

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

**GENERAL COMMENTS FROM ORGANIZATIONS:**

**Organizational General Comment 1:** The College of Nurses of Ontario (CNO) thanks you for the opportunity to review and provide comments on the Transitional Council of the College of Homeopaths of Ontario's (TC-CHO) draft Quality Assurance Regulation. The draft regulation sets the basic framework for TC-CHO's Quality Assurance (QA) program in accordance with the requirements under the *Health Professions Procedural Code*, but further development to define the content, activities, expectations, and procedures of the program might make the regulation more meaningful to members and the public. As currently drafted, the regulation is quite broad rather than specific to TC-CHO.

The following are suggestions of ways the regulation can be strengthened to provide assurances of how TC-CHO will hold its members accountable for maintaining continued competence to practise. In providing feedback, CNO acknowledges that TC-CHO may phase the implementation of the QA program over the period of three years, as noted in subsection 2(3), and more generally, that TC-CHO may be facing a tight timeline for submitting the regulation to the government. While these circumstances may not enable TC-CHO to include additional details in its regulation at this time, if it is all possible, members and other stakeholders may find it beneficial to be provided with specifics of QA accountabilities and the authority of the college to monitor and enforce the program.

In summary, CNO's suggestions are intended to provide TC-CHO members with clearer information about program components, processes, and expectations of their participation; more clearly define the monitoring and compliance mechanisms of the QA Committee; and finally, describe for the public how members will be held accountable for continually maintaining competence to practise. College of Nurses of Ontario (#5)

**Organizational General Comment 2:** [Policy Analyst on behalf of COTO] I have reviewed the draft regulations and have no comment to make at this time. Thank you! College of Occupational Therapists of Ontario (#44)

**Organizational General Comment 3:** Thank you for including the College of Medical Laboratory Technologists of Ontario (CMLTO) on your list of stakeholders for the circulation of the proposed draft registration, quality assurance and professional misconduct regulations. We have reviewed the documents and have no comments or suggested revisions to offer to the Transitional Council of The College of Homeopaths of Ontario. (#66)

**Organizational General Comment 4:** The CPSO supports the requirements within the draft quality assurance regulations, which are in line with those of other regulated health professions, including medicine. College of Physicians and Surgeons of Ontario (#67)

**Organizational General Comment 5:** I have no substantive comment for these – they appear reasonable and obviously a welcome introduction to any health profession. Homeopathic Association of South Africa (#93)

**Organizational General Comment 6:** HMAAC supports and concurs with the proposed quality assurance regulations as drafted by the TC CHO. Homeopathic Medical Association of Canada (#94)

**Organizational General Comment 7:** We concur with all the provisions in this document. Ontario Homeopathic Association (#98) + **Individual Comments 1, 2** (064), (099)

**Organizational General Comment 8:** Quality Assurance Regulations: we agree with the proposed quality assurance regulations as drafted by the TC CHO. Homeopathic Medical Educational Centre of Canada INC. (#115)

**GENERAL COMMENTS FROM INDIVIDUALS:**

**Individual General Comment 3 to 12:** No Comment. (#14) (#18) (#35) (#70) (#89) (#90) (#97) (#122) (#142)

**Individual General Comment 13:** The work you are trying to accomplish is very commendable. However, if a law is not passed to protect our right to practice AND use homeopathic medicine (perhaps Alberta's example is worth a look), then we go the same way as Europe. Big pharma has a plan to made all alternative medicine profitable for them. The plan has been existence for more than 20 years. What has happened in Europe in the last 4 or 5 years is what is destined for us. Our only hope is to have laws passed, protecting our right to choose. Are any homeopathic groups doing this in North America that you know of? thank you (#2)

**Individual General Comment 14:** I agree with the draft for regulation of the homeopathic profession. Thank you! (#3)

**Individual General Comment 15:** I think there is nothing to say. it is perfect way. Go ahead and make identity of homeopathic system in Canada. We need low registration and renewal fees too. (#4)

**Individual General Comment 16:** Another question I have is what will it me [mean] to the profession as a whole and the individual practitioner if homeopathy is regulated. [?] (#8)

**Individual General Comment 17:** I agree with the provisions for the assessment of profession. There can be written assessment and practical assessment as well I am brining into your notice that some supermarkets and health stores are selling homeopathic medicines and formulas which should be stopped because this takes out the fair public from homeopathy as these are taken without the advice of professional. (#21)

**Individual General Comment 18:** I am happy that about registration regulation for homeopathic practitioners in Ontario with College of Homeopaths of Ontario. As per call for feedback for draft regulations, I enclosed some of the documents which may useful for the same. (#37)

