, does he or she typically have access to the other services (tests, referrals, etc.) which would be available to a patient who enters the health-care system through, for example, an MD general practitioner?

How can homeopaths collaborate with other health-care professionals to provide a fuller and more comprehensive service that would benefit patients and the health-care system as a whole?

Q3 I practise homeopathy: (Select all that apply.)



Defining a Role Within the Broader Health-Care System

There is frustration among homeopaths because many cannot seem to find their place within the health-care system despite being all too familiar with areas of need. Generally, homeopaths have small practices and work alone. There is a concern that the majority of health professionals have little or no understanding about the capabilities of homeopaths, including the extent of their education and training. Furthermore, homeopaths are not given appropriate recognition by mainstream health-care professionals.

This results in homeopaths being underutilized within the health-care system, and in turn leads to patients not having timely access to those services that could benefit them. The lack of understanding among other health professionals often leads to uninformed criticism, territoriality, and a reluctance to cooperate with patient choice.

Recognizing that optimum treatment often relies on more than an initial consultation; greater interprofessional collaboration is required in order to ensure the best patient outcomes. Development of interprofessional competencies, which include the alternative modalities, could lead to better utilization of homeopaths (and in fact all health-care professionals) within the health-care system, and result in better access to qualified professionals. It will save time and costs and lead to improved efficiencies and a better outcome for the public.

Currently, the regulatory framework provides oversight of individual professions and is not particularly well-suited to monitor or improve the way different professions collaborate with one another. Reframing the regulatory environment in a way that would increase focus on patient-centred interactive teams would benefit patients by ensuring a collaborative approach. Many members of the public are demanding an integrative approach to health-care. This would result in the professional health-care silos giving way to a true cooperative and integrated health force. The overall impact of this change of approach to the health-care delivery system would lead not only to better patient outcomes, but to greater human creativity, productivity, and quality of life.

As described in Grey Areas, SMLLaw's newsletter¹, a branch of McMaster University just posted a major research study² on modernizing the oversight of the health professions in Ontario. Funded by the Ontario government, the study includes a broad array of recommendations, recognizing that there is a misalignment between the historic structure of regulation and the ongoing evolution of priorities related to the delivery of care. Specifically, the study recognizes this limitation and suggests an approach based on interprofessional competencies as opposed to profession-specific oversight:

2. Use competencies as the focus of oversight

The McMaster Forum stated that some of the following could be pursued:

- *develop a process to get input from citizens, health workers and existing oversight bodies about how to define the core competencies for each category of health worker;*
- *determine an approach to update the core competencies as the health system evolves;*
- *expand the use of competencies across all categories of health workers in:*
- *educational programs preparing candidates for entry into a category of health workers;*
- *training programs involved in preparing health workers for changes to what they are allowed to do; and*

