



College of Homeopaths of Ontario

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STANDARDS AND GUIDELINES

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

College publications contain practice parameters and standards which should be considered by all Ontario homeopaths in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

POLICY

The College of Homeopaths of Ontario requires Registrants to practice within their individual and professional scope of practice.

INTENT

The intent of this standard is to provide a broad understanding for Registrants and the public of the homeopathic scope of practice under the *RHPA*.

The intent of the scope of practice statement is to provide a frame of reference for the tasks that a given profession undertakes, regardless of whether they are controlled acts or fall within the public domain.

PREAMBLE

The scope of practice of homeopathy outlined in the *Homeopathy Act, 2007* is intended to be interpreted in a broad manner and states: "The practice of Homeopathy is the assessment of body system disorders and treatment using homeopathic techniques to promote, maintain and restore health."

Every Registrant has a unique scope of practice, which is determined by the Registrant's clinical competence, the patients the Registrant cares for, the treatments provided and the practice environment. A Registrant's ability to perform competently in his or her individual scope of practice is determined by his or her knowledge, skills and judgment, which are developed through training and experience within the profession's scope of practice.



It is important to note that the scope of practice of an individual practitioner is generally a subset of the overall scope of practice of a profession. This individual scope is based on the Registrant's clinical experience and demonstrated competencies.¹

The intent of the *Regulated Health Professions Act, 1991 (RHPA)* is to provide a regulatory framework that protects the public while at the same time remains flexible and allows for the evolution of the various health professions. Each profession's specific Act identifies which, if any, of the Controlled Acts are authorized to them. Not all professions' have Controlled Acts. The profession's specific Act also contains a broad scope of practice statement. A given profession does not have exclusive rights to provide service within their defined scope. The RHPA model recognizes that there are overlapping scopes of practice among various professions.

DESCRIPTION OF STANDARD

A. Public Domain Versus Scope of Practice

If a procedure is not a Controlled Act, then it is considered to be in the public domain. The Registrant must adhere to the accepted standards while performing activities that fall within the public domain. Homeopathy is within the public domain. Registrants are expected to meet the minimum Entry-to-Practice competencies established by the College of Homeopaths of Ontario and ensure ongoing competencies are met. Only Registrants of the College that practice homeopathy are assessed on their knowledge, skill and judgments to practice safely.

For the purposes of this standard "Public domain" means any diagnostic or therapeutic procedure, other than the Controlled Acts listed in section 27(2) of the RHPA, that any regulated health professional may utilize in the course of providing patient care.

B. Individual Versus Professional Scope of Practice

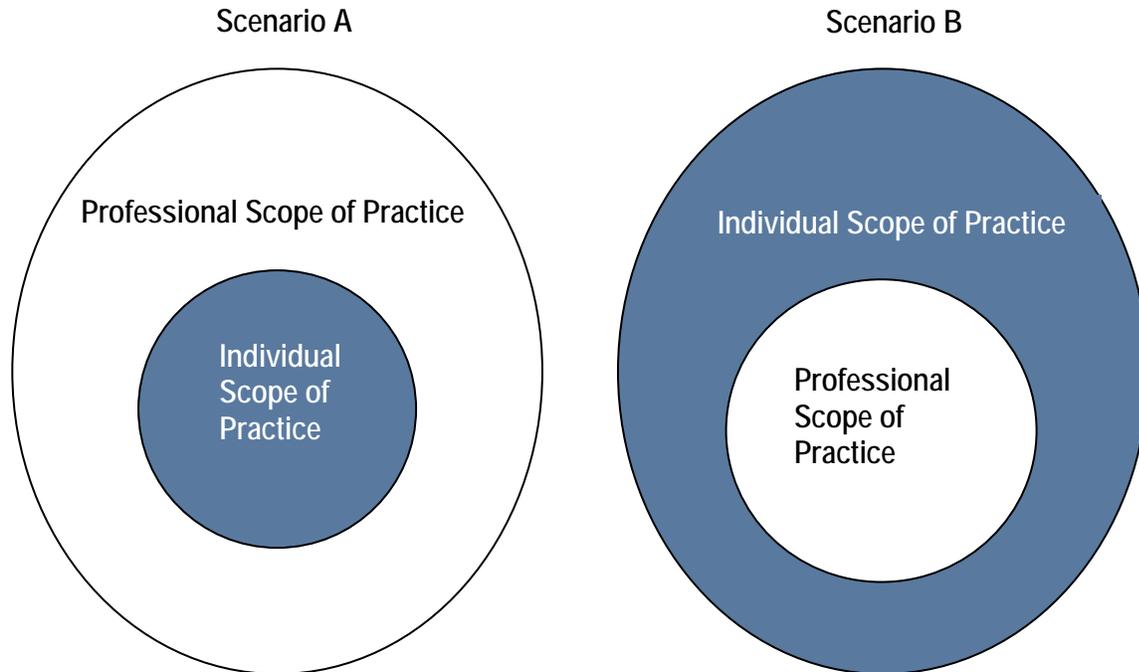
Every Registrant has a unique scope of practice, which is determined by the Registrant's clinical competence, the patients the Registrant cares for, the treatments provided and the practice environment. A Registrant's ability to perform competently in his or her individual scope of practice is determined by the Registrant's knowledge, skills and judgment, which are developed through training and experience in the profession's scope of practice.