**Individual General Comment 19:** While I fully support continuing education, and practice time, I believe these unrealistically high practice hour requirements may result in a loss of skilled homeopaths. My recommendation is a more realistic 500 hours of patient/practice time within a three-year period. (#41)

**Individual General Comment 20:** I did not comment directly on the Quality Assurance section of the regulation. I do feel that since there are many ways to practice homeopathy that provisions be made to reflect the varied styles. When assessing the prescribing style of a homeopath one should be well versed in that style. Peers to review each homeopath should be selected based on a variety of criteria one of which would be prescribing technique. It will be interesting to see the tools the Quality Assurance Committee will come up with to help with all of the practice styles. (#52)

**Individual General Comment 21:** I feel that the regulation documents do not contain very good definitions at this time. Somewhere there should be a definition section defining such things as Applicant, Registrar, Quality Assurance Committee, Certificate of Registration, Registration Committee, etc. etc.

**Individual General Comment 22:** As a mother I am concern at the quality of the practitioner who is treating my family so I request for high standard of education and clinical experience for homeopaths remember little knowledge is more dangerous than no knowledge. I will also like homeopathy be covered by group insurances. (#74)

**Individual General Comment 23:** As a client of homeopathic medicine for several years, I am writing to express my concerns about professional regulation. We turn to homeopathic medicine often as an alternative to modern medicine or in addition to modern remedies. Just as we would expect the highest level of care in our hospitals and clinics, so we do for homeopathic care. This means the highest level of education for practitioners, ongoing supervision and requirements for continued professional development. (#76)

**Individual General Comment 24:** I understand that these documents are standards that are required by the government. I commend all who are directly involved in such a challenging process. I look forward to being part of a college that will give homeopathic medicine credibility and provide an important service to the public. I read all 3 documents and believe that the requirements are reasonable and necessary. (#77)

**Individual General Comment 25:** Hi guys, you all doing a good jobs. I appreciate your hard work of your effort that you all are making in order to get homeopathy regulated. All the best. (#81)

**Individual General Comment 26:** All three draft regulations appear comprehensive. As a member of the CMTO (College of Massage Therapists of Ontario), the draft regulations are similar to those of the CMTO. (#82)

**Individual General Comment 27:** Before quality assurance can be meaningfully discussed, there is a need to document what this quality assurance is applied to. There should be a prologue that defines the profession (or refer to that definition elsewhere if necessary) clearly. The definition – this should be fairly simple: "Homeopathy is the practice of supporting the healing and recovery of a patient by the selection and prescription of a medicine that produce in healthy individuals the symptoms observed in the diseased patient." (Everything else varies with the style and training of the practitioner but this I hope is central – Similia similibus). (#92)

**Individual General Comment 28:** Regulation of homeopathy in Ontario certainly represents a milestone for future development and advancement of our profession. A primary objective in the regulation of homeopathy is public safety, ensuring that individuals referring to them selves as a homeopath are adequately trained. I agree for the most the draft regulation, quality assurance regulation and professional misconduct regulation, however the area I disagree with is the college requirements and the curriculum which is too taught in a three year program. (#95)

**Individual General Comment 29:** My response to the proposed regulations corresponds to the response submitted by the Ontario Homeopathic Association to all proposed regulations. (#99)

**Individual General Comment 30:** Have spoken with Basil October 17/2011 regarding process, anticipation of regulation, any perceived obstacles to practice i.e. Co-existing in practice with naturopaths, chiro's who sell homeopathic remedies. Basil satisfied by questions. Thanks for the discussion Basil. (#100)

**Individual General Comment 31:** In regard to quality assurance, certain specific practice and training requirements should "extend beyond registrant application, namely membership" (not heretofore); meaning, that expectations of a practitioner need to be set out and then adhered to by members (i.e., a criteria of practice hours and professional development should be an expectation of continued membership, not initial membership). Regulation should not restrict members who are new to the profession but adequately trained, and whose practices are not yet fully established. The training of practitioners is intended for experiential development within a scope of practice as a healthcare provider. The establishment of a probationary status upon graduation and/or initial membership could account for this period of practitioner development in the future, however; I feel the establishment of this type of restriction (i.e., practice hour criteria / professional development criteria) at the onset of regulation to be potentially limiting in nature. It has the potential to adversely affect the interests of the profession and the initial membership of many newly qualified practitioners who have undergone extensive training. (#101)

