

**TRANSITIONAL COUNCIL OF THE COLLEGE OF HOMEOPATHS OF ONTARIO  
DRAFT QUALITY ASSURANCE REGULATION  
PROPOSED PROVISIONS, EXPLANATION AND RATIONALE**

Proposed Provision <i>(Describes the proposed provision.)</i>	Explanation <i>(Explains how it may be applied.)</i>	Rationale <i>(Explains why the provision has been included.)</i>
1. In this Part, “assessor” means a person appointed under section 81 of the Health Professions Procedural Code;	An “assessor” is a person appointed by the Quality Assurance Committee to gather information about a member’s knowledge, skill and judgment.	To clarify the meaning of “assessor” within the quality assurance context.
“committee” means the Quality Assurance Committee and includes a panel of the Committee;	The Quality Assurance Committee is a statutory committee established under the <i>Health Professions Procedural Code (Code)</i> , which is part of the <i>Regulated Health Professions Act (RHPA)</i> 1991. This provision clarifies that the Committee can operate through panels.	To clarify the meaning of “committee” within the quality assurance context.
“program” means the quality assurance program required by section 80 of the Health Professions Procedural Code;	The program is designed to foster excellence in the practise of the profession.	To clarify the meaning of “program” within the quality assurance context.
“stratified random sampling” means a sampling where groups are,  (a) removed from the pool of members to be sampled, or  (b) weighted to increase or decrease the likelihood of their being selected.	Stratified random sampling is a method of sampling that involves the division of a population into smaller groups known as strata. In stratified random sampling, the strata are formed based on members' shared attributes or characteristics (e.g., those who have been peer assessed might be removed from the pool for a number of years).	The main advantage with stratified sampling is that it permits the program to focus on higher risk subgroups within the profession (e.g., those that have not been peer assessed in a long time).
2. (1) The program shall include the following components:  1. Continuing education or professional development designed to,  i. promote continuing competence and continuing quality improvement among the members,  ii. address changes in practice environments, and  iii. incorporate standards of	The first mandatory component of the quality assurance program is education and professional development. This provision identifies a number of areas in continuing education and professional development that are necessary for remaining current and for participating in the evolution of the profession.	The requirements for the quality assurance program are stipulated in section 80.1 of the <i>Health Professions Procedural Code</i> . The regulation reflects all of the requirements of 80.1. The quality assurance program is intended to be co-operative and non-punitive. The components of the quality assurance program will assist all members to be properly equipped and educated to deliver safe and effective health care to the public. The program is intended to enhance the practice of all members of the profession. This in turn benefits the public.

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<p>practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council.</p>		<p>The first component ensures that each member keeps abreast of developments within the practice of homeopathy. This is essential because a member who is not fully up to date on the latest developments within the practice will not be providing optimal care to his or her patients which would not benefit the public.</p>
<p>2. Assessment:                      (i) Self                      (ii) Peer                      (iii) Practice</p>	<p>The second mandatory component involves assessments. The assessments will be self, peer and practice assessments. These terms while not defined are fairly descriptive. The College will develop tools for each assessment so that each member is aware of what each assessment entails.</p> <ul style="list-style-type: none"> <li>• A self-assessment involves documenting on a form provided by the College the nature of one's practice, one's learning needs and a plan to achieve those learning needs.</li> <li>• A peer assessment is where another member of the profession reviews a member's practice with the member to identify areas of strength and areas that may benefit from improvement. A peer assessment might be conducted in writing, over the telephone or in person.</li> <li>• A practice assessment involves gathering information on how a member conducts his or her practice. While there are many ways of conducting a practice assessment, it typically involves an on-site visit at which time records, policies and procedures are examined. It may involve the observation of a case taking, and an interview with the member. Under some practice assessments processes, there</li> </ul>	<p>The second component relates to the variety of assessments that members can expect. Again, it is mandatory under the <i>RHPA</i> to have these forms of assessment.</p>

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	<p>is a paper or telephone screening of numerous practices with a smaller group of those practices selected for a more detailed on-site visit.</p> <p>A peer assessment and a practice assessment can be combined into one process.</p> <p>Whether it is a self assessment or a peer and/or practice assessment, the result should be the same – identification of areas that are strong and areas that would benefit from enhancement. This will allow the member to improve his or her practice and thereby benefit the public.</p> <p>Information obtained by the quality assurance program is protected by not one, but two confidentiality provision.</p> <p>First, the general confidentiality provision protects the information from being disclosed unless one of the specified exceptions apply (the most common one being to administer the legislation).</p> <p>Second, however, is a specific confidentiality provision that achieves two additional goals:</p> <ol style="list-style-type: none"> <li>1. It protects the information from being used in any other legal proceedings (e.g., a lawsuit for negligence); the information cannot be used because it is "privileged".</li> <li>2. It prevents the information from being used by other committees of the College. For example, the information cannot be used in the complaints and discipline committees of the College unless the member provides false information or does not cooperate with the program. Even if a serious concern is</li> </ol>	

