Ontario Homeopathic Survey:
Are homeopaths prepared to be regulated?

by

Aalia Parker

A thesis submitted in conformity with the requirements for the
degree of Master’s of Science
Graduate Department of Pharmacy
University of Toronto

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Master’s of Science

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Abstract:

Ontario homeopaths are to be granted self-regulatory status under the Regulated Health Professions Act. The objectives of this study were to describe homeopaths currently practicing in Ontario and determine the proportion of practitioners that are eligible to become regulated. Questionnaires were distributed to Ontario homeopaths (n=831). The response rate was 56% (n=442/789, 43 ineligible participants). The majority of active practitioners were female (62.0%) with a mean age of 48 years. Almost two-thirds (66.3%) reported working part-time. The majority (77.5%) had at least a College/University diploma/certificate/degree. The majority was in favour of the regulation of homeopathy. Almost two-thirds (64.1%) appeared to be eligible for registration. Practitioners that appeared to be ineligible for registration were older, and had been in practice longer. In conclusion, only two-third of active practitioners that responded appeared eligible for registration when regulations are enacted.
Acknowledgements

First and foremost, I would like to thank my parents for their endless love and support. Thank you for always providing me with encouragement to strive for the best.

I would like to thank my fellow students Melissa Winterbottom and Raza Mirza for their advice and assistance during the past two years as well as Lauren Sule, Teresa Tsui, Rayesha Bhatt, Alexandra Rodney and David Brule with their assistance with various tasks including questionnaire development and piloting, questionnaire distribution and data collection. Your contributions were vital for this project.

I am grateful that my supervisor, Dr. Heather Boon, provided me with this opportunity to work on this project and for her constant guidance and support during the past two years. I would also like to thank my other committee members, Dr. Sandy Welsh and Dr. Linda Mackeigan for their guidance as well.

I would also like to express thanks to Janet Blanchard and the Transitional Council of the College of Homeopaths of Ontario for their cooperation for this project.

Finally, I would like to also show appreciation to our project funder the Lotte and John Hecht Memorial Foundation.
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<th>Full Form</th>
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<tbody>
<tr>
<td>AHPCSA</td>
<td>Allied Health Professions Council of South Africa</td>
</tr>
<tr>
<td>AMA</td>
<td>American Medical Association</td>
</tr>
<tr>
<td>CAH</td>
<td>Canadian Academy of Homeopathy</td>
</tr>
<tr>
<td>CCNM</td>
<td>Canadian College of Naturopathic Medicine</td>
</tr>
<tr>
<td>CDHA</td>
<td>Canadian Dental Hygienists Association</td>
</tr>
<tr>
<td>CPSO</td>
<td>College of Physicians and Surgeons of Ontario</td>
</tr>
<tr>
<td>HPARB</td>
<td>Health Professions Appeal and Review Board</td>
</tr>
<tr>
<td>HPRAC</td>
<td>Health Professions Regulatory Advisory Council</td>
</tr>
<tr>
<td>OHA</td>
<td>Ontario Homeopathic Association</td>
</tr>
<tr>
<td>RHPA</td>
<td>Regulated Health Professions Act</td>
</tr>
<tr>
<td>TC</td>
<td>Transitional Council</td>
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<tr>
<td>TC-CHO</td>
<td>Transitional Council of the College of Homeopaths of Ontario</td>
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Chapter 1: Introduction and Background

Homeopathy is one of five complementary and alternative medicine groups (along with Traditional Chinese Medicine/Acupuncture, Naturopathy, Kinesiology and Psychotherapy) to be granted self-regulatory status in Ontario.

Homeopathy is practiced worldwide and is popular in many nations, but has been received with skepticism in many other countries, especially those in North America. Homeopathy is the leading alternative therapy in France, where it has been reported that 70% of physicians are receptive to homeopathy and believe it is effective (Ullman 2010, Riedlinger and Lennihan 2006, 1167-1193). Homeopathy is also prevalent in Germany, where 2006 data indicates that 15% of medical doctors have formal training in homeopathy (Joos et al. 2008, 157-160). In a 2009 survey, 7% of the German population reported using homeopathy (Joos et al. 2008, 157-160).

Homeopathy is even more widely used in Asia, specifically in India, Sri Lanka and Pakistan. Presently, there are over 120 four- or five-year homeopathic medical schools in India. Nineteen of the colleges are maintained by the state, most of which are affiliated with universities. It has been estimated that there are over 100,000 homeopathic practitioners in India (Central Council of Homeopathy, 2010).

However, homeopathy has not been nearly as popular in Canada. In a 2003 survey, only 2% of Canadians reported visits to a homeopathic practitioner (Statistics Canada, 2005). There has been an increase in the amount of homeopathic product use among Canadians. In 2010, it was
reported that 7% of Canadians used homeopathic remedies, an increase from 5% that was reported in 2005 (Statistics Canada, 2010).

Although not a large proportion of Canadians use homeopathy, many questions have arisen due to the Ontario government’s decision to regulate this practice. Who are these practitioners? How do homeopaths practice in Ontario? What educational background do these practitioners have? Do these homeopaths practice safely so as not to do public harm? How will regulation affect this population as well as other health care providers in the system? Questions are also raised as what the standards will be once regulation is put into place for homeopaths and how many current practicing homeopaths will meet those standards.

Although this specific study will not be able to address all these questions, it will attempt to provide more insight into characteristics of homeopaths currently practicing in Ontario, as well as determine the proportion of homeopaths that appear to be eligible to become regulated based on the draft regulation and Competency Profile for Entry-to-Practice documents developed by the Transitional Council of the College of Homeopaths of Ontario. Furthermore, we will determine how practitioners that do not meet the standards differ from those that do meet the standards. The data collected will also serve as a baseline for exploring how regulation impacts this emerging practitioner group in future studies.

To provide a context for this study, this document includes a summary of the key principles of homeopathy, a brief history of homeopathy and review of its regulation around the world, followed by a focused review of how the practice of homeopathy has evolved in Ontario.
culminating with the current plan to regulate homeopathic practitioners. This is followed by a statement of the research question and objectives, the study methods, results, discussion followed by the conclusion with recommendations for the Transitional Council of the College of Homeopaths of Ontario.

What is Homeopathy?

Before exploring the history of homeopathy, it is important to understand the 3 fundamental principles upon which the practice of homeopathy is based. The word “homeopathy” comes from the Greek meaning “similar suffering.” In homeopathy, the goal of the practitioner is to provide a substance for a healthy person that produces a response similar to symptoms the patient is currently experiencing. The homeopathic “law of similar” states that every plant, animal or mineral substance that is ingested will cause a unique pattern of symptoms in a healthy individual and that the substance will be of medicinal value to a person who shows the same symptoms when ill. It is believed that such substances will act to stimulate the body’s natural defense mechanisms and allow the body to heal itself. (Ullman 1991; Riedlinger and Lennihan 2006, 1167-1193) For example, if an individual presents symptoms like that of a cold (runny nose, watery eyes etc.) they may be treated by a homeopath with a remedy derived from onions, which are known to cause similar symptoms in healthy people (Camline 2000; Grossinger 1998).

A second principle of homeopathy is the sense of individuality (Camline 2000). Often times, patients will be given different remedies, even if they present with the same symptoms. A homeopath will attempt to create a “patient picture.” This includes examining not only the physical symptoms a patient exhibits, but also the emotional and mental state of the patient. This
includes taking into account the patients’ food cravings, temperature preferences, personality etc. (Camline 2000; Reidlinger and Lennihan 2006, 1167-1193). Once the practitioner has sufficient information about that individual patient, and how she/he is manifesting the disease, the practitioner looks for a homeopathic remedy for the patient that as closely as possible matches the patients individual “picture.” This means that patients with the same biomedical diagnoses (e.g., the common cold) often are given different homeopathic remedies because their symptoms of the disease are different (e.g., one has a very runny nose and a productive cough, while another patient is very congested and has a non-productive cough).

A third principle of homeopathy, the use of infinitesimal doses, is often described as the most controversial part of homeopathy (Camline 2000). Homeopathic remedies are made using a process called “potentization” which involves serial dilutions of an original active substance. This principle states that the more dilute a remedy is the more “potent” it is. More dilute remedies are thought to work on “deeper level” (i.e., on mental and emotional levels rather than just physical levels) and their effects are thought to last longer. This is controversial because sometimes the remedy is so diluted that none of the molecules of the starting substance (be it plant, animal or mineral) are likely to remain in the finished product (i.e., it is diluted so much that all that can be chemically detected in the remedy is the diluent). Because of the infinitesimal dosing, it is thought by those practicing conventional medicine (and most scientists) that the effects of the remedy can only be explained by the placebo effect (Camline 2000; Reidlinger and Lennihan 2006, 1167-1193).
To date there is no known mechanism of action for homeopathic remedies (Kleijnen, Knipschild and Riet 1991, 316-323); although, there is a growing body of research exploring this topic. Similarly, there is no consensus on whether the clinical studies performed to date can be said to show benefits to patients; although, many meta-analysis have concluded that the effects may be greater than what can be explained by a placebo effect. For example, Linde and Jonas (1997) assessed 186 random controlled trials in a meta-analysis and concluded that homeopathy was 2.45 times more likely to produce a positive therapeutic effect than a placebo (Linde and Jonas 1997, 834-843). However, other meta-analysis studies have shown inconclusive results about the effects of homeopathy as treatment for ailments such as asthma and Attention Deficit Hyperactivity Disorder (McCarney et al. 2004, 687-696; Heirs and Dean 2007, 158).

Despite the ongoing controversy regarding if it works and how it might work, homeopathy continues to be a commonly used therapy in many countries around the world (Ullman 1991). The following section provides a review of how homeopathy evolved from the practice of a single German physician to a wide-spread, albeit very controversial, practice.

The History of Homeopathy

The history of homeopathy begins with its founder Samuel Hahnemann (1755 – 1843), a German physician. Hahnemann was a disbeliever of the traditional methods of healing of the times including purging, bloodletting and toxic chemical use (Ullman 1991; Reidlinger and Lennihan 2006, 1167-1193). He began to experiment with less invasive techniques. During a project to translate William Cullen’s (a Scottish physician) “Materia Medica” into German he became inspired to try to improve the way healthcare was provided. It was at this point that he
developed the principle of “Similars.” While translating Cullen’s work, he read about a species of South American tree-bark (cinchona) that was used for treating malaria induced fever. Hahnemann himself ingested the bark and found that it produced malaria-like symptoms. He further researched other substances that cause symptoms similar to known illnesses and after much experimentation proposed the primary principle of homeopathy “similia similibus currentur,” which means “let likes be cured by likes.” By a process called “proving” (early clinical trials) he would identify a collection of remedies for different ailments by taking a substance himself (or asking volunteers to take it) and carefully noting the symptoms it caused (Ullman 1991). Although the law of similars was previously described by other prominent figures (e.g., Hippocrates and Paracelsus) and was used in other cultures (for example the Greeks, Mayans, Chinese and Native Americans), Hahnemann was the first to have codified the laws of similars into a specific form of practice which is now referred to as homeopathy (Ullman 1991; Reidlinger and Lennihan 2006, 1167-1193).