¹ <http://www.sml-law.com/wp-content/uploads/2018/03/Greyar224.pdf>

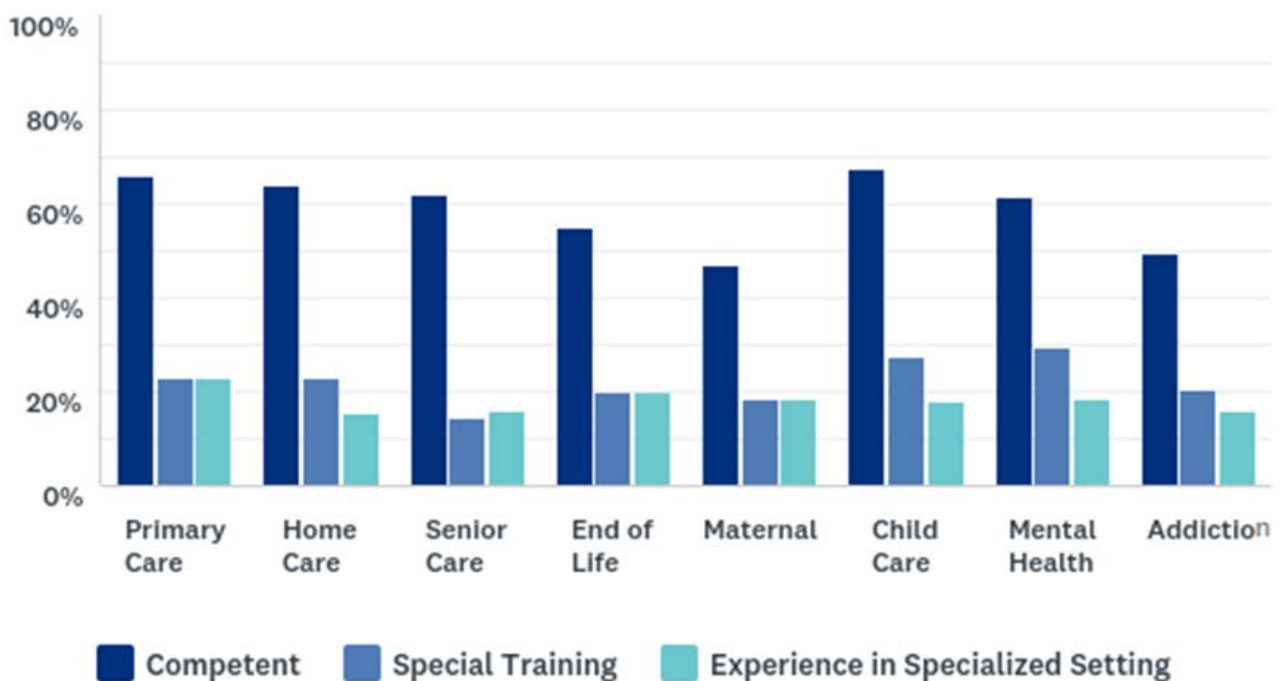
² <https://www.mcmasterforum.org/>

- *continuing professional-development programs that support health workers to safely do what they are allowed to do under existing oversight mechanisms; and*
- *use competencies – instead of scopes of practice and controlled acts – as the focus of health-workforce oversight, including to evaluate the seriousness of complaints and other investigations.*

Research is fundamental in assisting homeopaths to establish firmly their legitimate right to participate fully within Ontario’s health-care system. The fact that homeopaths are largely excluded is due mainly to the refusal of some health-care providers and skeptics to recognize the benefits of homeopathy and other alternative methods of health-care in the restoration of health for their patients. There is a plethora of evidence world-wide, supported by substantive experience in many countries including India, France, the United Kingdom, Switzerland, Belgium, Brazil, Argentina, Mexico, South Africa, Cuba, Tanzania, and validated by the World Health Organization. In order to dispel misinformation, and to reinforce the benefits of homeopathy to Ontarians, it is necessary to carry out appropriate research within Ontario to corroborate the evidence that is already available elsewhere.

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

As part of the second survey, respondents were asked to identify areas of practice in which they are competent, specially trained, and experienced in a related specialized setting.



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

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

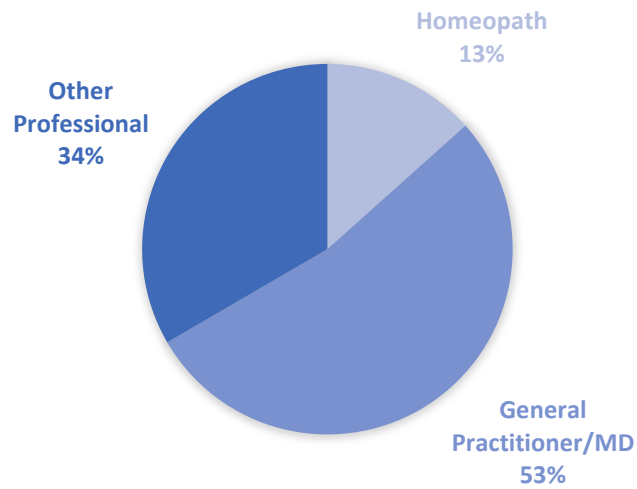
Systemic Inefficiencies

Often, the collaboration between medical doctors and homeopaths is insufficient. There are often cases that require homeopaths to request that their patients obtain medical reports and medical testing via their medical doctors. Sometimes, doctors don't agree that medical tests are necessary. In other cases, GPs will order tests requested by homeopaths, only to withhold results. The lack of established inter-professional collaboration procedures for and with homeopaths leads to inefficiencies for both patients and professionals. The need to involve medical doctors in order to gain access to tests and referrals, and to convey diagnoses, undermines the homeopath as a qualified and regulated professional subject to the same oversight as every other primary-care regulated provider. It may delay care in situations in which time is of the essence. The impact on care may be especially detrimental to patients in areas where access is limited due to geography or resource availability. This limitation is an issue of oversight as opposed to competence, as many homeopaths have the knowledge, skills and judgement to diagnose as well as to order tests.