Sometimes the Registrant's personal scope of practice is not as broad as the totality of knowledge, skills and judgment of the homeopathy profession. It is important to note that the scope of practice of an individual practitioner is generally a subset of the overall scope of practice of a profession. This individual scope is based on the Registrant's clinical experience and demonstrated competencies.² The individual has more to learn or professional knowledge, skill and judgment to gain (Scenario A).

In some cases a Registrant's knowledge, skills and judgment is greater than the current scope of practice in the Province of Ontario. Regardless of a Homeopath's training, skills and judgment which may include training in controlled acts the Registrant must limit their practice to the professional scope of practice and activities within the public domain (Scenario B).

¹ College of Respiratory Therapists of Ontario, Position Statement on Scope of Practice and Maintenance of Competency, March 2010.

² College of Respiratory Therapists of Ontario, Position Statement on Scope of Practice and Maintenance of Competency, March 2010.



C. Homeopathic Techniques

A homeopathic technique must be taught in the core curriculum, post-graduate curriculum or continuing education division of a homeopathic institution. Regardless of style or school of philosophy a Registrant must be competent, safe and ethical.

Homeopathic techniques are the steps taken to assess the patient, his or her health status, and then arrive at the most appropriate treatment plan to promote, maintain and restore health.

Registrants shall obtain the patient's consent to use the homeopathic technique, consistent with the Standard of Practice on Informed Consent. Consent, that is:

- Fully informed
- Voluntarily given
- Related to the patient's condition and circumstances
- Not obtained through fraud or misrepresentation; and
- Evidenced in a written form signed by the patient or otherwise documented in the patient record (consistent with the Guideline on Record Keeping and Privacy of Information).



D. Adjunct Therapies

D1 Therapies

In providing patient care, Registrants may use adjunctive diagnostic and therapeutic procedures and techniques that are in the public domain. This includes, but is not limited to, providing nutritional counseling, giving advice on lifestyle, and providing other therapies.

Some homeopaths use multiple therapies, over and above homeopathy, in the care of patients. An adjunct or adjunctive therapy is another treatment used together with the primary treatment. Its purpose is to assist the primary treatment. Examples of adjunct therapies may include Bach Flowers, biofeedback, or personal coaching.

Some modalities may be seamlessly integrated into a treatment plan by a homeopath, and may even be accepted and taught in homeopathic educational institutions. Registrants are given reasonable and responsible latitude with respect to the use of complementary modalities, recognizing that they are accountable to ensure that the modality is integrated into a treatment plan in a manner that does not confuse the patient or compromise the patient's care.

D2 General Principles

1. Modality is not taught in a homeopathic educational institution it is not considered homeopathy. The therapy may not be billed as homeopathy and as such it must be performed on its own.
2. Registrants who are trained in complementary modalities not taught in a homeopathic educational institution are responsible for administering their modality practice as a separate and distinct entity. The Registrant must ensure that their patients understand which role they are adopting when they provide health care services.
3. Registrants must follow the College of Homeopaths of Ontario standards of practice, guidelines, and policies in all activities related to their practice.
4. Registrants shall ensure that their practice is managed such that patients, the public, the College, other health professionals and insurers understand when and whether the services provided and billed for are homeopathic services or those of another service. However, they may be billed as homeopathy only if they are integrated into a treatment plan.
5. Registrants may include reference to homeopathy and the other modality in their advertisements, on their professional stamp, in their correspondence and in the use of title.
6. Insurance coverage, in compliance with the Registration Regulation and Bylaws of the College of Homeopaths of Ontario, which covers all modalities is required. Activities carried out by a homeopath or a health profession corporation beyond the practice of homeopathy may not be covered under the Registrant's professional liability insurance. It may be necessary to make arrangements for separate insurance coverage for other modalities.



D3. Creating Separate Practices

In adherence with this standard, where a separate practice is warranted, the Registrant shall:

1. Ensure that they have the knowledge, skill, and judgment to perform the modality competently.
2. Keep the roles of adjunct therapy practice separate and distinct by having: different appointment books; entries in patient records; and, billing records and financial records that are separate.
3. Ensure that treatments/interventions recommended by the Registrant as a homeopath, and provided by the Registrant as a practitioner of an adjunct therapy are based solely on patients' needs.
4. Ensure that patients are provided with the services that they initially sought unless this is determined to be inappropriate.
5. Ensures that the patient knows beforehand what type of professional care they will be receiving and provides their written and/or verbal consent for treatment in accordance with the College's Standard of Practice on Informed Consent.
6. Schedule a separate patient visit for homeopathic services, at which time only homeopathic services are provided.
7. Ensure that patients are provided with information needed to understand the homeopath's role and accountability when she or he is performing the treatment, thus reducing the confusion for the patient.
8. Maintains records in accordance with the College's Guideline on Record Keeping and Privacy of Information.