At the time where homeopathy was being established, practitioners of conventional medicine began to believe that understanding disease could only come from a detailed investigation of symptoms and signs of the sick patient and attempts to link these to specific pathology in the physical body (Dean 2006). At this time, theories correlating diseases with specific pathogens came to the forefront. Hahnemann did not take into consideration pathogenic causes of diseases. He maintained his homeopathic beliefs about how best to treat illnesses. Supporters of homeopathy considered it to be simple and safe which helped the growth of homeopathy, especially during the 1800’s (Dean 2006).
By 1825, homeopathy began to grow in the United States after Hans Gram (a Dutch homeopath) moved to America (Ullman 1991). In 1844, followers of homeopathy formed the American Institute of Homeopathy. This caused opponents of homeopathy to form their own medical group in 1846 called the American Medicine Association (AMA). The members of the AMA were disbelievers of homeopathy and began to purge local medical societies of all those physicians who practiced homeopathy. In 1855, the AMA also developed a code of ethics which stated that if a conventional physician consulted with a “non-regular” practitioner or a homeopath, they would lose their AMA membership and lose their license to practice (Ullman 1991). Although animosity for homeopathy was widespread amongst conventional physicians in both the United States and Europe throughout the late 1800’s, the practice of homeopathy continued to grow. By 1900, there were 22 homeopathic schools, over 100 homeopathic hospitals and over 1000 homeopathic pharmacies in the United States (Ullman 1991).

But the decline of homeopathy began shortly thereafter. By the early 1920’s interest in homeopathy was in decline and the influence of the AMA was increasing. Some argue that this occurred because conventional medical practices were becoming less barbaric and so patients were not driven away to try alternatives such as homeopathy. However, another key factor in the decline of homeopathy was the release of the Flexner Report in 1918. This report, commissioned by the Carnegie foundation, was developed to rate the quality of medical schools across the United States. The authors of the report equated quality with adherence to the principles of mainstream science. Homeopathic colleges were given low ratings and following the release of the report, only graduates from those schools that were rated as high were eligible to take medical licensing exams (Ullman 1991). As a result, many homeopathic schools could
not survive (due to loss of funding and low enrolment) and by 1923, only 2 of the 22 schools in the United States remained (Ullman 1991).

Homeopathy faded from American society beginning in the 1920’s but made a resurgence in the 1970’s (Malerva 2012). Although it is unknown why or how homeopathy became more prominent, there are various theories as to why this occurred. For example, costs were rising for conventional medicine (especially for those Americans without insurance) and so homeopathy (and other alternative therapies) may have been seen as less-costly health care options for consumers (Turner 2004). Furthermore, the public appeared to be becoming more aware that conventional medicine was not particularly effective for chronic illnesses and did not have all the answers for diseases such as cancer (Turner 2004). It has been argued that this might have made the public more sympathetic to complementary and alternative medicine treatments such as homeopathy (Kelner et al. 2006, 2617-2627). Movements for the “right to choice” in health care became more active, (Turner 2004) and although not necessarily directly related to homeopathy, these general social movements likely helped create a general context in which a wide range of different therapies, such as homeopathy, were able to grow. In some jurisdictions, the resurgence of homeopathy included various types of regulation of its practice.
Jurisdictional Context of Homeopathic Regulation

Although the regulation of homeopathy is still not commonplace, there have been increasing efforts to regulate its practice in a wide range of countries around the world. Table 1.1 summarizes the regions where homeopathy practice is regulated and how. In most cases where the practice of homeopathy is regulated, its practice is restricted to licensed medical doctors only. Generally, lay practitioners are not regulated. This makes the situation in Ontario unique as it is one of a select few places where lay practitioners will be regulated to practice homeopathy.
<table>
<thead>
<tr>
<th>Region where Homeopathic Practice is Regulated</th>
<th>How Homeopathic Practice is Regulated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>Laws state that only medical doctors can practice homeopathy</td>
</tr>
<tr>
<td>Brazil</td>
<td>Medical doctors who want to practice homeopathy must complete 2300 hours of education prior to receiving licenses</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>Homeopathy has been regulated since 1997. Laws state that only medical doctors can practice homeopathy.</td>
</tr>
<tr>
<td>Canada: Ontario</td>
<td>Ontario provincial government granted self-regulatory status to lay homeopathic practitioners in 2007. The Transitional Council of the College of Homeopaths has drafted requirements for homeopathic practitioner registration. Licensing is expected to start in 2013.</td>
</tr>
<tr>
<td>Colombia</td>
<td>Laws state that only medical doctors can practice homeopathy</td>
</tr>
<tr>
<td>Hungary</td>
<td>Homeopathy was regulated in 1997. Laws state that only medical doctors can practice homeopathy.</td>
</tr>
<tr>
<td>India</td>
<td>Lay homeopathic practitioners have been regulated since 1973. Homeopathy is regulated under the Central Council of Homeopathy which sets the educational standards.</td>
</tr>
<tr>
<td>Iran</td>
<td>Laws state that only medical doctors can practice homeopathy.</td>
</tr>
<tr>
<td>Latvia</td>
<td>Homeopathy has been regulated since 1997. Laws state that only medical doctors can practice homeopathy.</td>
</tr>
<tr>
<td>Pakistan</td>
<td>Lay homeopathic practitioners have been regulated since 1965. Those who wish to become a homeopath must complete a 4 year diploma program and then must complete a 6 month apprenticeship before registration.</td>
</tr>
<tr>
<td>Slovenia</td>
<td>Homeopathy has been regulated since 1997. Laws state that only medical doctors can practice homeopathy.</td>
</tr>
<tr>
<td>South Africa</td>
<td>Those who want to practice need to complete a 5-year homeopathy program offered by some South African universities. Medical doctors who wish to practice homeopathy can bypass that program, and obtain a diploma in homeopathy.</td>
</tr>
<tr>
<td>US: Arizona, Nevada and Connecticut</td>
<td>Homeopathy can only be practiced by medical doctors or by osteopathic doctors. Practice of homeopathy in these states by anyone else is considered illegal.</td>
</tr>
<tr>
<td>Most Other Countries</td>
<td>Do not regulate the practice of homeopathy</td>
</tr>
</tbody>
</table>

*The grey highlight indicates the regions where lay homeopaths are regulated (or are to be regulated). The non-highlighted regions indicate that only medical doctors can practice homeopathy.

(WHO 2001; CAMdoc Alliance 2010; Central Council of Homeopathy 2003; Whole Health Now 2009)

As can be seen in Table 1.1, in most regions where homeopathy is regulated, individuals must be medical doctors to be able to practice homeopathy. Other than Ontario, South Africa, India and
Pakistan are the only countries listed that regulate lay practitioners (i.e., homeopathic practitioner who are not medical doctors first). In South Africa, homeopathy practice is regulated under the Allied Health Professions Act of 1982 (Allied Health Professions Council of South Africa, 2010). Any individual that wants to practice homeopathy in South Africa must complete a 5 year degree program in homeopathy offered by several South African universities. Physicians who wish to practice homeopathy do not need to complete the 5 year degree, but they do have to take a postgraduate diploma course in homeopathy. This is a 3-year course comprising of 25 three-day weekend modules of 20 hours. All individuals (both physicians and non-physicians) who want to practice homeopathy must also register with the Allied Health Professions Council of South Africa (AHPCSA). The AHPCSA is a statutory health body that sets regulations for all professions under the Allied Health Professions Act in South Africa. The AHPCSA is accountable to the Minister of Health and the Department of Health of South Africa.

Similarly, there are specific educational programs in India and Pakistan that are required before an individual (including non-physicians) can be registered as a homeopath. In India, there are both diploma programs and 4 year degree programs that can be completed. The degree program in Pakistan is 4 years long and a 6 month apprenticeship must also be completed before regulation. In India, homeopathy is regulated under the Central Council of Homeopathy (CCH) (WHO 2001). In Pakistan, the regulatory body is the Board of Homeopathic System of Medicine. (Whole Health Now 2009)

Regulation in Ontario is unique among Western countries as no other Canadian provinces, the US or European Union countries have regulated lay homeopathic practitioners. Little is known
about the Ontario lay homeopathic practitioners that are about to become regulated, creating a challenge for the Transitional Council of the College of Homeopaths of Ontario who have been charged with creating standards of education and practice for what is likely a diverse group. Our current knowledge of homeopathy and homeopaths in Ontario is summarized in the next section.

**Homeopathy in Ontario**

It is unknown exactly when homeopathy was introduced in Canada. (Homeopathic College of Canada 1991). Homeopathy was popular in the United States in the early 19th century and it is likely that immigrants from the United States and Europe brought the practice of homeopathy with them during this time. The first person recorded to be using homeopathy in Canada was Dr. J.O. Rosenstein (a Dutch immigrant) in 1845 in Montreal (Homeopathic College of Canada 1991).

Dr. Lancaster was the first reported practitioner using homeopathy in Ontario in the 1850’s (Homeopathic College of Canada 1991). At that time, he was very committed to having the practice of homeopathy regulated. In 1854, the Homeopathic Medical Society of Canada was formed and Dr. Lancaster was elected as one of the executives. With much petitioning, the government of Upper Canada regulated homeopathy in 1859 by enacting a bill called “An Act Respecting Homeopathy.” The Act set standards for the practice of homeopathy, including completion of a 3-year homeopathy program before being eligible to practice (Homeopathic College of Canada 1991; O’Reilly 2000).
The Ontario Medical Act of 1869 integrated allopathic physicians (conventional biomedical physicians), homeopaths and eclectics (who incorporated botanical remedies and physical therapy in their practices) under the same regulatory body called the College of Physicians and Surgeons of Ontario (CPSO) (Homeopathic College of Canada 1991; O’Reilly 2000). Although biomedical physicians were opposed to this Act, legislators at the time appeared reluctant to give business monopolies with respect to health care and thus they were forced into this arrangement (O’Reilly 2000). At the time, regulation of three distinct types of practice under the same regulatory body was unique. In most countries (such as the United States and England) tensions between homeopaths and conventional biomedical physicians were so high that a physician could lose his/her license by just consulting with a homeopath (O’Reilly 2000). The original governing body of the CPSO, known as the Medical Council, consisted of 5 physicians, 5 eclectics and 5 homeopaths that were elected (O’Reilly 2000).