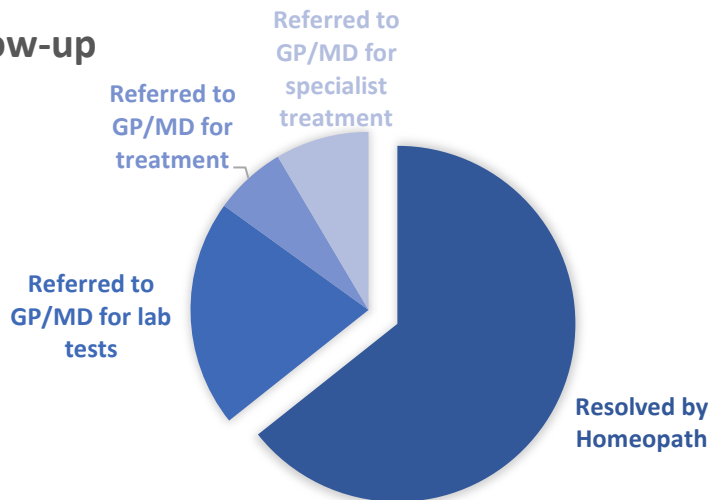
In the absence of standards and guidelines specifically aimed at defining roles and expectations, collaboration remains at best uneven and subject to the will and opinion of the individual providers involved. Specific efforts to address this gap should be built into consideration of changes to policy and framework.

The need for clear and universal standards of collaboration is evident in the survey results. Respondents were asked to provide information on their most recent five patients.

Point Of First Contact



Follow-up



Insurance Benefits Coverage

The CHO will confirm with insurers that homeopathy is a regulated profession. Homeopaths themselves or through their professional associations can work with insurers to include homeopathy within their patients' benefit packages or spending accounts.

In the public sector, whether it is filling identified gaps or easing strain on limited resources, the addition of homeopathy in a wide variety of government-funded settings and programs could act as a low-cost alternative while at the same time opening these programs more fully to patients whose first choice is homeopathy. Further savings will be achieved as more patients can choose between no-cost alternatives rather than being incentivized to opt for publicly funded options.

Limiting Practice to College Registrants

Homeopathy is a complete system of medicine, requiring a high level of education and training to deal appropriately with the depth and sensitivity of personal information patients provide. Although homeopathy is currently in the public domain it can be argued that the public is at risk when unlawful, unregistered practitioners hold themselves out as homeopaths. Patients must be confident that anyone calling themselves a homeopath, or practising homeopathy, is qualified and held to the high regulatory standards enforced by the College in the public interest. Only those registered with the College should be permitted to practise homeopathy in Ontario. The College is being called on to protect the public from individuals who call themselves 'practitioners of homeopathy' or some public domain variation, when it is obvious that their sole intent and purpose is to circumvent the regulatory body.

As the body responsible for public protection, the CHO must determine how patients can be assured that they have access to homeopaths that are well qualified and subject to a wide range of professional practice standards and guidelines. While regulation serves as a vital backdrop against which many professional advancements can be made, the College does not advocate for professionals.