**Individual General Comment 32:** I had several comments with respect to the initial work sent out by the Transitional Council of the College of Homeopaths of Ontario dated August 15, 2011 that have not appeared in the recent Road to the Regulation for Homeopaths in Ontario and further explained by the speakers at the Homeopathic conference including Basil Ziv and his colleague, Janet Blanchard on October 23, 2011. From that information session, the concerns that I have now are with respect to the educational preparation equalization for all homeopaths to include the basic background sciences required for medical, nursing, dental, chiropractic, etc. such as anatomy, physiology, pathophysiology, psychology, etc. in addition to the suggested 3 year program in homeopathy. This differs from the "after suitable prerequisites" as suggested in the Road to the Regulations for Homeopaths in Ontario because the homeopathic education is not consistent in all of the schools. So, I believe the Transitional Council must address the existing inequality of the education system and somehow standardize this to ensure all Homeopaths have the same

education competency. Along with the issue of homeopathic education, all schools need to have a clinical base to ensure the clinical component experience of the homeopathic education correctly prepares the students for professional practice. This includes learning homeopathic issues of professional and ethical behaviour with patients in a clinic setting, and teaching clinical issues about professional misconduct regulations and quality assurance regulations, such as record keeping, observe privacy/confidential information, keeping records for a specific time, addressing all of the items outlined in the Professional Misconduct Regulation and Quality Assurance Regulations. (#111)

**Individual General Comment 33:** I am writing to express my thanks not only as a tax payer of the province of Ontario but also for allowing me the choice for my health and wellness and protecting me in that choice. I use Homeopathic Medicine and appreciate that it is now going to be regulated under the RHPA. Personally I searched for a competent Homeopath. My homeopath had extensive medical health science schooling (MD), knowledge of classical homeopathy and hands on clinical training with live patients. It's VERY important that there are high standards of education and competency of practice. I look at my homeopath as a primary health care provider. It is also important that my homeopath be able to work in collaboration with other health care professionals. For myself, I believe I have the right to choose how I want to be treated and Homeopathic Medicine has been my choice for years. I look forward to the day that I can take a letter from my Homeopath to my allopathic medical doctor and they can work together for my total care. Once again, thank you for moving in a positive direction in health care in Ontario. (#114)

**Individual General Comment 34:** I wholeheartedly agree that in the interests of self-regulation and ensuring public safety, quality assurance regulations are essential. However, the scope and effect of these regulations has a profound effect upon all practitioners and must be implemented with integrity, respect and accountability. The power that the "assessor" and the "Quality Assurance Committee" are being granted by this regulation must be balanced with a clearly established and independent right of challenge and appeal. Regulations such as these should not be passed without inclusion of this critical element to ensure practitioners are protected from unreasonable requirements. To this end, I believe the College should also set in place an independent annual or bi-annual audit of the Quality Assurance Committee and its representatives to ensure fair, equitable and impartial enforcement of the regulations. (#125)

Recommendation: Add a clearly defined and structured right of challenge and appeal for homeopathic practitioners by an independent body. Incorporate annual or bi-annual audits of the Quality Assurance Committee and its representatives to ensure fair equitable and accountable administration of these regulations. (#125)

**Individual General Comment 35:** There is no clear general right of appeal or appeal procedures set forth in any draft regulations. As much as the regulatory process is set in place to protect the public, it must also be inherently responsible and accountable to practitioners. Accountability is a standard component of all regulatory bodies and processes with a democracy. Provisions setting forth the limits to regulatory powers and an appeal process is absolutely necessary to ensure these regulations are implemented in a fair and equitable manner. The grandfathering appeal option cited in Section 5.(1) to the "Health Professions Appeal and Review Board", for example, is not sufficient. (#125)

Recommendation: There should be a built-in appeal/review process within the all of the regulations, which is handled by an independent body within or outside of the College of Homeopaths. (#125)

**Individual General Comment 36:** Quality Assurance Regulations: I agree with the proposed Quality Assurance Regulations as drafted by TC CHO. (#126)

**Individual General Comment 37:** First of all, I just want to say thank you, I think regulation is something that homeopaths need. Regulation means standardization. I am hoping the government keeps the standards high. Not just anyone should be able to practice homeopathy. A homeopath should be well trained in health sciences and have a good medical knowledge base. Many hours spent practicing homeopathy, clinical experience is essential; research; and continuing education must be made mandatory. The only comments I would like to make, is firstly, I have read what the Ontario College of Homeopathic Medicine has submitted, and I support all their statements and suggestions. (#127)

**Individual General Comment 38:** My concern is not the framework created by this regulation – it seems responsible and solid – my concerns lay with the next steps of policy and guideline development. As is oft said 'the devil is in the

details' and there is still much that needs to be determined as is related to this regulation. I implore the Transitional Council to take the time required to research and understand the profession of Homeopathy in Ontario before rushing ahead. (#130)