The first homeopathic hospital in Ontario opened in 1886 as the Toronto Homeopathic Free Dispensary. The Toronto Homeopathic Hospital was next to open in 1890. It began with 11 beds, but due to rapid growth and demand, the hospital expanded to include 32 beds four months later. In 1926, as conventional medicine began to dominate, this hospital merged with Toronto Western Hospital and lost its homeopathic status (Homeopathic College of Canada 1991).

The Medical Council included 5 homeopaths up until 1934, when the council underwent a re-organization, against the will of the homeopathic members. Homeopathic representation dwindled from 5 to 1 representative. The last homeopathic representative, Dr. Charles Ernest,
served from 1956 up until his death in 1960. After his death, the Medical Act was amended and the council no longer had homeopathic representation (Homeopathic College of Canada 1991).

In 1974, the Medical Act was replaced with the Health Disciplines Act which was later replaced by the Regulated Health Practitioners Act in 1991. Homeopathic practitioners were not included in either of these acts (Homeopathic College of Canada 1991; O’Reilly 2000). Ultimately, the downgrading of homeopathy from regulated status to unregulated status in Ontario appears to have been due to the dominance of conventional biomedical physicians, who set entrance examinations that were beyond the scope of lay homeopathic practitioners (O’Reilly 2000). Health care was becoming more science based with more emphasis on evidence based research and education (which was argued to be lacking in the practice of homeopathy). Furthermore, there were divisions among homeopathic practitioners themselves, which hindered their ability to form an educational institution in Canada (O’Reilly 2000).

Since the loss of regulatory status in 1974, efforts have been made by homeopathic practitioners to re-gain regulation. Kelner et al. have identified a number of strategies that are being used by complementary and alternative practitioner groups (including homeopathy) in order to professionalize and potentially attain statutory regulation. The strategies include: standardization of education, developing practice standards, conducting scientific research for the effectiveness of homeopathy and lastly to increase group cohesion among practitioners. The first strategy described by Kelner et al. (2006) is the development of educational standards individuals must complete before becoming a homeopathic practitioner. Kelner et al. (2006) describe how there were various competing schools with different ideas about appropriate
curriculum and how much time should be allocated to training (Kelner et al. 2006, 2617-2627; Welsh et al. 2004, 216-241). Although some homeopathic schools argue that they place importance on teaching the medical sciences (subjects such as anatomy, physiology and pathology), homeopathic educators have been divided for the most part on whether this is necessary (Kelner et al. 2006, 2617-2627; Welsh et al. 2004, 216-241). Proponents of increasing an emphasis on the study of medical sciences within the homeopathic curriculum argued that possessing science course credits creates a boundary between qualified and unqualified practitioners, a crucial differentiation in terms of public protection (Kelner et al. 2004, 915-930). They argue that those who have no knowledge of the medical sciences would be more likely to misdiagnose a patient, or miss a symptom that a patient exhibits thereby not providing the appropriate treatment or referral (Welsh et al. 2004, 216-241). However, others argued that medical knowledge was not necessary for the practice of traditional styles of homeopathy (Dean 2006). For instance, one homeopathic leader expressed; “I don’t know if there is a standard in clinical practice to tell you the truth. I think that everybody sort of develops their own” (Kelner et al. 2006, 2622).

Another strategy identified by the Kelner et al. (2006) study is to elevate practice standards, which has also proven to be difficult for homeopathic practitioners to agree upon. For example, there has been conflict between those practitioners that practice classical homeopathy, and those that believe in poly-pharmacy. This makes it difficult to establish a group identity (Kelner et al. 2006, 2617-2627). Abbott (1988) argues that in order for an occupational group to effectively become integrated and occupy a space in a health care system, the members of the group need to agree on what they do and how they accomplish it. Not only does this give members of the
occupation an identity, but also gives them the ability to negotiate with other groups in the system (Kelner et al. 2006, 2617-2627). Furthermore, government officials have reported that lack of group cohesion is a reason why this group was not been included in the health care system in the 1974 and 1994 legislative reforms (Kelner et al. 2004, 915-930). They stated that it is difficult to deal with fragmented groups since they provide contradictory positions. A scope of practice cannot even be developed if members provide contradictory ideas (Kelner et al. 2006, 2617-2627). Although there is fragmentation among the group, many leaders recognize that developing higher practice standards is essential for achieving regulation for the purpose of public protection. One leader expressed; “The first task is to get everyone out in the open and set some minimum standards. We hope to do more on standards so that they are equal to allopathic medicine” (Welsh et al. 2004, 228).

A third strategy is to develop research capacity. Currently, there is a general emphasis on increasing accountability and evidence based research with respect to health care. (Kelner et al. 2002, 235-239) However, homeopathic leaders were also reported to be divided on this issue. Some leaders believe that there is no need to demonstrate effectiveness in the form of journal publications. These leaders generally believe that success with respect to individual case studies is proof enough that the therapy is effective (Kelner et al. 2002, 235-239). Leaders further argue that homeopathic treatments are too individualized to have success in clinical trials (Kelner et al. 2002, 235-239). There is no curriculum at any homeopathic college that puts an emphasis on clinical trials (Kelner et al. 2006, 2617-2627). Other homeopathic leaders believe that more research is necessary in order for the public to appreciate and understand homeopathy. These
leaders would like to conduct double blind studies that would be accepted by the scientific community that demonstrate the effectiveness of homeopathy (Kelner et al. 2002, 235-239).

A common theme among these three issues is the lack of group cohesiveness. The leaders of homeopathy clearly have had disagreements about homeopathic practice, education and the need for scientific proof of homeopathy. This has been a detriment for homeopathic practitioners regaining regulatory status in Ontario (Welsh et al. 2004, 216-241). By building group cohesion, members of an occupational group may be able to establish an identity and strengthen their ability to interact with others in the existing health care system (Kelner et al. 2006, 2617-2627).

There are currently many different homeopathic associations in Ontario as well as different educational institutions. Each professional association and school has its own perspective about homeopathy which has hindered the occupation from developing a distinctive scope of practice (Kelner et al. 2006, 2617-2627). Some homeopathic leaders believe that if homeopathy could achieve self-regulatory status, it would encourage the members to become more cohesive and provide an opportunity to reconcile the differences. But researchers have argued that cohesion is necessary before self-regulation is likely to occur (Welsh et al. 2004, 216-241).

In 1991, the Ontario government revised legislation which led to the development of the Regulated Health Professions Act (RHPA). It has been argued that this was done to partially reduce the monopolistic nature of the health care system (O’Reilly 2000). The Ontario government regulated 23 professions in 1991 under the RHPA; however, homeopathy was not one of them (O’Reilly 2000). New legislation, which its provision for the future inclusion of additional health-related occupational groups, did create the opportunity for homeopathy (and
other health care occupations) to become regulated later in time. It appears that at this point, homeopaths might have realized the importance of group cohesion in order to submit sufficient documentation to the government so that they may be re-regulated in future. This can be inferred from that fact in 1992 (a year after the RHPA was enacted) the Ontario Homeopathic Association (OHA) was founded. Its primary mandate was to develop unity among practitioners and to increase the inclusion of homeopathy in the health care system. The OHA has been active in promoting homeopathy to the public as well as lobbying government officials for regulation (Ontario Homeopathic Association, 2010).

In 2005, at the request of the Health Professions Regulatory Advisory Council (HPRAC), the OHA submitted a proposal for the regulation of homeopathy including a scope of practice, access to certain controlled acts and title protection. The HPRAC committee indicated that it felt that individuals receiving homeopathic services at that time did not know if the practitioners they visit are reliable, competent and have adequate training (HPRAC 2006). Based on a recommendation from HPRAC, homeopaths were granted self-regulatory status in 2007 by the provincial government. After the homeopathic practitioners were granted self-regulatory status in Ontario, the Transitional Council of the College of Homeopaths of Ontario (TC-CHO) was formed to begin the process of implementing this decision. Under the provisions set out in the Regulated Health Professions Act, the Transitional Council is responsible for establishing a professional regulatory College and for developing practice and educational guidelines in order for practitioners to be licensed (TC-CHO 2009).

**The Current Health Care Environment in Ontario**
Current Ontario legislation regarding regulation of health care professionals is contained in the Regulated Health Professions Act (RHPA) which was introduced in 1991 (and has been amended numerous times, most recently in 2007). The RHPA provides a framework for the regulation of the 28 health professions currently regulated in Ontario (HPRAC 2011). The RHPA framework has two key components. The first component of the RHPA is a series of scope of practice statements that provides general job descriptions for each of the 28 regulated professions. The statements outline the types of care and methods practitioners in each profession should be providing. The second component of the RHPA is a list of controlled acts. Controlled acts are those actions that are considered potentially dangerous or harmful if not performed properly (O’Reilly 2000). Only an individual with the proper qualifications and belonging to a regulated profession under the RHPA are permitted to perform these acts. No members of the public can perform these acts. There are 13 controlled acts identified (listed in Table 1.2) which include, performing a procedure below the tissue dermis, setting and casting fracture etc. There is no profession that can perform all 13 acts and in fact some regulated groups are not permitted to perform any of them (for example, dieticians) (CDO 2011).
Table 1.2: List of Controlled Acts

| 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 |
| 2. | Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of a cornea, or in below the surfaces of teeth, including the scaling of teeth |
| 3. | Setting or casting a fracture of a bone or a dislocation of a joint |
| 4. | Moving the joints of the spine beyond the individual’s usual physiological range of motion using a fast, low amplitude thrust |
| 5. | Administering a substance by injection or inhalation |
| 6. | 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  
- into an artificial opening into the body |
| 7. | Applying or ordering the application of a form or energy prescribed by the regulations under the Act |
| 8. | Prescribing, dispensing, selling or compounding a drug as defined in clause 113 (1) (d) of 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 |

(O’Reilly 2000)

According to the Ontario Ministry of Health, each profession under the RHPA is a self-regulating profession which means that members within each profession are responsible for regulation instead of having an outside source such as the government making regulatory
standards decisions. This is accomplished through standards and codes of conduct that are implemented by a regulatory body known as a professional College.