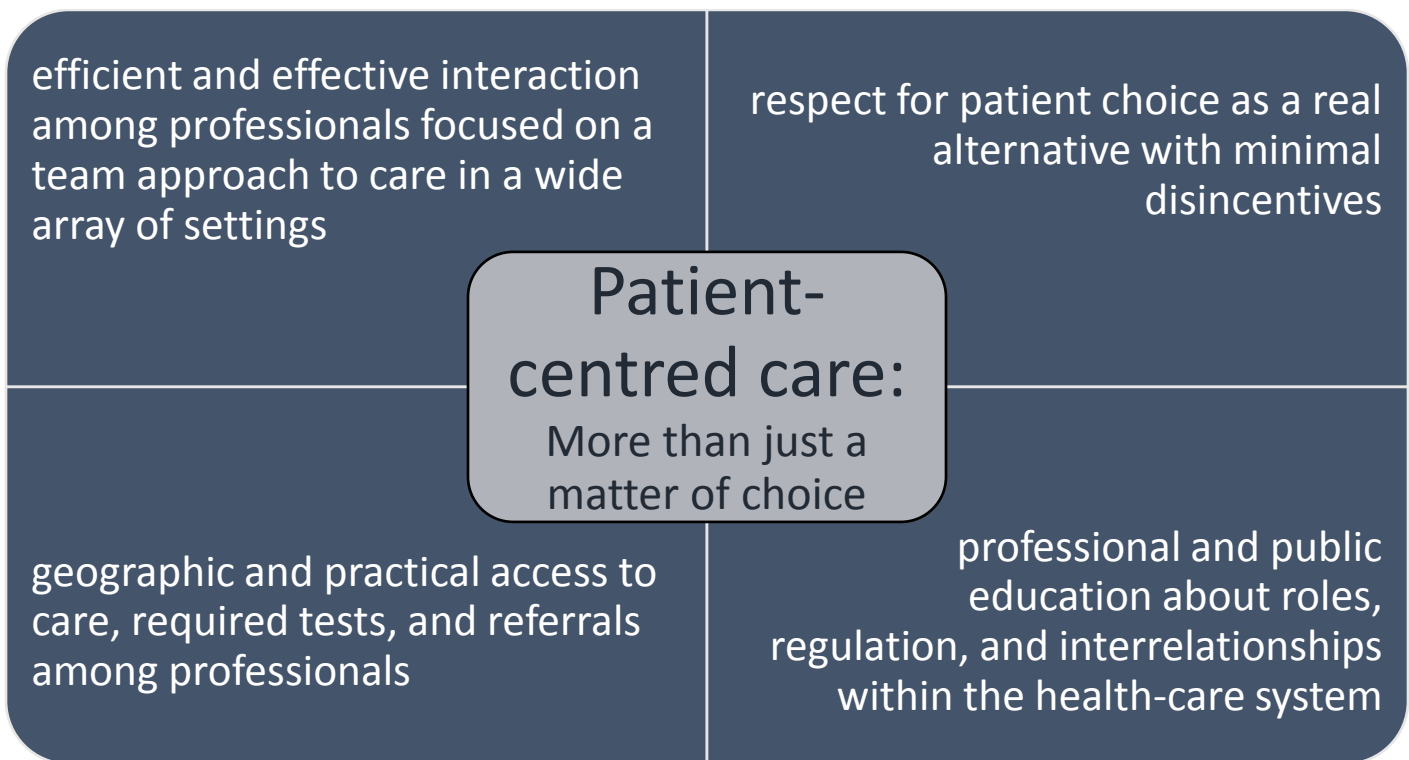
Nonetheless, it is within the College's mandate to regulate practice to those providers who have proven themselves capable within both a professional and individual scope of practice. The other side of this coin, of course, is ensuring that services cannot legally be provided by anyone who has not proven themselves competent to do so.

Within the broader regulatory framework, there is a list of acts that can be performed only by particular practitioners in the course of providing health-care services. These controlled acts are well defined and limited; anyone not authorized to perform them can be prosecuted. While homeopaths have no such acts defined in regulation, there may be an argument to be made that the practice of homeopathy should itself be limited to those shown to have the knowledge, skills and judgement to carry it out safely and effectively.

This is the argument that led to the impending designation of psychotherapy as a controlled act. While it can be argued that professionals from many disciplines practise some form of psychotherapy, proof of competence is limited to those practitioners who have met the requirements to register with the College of Registered Psychotherapists of Ontario or one of a small number of other colleges. The challenge throughout the process of assigning the controlled act designation has been in defining exactly what is being controlled, and in demonstrating risk of harm should the act be performed by unqualified practitioners. The same arguments can be made for pursuing the designation for homeopaths. There are further compelling reasons which speak to this requirement, including education and training focused on low potency prescribing for homeopathic medicines

which can impact the patient. In addition, tinctures (which contain crude amounts of substances) can also have an impact on the patient. Further, contraindication could be an issue because crude substances and low potency medicines can interact with each other and with allopathic medicines creating unintended effects.

Generally speaking, prescribing homeopathic remedies is relatively low risk. Underscoring the need for homeopaths to be well qualified and effectively regulated, however, are the knowledge, skills and training required to become a homeopath, the sensitive nature of personal information gathered during the consultation, the analysis and discussion required to arrive at a homeopathic diagnosis and choose an effective remedy, the explanation provided to the patient, and the fact that there is risk involved in prescribing certain potencies and/or prescribing in conjunction with allopathic medicines. For this reason, consideration should be given to profession-specific components of regulation such as establishing a controlled act for homeopathy. If this were to come into being, such a controlled act would limit the practice of homeopathy to practitioners with the knowledge, skill and training to competently practice homeopathy and ensure safe practice in the public interest.