E. Guideline to Patient Treatment

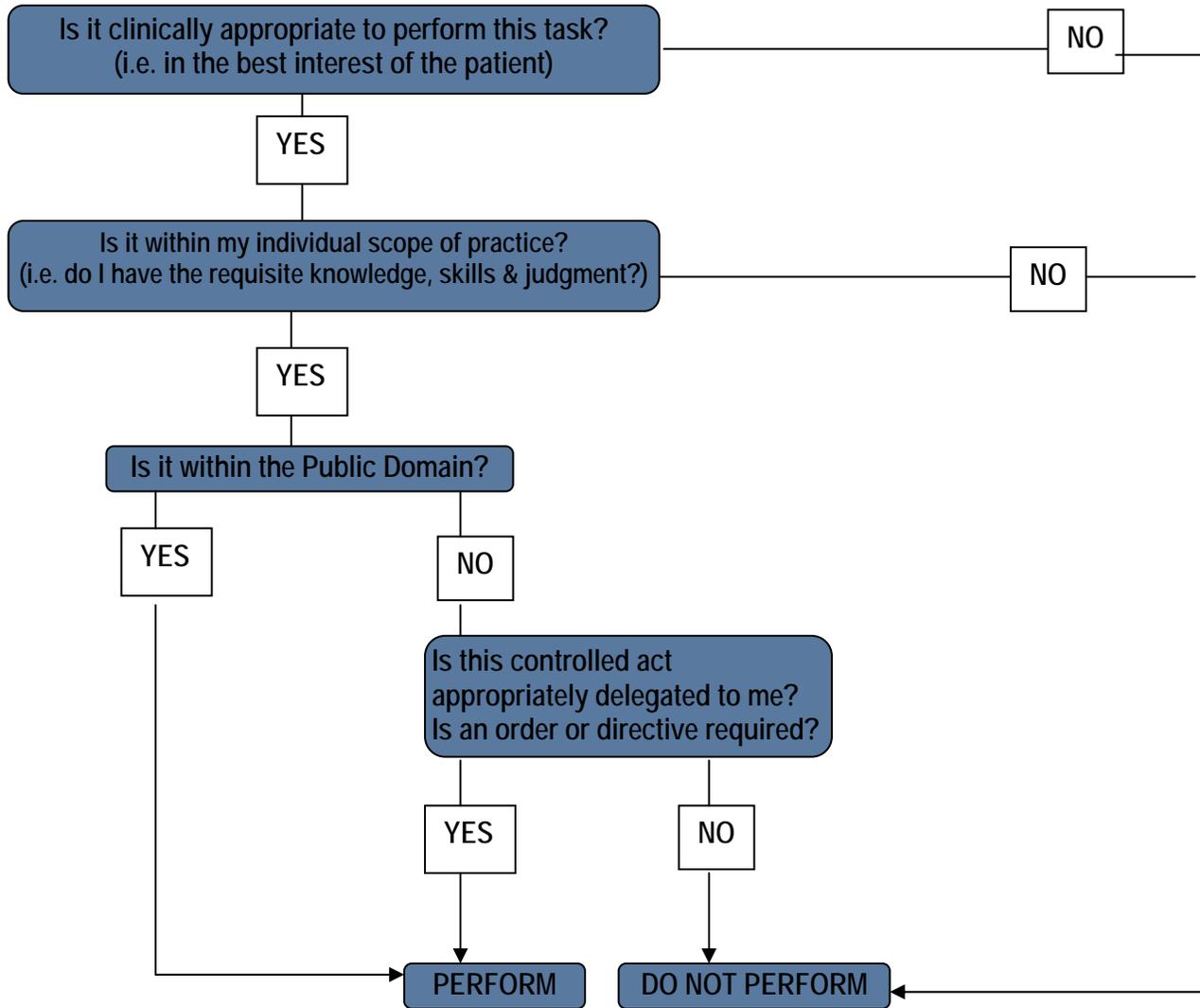
When considering whether or not an activity should be performed, Registrants can be guided by asking questions related to these key areas:

1. Is it clinically appropriate, i.e., in the best interest of the patient?
2. Is it within the scope of practice of homeopathy?
3. Is it within my individual scope of practice?, i.e., do I have the requisite competencies (knowledge, skills & judgment) to undertake the activity?
4. Is it a controlled act or within the public domain?
5. If the activity is a Controlled Act? Has this controlled act been appropriated delegated to me?
6. Is an order or directive required? If employed, does my employer have a policy by which I am authorized to perform it?³

³ College of Respiratory Therapists of Ontario, Position Statement on Scope of Practice and Maintenance of Competency, March 2010.