Each professional group (physicians, chiropractors, pharmacists etc.) has its own professional College (RHPA 1991). Every College has a council that acts as the College’s Board of Directors, a Registrar and seven Statutory Committees. The Board of Directors is comprised of five members who are appointed by the Lieutenant Governor of Ontario under advice from the Ministry of Health & Long-Term Care. The Board of Directors consist of both professionals, as well as public members (RHPA 1991). Almost half of the staff members belong to the public. The Committees include the Complaints Committee (that reviews complaints from the public regarding practice), the Fitness to Practice Committee, the Executive Committee, the Quality Assurance Committee and the Discipline Committee). The main priority of the colleges is public concern/safety (RHPA 1991). The College is responsible for various tasks including identifying and implementing appropriate educational requirements, training/clinical experience, practice standards and licensing requirements for practitioners to ensure competency of the practitioners for public safety. They maintain standards of professional practice and professional ethics. They essentially govern the practitioners and are responsible for enforcing the regulations and policies outlined by the RHPA. The RHPA is responsible for holding Colleges accountable for their decisions. For instance, under the RHPA, the Colleges are to perform duties instructed by the Minister of Health. Furthermore, the Health Professions Appeal and Review Board (HPARB) is responsible for reviewing decisions made by the Colleges, especially with respect to public complaints towards practitioners. The Ministry of Health must approve all regulations and standards put forth by the College (HPRAC 2006).
In 1991, when the RHPA was first created, homeopathic practitioners were not included. When the RHPA was first formed, the Ontario Ministry of Health asked those groups that would like to be regulated to send submissions justifying their request based on 9 criteria presented in Table 1.3.

**Table 1.3: List of 9 Criteria for Self-Regulation**

1. Relevance of the proposed self-regulating group to the Ministry of Health
2. Risk of harm to the public
3. Sufficiency of supervision
4. Alternative regulatory mechanisms
5. Body of knowledge
6. Education requirements for entry to practice
7. Ability to favour the public interest
8. Likelihood of compliance
9. Sufficiency of membership size and willingness to contribute  
   (O’Reilly 2000)

When faced with a large number of applications from occupational groups wishing to be regulated, the government decided to prioritize several criteria in their decision-making. These included an assessment of whether regulation of the group was necessary to prevent harm to the public and a review of the feasibility of the group to set standards and be compliant with the regulations (O’Reilly 2000). At the time the RHPA was first implemented, the government regulated 21 of the original 75 occupational groups that had applied. Homeopathy was not among the first 21 professions regulated under the Act (O’Reilly 2000).

Many amendments have been made to the RHPA since 1991 including most recently in 2007, when the Ontario government decided to grant statutory self-regulation to homeopathic practitioners. In essence, homeopaths now have the ability to become regulated once they are able to become organized and implement a regulatory College. The process to regulation for
homeopaths has followed a step-wise progression that began after the government’s decision to regulate this group.

The first step was to appoint a Transitional Council (TC) responsible for implementing the infrastructure for regulatory College development. The TC is composed of individuals selected by the Lieutenant Governor in Council who possess experience in health professional regulation, health sector or public administration (HPRAC 2006). Usually those members who have previously established they value public service are chosen. Each individual is expected to serve in his/her individual capacity and not a representative of an advocacy group to which he/she may belong. Members may be appointed for a one or two year term with the potential to be re-appointed (HPRAC 2006).

The second step in this process was for the TC to develop standards of practice and education for the occupational group. Once drafted, the standards of education and practice are approved by the Ministry of Health and Long-term Care. After approval the regulatory College replaces the TC and begins to register and license members according to the standards that have been deemed necessary for proper practice (TC-CHO 2011). The TC for Homeopathy is currently nearing completion of its work with registration of homeopaths in Ontario expecting to begin in late 2013 or early 2014 (TC-CHO 2011).

**Introduction of Homeopathy RHPA Regulation**

Although homeopathy had technically been regulated until 1974, there were never any formal standards of practice or educational requirements for the practice, resulting in a proliferation of schools and associations of varying quality throughout the province. There are approximately 16
homeopathic schools in Ontario and approximately 21 throughout Canada. (Whole Health Now 2009). These facilities offer different services ranging from individual courses and seminars to certificate and degree programs. Some programs range from 12 months in duration to 4 year degree programs. A couple of schools in Ontario only offer programs in homeopathy for health care professionals (i.e. nurses, physicians etc.). About 40% of the schools in Ontario require completion of at least 2 years of university/college education and/or specific course pre-requisites. The majority however, do not have any specific entry requirements. The training also differs among schools. Some schools offer internships and case studies/case managements along with coursework, while others have seminar requirements along with coursework. Thus, homeopaths currently practicing in Ontario have a wide range of qualifications knowledge, skills and experience. It will be up to the Transitional Council to reconcile these differences and create minimum standards of education and practice.

The Transitional Council released draft policies and guidelines for regulation in a document called the Competency Profile for Entry-to-Practice for Homeopaths in Ontario (Feb 2012). This was a challenging process since there were no available data about the homeopathic profession, making the Transitional Council eager to partner with our research team in the development and implementation of the survey that forms the basis of this thesis. The transitional council used preliminary findings from our survey to help justify the appropriateness of their draft practice/educational standards to the provincial government in the fall of 2011. They are currently awaiting approval of their proposed draft regulations so that they may move into an implementation period (expected in 2014) (TC-CHO 2011). A question that remains is: how
many of the currently practicing homeopathic practitioners will be able to meet the new standards?

**What are the Draft Education and Practice Standards?**

The key to determining how many of the current practitioners will be eligible to register as regulated homeopaths lies in the content of the Entry-to-Practice standards and types of registration available to practitioners.

The Competency Profile for Entry-to-Practice for Homeopaths practicing in Ontario (Feb 2012) has many components. It describes and explains the practice of homeopathy. It also lists what is expected from homeopathic practitioners that are going to register with the College of Homeopaths of Ontario when it becomes operational. The documentation divides the competencies identified into key competencies and safety competencies. Key competencies are the knowledge, skills and abilities that have been identified by the Transitional Council as most crucial for competent practice and include things such as knowledge of potentization of remedies as well as fundamental knowledge of medical sciences (such as physiology, anatomy etc.). The Transitional Council has identified 36 safety competencies which are most important in order to limit the risk of patient harm. Examples of safety competencies include possession of a valid certification in Health Care Provider CPR along with a first aid kit, and the recognition of potential life-threatening signs and symptoms.

The Transitional Council has also drafted registration regulations (Draft Registration Regulation, Dec 2011). There are 3 ways in which practitioners can register: as full members, grandparented
members or inactive members. There will be different titles for each of these classes so that the public can identify the status of each practitioner. Full registration class is meant for those who meet all requirements to ensure the safety of the public. Grandparented registration is intended for those who are currently practicing homeopathy and meet the basic requirements for registration. The diagram (in appendix A.1) outlines the requirements that homeopaths need to meet in order to be classified into either full registration status or into the grandparented status. The first two requirements listed in the diagram are general requirements that apply to all classes of registration. The applicant must be able to speak, read and write either English or French and must be authorized to work in Canada (i.e. have Canadian citizenship, permanent residency, work/study permit etc.) Applicants may demonstrate that they can meet the full registration requirements by one of two options: a) they have graduated from an educational institution identified as meeting the minimum standards set by the regulatory body; b) they can provide documentation that they meet the minimum educational standards. If applicants are unable to meet the full registration standards, they have the option of providing documentation that they meet the key and safety competencies needed for grandparented registration. Only practitioners with full or grandparented registration status will be able to continue to practice homeopathic medicine once the new regulations come into force. Practitioners with grandparented registration status will have up to 5 years to transition from grandparented to full registration which is accomplished either by demonstrating that they have practiced at least 750 hours over a 3 year period, or they must complete a refresher course approved by the Registration Committee and then completing an entry-to-practice assessment to become fully registered. The inactive registration class is intended for those that are not currently practicing (i.e. are not treating
patients), but would like to register with the College. The Transitional Council hopes to begin to registration of homeopathic practitioners in 2014.

**Problem Statement**

Homeopathic practitioners are to become regulated in Ontario under the RHPA. However, very little is known about the current population of practicing homeopaths, which presents a challenge for the Transitional Council of the College of Homeopaths that is responsible for defining standards of practice (competency) and education for this occupational group.

**Research Objectives**

The purpose of this research project was to explore the current characteristics of homeopathic practitioners who are going to be regulated in Ontario. The objectives of this MSc research project were to:

1. describe the demographic characteristics, education and training, and practices of homeopaths currently practicing in Ontario;
2. identify homeopathic practitioner attitudes regarding the impending regulation of homeopathy under the RHPA and regulation-related homeopathic training and education issues;
3. determine the proportion of practitioners who are eligible to become regulated according to the Competency Profile for Entry-to-Practice for Homeopaths Practicing in Ontario set by the Transitional Council of the College of Homeopaths of Ontario
4. determine how homeopaths who do not meet the competency profile standards differ from those practitioners who do meet the standards
Chapter 2: Methodology

Study Design

The data for this project came from a cross-sectional online survey designed to assess the practice characteristics, education characteristics, attitudes of homeopathic practitioners regarding pending regulation and regulation-related education issues and demographics of current Ontario homeopaths. Although the data collection tool was not designed specifically to meet the objectives outlined for this thesis, it provided basic information needed to answer our research questions.

Population to be Studied

Attempts were made to survey all homeopathic practitioners in Ontario. The inclusion criteria for this group were the following:

- anyone who identified themselves as a homeopathic practitioner
- must live or see patients in Ontario
- must be in active practice

Contact information for this group was obtained in numerous ways. The primary mode was through the Transitional Council of the College of Homeopaths of Ontario. The Transitional Council maintains a contact list for everyone in the province who has expressed interest in receiving information about homeopathic regulation (n=624). The council agreed to be a partner for this project and provided us with the list. Other email addresses were obtained through personal contacts and internet searches (n=207). Combining the sources and excluding
duplicates, a total of 831 homeopathic practitioners were identified in Ontario. There were no exclusion criteria for this population.

For the purpose of this study, it was necessary to be as inclusive as possible in order to attempt to capture all active homeopathic practitioners in the province. Because of this, questionnaires may have been sent to people who were not homeopaths. It is possible if non-practitioners received the questionnaire they did not respond to our screening questions and simply discarded the questionnaire. For example, The Transitional Council provided us with a contact list of people that are interested in the progress of regulation of homeopathy in Ontario. Although the vast majority of individuals on the list were thought to be homeopathic practitioners, it is possible that the list included other interested individuals.

Given that there is little information about this group in Ontario, we did not have a complete list of practitioners from which we could draw a sample. If we were to conduct a random sample there would be no parameters that could be used to assess whether those practitioners selected were a true representation of the entire group. A census approach was thought to ensure that all individuals who considered themselves to be homeopathic practitioners would have an opportunity to answer the questionnaire allowing us to be certain that the results of the survey were as accurate as possible. Furthermore, this strategy allowed us to track those practitioners who may not be become licensed (once regulation is in place) which could be important for planned follow-up studies.
For this study we included all practitioners meeting our inclusion criteria as opposed to selecting a random sample, so we surveyed the population. Because homeopathic practitioners were not regulated at the time of the study, any individual practicing these homeopathic methods was considered a practitioner whether or not she/he had any formal educational background or training (we did not want to run the risk of capturing only those with specific characteristics).