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	<p>identified, while the Quality Assurance Committee can reveal the general nature of the concern (e.g., sexual abuse) it cannot disclose any of the evidence it obtained.</p> <p>The reason for this strong protection of information provided to the quality assurance program is to foster candidness by members. Members can participate fully with the program without fear that they will be exposing themselves to discipline.</p> <p>When requested, members are required to disclose patient information. Patient confidentiality is not a basis for refusing to provide such information. Such disclosure is required by the <i>RHPA</i> and expressly permitted by the <i>Personal Health Information Protections Act, 2004</i>. The College, in turn, then keeps such information confidential.</p>	
<p>3. A mechanism for the College to monitor members' participation in, and compliance with, the program.</p>	<p>The third mandatory component allows the College to monitor the member's involvement with the quality assurance program. Participation could be proven and monitored by a written declaration by members on their annual renewal form that they are up-to-date in the continuing education, professional development and self-assessment activities.</p>	<p>The third component ensures the ability of the College to monitor the member's continued participation and compliance with the program. Without such authority, the College would not know whether members are participating in the quality assurance program and ensuring their standard of practice remains current.</p>
<p>(2) The Committee shall administer the program.</p>	<p>This confirms that the Committee (defined as the Quality Assurance Committee) will administer the program. The College has several statutory committees and this provision confirms that the quality assurance program falls within the jurisdiction of the Committee.</p>	<p>In identifying the Committee as the administrator, the College ensures that all information that comes within its possession remains confidential. With some very limited exceptions (e.g., non-cooperation, serious safety risks), members can be assured that any disclosure made to the Committee, or assessor appointed by it, will not be disclosed. This facilitates cooperation with the program.</p>

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(3) The Committee may phase in the implementation of the program over a period of three years from the date this regulation is enacted.	The Committee has the discretion to phase in the implementation of the program over a three year period from the date of enactment of the regulation.	Phasing in the program will permit the development of better tools and will facilitate the acceptance of the program by the profession.
3. (1) A panel of the Committee shall be composed of at least three persons, at least one of whom shall be a member of the Council that was appointed to the Council by the Lieutenant Governor in Council.	A panel is a sub-set of the Committee. This confirms that a panel must be composed of at least three (i.e. no less than three) persons. One of the persons must be a public member. This approach is consistent with other statutory committees found under the <i>Code</i> .	This ensures that a panel of the Committee is large enough to benefit from collective judgment. Having both professional and public members on the Committee ensures a balance of perspectives.
(2) Two members of a panel of the Committee constitute a quorum.	Quorum is the minimum number of members that are required to conduct Committee business. This provision confirms that in order to attain quorum, two members of the panel must be present.	This provision ensures that matters are not dealt with by one person, while allowing a panel to continue to deal with a matter even if it loses a person.
(3) For the purposes of subsection (2), at least one of the members of the panel shall be a member of the Council that was appointed to the Council by the Lieutenant Governor in Council.	In order to maintain quorum, one of the remaining panel members must be a public member.	This provision ensures that there is public perspective for every decision made on behalf of the Committee.
4. Every member shall participate in the program.	Regardless of the category of registration, every member must participate in the quality assurance program. The nature and extent of the participation may vary (e.g., those who are not practising or are practising outside of Ontario may have to do continuing education, professional development and self-assessment, but may be able to defer their peer and practice assessments).	The public benefits when members are obligated to participate in the quality assurance program. This provision ensures that any member using the professional title is making efforts to remain current and is accountable to the Committee for those efforts.