**Individual General Comment 39** Reading the three proposed regulations it is clear that there is a lack of understanding of the Homeopathic profession as it is currently practiced in Ontario. I am justifiably concerned that if the Transitional Council continues in this vein the final regulatory package (regulations, guidelines and policies) will, at the very least, hobble Homeopathic practitioners. I am sure that it was in interest of expediency that consultation and research were previously eschewed. What needs to be realized is that expediency is likely to come at the expense of the homeopathic profession in Ontario. (#130)

**Individual General Comment 40:** My simple feed back regarding the New College is that full research into the fact that Homeopathy is the safest system of medicine and is practiced all over the world. The facts that Ontario is trying to regulate something that is making a profound difference to our health care and lessen illness brought into Medical Doctors offices, hospitals and keeping individuals healthy to be at work, school and home life healthy. If the government, health organizations would put more advertising, shared Homeopathy's credibility with Ontario citizens our health care would not be overloaded, overtaxed and over spilled patients in waiting rooms at hospitals. If this college is going to regulate us homeopaths that have a clean, effective record of healing then they must do the same for Naturopaths who have very little hours in training for case taking and administering homeopathic remedies. My overall comments to all of the above is that the College is attempting to create something based on fear of allopathic practice, not at all looking at the reality of how homeopathy can heal and is safe and can be beneficial in acute and chronic health conditions and can change the course of Ontario, and Canada's overall health environment. We as practicing homeopaths have attended credible schools here in Canada and practice with overall integrity. If the college is going to offer a fair opportunity to all Homeopaths we should have the designation of Doctor. We should be grand fathered into the college with the designation Doctor. To show our credibility and to show that the college is actually working along side the homeopaths to create the best health care for our citizens. We as homeopaths should be privileged to charge as we see fit, considering each case. Our homeopathic clients/patients are treated as individuals with individual needs. I would only consider joining this college if the full expectations were to work as a team, Doctors of Homeopathy in the best interest of the citizens of Canada. Giving full credit to a system that is credited all over the world as safe, easy and effective. It appears by the collective information you are starting with a non-complementary college in a extremely complementary health care system. Canadians deserve the best and Homeopathy provides this and if you are creating a "college" in practice for everyone's best interest you have not achieved with this document to date. Thank You (#139)

**Individual General Comment 41:** I support the work of the Transitional Council of the College of Homeopathy of Ontario to establish high standards for the profession. (#141)

**Individual General Comment 42:** Regulation will impose restrictions on the ability to practice within the vast scope of homeopathy. The proposed regulations reflect the Classical view which is unduly restrictive. Classical approach will dominate the regulated homeopaths. Is the goal of regulation to favour a single school or to reform homeopathy by excluding the majority of current students and practitioners from immediate Active Registration? The Regulation Draft represents an allopathic legislative template, overall consistent with that of all other regulated health professions in Ontario. The reasonable standard expected of a professional natural health practitioner should be considered. Regulations set homeopaths up to being effectively marginalized by the allopathic community. Homeopathy would likely become a sub-set of naturopathy, which is what ND's is pushing for. The above comments reflect a few of the negative outcomes of Regulation. I do support topics such as registration, professional misconduct, quality assurance, advertising, informed consent, conflict of interest, record keeping, etc. and as a professional Homeopath, I presently adhere to these provisions. (#144)

**Individual General Comment 43:** It would be beneficial to have the medical knowledge, clinical experience and high standards of education, including homeopaths. I would like homeopaths to be covered by group insurance. (#148)

**Individual General Comment 44:** After reading through all parts of proposals; I would also like to see, in addition to all the requirements for practitioner education and protection of public; some concrete establishment of protection rules for

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the practitioner. i.e. against malicious prosecution by the public we are trying to protect – etc. Otherwise, thank you all, it is certainly a large task you are undertaking on our behalf. (#150)

<b>Proposed Provision</b> <i>(Describes the proposed provision.)</i>	<b>Explanation</b> <i>(Explains how it may be applied.)</i>	<b>Rationale</b> <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) 1991</i> . 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).
<p><b>Individual Comment 1:</b> The definition, constitution, scope and terms of reference of “assessor”, “committee” and panel of committee should be more clearly written. Maintaining quality and standard of the profession is our main purpose but here works of quality assurance, self, peer and practice assessment seem to be overlapping each other. I hope the college of homeopathy will bring more clarity in these areas! (#15)</p> <p><b>Response:</b> The details of the QA program, once developed, will help to clarify this matter.</p> <p><b>Individual Comment 2:</b> Re: 1. In this part “Assessor means... should the necessary qualifications of a person appointed as an assessor be outlined within the regulations” (#68)</p> <p><b>Response:</b> As qualifications may change over time these will be outlined in the details of the QA program, once developed.</p>		
2. (1) The program shall include the following components:  1. Continuing education or professional development designed to,	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	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.