When determining whether to perform a specific activity, Registrants should consider the following:



F. F1. Thirteen Controlled Acts

The RHPA identifies thirteen controlled acts, and one additional Controlled Acts soon to be proclaimed, that pose significant risk of harm to the public of Ontario (RHPA section 27(2)). (A list of Controlled Acts are provided in Appendix One of this document.) These acts are prohibited and may only be performed in the course of providing health care services to an individual by the regulated health professionals who are authorized to do so by their profession specific Acts. The self-governing health professions (regulated health professions) are identified in the RHPA Schedule 1.



F2. Restrictions

According to the RHPA, no one is allowed to perform a controlled act in providing health care services to an individual unless:

1. the person is authorized by a health profession act (e.g. Pharmacy Act) to perform the controlled act,
2. the act has been properly delegated to them or,
3. unless these is an exception to performing the controlled act under the RHPA.

Registrants of the College of Homeopaths of Ontario have no authority to performing Controlled Acts in the course of providing homeopathic services.

Exceptions and delegation apply whereby an individual may, under certain situations and circumstances, perform a controlled act procedure in the absence of having that authority granted to them as a regulated health care professional.

1. “Exceptions” The RHPA identifies certain “exceptions” to performing controlled act procedures, where any individual may perform controlled acts even if they do not have the necessary authority to do so. These exceptions are specifically defined by the RHPA.
2. “Delegation” In this case, authority to perform a controlled act is obtained through the process of delegation from a regulated health professional who has the legal authority and competence to perform a procedure under one of the controlled act to another person (regulated or unregulated) who does not have this authority (see the Standard of Practice: Accepting Delegation of a Controlled Act).

F3. Exceptions to Performing Controlled Acts

The exceptions as listed in section 29(1) of the RHPA are:

Exception 1: Giving first aid or temporary assistance in an emergency.

A Registrant may perform a controlled act in giving first aid provided they have the competency (knowledge, skills and judgment) to perform the procedure.

Exception 2: Fulfilling the requirements to become a member of a health profession and the controlled act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession.

This exception is not as applicable to this College as Registrants are not authorized to perform controlled acts. If such authorization existed, this exception would permit students of homeopathy to perform an authorized controlled act if they are under the supervision or direction of a homeopath.

Exception 3: Treating a person by prayer or spiritual means in accordance with the tenets of the religion of the person giving the treatment.



If the Registrant is performing a controlled act in treating a person by prayer or spiritual means in accordance with the principles of his or her religion you do not need to have the act delegated to them.

Exception 4: *Treating a member of the person's household and the act is a controlled act 1, 5 or 6 of subsection 27 (2). These include:*

1. Communicating to the member of one's household, or his or her personal representative, a diagnosis identifying a disease or disorder as the cause of symptoms of the member of the member's household, in circumstances in which it is reasonably foreseeable that the member of your household or his or her personal representative, will rely on the diagnosis.
5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand or finger,
 - i. beyond the external ear canal,
 - ii. beyond the point in the nasal passages where they normally narrow,
 - iii. beyond the larynx,
 - iv. beyond the opening of the urethra,
 - v. beyond the labia majora,
 - vi. beyond the anal verge, or
 - vii. into an artificial opening into the body.

The term "person's household" is intended to address the persons living directly with the person. This would usually include a spouse or child. If you do not live in the same house as the person, then this exception is **not available**.

Exception 5: *Assisting a person with his or her routine activities of living and the act is a controlled act set out in paragraph 5 or 6 of subsection 27 (2).*

The acts that may be performed in assisting an individual with his or her activities of daily living are:

5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand or finger,
 - i. beyond the external ear canal,
 - ii. beyond the point in the nasal passages where they normally narrow,
 - iii. beyond the larynx,
 - iv. beyond the opening of the urethra,
 - v. beyond the labia majora,
 - vi. beyond the anal verge, or
 - viii. into an artificial opening into the body.



Situational Examples: Considering the following examples that describe when a homeopath may be acting within versus outside of their scope of practice in relation to a Controlled Act.

Administering a homeopathic medicine under the dermis by means of injection is outside of the scope of practice of a homeopath.

Administering epinephrine by injection to treat an allergic reaction in an emergency situation is acceptable as it is an exception.

Administering an insulin injection to one's mother, father, spouse or child within a household situation is acceptable as it is an exception.

F4. Delegation of Controlled Act

In accordance with section 28 of the RHPA a controlled act may be delegated by another health care professional provided that:

28. (1) The delegation of a controlled act by a member must be in accordance with any applicable regulations under the health profession Act governing the member's profession.

Idem

(2) The delegation of a controlled act to a member must be in accordance with any applicable regulations under the health profession Act governing the member's profession. 1991, c. 18, s. 28.

Where qualified, a Registrant may accept delegation of a controlled act from an authorized representative. For more information on accepting delegation of a controlled act see Standard of Practice Accepting Delegation of a Controlled Act.

Authorizing mechanisms

Registrants must ensure that the proper authorizing mechanisms are in place, whether it be a direct order, delegation or a medical directive.