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<p><b>SELF-ASSESSMENT, CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT</b></p> <p>5. Every member shall participate in self-assessment, continuing education and professional development activities annually in order to maintain the knowledge, skills and judgment required to practise the profession in accordance with the standards of practice and ethics set by the College.</p>	<p>This provision expands on one aspect of the program that will apply to each member. Every year, every member must participate in self-assessment, continuing education and professional development activities. The scope of this provision may vary by registration class, and will be determined by the Quality Assurance Committee, in consultation with stakeholders, through the development of the QA program. As noted above, the College will develop tools to assist members in performing these activities in a thoughtful and organized fashion.</p>	<p>These components of the quality assurance program are identified in the <i>Code</i> as being essential. Therefore, they must be completed by each member every year. This provision reflects the continuous learning principles set out in the <i>Code</i>.</p>
<p>6. (1) Every member shall keep records of his or her self assessment, continuing education and professional development, in the form and manner approved by the Committee and for the period of time specified by the Committee.</p>	<p>The College will develop tools to assist members to reflect meaningfully on their professional development needs and goals and to make specific plans to achieve them. It is incumbent upon each member to maintain records of their self assessment, continuing education and professional development. The records will act as evidence of the member's participation in the quality assurance program. Without such evidence, the Committee will assume that the member did not comply with the requirements of this regulation.</p>	<p>This is similar to a person completing their taxes online; they do not have to submit the documents of proof. However they are expected to retain such documents if called upon. The onus is on the member to ensure they have fully complied with the requirements of the quality assurance program. Mandating the retention of records by the member allows the College to verify his or her participation.</p>
<p>(2) At the request of the Committee, an assessor or an employee of the College, a member shall provide to the Committee,</p> <p>1. accurate information about his or her self assessment, continuing education or professional development activities; and</p> <p>2. his or her records maintained under subsection (1).</p>	<p>A member must provide the records described in subsection 6(1) <u>and</u>, if requested, accurate information about his or her self assessment, continuing education or professional development activities for feedback and verification purposes.</p>	<p>The Committee must be able to verify the participation of their members in the quality assurance program. This again allows the verification process to proceed smoothly. More importantly, it allows the Committee to provide feedback to the member.</p>

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<p><b>PEER AND PRACTICE ASSESSMENT AND REMEDIATION</b></p> <p>7. (1) Each year, the Committee shall select members to undergo peer and practice assessments in order to assess the members' knowledge, skills and judgment.</p>	<p>Every year, the Committee will select members to undergo peer and practice assessments. The purpose of this component is to assess the members' knowledge, skills and judgment. As opposed to a self-assessment, a peer or practice assessment gives the member the benefit of an objective review of his or her practice.</p>	<p>Peer and practice assessments are mandatory under the <i>Code</i>. They provide a more intensive scrutiny of a member's practice for both positive feedback and, if necessary, improvement opportunities.</p>
<p>(2) A member shall undergo a peer and practice assessment if,</p> <p>1. his or her name is selected at random, including by stratified random sampling;</p> <p>2. a request is made under subsection 6(2) and either,</p> <p style="padding-left: 40px;">i. insufficient information is provided by the member, or</p> <p style="padding-left: 40px;">ii. the member's records do not demonstrate that the member has engaged in adequate self-assessment, continuing education or professional development activities; or</p> <p>3. the member is selected on the basis of other criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of those criteria.</p>	<p>This provision describes how members will be selected to undergo a peer and practice assessment:</p> <ul style="list-style-type: none"> <li>• A form of random sampling (see definition of stratified random sampling above).</li> <li>• Members may be selected if concerns are raised while monitoring the continuing education, professional development and self-assessment components of the quality assurance program, or</li> <li>• Members may be selected on the basis of other criteria specified by the Committee.</li> </ul> <p>These criteria will be developed over time to identify members at higher risk of having impaired knowledge, skill and judgment. For example, members who have been subject to multiple complaints or to findings of professional negligence might be candidates. So would a member who has been out of active practice for a while. Also, members who previously required significant upgrading might be followed up.</p>	<p>This provision provides clarity to the College, the member and the public as to how members will be chosen to participate in this component of the quality assurance program. The selection criteria incorporate random selection as well as a focussed approach in order to ensure that those who require a peer and practice assessment the most will receive that assessment.</p>
<p>(3) An assessor shall carry out the peer and practice assessment which may include an inspection of the premises, records, equipment and homeopathic medicines where the member practices.</p>	<p>This provision clarifies that an assessor will carry out the peer and practice assessment and the typical kinds of things an assessor will look at and information gathered.</p>	<p>The <i>Health Professions Procedural Code</i> requires assessments to be done by assessors. As noted below, an assessor has wide powers of access.</p>
<p>(4) The assessor shall collect information to assess a</p>	<p>This provision describes how the assessor will gather information to</p>	<p>This is to ensure that the assessor is able to fully and accurately collect</p>