**The Questionnaire**

The online questionnaire was organized into five categories (see Appendix A.9 for questionnaire). The first section of the questionnaire served as a screen that determined the status of the participants. Only those that identified themselves as homeopathic practitioners were prompted to continue the questionnaire. Everyone else was automatically directed to a “thank you for your interest but you are not eligible to participate in this study” webpage. Those that identified themselves to be practicing (i.e. seeing patients) were prompted to complete the homeopathic practice-related question. Topics in this section included the workplace environment/location, patient load, practice methodology and fees.

Those participants who reported they were not practising (i.e. students, teachers, sellers of products etc.) were directed to the third section of the questionnaire related to education and training experience background. All participants who identified themselves as a homeopathic practitioner were asked to complete these questions. This section aimed to determine what level of education the practitioners had achieved, if they had attended a school or received a certificate/diploma in homeopathic practice, if they had clinical training and mode of education delivered.
The fourth section of the questionnaire asked practitioners about their attitudes towards regulation and regulation-related educational issues. This section was intended to provide insight into practitioner beliefs, for instance if they believed regulation will benefit their practice, the public, the profession or if they felt it will be detrimental. Once again, all those that identified themselves as homeopathic practitioners were asked to complete these questions. The fifth and final section of the questionnaire was composed of primarily demographic questions including gender, country of birth, languages spoken, how long they have been in Canada etc.

Once the questionnaire was drafted, pilot testing took place. There were two phases to this process. The first phase involved selecting a few practitioners who fit the inclusion criteria. They were asked to fill out the questionnaire while commenting on the relevancy of the questions to their profession. They were also asked to provide feedback on whether the questions were clear, understandable and/or invasive. Once feedback was collected, questions were modified for improvement. The second phase of pilot testing occurred once the questionnaire had been uploaded to Survey Monkey. This was done to fix programming errors and to ensure appropriate skip patterns were implemented.

Data Collection

Online questionnaires were created via Survey Monkey and a link to the questionnaire was e-mailed to practitioners along with a message explaining the intent of the study. (Sample e-mail texts are located in the appendix A.6-A.8). This method was cost-effective and efficient (Dillman 2000). Participants were able to complete the questionnaire at their own convenience to
ensure they had the opportunity to provide as accurate responses as possible. They were told beforehand how much time approximately would be required to complete the questionnaire and that their participation was voluntary. Participants also had the option to skip any questions that they may not be comfortable answering. A modified Dillman method was used as reminder e-mails were sent 1, 2 and 4 weeks after the initial contact for those practitioners that had failed to respond. A final e-mail notice was sent 4 months after the initial contact to those who had not responded.

Data Management and Analysis

The data file from Survey Monkey was downloaded into an Excel spreadsheet and then imported into the statistical analysis program of SPSS. The data set was cleaned in order to ensure that all the answers made logical sense and to check for incorrect data (for instance, if a participant incorrectly wrote down the current date instead of their birth date). Data cleaning included:

- Running frequencies for all categorical variables to check for answers outside the designated categories.
- Reviewing data entered in “other” categories to determine if any answers could be coded in existing answer categories
- Plotting all responses for continuous variables and visually inspecting these for inconsistencies.

Once the data were cleaned, analysis proceeded for each objective as described below:
Objective 1: Investigating Characteristics of Active Homeopathic Practitioners

The first objective was to describe current demographics, practice characteristics and education characteristics of active homeopathic practitioners. Active homeopathic practitioners were defined as those that indicated they worked on a full-time or part-time basis. Descriptive statistics were used to summarize the findings for demographic questions (age, gender, place of birth, homeopathic income and whether they are currently employed in other occupation in addition to homeopathy), practice characteristics (working status, working environment, years in practice, patient visits per week, length of initial patient visit, patient load satisfaction, overall practice satisfaction and specialization) and homeopathic education/training (received diploma/certificate/degree in homeopathy, highest level of education completed before homeopathy and school attended) questions in the questionnaire. For continuous variables, means and standard deviations were reported. Frequencies were determined for the categorical and ordinal variables.

Objective 2: Describing Active Homeopathic Practitioner’s Attitudes to Regulation

The second objective was to describe active homeopathic practitioners’ attitudes regarding the impending regulation of homeopathy as well as their attitudes towards aspects of homeopathic training and education related to regulation. Practitioners were asked to rate their agreement with statements on a 5 point Likert scale ranging (strongly agree, agree, neither agree/disagree, disagree and strongly disagree). For the purpose of the analysis, we treated these as continuous variables and reported the means and standard deviations for each statement.
Objective 3: Determination of Eligibility for Registration as a Homeopathic Practitioner

The third objective was to determine how many current active practitioners appear to be eligible for full registration and grandparented registration based on the requirements outlined in the February 2012 draft Competency Profile for Entry-to-Practice for homeopaths practicing in Ontario.

These requirements are summarized in the Figure A.1 (see appendix). Tables A.2 and A.3 (see appendix) lists variables from the questionnaire that corresponded to the requirements for registration as summarized in the Figure A.1. Table A.2 provides the requirements and corresponding questionnaire variables for full registration status. Table A.3 provides the requirements and corresponding questions for grandparented status. We conducted a step-by-step analysis following the flow of Figure A.1.

1. Full Registration Analysis:

According to the draft regulations, in order to become fully registered, practitioners will be required to have the ability to speak and write in English and/or French (see Figure A.1 in the appendix). We assumed that because the questionnaire was administered in English that all participants that filled out the questionnaire were able to meet this requirement. In addition, practitioners must be Canadian citizens, Canadian permanent residents, or have a work/study permit in Canada. Because everyone included in this analysis reported currently treating patients, we assumed that they would all be able to meet this requirement.

For this analysis, there were two ways in which practitioners can demonstrate their eligibility for full registration: a. graduate from a school that meets the minimum requirements (see Table A.2
Option A:
The minimum requirements for an approved program of study should have, include: prerequisites of Gr. 12 biology and chemistry, and at least 2 years of College/University or an equivalent program. Programs must also contain clinical training (the specific requirements are outlined in Table A.2 and Figure A.1 in the appendix). We identified two schools that appeared to meet these requirements. Based on a review of its web site, the Canadian Academy of Homeopathy provides homeopathy education for healthcare professionals, who we assumed must have taken the prerequisite courses of Gr. 12 biology and chemistry in order to be admitted into their original health care professional program. The Canadian Academy of Homeopathy also reported that it provides live case taking training. The Canadian College of Naturopathic Medicine’s prerequisite requirements at the time of the study were that students must have completed a minimum 3-year degree and have taken first year university courses of biology and chemistry, which exceeds the minimum requirements set by the Transitional Council. This school also has a clinical component to its training program which appears to meet the minimum standards.

Option B:
Option B (outlined in Table A.2 in the appendix) is that practitioners can demonstrate that they have received equivalent training that meets the education requirements for schools described in option A. Practitioners that met the full requirements via option A were excluded from this
analysis. We identified variables from the questionnaire that could be used as proxies for the education requirements (see Table A.2):

1. Received some college/university education or higher
2. Have completed medical sciences coursework
3. Received clinical training

Only practitioners that have completed all three of the above will meet draft full registration requirements via option B.

2. Grandparented Registration Analysis:

Only practitioners who did not meet the draft full registration requirements from the previous analysis were included in this analysis. According to the draft regulations, in order to be grandparented, practitioners must be able to demonstrate that they can meet all safety and key competencies outlined in the draft Competency Profile for Entry-to-Practice for Homeopaths Practicing in Ontario document (Transitional Council of the College of Homeopaths of Ontario, 2011). We were able to identify 8 variables from the questionnaire that appeared to represent 24 (out of 49) safety and key competencies listed in the draft Competency Profile for Entry-to-Practice for Homeopaths Practicing in Ontario. Table A.3 (see appendix) lists the 8 concepts and 8 corresponding variables that were used as proxies for the analysis. They were:

1. Limits of knowledge.

According to the Competency Profile, homeopaths need to demonstrate that they are aware of their own limitations of experiences and knowledge. They must be able to demonstrate that they can recognize when it is best for the patient to collaborate with other health care professionals.
Homeopaths must also be aware when patients are displaying life-threatening symptoms and determine whether referring to other health care professionals is necessary (Competency Profile for Entry-to-Practice for Homeopaths Practicing in Ontario, TC-CHO, 2011). We used the variable “patient referrals” from our questionnaire as a proxy to determine whether homeopathic practitioners were referring patients to other health care providers. We assumed if practitioners indicated “yes” they refer, it was likely they will meet this requirement.

2. Ethical Conduct

Based on the Competency Profile, homeopaths must demonstrate patient sensitivity, autonomy, confidentiality and privacy. Homeopaths need to understand that they have legal obligations to their patients to maintain confidentiality and privacy, and to practice accordingly (Competency Profile for Entry-to-Practice for Homeopaths Practicing in Ontario, TC-CHO, 2011). We asked practitioners in our questionnaire if they have had any ethical training as part of their homeopathic training. We assumed practitioners that responded “yes” to this question, will meet this requirement.

3. Homeopathic Knowledge

When prescribing homeopathic remedies, the draft Competency Profile indicated that homeopaths need to recognize the need to individualize the remedy for each patient, provide appropriate dosing/potentization of remedies and provide frequency of administration instructions to the patient. We asked practitioners if they prescribed one of the following remedies as a proxy for homeopathic knowledge of remedies:
1. X potencies
2. 6C to 30C
3. 200C or greater

These are most commonly used potencies in homeopathy. We assumed that if practitioners reported using them, they have knowledge about patient individuality, dosing and remedy administration.

4. Biological Knowledge

The draft Competency Profile indicated that homeopaths must possess a fundamental knowledge of human anatomy, physiology and overall body systems knowledge. We asked practitioners if they had completed any medical sciences coursework as part of their homeopathic training. We assumed that medical sciences coursework includes the study of biology and those practitioners who have had medical sciences coursework, will most likely meet this requirement.