G. Responding to General Health-Related Questions

Registrants are restricted from treating or advising outside the Homeopathic scope of practice by S. 30 of the RHPA as follows:

Treatment, etc., where risk of harm

30. (1) No person, other than a member treating or advising within the scope of practice of his or her profession, shall treat or advise a person with respect to his or her health in circumstances in which it is reasonably foreseeable that serious bodily harm may result from the treatment or advice or from an omission from them. 1991, c. 18, s. 30 (1); 2007, c. 10, Sched. M, s. 6.



In responding to general health related questions by patients that relate issues outside the Homeopathic scope of practice (such as performing surgery and administering vaccinations), a Registrant shall:

1. Advise the patient that the performance of the act is outside the Homeopathic scope of practice and the patient should consult with a health care professional who has the act within his/her scope of practice;
2. Respond in a professional, accurate and balanced manner in the context of providing primary health care to the patient consistent with the Homeopathic scope of practice; and
3. Encourage the patient to be an active participant in his/her own health care which allows the patient to make fully informed decisions concerning his/her health care.

H. Failure to Comply

Registrants are reminded that they may be the subject of an inquiry, complaint or report concerning their providing of Homeopathic services or discussions related to general health related questions from patients. The Inquiries, Complaints and Reports Committee, composed of both elected (homeopath) and appointed (public) members of Council will review any inquiry, complaint or report to determine the Registrant's compliance with all relevant standards of practice. In exercising its discretion, the ICRC may consider if:

1. the homeopathic technique related to the Homeopathic scope of practice for the benefit of the patient;
2. the Registrant achieved, maintained and can demonstrate clinical competency in the homeopathic technique; and
3. the discussions with the patient relating to general health related questions were consistent with this standard of practice.

I. Employers

If the Registrant is employed, his or her employer may have policies related to his or her authority to perform procedures including Controlled Acts and acts that fall within the public domain. If the employer's policies are more restrictive than the College's standards, policies and guidelines for practice—the Registrant should abide by the employer's policies. Where the employer's policies are more permissive than the requirements of the College—he or she must adhere to the requirements of the College.

RELEVANT COMPETENCIES AND PERFORMANCE INDICATORS

*Note to Readers: The performance indicators listed below each competency are examples of the possible indicators which demonstrate performance consistent with the competency. The list of performance indicators is not exhaustive. For complete information please refer to College documents *Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario* (February 27, 2012) and *Performance Indicators* (March 2012).*

1.1 Provide patient-centred care within the scope of homeopathic practice as per *Homeopathy Act* (2007). (K, S)

RELEVANT PERFORMANCE INDICATORS

1. Demonstrate the use of strategies that engage patient in a collaborative approach.
2. Describe the scope of practice as defined by the *Homeopathy Act* (2007).
3. Explain the role of homeopathic care within the Ontario health-care system.



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

RELEVANT PERFORMANCE INDICATORS

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

1.3 Demonstrate sensitivity to and respect for each patient's rights, autonomy, dignity and uniqueness. (K,S)

RELEVANT PERFORMANCE INDICATORS

1. Identify homeopath's role in fostering the patient's right to make his/her own decisions regarding health and social well-being.
2. Communicate in a manner that respects the patient's uniqueness.
3. Identify socio-economic or socio-cultural factors that may be relevant to the patient.

Section 2 Knowledge-based Practice: body of knowledge competencies 2.1 to 2.24

Section 2 Competent Application of Knowledge competencies 2.25 to 2.46

DEFINITIONS

For the purpose of this standard the following definitions apply:

Adjunct Therapy

"Adjunct Therapy" is another treatment used together with the primary treatment. Its purpose is to assist the primary treatment. Also called adjunctive therapy.⁴

Competencies

"Competencies" are the specific knowledge, skills, attributes and abilities required of an entry-to-practice homeopath in order to practise safely and ethically.⁵

Controlled Act

"Controlled act" means any restricted diagnostic or therapeutic activity under the Regulated Health Professions Act, 1991 that is considered potentially harmful if performed by an unqualified person."⁶

Delegate

"Delegate" A formal process by which a regulated health care professional who has the legal authority and competence to perform a procedure under one of the controlled acts transfers that ability to others, under certain conditions.

⁴ University of Texas MD Anderson Cancer Centre www.mdanderson.org/patient-and-cancer-information/cancer-information/glossary-of-cancer-terms/a.html

⁵ These competencies, from the Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario, where adopted by the transitional Council of the College of Homeopaths of Ontario in 2012.

⁶ College of Nurses of Ontario, Practice Standard, Nurse Practitioners, page 14.



Directive

“Directive” means an order for a procedure or series of procedures that may be implemented for a number of patients when specific conditions are met and specific circumstances exist. A directive is always written by a regulated health care professional who has the legislative authority to order—and the ultimate responsibility for—the procedure. ⁷

Emergency Situation

“Emergency Situation” means a sudden onset of severe or urgent symptoms that require immediate attention such that a delay in treatment would place the individual at risk of serious harm. ⁸

Homeopath

“Homeopath” means a Registrant of the College of Homeopaths of Ontario.