Proposed Provision (Describes the proposed provision.)	Explanation (Explains how it may be applied.)	Rationale (Explains why the provision has been included.)
i. promote continuing competence and continuing quality improvement among the members,  ii. address changes in practice environments, and  iii. incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council.	professional development that are necessary for remaining current and for participating in the evolution of the profession.	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.  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 <u>patients clients</u> which would not benefit the public.

**Organizational Comment 1:** (This comment also applies to sections 5, 6 and 7.)

*Program components and activities:* Examples of additional information that may be helpful in terms of program components... include: College of Nurses of Ontario (#5)

- The specific types and amounts of professional development, continuing education, and self, peer, and practice assessment activities that will be accepted to meet the requirements, so that the QA committee can enforce a benchmark of completion across members.
- Separate explanations of the specifics of peer and practice assessments in order to make more explicit the fact that they are actually two different processes that can (but not necessarily) be combined.
- The start and end points of the one-year cycle for the self-assessment, continuing education, and professional development components. Will the starting point be the same for all members and if so, when will it begin?
- The ways in which the three aims of professional development [noted in clauses I, ii, and iii of paragraph 1 of subsection 2(1)] can be achieved. What might the QA Committee require members to do to meet these aims? College of Nurses of Ontario (#5)

**Organizational Comment 2:**

*Monitoring mechanisms and processes:* Examples of additional information that may be helpful under subsection 2(1) and sections 6 and 7 include: College of Nurses of Ontario (#5)

- The specific types of mechanisms that will be used to monitor compliance.
- The timeframes for QA program activities and any follow-up correspondence between the QA Committee and members if needed [e.g., the amount of time members have to comply with a request under subsection 6(2)].
- The fact that under subsection 6(1), if a member does not provide evidence of self-assessment, continuing education, and professional development, the QA committee will assume that the member did not comply with the requirements of the regulation.
- The consequences for non-compliance with any or all component(s) of the QA program. College of Nurses of Ontario (#5)

**Individual Comment 3:** 2. (1) The word "evolution" used regarding the profession and continuing education

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>
<p>concerns me. This is because to most people the definition of evolution means the change of one thing into something completely new and different. Already there are many bastardized forms of Homeopathy taught in the various schools and lecture courses around the world. This has led to a lot of confusion and poor, incomplete education, which leads to substandard graduates. The basis of a good foundation of Homeopathy is the Organon, Materia Medica and Case Taking. This must be entrenched and understood before even thinking about introducing newfangled ideas and approaches. Otherwise the Hahnemannian Homeopathy will “evolve” into something unrecognizable. (#23)</p> <p><b>Individual Comment 4:</b> 2. My concern here is 2 fold, this could be very time consuming and once again how to access the different prescribing styles, I feel you need to address this. (#38)</p> <p><b>Individual Comment 5:</b> 2.(1)li &amp; lii One of the most successful and world renowned Homeopaths I know uses his 200 year old books. Please explain what you mean by Advances in Technology? (#38)</p> <p><b>Individual Comment 6:</b> 2.(1) ii and iii Changes and advances must always take place within the definition of the profession. For example introducing amputation as a means of assisting the recovery from bone cancer is not an acceptable change within the definition given above. Without a clear definition of what homeopathy is, this article could be used to transform homeopathy into anything... (#92)</p> <p><b>Response:</b> <b>This is a matter of education, which we have begun to address in Milestones, Volume II, Issue 4.</b></p>		
<p>2. <u>Assessment:</u>  <u>(i) Self</u>  <u>(ii) Peer</u>  <u>(iii) Practice</u></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 <u>gathering information on a review of</u> how a member conducts his or her practice. While there are many ways of</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>

<p><b>Proposed Provision</b>  <i>(Describes the proposed provision.)</i></p>	<p><b>Explanation</b>  <i>(Explains how it may be applied.)</i></p>	<p><b>Rationale</b>  <i>(Explains why the provision has been included.)</i></p>
	<p>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 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> </ol>	

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>
	<p>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 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>	

**NOTE:** Council agreed with the delineation of this provision into three segments, so as to better guide members in their requirements for continuing education based on membership class.