Making It Happen: From Principle to Practice

Phase I Directions	What's Possible Now	Future Planning
Engage and educate patients	Encourage associations to educate the public about the benefits of homeopathy	Implement a public education program designed to educate patients and the general public about homeopathy within the regulated health-care environment Encourage patient empowerment and self-advocacy
Engage and educate other health-care professionals	Explore potential opportunities to cross-pollinate as part of provider educational programs	Collaborate with other professional associations, regulatory colleges and educational institutions to ensure that all health professionals gain an enhanced understanding of each other's roles and competencies
Ensure high standards of practice and public perception of practitioners	Continue to educate and monitor registrants on expectations	Enforce standards via regulatory requirements and quality assurance Restrict practice and title to registrants
Develop competencies on interprofessional collaboration	Set up a working group to strategize competency development in conjunction with stakeholders	Set up clear standards and expectations related to information sharing, communication among professionals, respect for patient choice, and patient-centred collaboration
Designate space for homeopaths and other alternative providers in discussions of policy and planning in health care modernization	Ensure ongoing participation in health care policy reform	Recognize the valuable role of homeopaths and non-MD practitioners in policy development, including in specialty and underserved areas
Establish pilot sites for integration of homeopathy in community health and/or hospital settings, complete with tools such as interdisciplinary charts	Seek opportunities to educate and collaborate with decision-makers at the local and provincial levels, identify prospects for shared sites and potentially useful tools	In conjunction with interprofessional competency development, integrate homeopaths within patient-centred clinics and patients who choose homeopathy into community health and hospital settings. Recognize that there should be support for continuity of care as patients move through the system together with access to medical charts
Remove obstacles so as to ensure patients can choose their point of entry for primary care without sacrificing access to other parts of the system or requiring duplicate care	Continue to seek registrant input to identify obstacles and inefficiencies	Create procedures and authorized pathways that allow homeopaths direct access to ordering of tests and the receiving of test results. Ensure that patients have timely access to appropriate medical services and their preferred providers
Strive for equity among professions in matters of patient access and among patients in matters of access to services	Identify opportunities to support professional and patient education Advise associations and other stakeholders about the role of regulation and the importance of developing workable competencies	Ensure that access to health-care services is equal regardless of point of entry Require as a standard of practice equitable and efficient information sharing

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

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

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

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

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

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

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

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

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

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

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

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

A significant number of people contribute to the costs of the provincially funded health-care system but do not benefit directly since they choose unfunded health-care modalities such as homeopathy. These options are currently outside of the government-funded system and require out-of-pocket payments or funding by benefits providers. The fact that so many choose homeopathy despite “free” alternatives available elsewhere underscores the strength of their preference to include homeopathy as part of their own health-care strategy.

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

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



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Background: College of Homeopaths of Ontario

What is homeopathy?

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

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

What is the homeopathic scope of practice?

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

Where do homeopaths work?

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

Do patients need a referral from a family doctor?

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

What should a patient expect upon visiting a homeopath?

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

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

Will patients have to pay for treatment?

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

How can a patient find a homeopath?

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

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

Regulated Health Professions Act, 1991

The *Regulated Health Professions Act, 1991* (RHPA), which came into force on December 31, 1993, provides a common legislative framework under which all regulated health professions in Ontario must function. Currently 29 health professions are regulated under 26 health colleges.

The underlying objectives of the RHPA are:

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

Homeopathy Act, 2007

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

The *Homeopathy Act, 2007* sets out:

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

How does the College protect the public?

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

Accountability

While anyone can legally provide homeopathy education and advice, what sets registered homeopaths apart is that, under the *Regulated Health Professions Act, 1991*, they are accountable to the College of Homeopaths of Ontario to provide safe, competent and ethical practice. Each homeopath must participate in quality assurance and practice assessment programs to ensure continuing competency. Under certain circumstances, homeopaths and employers have an obligation to report registrants who are not practising ethically, safely and competently.

Complaints Resolution Process

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

Homeopath: A Protected Health Profession Title

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

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