Mucous Membrane

“Mucous Membrane” is a membrane rich in mucous glands; *specifically*: one that lines body passages and cavities which communicate directly or indirectly with the exterior (as the alimentary, respiratory, and genitourinary tracts), that functions in protection, support, nutrient absorption, and secretion of mucus, enzymes, and salts, and that consists of a deep vascular connective-tissue stroma which in many parts of the alimentary canal contains a thin but definite layer of nonstriated muscle and a superficial epithelium which has an underlying basement membrane and varies in kind and thickness but is always soft and smooth and kept lubricated by the secretions of the cells and numerous glands embedded in the membrane. ⁹

Order

An order is an authorization or instruction for a procedure, treatment or intervention to be provided to, or performed for, a patient. An order is usually written (for example, in the health record, prescription or requisition); however, it can also be verbal (for example, during an emergency situation), or by telephone (for example, when the regulated health care professional is not physically present). Orders involve the cognitive aspects of assessing and diagnosing patients to determine that the procedure, treatment or intervention is warranted. ¹⁰

Public Domain

“Public domain” means any diagnostic or therapeutic procedure other than the controlled acts listed in section 27(2) of the *Regulated Health Professions Act, 1991* that any regulated health professional may utilize in the course of providing patient care.

Registrant

A Registrant means a member of the College of Homeopaths of Ontario.

⁷ College of Nurses of Ontario, Practice Standards Nurse Practitioner, page 14.

⁸ College of Nurses of Ontario, Practice Standards Nurse Practitioner, page 14.

⁹ Merriam-Webster Medical Dictionary, online version www.merriam-webster.com

¹⁰ Adapted from College of Nurses of Ontario, Practice Standards Nurse Practitioner, page 15



Scope of Practice

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

LEGISLATIVE CONTEXT

Registrants are reminded that the following provision may apply to this standard under *Homeopathy Act, 2007, Ontario Regulation 18/14, Registration* (Note: This regulation is not yet in force. It comes into force on the day named by proclamation of the Lieutenant Governor.):

Terms, conditions and limitations of every certificate

5. Every certificate of registration is subject to the following terms, conditions and limitations:

7. The member shall only practise in the areas of Homeopathy in which the member is educated and experienced.

Homeopathy Act, 2007, Ontario Regulation 315/12, Professional Misconduct (Note: This regulation is not yet in force. It comes into force on the day named by proclamation of the Lieutenant Governor.):

1. Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession.
3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic or other health-related purpose except,
 - i. with the informed consent of the patient or the patient’s authorized representative, or
 - ii. as required or authorized by law.
4. Failing to reply appropriately to a reasonable request by a patient or a patient’s authorized representative for information respecting a homeopathic assessment or treatment provided or recommended by the member.
8. Attempting to treat a condition that the member knows or ought to know he or she does not have the knowledge, skills or judgment to treat.
9. Failing to advise a patient or the patient’s authorized representative to consult another member of a health profession within the meaning of the *Regulated Health Professions Act, 1991*, where the member knows or ought to know that the patient requires a service that the member does not have the knowledge, skills or judgment to offer or is beyond his or her scope of practice.
10. Performing a controlled act that the member is not authorized to perform.
11. Failing to supervise a person in accordance with the standards of practice of the profession.



12. Permitting, counseling or assisting a person who is not a member to hold himself or herself out as a member of the profession.
13. Permitting, counselling or assisting a person to perform a controlled act, when the person is not authorized to perform a controlled act.
26. Making a claim about a homeopathic treatment, other than a claim that can be supported as reasonable professional opinion.

SOURCE

College of Chiropractors of Ontario
 College of Massage Therapies of Ontario
 College of Nurses of Ontario
 College of Opticians of Ontario
 College of Respiratory Therapists of Ontario

APPENDIX ONE

Summary of Controlled Acts *from the Regulated Health Professions Act, 1991,*

The role of the College of Homeopaths of Ontario is to administer the *Regulated Health Professions Act, 1991* (RHPA) and the *Homeopathy Act, 2007* to ensure that Homeopathy services provided to the public by its Registrants are delivered in a safe and ethical manner. Table 1: Controlled Acts, Authorized Acts and Regulations has been adapted from the RHPA to summarize the legislation related to the fourteen controlled acts defined by the RHPA, the *Homeopathy Act*, and the College of Homeopaths of Ontario regulations. Together these pieces of legislation govern the practice of homeopathy in Ontario. In certain situations, it would be advisable for Registrants to consult and/or collaborate with another applicable regulated health practitioner in providing homeopathic supportive care.