**Organizational Comment 3:**

*Expectation that information is confidential:* College of Nurses of Ontario (#5)

In the explanation for paragraph 2 of subsection 2(1), TC-CHO describes a few confidentiality provisions pertaining to the information collected through the QA program. These points convey important assurances, which members and the public may find helpful to have explicitly set out in the regulation. Examples of the information that may be helpful in this regard are the facts that:

- The information provided cannot be disclosed unless specified for the purposes of administering the legislation.
- The information provided cannot be used in any other legal proceedings.
- The information provided cannot be used by other committees of the College (except in certain cases such as when the member provides false information or does not cooperate in the QA program).

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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>
<p>- A member cannot refuse to provide information for patient confidentiality reasons.            - Patients information must be disclosed when required by the QA committee, which in turn, will be keep confidential by the Committee and TC-CHO. College of Nurses of Ontario (#5)</p> <p><b>Individual Comment 7:</b> Self-assessment, continuing education, professional development should be pursued in manner that the member should not feel over-whelmed by over-regulated. Professional misconduct and quality assurance activities could be conducted by one umbrella organization without any duplication of work or wasting any resources! I have no comments on other provisions of draft quality assurance regulations! (#15)</p> <p><b>Response:</b> Duly noted. This is a matter of communication and registrant education.</p> <p><b>Individual Comment 8:</b> 2. (2) With regards to the assessments. It may involve the observation of a case taking. As an RMT having gone through assessments, the assessor never went into the treatment room during a massage! With any professional therapy, the treatment is private and confidential between the patient and therapist. Talk about a breach of privacy. There is also too much room for prejudice and/or personal bias from the assessor. And it also undermines the very education that the Homeopath underwent. (#23) During school is the time to observe the cases and see that they are done properly. (#23)</p> <p>The last paragraph of number 2 says “when requested, members are required to disclose patient information”. I see no mention about receiving the patients permission for disclosure of their file. (#23)</p> <p><b>Response:</b> This is a matter of communication and registrant education.</p> <p><b>Individual Comment 9:</b> The numbering is confusing... Assessment must be done against a definition and standards. This is why the prologue mentioned above is so important. Without such definitions and standards, how can one assess? It is not really possible to comment in a meaningful manner on these subjects without proper context in terms of tools, definitions and standards of practice. (#92)</p> <p><b>Response:</b> The details of the QA program, once developed, will help to clarify this matter. This is a matter of communication and registrant education.</p> <p><b>Individual Comment 10:</b> The explanations suggest that the assessment information is confidential but there is no regulatory definition of the mechanism of confidentiality. Instead of a comment in the explanation column, some preliminary article in the regulation should clearly document the confidentiality provisions as regulations and define their boundaries. If these regulations are defined elsewhere then a clear reference to them should be made in the provision column -e.g. 2.(x) ??? the confidentiality of the information gathered in these assessments is protected under article xxx of regulation (or law) yyy. (#92)</p> <p><b>Response:</b> Duly noted. This is a matter of communication and registrant education.</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>

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>
<p><b>Individual Comment 11:</b> What kind of monitoring? (#38)</p> <p><b>Response:</b> The details of the QA program, once developed, will help to clarify this matter. This is a matter of communication and registrant education.</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>
<p><b>Individual Comment 12:</b> 3. (2) What exactly is considered a serious safety risk in Homeopathy? How will it be identified? How will it be proved? One of the main reasons for Regulation of a therapy is to prove that there is a danger to the public. Homeopaths are not authorized to perform a controlled act. These are issues that need to be clarified. (#23)</p>		
<p>(3) The Committee may phase in the implementation of the program over a period of three years from the date this regulation is enacted.</p>	<p>The Committee has the discretion to phase in the implementation of the program over a <u>three year fixed</u> period <del>of time</del> from the date of enactment of the regulation.</p>	<p>Phasing in the program will permit the development of better tools and will facilitate the acceptance of the program by the profession.</p>
<p><b>Individual Comment 13:</b> 3. (3) The Committee will phase in the program over 3 years. Then it says it has the discretion to phase it in over a fixed period. Does this still mean 3 years – or a different fixed amount of time? It is unclear to me. (#23)</p> <p><b>Response:</b> Duly noted and changed.</p>		
<p><b>Individual Comment 14:</b> The quality assurance programme should be defined by or at the very least with the participation of the profession (in other words transparency and two-way communication). This will ensure acceptance much more than any phasing ever could. (#92)</p> <p><b>Response:</b> The transitional Council agrees and will seek consultation during the development of the program.</p>		
<p>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.</p>	<p>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>.</p>	<p>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.</p>
<p><b>Individual Comment 15:</b> 3.(1)(2) and (3) The panel is introduced here but it is not clear what its regulatory responsibilities are in comparison with those of the assessor and the committee. (#92)</p> <p><b>Response:</b> The details of the QA program, once developed, will help to clarify this matter. This is a matter of communication and registrant education.</p>		