5. Nutrition Knowledge

According to the draft Competency Profile, homeopaths need to have the ability to identify potential obstacles to cure, including nutritional imbalances. We asked practitioners if they provide nutritional counselling. We used this variable as a proxy since we assumed that if they provide nutritional counselling, then they are likely to have knowledge about nutritional imbalances and will most likely meet this requirement.
6. Case Taking Skills

Homeopaths need to demonstrate they possess thorough case-taking skills when with a patient to meet the standard set in the draft Competency Profile. We used the variable “clinical training” from our questionnaire as a proxy for this competency. We assumed that case-taking skills would be taught and developed through clinical training. All practitioners that indicated they received clinical training will most likely meet this requirement.

7. Physical Examination Skills

Homeopaths need to demonstrate that they have the ability to perform patient physical examinations. We used the variable “physical exams” from our questionnaire as a proxy for this competency. We assumed that if practitioners indicated they “sometimes” or “always” perform physical exams, then they have the necessary knowledge and skills to be able to meet this requirement.

8. Documentation Skills

Homeopaths need to demonstrate the ability to collect detailed information regarding patient health status and totality of symptoms. They need to document patient treatment plans and include posology and rationale of remedies provided. Homeopaths must maintain patient privacy and confidentiality. We used the variable “patient files” as a proxy for this competency. We assumed that practitioners that indicated they do keep/maintain patient files, will most likely meet this requirement.
The draft Competency Profile indicated that homeopaths must be able to demonstrate that they perform all 8 competencies before they will be granted grandparented status.

**Objective 4: Differences Between Practitioners Eligible for Registration and those not Eligible**

The final objective was to determine if differences exist between practitioners that appeared to be eligible for regulation and those that appeared not to be eligible for regulation. We attempted to determine if there were differences in terms of demographic characteristics (place of birth, age, gender, homeopathic income, currently employed in other occupation in addition to homeopathy); practice characteristics (full time vs. part time practice, patient visits per week, practice environment, number of years in practice, length of initial patient visits and overall practice satisfaction); education characteristics (type of education received, and if they had received homeopathic certification); and attitude characteristics.

Means for all continuous variables were determined and the Independent Two-tailed Sample T-Test was used for comparisons between the two groups. Chi-square testing was used for comparison between frequencies of categorical variables. The Chi-Square test could be used when no more than one-fifth of the expected frequencies were less than five (Daniel 2009). When this assumption was violated, the Fischer’s Exact test was used for comparison between categorical variables.
Ethical Issues

This study received ethical Approval from the Research Ethics Board at the University of Toronto. This study was considered to be low risk to participants as no invasive procedures were employed. Participants were made aware during initial correspondence (via the introductory email to be sent with the questionnaire) that their participation was voluntary. Participants had the option to skip any questions that they may have perceived to be invasive/personal. They were made aware that their consent had been given upon completion of the questionnaire and were assured that their identification will remain confidential for publication purposes.

Participants were asked to provide an e-mail address for two reasons. The first was to identify those that completed the questionnaire. In this way, respondents did not receive reminder notices. Another reason was to retain contact information for practitioners for future studies. Any identifying information was stored on a secured computer so that only researchers involved in the study have access.

Overall, we attempted to gain more knowledge about current homeopathic practitioners who indicated that they are actively practicing. We described demographic, practice and education/training characteristics. We described practitioner attitudes towards regulation as well. We determined the proportion of homeopathic practitioners that appear to be eligible for regulation via either full registration or grandparented, according to the draft regulations (Dec, 2011) and the Competency Profile for Entry-to-Practice for homeopaths of Ontario implemented by the Transitional Council of the College of Homeopaths of Ontario (Feb, 2012). Lastly, we compared those practitioners that appear to meet the full or grandparented registration
requirements and those practitioners that appear ineligible for regulation in terms of demographics, education, practice characteristics and finally attitudes.
Chapter 3: Results

A total of 831 questionnaires were administered and 484 responses were received. The inclusion criteria were that practitioners had to self-identify as being a homeopath and had to live or see patients in Ontario. A total of 18 respondents did not self-identify as being a homeopath while 24 others did not live or see patients in Ontario. As a result, a total of 42 people were ineligible for survey participation. The final response rate was 56% (n=442/789). (See Figure A.4 in the appendix).

A total of 329 practitioners indicated that they practice on either a full-time or part-time basis (see Figure A.5 in the Appendix) and thus were defined as “active practitioners.” Only active practitioners were included in the analysis for this thesis. Respondents who indicated they were students, retired, unemployed, or not currently working in the homeopathic field were excluded. Active practitioners were assumed to be the most likely to apply for homeopathic registration when it is implemented. Response to the questionnaire appeared to drop off throughout the questionnaire, thus the number of respondents (N) for each question is provided throughout the results. This Results Chapter is divided into 4 focusing on each objective of the study.

Objective 1

Objective 1 was to describe current demographics, practice characteristics and education characteristics of active homeopathic practitioners. Table 3.1 describes the demographic characteristics of all active practitioners that responded (n=329) and was defined as those reporting they practice either full-time (n=111) or part-time (n=218). Three quarters of all respondents that were in active practice were female with a mean age of 48 years. Half were
born in Canada and approximately half were employed in another occupation in addition to practicing as a homeopath.

**Table 3.1: Demographic Characteristics of Respondents in Active Practice**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Mean (standard deviation)</th>
<th>N (n=329)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>47.7 (10.5)</td>
<td>206</td>
</tr>
<tr>
<td>Percentage of Income from Homeopathic Practice</td>
<td>47.1 (39.2)</td>
<td>123</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency N (%)</th>
<th>N (n=329)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>203 (74.6)</td>
<td>272</td>
</tr>
<tr>
<td>Born Outside Canada</td>
<td>130 (48.1)</td>
<td>270</td>
</tr>
<tr>
<td>Currently Employed in Other Occupations in Addition to Homeopathy</td>
<td>92 (53.1)</td>
<td>167</td>
</tr>
</tbody>
</table>

Table 3.2 describes practice characteristics of respondents reporting they are currently in active practice (n=329). Approximately two-thirds reported working on a part-time basis. Females were more likely than males to work on a part-time basis. More than half of male respondents indicated working on a part-time basis. Over one-third of active practitioners reported working in a home based office. Almost one-third reported working out of a solo clinic while another third reported working out of a multi-disciplinary clinic. The average respondent in active practice had been in practice for approximately 10 years and the majority of new patients were reported to wait 2-7 days for an appointment for a homeopath (59.3%). Respondents in active practice indicated that they see approximately 12 patients per week on average.
Table 3.2: Practice Characteristics of Respondents in Active Practice

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Mean (standard deviation)</th>
<th>N (n=329)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Years in Practice</td>
<td>9.8 (8.7)</td>
<td>329</td>
</tr>
<tr>
<td>Length of Initial Patient Visits in Minutes</td>
<td>106.2 (34.1)</td>
<td>282</td>
</tr>
<tr>
<td>Number of Patient Visits Per Week</td>
<td>12.2 (19.5)</td>
<td>282</td>
</tr>
<tr>
<td>Overall Practice Satisfaction (4 point scale)</td>
<td>3.0 (0.8)</td>
<td>276</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency N (%)</th>
<th>N (n=329)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part Time Status</td>
<td>218 (66.3)</td>
<td>329</td>
</tr>
<tr>
<td>Work Environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home-Based Office</td>
<td>112 (36.1)</td>
<td>310</td>
</tr>
<tr>
<td>Multidisciplinary Office</td>
<td>94 (28.6)</td>
<td></td>
</tr>
<tr>
<td>Private Clinic Office</td>
<td>81 (24.6)</td>
<td></td>
</tr>
<tr>
<td>Health Food Store</td>
<td>9 (2.7)</td>
<td></td>
</tr>
<tr>
<td>Educational Facility</td>
<td>6 (1.8)</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>1 (0.3)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>7 (2.1)</td>
<td></td>
</tr>
</tbody>
</table>

The majority of active practitioners (65.6%) reported having a primary practice location in a city/town with a population of 100,000 or more. Nearly three-quarters (71.9%) indicated that they were unsatisfied with their patient load as it was below the level they would like. On average, respondents in active practice indicated they were satisfied (3 out of 4 point scale in which 4 indicated the highest level of satisfaction) with their practice overall. Approximately half (51.4%) identified that they specialized in at least one clinical area. The top three conditions identified as areas of specialization were: mental health (24.9% of respondents), preventative
medicine (18.8% of respondents) and pediatrics (18.8% of respondents). The results presented do not differentiate between those practitioners that indicated practicing on a full-time basis and those that indicated working on a part-time basis.

Table 3.3 describes education characteristics of respondents in active practice (n=329).

The majority have received a diploma or certificate or degree in homeopathy (98.9%) and have at least a College/University diploma, degree or certificate (90.0%).

Table 3.3: Education Characteristics of Respondents in Active Practice

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>N (n=329)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received Diploma/Degree/Certificate in Homeopathy</td>
<td>258 (98.9)</td>
<td>261</td>
</tr>
<tr>
<td>College Degree/Bachelor’s Degree/B.ED/Master’s/Doctorate/professional Degree</td>
<td>214 (77.5)</td>
<td>276</td>
</tr>
</tbody>
</table>

Most received a diploma/degree or certificate in homeopathy. The most common schools attended were: Toronto School of Homeopathy/Canadian College of Homeopathic Medicine (20.4%), the Ontario College of Homeopathic Medicine (17.0%) and British Institute of Homeopathy (10.9%). In addition, just over three-quarters of respondents in active practice reported having at least a college or university degree. Homeopathic practitioners in Ontario were mostly female and well educated (as the majority had a post-secondary degree) and had some type of homeopathic certification. However, most were working part-time with less than half of their income coming from their homeopathic practices.
Objective 2

The objective was to describe active homeopathic practitioner attitudes regarding the impending regulation of homeopathy. We also described active practitioner attitudes towards aspects of homeopathic training and education related to regulation. Table 3.4 provides information regarding how respondents in active practice \((n=329)\) perceive the pending regulation. General statements about regulation were provided on the questionnaire and practitioners were asked to rate their reaction to the statements on a 5 point Likert scale (in which 5 indicates the highest level of agreement towards the statement).