Table 1: Controlled Acts

Controlled Acts RHPA	Is this Controlled Act Authorized to Registrants under the <i>Homeopathy Act</i> ?	If the Controlled Act is <u>not</u> authorized to Registrants, how can HOMs support it?
(2) A “controlled act” is any one of the following done with respect to an individual:		
1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.	No.	See Standard of Practice on Communicating a Homeopathic Assessment



Controlled Acts RHPA	Is this Controlled Act Authorized to Registrants under the <i>Homeopathy Act</i> ?	If the Controlled Act is <u>not</u> authorized to Registrants, how can HOMs support it?
2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.	No.	Give supportive medicines.
3. Setting or casting a fracture of a bone or a dislocation of a joint.	No.	Give supportive medicines.
4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.	No.	Give appropriate medicine to support promotion, maintenance and restoration of patient health.
5. Administering a substance by injection or inhalation.	No.	Give supportive in oral form medicines.
6. Putting an instrument, hand or finger, <ul style="list-style-type: none"> i. beyond the external ear canal, ii. beyond the point in the nasal passages where they normally narrow, iii. beyond the larynx, iv. beyond the opening of the urethra, v. beyond the labia majora, vi. beyond the anal verge, or vii. into an artificial opening into the body. 	No.	Give supportive medicines.
7. Applying or ordering the application of a form of energy prescribed by the regulations under this Act.	No. Examples of the form of energy covered include x-rays, radiation, etc.	Give supportive medicines.
8. Prescribing, dispensing, selling or compounding a drug as defined in the <i>Drug and Pharmacies Regulation Act</i> , or supervising the part of a pharmacy where such drugs are kept.	No.	For homeopathic medicine only. Refer to Standards of Practice on Compounding and Homeopathic Prescription.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.	No.	Give appropriate medicine to support promotion, maintenance and restoration of patient health for topical purposes only.
10. Prescribing a hearing aid for a hearing impaired person.	No.	Give supportive medicines.



Controlled Acts RHPA	Is this Controlled Act Authorized to Registrants under the <i>Homeopathy Act</i> ?	If the Controlled Act is <u>not</u> authorized to Registrants, how can HOMs support it?
11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.	No.	Give supportive medicines.
12. Managing labour or conducting the delivery of a baby.	No.	Give supportive medicines.
13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.	No.	Give supportive medicines following testing.
<p>Note: On a day to be named by proclamation of the Lieutenant Governor, subsection (2) is amended by the Statutes of Ontario, 2007, chapter 10, Schedule R, subsection 19 (1) by adding the following paragraph:</p>	No.	No.
14. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.		May provide appropriate medicine through collaborative care to support promotion, maintenance and restoration of patient health.



The following section is from the *Regulated Health Professions Act, 1991* (last amended December 31, 2011):

Note: The sections highlighted in grey will not be realized until on a day to be named by proclamation of the Lieutenant Governor of the Province of Ontario as it relates to the various acts referenced below.

PROHIBITIONS

Controlled acts restricted

27. (1) No person shall perform a controlled act set out in subsection (2) in the course of providing health care services to an individual unless,
- the person is a member authorized by a health profession Act to perform the controlled act; or
 - the performance of the controlled act has been delegated to the person by a member described in clause (a). 1991, c. 18, s. 27 (1); 1998, c. 18, Sched. G, s. 6.

Controlled acts

(2) A “controlled act” is any one of the following done with respect to an individual:

- Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
- Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
- Setting or casting a fracture of a bone or a dislocation of a joint.
- Moving the joints of the spine beyond the individual’s usual physiological range of motion using a fast, low amplitude thrust.
- Administering a substance by injection or inhalation.
- Putting an instrument, hand or finger,
 - beyond the external ear canal,
 - beyond the point in the nasal passages where they normally narrow,
 - beyond the larynx,
 - beyond the opening of the urethra,
 - beyond the labia majora,
 - beyond the anal verge, or
 - into an artificial opening into the body.
- Applying or ordering the application of a form of energy prescribed by the regulations under this Act.¹¹

¹¹ For the purposes of this standard of practice Forms of Energy are prescribed under the Regulated Health Professions Act, 1991, Ontario Regulation 107/96 Controlled Acts Section 1. The following forms of energy are prescribed for the purpose of paragraph 7 of subsection 27(1) of the Act: 1. Electricity for, i. aversive conditioning, ii. cardiac pacemaker therapy, iii. cardioversion, iv. defibrillation, v. electrocoagulation, vi. electroconvulsive shock therapy, vii. electromyography, viii. fulguration, ix. nerve conductive studies, or x.



8. Prescribing, dispensing, selling or compounding a drug as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.
10. Prescribing a hearing aid for a hearing impaired person.
11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.
12. Managing labour or conducting the delivery of a baby.
13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response. 1991, c. 18, s. 27 (2); 2007, c. 10, Sched. L, s. 32.

Note: On a day to be named by proclamation of the Lieutenant Governor, subsection (2) is amended by the Statutes of Ontario, 2007, chapter 10, Schedule R, subsection 19 (1) by adding the following paragraph:

14. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

See: 2007, c. 10, Sched. R, ss. 19 (1), 20 (2).