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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>
(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.
<p><b>Individual Comment 16:</b> 3.(1)(2) and (3) The panel is introduced here but it is not clear what its regulatory responsibilities are in comparison with those of the assessor and the committee. (#92)</p> <p><b>Response:</b> The details of the QA program, once developed, will help to clarify this matter. This is a matter of communication and registrant education.</p>		
(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.
<p><b>Individual Comment 17:</b> 3.(1)(2) and (3) The panel is introduced here but it is not clear what its regulatory responsibilities are in comparison with those of the assessor and the committee. (#92)</p> <p><b>Response:</b> The details of the QA program, once developed, will help to clarify this matter. This is a matter of communication and registrant education.</p>		
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.
<p><b>Organizational Comment 4:</b> <i>Expectation that all members participate</i> An example of a way to clarify expectations set out in section 4 includes: Specifying whether participation may vary between members, as suggested in the explanation of this section. Is it TC-CHO's intent that inactive members participate in QA program? If not, it would be helpful if the clauses specified either the classes or members that will be expected to participate, or those that will not. If all classes are to be included, it may be necessary to include a clause that explicitly grants the QA committee the authority to set and implement differences in participation, if that is the intent. College of Nurses of Ontario (#5)</p> <p><b>Organizational Comment 5:</b> This provision requires every member to participate in the quality assurance program, including inactive certificate holders. When combined with the peer and practice assessment provisions, it will, as currently written, require that every inactive certificate registrant be peer and practice assessed. We recognize that the program itself may be implemented differently; however, as written it may cause confusion. Consideration might be given to excluding inactive class registrants. Transitional Council College Of Naturopaths Of Ontario (#22)</p>		

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<p><b>Response:</b> The working group believes the change made under section 2 "Assessment" will allow for the clear instruction to members by membership class as to the specific continuing education requirements by class. It is anticipated that inactive members will not be required to submit to practice audits.</p>		
<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. <u>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.</u> 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><b>Individual Comment 18:</b> What exactly would point 5 on page 6 of 10 involve? (#8)</p> <p><b>Individual Comment 19:</b> It mentions that every year, every member must participate in self assessment, CEU's and professional development. This is unclear to me. For example – as an RMT we have 3 year cycles to collect the CEU's we need, do the self assessment etc. The dues and fees only are collected yearly, everything else is on a 3 year rotation. Please clarify. Of Note: What will happen about the control of fees for CEU courses? How many hours credit for each CEU? Ex- 1 hour of training gives you 1 CEU. What are the conditions for acceptance as a qualified CEU course? (#23)</p> <p><b>Response:</b> Duly noted. The details of the QA program, once developed, will help to clarify this matter. This is a matter of communication and registrant education.</p> <p><b>Individual Comment 20:</b> I am assuming as long as it is homeopathic studies of any kind, from classical to UNDA numbers, it's acceptable? (#38)</p> <p><b>Response:</b> The details of the QA program, once developed, will help to clarify this type of question.</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.</p> <p>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</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>

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	comply with the requirements of this regulation.	
<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>	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.	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><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>	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.	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><b>Individual Comment 21:</b> I also want to point out that peer reviews, while beneficial, must be undertaken with a committee of peers that practice in a way that is sympathetic to the homeopath being reviewed. Allowing homeopaths to nominate at least one person on their review committee seems like a good idea. (#6)</p> <p><b>Individual Comment 22:</b> What will be the skills, qualifications, and level of experience required for the position of assessor? (#12)</p> <p><b>Individual Comment 23:</b> What will be the skills, qualifications, and level of experience required for the position of peer assessor? (#12)</p> <p><b>Individual Comment 24:</b> 1. Since there are many styles of Homeopathy, from single doses in Classical to French style with multi remedies given simultaneously. How can a peer who is knowledgeable in another method ie. Classical appreciate Sankran? How will you overcome this?? (#38)</p> <p><b>Individual Comment 25:</b> 7, My concern here is the same as mentioned before, since we have so many different styles of prescribing how to evaluate? (#38)</p> <p><b>Individual Comment 26:</b> In this section it is not clear how the assessor is named or selected. There appears to be no indication as to the skills and selection criteria of the assessor. (#92)</p> <p><b>Individual Comment 27:</b> I am not sure who is to be an assessor, but I suggest that it be determined that the members of any such assessing committee be at least made up of practice homeopaths and non practicing homeopaths, and that there be a cap to how many non homeopaths, practicing or not, that are allowed to make up the Council. The Ontario College of Teachers ran into the same problem and it took legislation and taking them to court to change it. Such a powerful body should be only from the profession or at least, a very large percentage of</p>		