The majority of respondents in active practice appeared to be in favour of the regulation of homeopathy. There were high levels of agreement to statements such as “regulation will benefit the public;” “regulation will improve the quality of care patients receive;” and “regulation will improve the credibility of homeopathy with the general public as well as other health care professionals”. The only attitude statement related to regulation that elicited neutrality was one regarding how worried they are about how regulation will impact their practices.
Table 3.4: Attitudes of Respondents in Active Practice Regarding Impending Regulation of Homeopathy¹

<table>
<thead>
<tr>
<th>Statement Regarding Regulation</th>
<th>Mean Level of Agreement</th>
<th>N (n=329)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-5 Point Scale (standard deviation)</td>
<td></td>
</tr>
<tr>
<td>Regulation will benefit the public</td>
<td>4.0 (1.2)</td>
<td>275</td>
</tr>
<tr>
<td>Regulation will improve the quality of care patients receive</td>
<td>3.8 (1.2)</td>
<td>275</td>
</tr>
<tr>
<td>Regulation will improve the credibility of homeopathy with the general public</td>
<td>4.3 (1.0)</td>
<td>275</td>
</tr>
<tr>
<td>Regulation will improve the credibility of homeopathy with other health care professionals</td>
<td>4.1 (1.1)</td>
<td>274</td>
</tr>
<tr>
<td>Regulation will not decrease the number of patients seeking homeopathic care*</td>
<td>3.9 (1.1)</td>
<td>273</td>
</tr>
<tr>
<td>I support the regulation of homeopathy</td>
<td>3.9 (1.2)</td>
<td>273</td>
</tr>
<tr>
<td>I do not feel worried about how regulation will impact my practice**</td>
<td>2.9 (1.4)</td>
<td>270</td>
</tr>
<tr>
<td>Regulation will benefit homeopaths</td>
<td>3.6 (1.3)</td>
<td>273</td>
</tr>
</tbody>
</table>

¹Likert 1-5 scale used, where 5 means strongly agree
*reverse coded (Original item: Regulation will decrease the number of patients seeking homeopathic care)
**reverse coded (Original item: I feel worried about how regulation will impact my practice)

Respondents in active practice were also asked to rate their attitudes towards statements regarding homeopathic training and education on a 5 point Likert scale (with 5 indicating the highest level of agreement).
Table 3.5: Attitudes of Respondents in Active Practice Regarding Aspects of Homeopathic Training and Education

<table>
<thead>
<tr>
<th>Statement</th>
<th>Mean Level of Agreement</th>
<th>N (n=329)</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is appropriate to require health care professionals to engage in annual continuing education</td>
<td>4.3 (0.9)</td>
<td>273</td>
</tr>
<tr>
<td>Homeopaths are well trained in health sciences*</td>
<td>3.1 (1.2)</td>
<td>271</td>
</tr>
<tr>
<td>Homeopaths require training in health sciences in order to practice</td>
<td>4.2 (0.9)</td>
<td>271</td>
</tr>
<tr>
<td>Ongoing continuing education is necessary for homeopaths**</td>
<td>4.2 (1.1)</td>
<td>272</td>
</tr>
</tbody>
</table>

1 Likert 1-5 Scale used, where 5 means strongly agree
*reverse coded (Original Statement: Homeopaths are not well trained in health sciences)
**reverse coded (Original Statement: Ongoing continuing education is not necessary for homeopaths)

Respondents in active practice reported the belief that ongoing education was important in order to practice and homeopaths should have education in the field of health sciences; however, they expressed no strong agreement nor disagreement regarding how well trained current homeopathic practitioners were in the field of health sciences.
Objective 3

Objective 3 was to determine the proportion of active homeopathic practitioners that appear to be eligible for registration according to the draft regulations (Dec, 2011) and the Competency Profile for Entry-to-Practice for homeopaths in Ontario set by the Transitional Council of the College of Homeopaths in Ontario (Feb, 2012).

The majority of respondents in active practice indicated that they intend to apply to the new College of Homeopaths of Ontario to be licensed (70.0%). As previously mentioned in Chapter 2 (page 40), there were two ways practitioners could meet full registration requirements. The first option was to demonstrate that they attended a school that meets the minimum education requirements (what I am calling Option A). The second option practitioners I had was to demonstrate that they had equivalent training that meets the minimum education requirements (Option B). Those practitioners that did not appear eligible for full registration via either Option A or Option B could apply for grandparented registration by demonstrating they meet the safety and key competencies discussed earlier in Chapter 2 and listed in the draft Competency Profile for Entry-to-Practice for homeopaths in Ontario.
Full Registration Requirement Analysis – Option A

We first analyzed the number of respondents in active practice that appeared to be eligible for registration through attending a school that meets the minimum education requirements.

From Table 3.6 below we estimated only 13 (4.0%) of respondents who were in active practice in our sample attended one of the educational institutions that appeared to meet the education requirements.

Table 3.6: Option A: Graduation from a School Meeting the Minimum Education Requirement

<table>
<thead>
<tr>
<th>School</th>
<th>Number of Respondents in Active Practice (n=329) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian Academy of Homeopathy (CAH)</td>
<td>3 (0.9%)</td>
</tr>
<tr>
<td>Canadian College of Naturopathic Medicine (CCNM)</td>
<td>8 (2.4%)</td>
</tr>
<tr>
<td>Both CAH and CCNM</td>
<td>2 (0.6%)</td>
</tr>
<tr>
<td>Received Degree/Diploma/Certificate in Homeopathy at Another School</td>
<td>245 (74.5%)</td>
</tr>
<tr>
<td>Did Not Receive Degree/Diploma/Certificate in Homeopathy</td>
<td>3 (0.9%)</td>
</tr>
<tr>
<td>Did Not Answer Question</td>
<td>68 (20.1%)</td>
</tr>
<tr>
<td>Total</td>
<td>329 (100.0%)</td>
</tr>
</tbody>
</table>

Total Number that Meet Requirement 13 (4.0%)

There were 316 (329-13) respondents in active practice remaining that appeared not to be eligible for registration through this option.
Full Registration Requirements – Option B

The second option practitioners had in order to register is to demonstrate that they had training equivalent to the minimum educational requirements. We conducted analysis to determine how many of the remaining 316 respondents who were in active practice and that did not meet requirements for option A met this second option (option B). As discussed earlier, in order to meet the minimum education requirements via option B, practitioners had to demonstrate that they; 1. Had some University/College education 2. Had completed medical sciences coursework and 3. Had clinical training experience. Results are in Table 3.7 below.

Based on their responses, an additional 193 (58.7%) respondents who were in active practice appeared to have equivalent training and thus would also likely meet the education standards for full registration (see Table 3.7). Most of the respondents who were in active practice indicated they that met at least 1 of the 3 requirements listed in Table 3.7. Medical sciences coursework had the lowest frequency of the three requirements (69.9% of the respondents included in the analysis) while clinical training had the highest frequency (78.2% of respondents included in analysis).
**Table 3.7: Option B: Demonstration of Equivalency of Minimum Education Requirements**

<table>
<thead>
<tr>
<th>Minimum Education Requirements</th>
<th>Number of Respondents in Active Practice Meeting the Requirement (n=316) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some University/College or higher</td>
<td>245 (77.5%)</td>
</tr>
<tr>
<td>Medical Sciences Coursework</td>
<td>221 (69.9%)</td>
</tr>
<tr>
<td>Clinical Training</td>
<td>247 (78.2%)</td>
</tr>
<tr>
<td><strong>All Three Requirements</strong></td>
<td><strong>193 (61.1%)</strong></td>
</tr>
</tbody>
</table>

Note 1: Respondents in active practice that met full registration requirements through option A were excluded from this analysis (N=316)

Combining those eligible through option A and option B, we estimate that 62.6% (n=206) of respondents in active practice could attain full registration status. There are 123 (329-206) respondents in active practice remaining that appear not eligible for full registration status.

**Grandparented Registration**

The next phase of the analysis examined the 123 respondents currently in practice, but who did not appear to meet the full registration requirements. If unable to meet the full registration status, practitioners were able to apply for grandparented registration. In order to be granted this status, practitioners must have demonstrated that they met all safety and key competencies listed in the draft Competency Profile for Entry-to-Practice for Homeopaths in Ontario (as discussed on page 41). Using proxies, we used 8 variables to measure 24 safety and key competencies (see Table 3.8).

The top 3 competencies that respondents in active practice appeared to fulfill were: documentation skills (61.0%), limits of knowledge (58.5%) and case-taking skills (43.9%). The competency that the least amount of respondents in active practice appeared to be able to meet
was biological knowledge (22.8%). Less than one-quarter indicated that they were able to fulfill the biological knowledge and ethical conduct competencies. Although this could be due to the response drop off rate discussed earlier in this Chapter, this result could be problematic for the profession. For example, without some biological knowledge, it may be challenging for homeopaths to communicate and collaborate with other health care professionals.

Table 3.8: Grandparented Registration: Meeting Safety and Key Competencies

<table>
<thead>
<tr>
<th>Safety and Key Competency *</th>
<th>Number of Respondents in Active Practice Meeting the Requirement (n=123)** (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limits of Knowledge</td>
<td>72 (58.5%)</td>
</tr>
<tr>
<td>Ethical Conduct</td>
<td>29 (23.6%)</td>
</tr>
<tr>
<td>Homeopathic Knowledge</td>
<td>41 (33.3%)</td>
</tr>
<tr>
<td>Biological Knowledge</td>
<td>28 (22.8%)</td>
</tr>
<tr>
<td>Nutrition Knowledge</td>
<td>37 (30.1%)</td>
</tr>
<tr>
<td>Case-Taking Skills</td>
<td>54 (43.9%)</td>
</tr>
<tr>
<td>Physical Examination</td>
<td>47 (38.2%)</td>
</tr>
<tr>
<td>Documentation Skills</td>
<td>75 (61.0%)</td>
</tr>
<tr>
<td><strong>All Competencies</strong></td>
<td>5 (4.1%)</td>
</tr>
</tbody>
</table>

*Safety and key Competencies are described in detail in Table 2.2 in the Appendix
**Those practitioners that appeared to meet the requirements for full registration (via options A or B) were not included in this analysis

We estimated that a total of 5 respondents of the 123 included in the grandparented analysis appear to meet all competencies required for grandparented registration.
Who is Eligible for Registration?

Adding those eligible through options A and B and grandparenting, a total of 211/329 (64.1%) respondents appeared to be eligible for some type of registration, the majority from full registration via option 2 (demonstration of equivalent education). There were 118 respondents who appeared ineligible to register and thus unable to practice as a registered homeopath once regulation is implemented (see Table 3.9).

Table 3.9: Total Number of Respondents in Active Practice Meeting Requirements by Type of Registration

<table>
<thead>
<tr>
<th>Type of Registration</th>
<th>Number of Practitioners in Active Practice (n=329) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Registration: Option A: Graduation from a School Meeting the Minimum Requirement</td>
<td>13 (4.0%)</td>
</tr>
<tr>
<td>Full Registration: Option B: Demonstration of Equivalent Minimum Education Requirements</td>
<td>193 (58.7%)</td>
</tr>
<tr>
<td>Grandparented Registration: Meeting Key and Safety Competencies</td>
<td>5 (1.5%)</td>
</tr>
<tr>
<td>Total</td>
<td>211 (64.1%)</td>
</tr>
</tbody>
</table>
Objective 4

Objective 4 was to determine if there were differences between two groups of active practitioners in our sample: those that appeared eligible to be registered (n=211), and those that appeared ineligible to be registered (n=118). These two groups were compared in terms of demographic characteristics, practice characteristics, education characteristics and attitudes.