Exemptions

- (3) An act by a person is not a contravention of subsection (1) if the person is exempted by the regulations under this Act or if the act is done in the course of an activity exempted by the regulations under this Act. 1991, c. 18, s. 27 (3).

Note: On a day to be named by proclamation of the Lieutenant Governor, section 27 is amended by the Statutes of Ontario, 2007, chapter 10, Schedule R, subsection 19 (2) by adding the following subsection:

Same

- (4) Despite subsection (1), a member of the Ontario College of Social Workers and Social Service Workers is authorized to perform the controlled act set out in paragraph 14 of subsection (2), in compliance with the *Social Work and Social Service Work Act, 1998*, its regulations and by-laws. 2007, c. 10, Sched. R, s. 19 (2).

See: 2007, c. 10, Sched. R, ss. 19 (2), 20 (2).

Delegation of controlled act

28. (1) The delegation of a controlled act by a member must be in accordance with any applicable regulations under the health profession Act governing the member's profession.

Idem

- (2) The delegation of a controlled act to a member must be in accordance with any applicable regulations under the health profession Act governing the member's profession. 1991, c. 18, s. 28.



Exceptions

29. (1) An act by a person is not a contravention of subsection 27 (1) if it is done in the course of,
- rendering first aid or temporary assistance in an emergency;
 - fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession;
 - treating a person by prayer or spiritual means in accordance with the tenets of the religion of the person giving the treatment;
 - treating a member of the person's household and the act is a controlled act set out in paragraph 1, 5 or 6 of subsection 27 (2); or
 - assisting a person with his or her routine activities of living and the act is a controlled act set out in paragraph 5 or 6 of subsection 27 (2).

Counselling

- (2) Subsection 27 (1) does not apply with respect to a communication made in the course of counselling about emotional, social, educational or spiritual matters as long as it is not a communication that a health profession Act authorizes registrants to make. 1991, c. 18, s. 29.

Treatment, etc., where risk of harm

30. (1) No person, other than a member treating or advising within the scope of practice of his or her profession, shall treat or advise a person with respect to his or her health in circumstances in which it is reasonably foreseeable that serious bodily harm may result from the treatment or advice or from an omission from them. 1991, c. 18, s. 30 (1); 2007, c. 10, Sched. M, s. 6.

Exception

- (2) Subsection (1) does not apply with respect to treatment by a person who is acting under the direction of or in collaboration with a member if the treatment is within the scope of practice of the member's profession. 1991, c. 18, s. 30 (2).

Delegation

- (3) Subsection (1) does not apply with respect to an act by a person if the act is a controlled act that was delegated under section 28 to the person by a member authorized by a health profession Act to do the controlled act. 1991, c. 18, s. 30 (3).

Counselling

- (4) Subsection (1) does not apply with respect to counselling about emotional, social, educational or spiritual matters. 1991, c. 18, s. 30 (4).

Exceptions

- (5) Subsection (1) does not apply with respect to anything done by a person in the course of,
- rendering first aid or temporary assistance in an emergency;
 - fulfilling the requirements to become a member of a health profession if the person is acting within the scope of practice of the profession under the supervision or direction of a member of the profession;
 - treating a person by prayer or spiritual means in accordance with the tenets of the religion of the person giving the treatment;
 - treating a member of the person's household; or



- (e) assisting a person with his or her routine activities of living. 1991, c. 18, s. 30 (5).

Exemption

- (6) Subsection (1) does not apply with respect to an activity or person that is exempted by the regulations. 1991, c. 18, s. 30 (6).

Dispensing hearing aids

31. No person shall dispense a hearing aid for a hearing impaired person except under a prescription by a member authorized by a health profession Act to prescribe a hearing aid for a hearing impaired person. 1991, c. 18, s. 31.

Dental devices, etc.

32. (1) No person shall design, construct, repair or alter a dental prosthetic, restorative or orthodontic device unless,
- (a) the technical aspects of the design, construction, repair or alteration are supervised by a member of the College of Dental Technologists of Ontario or the Royal College of Dental Surgeons of Ontario; or
- (b) the person is a member of a College mentioned in clause (a).

Employers

- (2) A person who employs a person to design, construct, repair or alter a dental prosthetic, restorative or orthodontic device shall ensure that subsection (1) is complied with.

Supervisors

- (3) No person shall supervise the technical aspects of the design, construction, repair or alteration of a dental prosthetic, restorative or orthodontic device unless he or she is a member of the College of Dental Technologists of Ontario or the Royal College of Dental Surgeons of Ontario.

Denturists

- (4) This section does not apply with respect to the design, construction, repair or alteration of removable dentures for the patients of a member of the College of Denturists of Ontario if the member does the designing, construction, repair or alteration or supervises their technical aspects.

Exceptions

- (5) This section does not apply with respect to anything done in a hospital as defined in the *Public Hospitals Act* or in a clinic associated with a university's faculty of dentistry or the denturism program of a college of applied arts and technology. 1991, c. 18, s. 32.