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<p>homeopaths only. (#110)</p> <p><b>Individual Comment 28:</b> Self, peer and practice assessments. I request that “peer” be defined and clarified. There are several different approaches, philosophies, schools for teaching and practicing homeopathy in Ontario. It seems to make most sense to have, for example, Kentians assessing Kentians, and so on. Otherwise, the risk for misunderstanding is high, for example, having a non-Kentian assess a Kentian practitioner. In addition, both individuals time will be wasted if the Kentian must first educate the non-Kentian as to the methods and rationale for the way the Kentian practitioner operates. Furthermore, if a negative assessment is recorded, because of the peer’s ignorance of the methods practiced, committee members would become involved, perhaps for unsubstantiated and inappropriate reasons. I suggest that careful consideration is given to the ‘peer assessments’. I also request that assessors receive basic, objective training by all homeopathic schools in Ontario and Canada, and can demonstrate unbiased knowledge of all the homeopathic schools in Ontario and Canada, represented by the members of the College of Homeopaths in order to avoid confusion and misunderstanding relating to the assessment process. Otherwise, the College runs the risk of looking like it is targeting certain approaches and is biased. A further request is to ensure there is a representative from all homeopathic schools in Ontario in the assessment committee, and/or to have rotating assessors, changing the individual yearly, to ensure all approaches are fairly represented. (#124)</p> <p><b>Individual Comment 29:</b> It is also unreasonable to be judged by people who may not practice their homeopathy in the same manner. There are different specialties and modalities within the realm of homeopathy. Just as there are different treatments and views held with regard to oncology, gynaecology, obstetrics, etc. – a homeopathic practitioner should not be put in the position of being scrutinized by another homeopath who practises their profession in a different manner. Bias needs to be avoided at all costs. (#143)</p> <p><b>Response:</b> The details of the QA program, once developed, will help to clarify this matter. This is a matter of communication and registrant education.</p>		
<p>(2) A member shall undergo a peer and practice assessment if,</p> <ol style="list-style-type: none"> <li>1. his or her name is selected at random, including by stratified random sampling;</li> <li>2. a request is made under subsection 6(2) and either,               <ol style="list-style-type: none"> <li>i. insufficient information is provided by the member, or</li> <li>ii. the member’s records do not demonstrate that the member has engaged in adequate self-assessment, continuing education or professional development activities; or</li> </ol> </li> <li>3. the member is selected on the basis of other criteria</li> </ol>	<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</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>

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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.	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><b>Individual Comment 30:</b> This could easily transform into a witch hunt. The regulations must define the boundaries that applies to the prodding of members. (#92)</p> <p><b>Response:</b> Duly noted. The details of the QA program, once developed, will help to clarify this matter. This is a matter of communication and registrant education.</p>		
(3) An assessor shall carry out the peer and practice assessment which may include an inspection of the premises, records, equipment and <u>remedies homeopathic medicines</u> where the member practices.	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 <u>and information gathered</u> .	The <i>Health Professions Procedural Code</i> requires assessments to be done by assessors. As noted below, an assessor has wide powers of access.
(4) The assessor shall <u>collect information to</u> assess a 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>This provision describes how the assessor will <u>gather information to assist in the assessment of</u> 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 co-operate 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</p>	<del>This provision describes the assessor's wide powers.</del> This is to ensure that the assessor is able to fully and accurately assess 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.

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	<p>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. However, the regulation and the <i>RHPA</i> do not permit assessors to go into a private dwelling or premises controlled by the <b>client patient</b>.</p>	
<b>Individual Comment 31:</b> 7. (4) (e) What is the program that is designed to evaluate the knowledge, skill and judgment of the member? and who puts it together? Has it been created yet? (#23)		
(5) The assessor shall prepare a written report on the member's peer and practice assessment and shall provide it to the Committee.	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 determinations about quality assurance matters.	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 if the member's knowledge, skill and judgment are satisfactory and, if not, what to do about it.
<b>Individual Comment 32:</b> 7. (5) What are the requirements of an assessor? Is this a paid position? (#23)		
(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 <b>is it</b> proposes to make and provide notice to the member that he or she shall have 14 days to make	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	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.

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written submissions to 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.	
<b>Individual Comment 33:</b> 7.(7) The text says "...the direction is proposes to make..." should say "...the direction it proposes to make..." (#92)		
<b>Response:</b> Duly noted and changed.		
(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.	<p>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:</p> <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</li> </ol> </li> </ol>	<p>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 public is protected and will assist members of the profession to practise to their potential</p>

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	<p>unsatisfactory, or</p> <p>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.</p> <p>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.</p> <p>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.</p>	