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<p>member's knowledge, skills and judgment by way of a peer and practice assessment and may review the member's records required by subsection 6(1) and do anything that an assessor may do under section 82 of the Health Professions Procedural Code.</p>	<p>assist in the assessment of the member's knowledge, skills and judgment and the assessor's legal powers.</p> <p>The records in s. 6(1) refer to records of continuing education, professional development and self-assessment.</p> <p>The powers described in s. 82 of the <i>Health Professions Procedural Code</i> are as follows:</p> <p>82.(1) Every member shall cooperate with the Quality Assurance Committee and with any assessor it appoints and in particular every member shall,</p> <p>(a) permit the assessor to enter and inspect the premises where the member practices;</p> <p>(b) permit the assessor to inspect the member's records of the care of clients;</p> <p>(c) give the Committee or the assessor the information in respect of the care of clients or in respect of the member's records of the care of clients the Committee or assessor requests in the form the Committee or assessor specifies;</p> <p>(d) confer with the Committee or the assessor if requested to do so by either of them; and</p> <p>(e) Participate in a program designed to evaluate the knowledge, skill and judgment of the member, if requested to do so by the Committee.</p> <p>However, the regulation and the <i>RHPA</i> do not permit assessors to go into a private dwelling or premises controlled by the patient.</p>	<p>and report on information pertaining to the member's current level of practice by reviewing the member's records and practice. This allows the assessor to determine if the member is practicing to the standard expected by the College and thereby ensuring effective and safe practice.</p>
<p>(5) The assessor shall prepare a written report on the member's peer and practice assessment and shall provide it to the Committee.</p>	<p>Following the assessment, the assessor will prepare a written report and will provide it to the Committee. It is the Committee, and not the assessor, that makes</p>	<p>The assessor needs to formalize his or her observations and provide them to the Committee. This provides the Committee with the necessary information to determine</p>

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	determinations about quality assurance matters.	if the member's knowledge, skill and judgment are satisfactory and, if not, what to do about it.
(6) The Committee shall provide a copy of the results of the assessment to the member.	The Committee will provide a "copy of the results" of the assessment to the member. This may take the form of a summary of the report, particularly where it is satisfactory. Or it may take the form of a copy of the entire report, particularly where it is unsatisfactory.	In order to ensure fairness to the member, the results of the assessment will be provided, thereby allowing the member to learn from and, if necessary, respond to the findings. The purpose of the program is to educate, not punish, the member.
(7) If, after considering the assessor's report and any other information relevant to the assessment, the Committee is of the opinion that the member's knowledge, skills or judgment are not satisfactory, the Committee shall provide notice to the member of its opinion, the direction it proposes to make and provide notice to the member that he or she shall have 14 days to make written submissions to the Committee.	The Committee will review the assessor's report "and any other information relevant to the assessment". This could include the member's complaints/discipline history or any prior quality assurance reviews of the member's practice. After considering this information, the Committee will make a preliminary determination of whether the member's knowledge, skills or judgment is satisfactory. If the Committee is concerned that one or more areas, the Committee will advise the member. The member will have 14 days from the date of receiving the Committee's notice to make a written submission to the Committee. This process will not involve a hearing in person.	The Committee is charged with reviewing the report and any other relevant information. The Committee will then advise the member of any concerns and afford the member time to respond before the Committee takes any formal action.  This affords due process to the member and ensures that the process is run fairly for both the public and the member.
(8) If, after considering any written submissions made by the member, the Committee is still of the opinion that the member's knowledge, skill or judgment are not satisfactory, the Committee shall exercise any of the powers under section 80.2 of the Health Professions Procedural Code.	The Committee will review and consider a written submission submitted by a member. If the Committee is still of the opinion that the member's knowledge, skill or judgment is not satisfactory, the Committee can exercise the powers under s. 80.2 of the <i>Health Professions Procedural Code</i> . Generally the Committee will take the most rehabilitative and least intrusive approach possible. The usual direction will be a requirement for the member to undertake additional continuing education or to work with a mentor to enhance a specific area of practice.  The full legal options are as follows:	This reflects the powers of the Committee as set out in s. 80.2 of the <i>Health Professions Procedural Code</i> .  The Committee needs to be able to effect change when necessary. This could be through a term, condition or limitation on the member's certificate, or mandatory remediation programs. If the Committee did not have such powers, the efficacy of the quality assurance program would be greatly reduced. The Committee will discharge these powers only when it determines that the member's knowledge, skill or judgment is not satisfactory. This ensures that the

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	<p>80.2(1)The Quality Assurance Committee may do only one or more of the following:</p> <ol style="list-style-type: none"> <li>1. Require individual members whose knowledge, skill and judgment have been assessed under section 82 and found to be unsatisfactory to participate in specified continuing education or remediation programs.</li> <li>2. Direct the Registrar to impose terms, conditions or limitations for a specified period to be determined by the Committee on the certificate of registration of a member,                             <ol style="list-style-type: none"> <li>i. whose knowledge, skill and judgment have been assessed or reassessed under section 82 and have been found to be unsatisfactory, or</li> <li>ii. who has been directed to participate in specified continuing education or remediation programs as required by the Committee under paragraph 1 and has not completed those programs successfully.</li> </ol> </li> <li>3. Direct the Registrar to remove terms, conditions or limitations before the end of the specified period, if the Committee is satisfied that the member's knowledge, skill and judgment are now satisfactory.</li> <li>4. Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated.</li> </ol>	<p>public is protected and will assist members of the profession to practise to their potential</p>