Starting with demographic characteristics, our analysis found no difference between these groups in terms of gender, place of birth and working in another occupation while practicing homeopathy, and percentage of income from homeopathic practice (see Table 3.10). There did appear to be a difference between these two groups in terms of age. Those respondents that appeared to be eligible for regulation were significantly younger than those that appeared not to be eligible for registration. This will be further discussed in the next Chapter.
Table 3.10: Demographic Characteristics: Comparison of Respondents in Active Practice Eligible for Registration and Those Not Eligible for Registration

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Practitioners in Active Practice Eligible for Registration Mean (n=211)</th>
<th>N</th>
<th>Practitioners in Active Practice Not Eligible for Registration Mean (n=118)</th>
<th>N</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (years)</strong></td>
<td>46.50 (10.00)</td>
<td>203</td>
<td>51.80 (11.30)</td>
<td>63</td>
<td>0.00*</td>
</tr>
<tr>
<td>Percentage of Income from Homeopathic Practice</td>
<td>48.50 (39.60)</td>
<td>92</td>
<td>42.80 (38.60)</td>
<td>31</td>
<td>0.49</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>160 (77.3%)</td>
<td>207</td>
<td>43 (66.2%)</td>
<td>65</td>
<td>0.07</td>
</tr>
<tr>
<td>Born Outside Canada</td>
<td>96 (46.9%)</td>
<td>206</td>
<td>34 (53.1%)</td>
<td>64</td>
<td>0.36</td>
</tr>
<tr>
<td>Currently Employed in other Occupation in Addition to Homeopathy</td>
<td>75 (56.4%)</td>
<td>133</td>
<td>17 (50.0%)</td>
<td>34</td>
<td>0.50</td>
</tr>
</tbody>
</table>

1 Independent T-Test was used for comparison
2 Chi-Square test was used for comparison
*Indicates significance between the eligible for regulation and ineligible for regulation groups. The p-value is less than 0.05

As can be seen in Table 3.10, the response rate for individual questions from the questionnaire varied and for some questions appeared to be lower among those respondents identified as...
ineligible for registration. To examine where individuals were lost, a visual inspection of the response rates was completed. The drop off occurred in the detail practice questions and then again in the demographic questions related to income. Respondents in both groups dropped off at these parts, but the magnitude of the drop off was greater in the group of ineligible for registration. Suggestions regarding why this may have occurred will be discussed in the next chapter.

In table 3.11 below, we compared the two groups in terms of practice characteristics. There appeared to be no difference between these groups in terms of work status, average patient visits per week and overall practice satisfaction. There appeared to be a difference between these two groups in terms of work environment, as those respondents that appeared not eligible were more likely to work in home-based offices. Respondents also differed in terms of years in practice. Those ineligible for registration reported practicing longer than the eligible group. This was not surprising given the significant findings for age noted earlier. There was also a significant difference between the two groups in terms of average length of time for an initial patient visit. Those respondents that appeared to be eligible for regulation reported spending more time on average during initial patient visits. Further discussion of these significant differences will be provided in the next chapter.
Table 3.11: Practice Characteristics: Comparison of Respondents in Active Practice Eligible for Registration and Those Not Eligible for Registration

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Active Practitioners Eligible for Registration Mean (standard deviation)</th>
<th>N (n=211)</th>
<th>Active Practitioners Not Eligible for Registration Mean (standard deviation)</th>
<th>N (n=118)</th>
<th>P-Value1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Years in Practice</td>
<td>8.60 (8.30)</td>
<td>210</td>
<td>11.80 (9.20)</td>
<td>108</td>
<td>0.00*</td>
</tr>
<tr>
<td>Number of Patient Visits Per Week</td>
<td>13.00 (22.10)</td>
<td>206</td>
<td>10.10 (9.30)</td>
<td>76</td>
<td>0.27</td>
</tr>
<tr>
<td>Length of Initial Patient Visits (minutes)</td>
<td>110.30 (31.50)</td>
<td>210</td>
<td>94.40 (38.60)</td>
<td>72</td>
<td>0.00*</td>
</tr>
<tr>
<td>Overall Practice Satisfaction</td>
<td>2.90 (0.80)</td>
<td>206</td>
<td>3.10</td>
<td>70</td>
<td>0.15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Active Practitioners Eligible for Registration Frequency (%)</th>
<th>N (n=211)</th>
<th>Active Practitioners Not Eligible for Registration Frequency (%)</th>
<th>N (n=118)</th>
<th>P-Value2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part-Time Status</td>
<td>137 (64.9%)</td>
<td>211</td>
<td>81 (68.6%)</td>
<td>118</td>
<td>0.49</td>
</tr>
<tr>
<td>Home-Based Office Work Environment</td>
<td>67 (46.5%)</td>
<td>142</td>
<td>45 (72.6%)</td>
<td>62</td>
<td>0.00*</td>
</tr>
</tbody>
</table>

1 Indicates that the Independent T-Test was used for Comparison
2 Indicates that the Chi-Square Test was used for Comparison
*Indicates significance between the eligible for registration and ineligible for registration groups. P-value less than 0.05
Next, we compared these groups in terms of educational background. The only difference in terms of education background (Table 3.12) between those that appeared eligible for regulation and those that appeared ineligible for regulation was highest level of education received. Those practitioners that appeared to be eligible for registration were more likely to have received a university or college degree than those that appeared to be ineligible for registration (see Table 3.12).

Table 3.12: Education Characteristics: Comparison of Respondents in Active Practice Eligible for Registration and Those Not Eligible for Registration

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Practitioners in Active Practice Eligible for Registration Frequency (%)</th>
<th>N (n=211)</th>
<th>Practitioners in Active Practice Not Eligible for Registration Frequency (%)</th>
<th>N (n=118)</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received Diploma/Certificate/Degree in Homeopathy</td>
<td>201 (96.2%)</td>
<td>200</td>
<td>61 (100.0%)</td>
<td>61</td>
<td>0.13¹</td>
</tr>
<tr>
<td>Received College/Bachelor’s Degree/B.Ed/Master’s</td>
<td>198 (93.8%)</td>
<td>211</td>
<td>50 (76.9%)</td>
<td>65</td>
<td>0.002²*</td>
</tr>
<tr>
<td>Degree/Doctorate/Professional Degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹ Indicates the Chi-Square Test was used for comparison
² Indicates the Exact Fischer’s Test was used for Comparison
*Indicates significance between the eligible for regulation and ineligible for regulation groups. P-value is less than 0.05

Lastly, we compared these two groups in terms of attitudes towards regulation. Both those that appeared eligible for registration and those that appeared ineligible for registration generally supported regulation. They both agreed/strongly agreed that regulation will benefit the public,
will improve the quality of patient care. Finally, practitioners in both groups were equally likely to apply to the College of Homeopaths in Ontario for registration.

**Summary of Results**

In summary, respondents that indicated they worked on a part time or full time basis were predominately female, with an average age of 48 years. About half were born in Canada and had another occupation in addition to homeopathy. The majority of respondents in active homeopathic practice had received a degree/diploma/certificate in homeopathy and had some type of college or university degree. About two-thirds of eligible respondents reported working on a part time basis and one-third reported working in a home-based office. Respondents in active practice appeared to be in favour of regulation of homeopathy and the majority indicated they will be apply for registration with the professional College once regulation is implemented.

Almost one third of respondents currently in active practice appeared not eligible for registration (according to the draft regulations developed by the Transitional Council of the College of Homeopaths in Ontario). Those that appeared to be ineligible for registration appeared to be older, had been in practice for a longer duration, were more likely to work in a home based office and appeared to spend less time with patients on an initial visit. There was also a difference in terms of receiving a college or university degree, as those that appeared eligible for registration were more likely to have earned a college/university degree. There were no differences in terms of attitudes towards regulation or reported intent to apply to the Professional College for registration between active practitioners that according to our analysis appeared eligible and those that did not appear eligible for registration.
Chapter 4: Discussion and Conclusion

Introduction

In this chapter, the demographic and practice characteristics of eligible respondents will be discussed first. This is followed by discussion of the proportion of homeopaths that appear to be eligible for regulation, along with a critical review of potential impacts of implementing the draft regulations as they are currently written. Discussion of practitioner attitudes regarding regulation is followed by a review of the study limitations and strengths. The chapter concludes with recommendations drawn from the study results.

Feminization and Part-Time Practice of Homeopathy

The majority of active homeopathic practitioners that responded to the survey were female (75.4%). This seems to follow a trend in health care as Statistics Canada reports that more than three-quarters of those registered students in healthcare professional college/university programs in Canada (i.e. nursing, dental assistants, physiotherapists) are female (CIHI 2001). Also, females have been increasing in number in previously male-dominated occupations (physicians, chiropractors and dentists) (CIHI 2009). However, homeopathy is not the most female-dominated health care profession. According to data from the Canadian Dental Hygienists Association (CDHA), about 98% of Canadian hygienists are female (CDHA 2009) and recent data indicate that approximately 81% of naturopathic practitioners in Ontario are female (Welsh et al. 2012).
The majority of respondents reporting they were currently actively practicing homeopathy practice part-time (66.3%), while only a third indicated that they practice full-time. Statistics Canada data show that part-time work is more common in the health sector, compared to other sectors. In 2009, 23% of those in the Canadian health care sector indicated they worked on a part-time basis (CIHI 2009). According to our data, part-time work is far more common in homeopathy compared to other health care professions. The occupation with the highest level of part-time workers (next to homeopathy) is dental hygienists. In 2009, 41% of Canadian dental hygienists reported working on a part-time basis, which does not come close to the proportion of respondents in this study who reported working part-time (CIHI 2009).

The large proportion of women practitioners may be an explanation for the high percentage of practitioners working part-time. It has been argued that women may be more likely to choose to work part-time to facilitate a balance between work and family commitments (Gash et al. 2009). Comparing homeopathy with other feminized professions in Canada, it appears that the feminization may not explain the high proportion of part-time homeopathic practitioners. Firstly, although our analysis indicated that females from the study were more likely to work on a part-time basis, over half the males respondents indicated they work on a part-time basis. According to Statistics Canada (2009), only 11.9% of males in the workforce work on a part-time basis. Secondly, other highly feminized health care provider groups (i.e. dental hygienists and naturopathic practitioners) have lower rates of part-time work.

This leads us to question whether the respondents to our questionnaire are working part-time out of necessity or due to personal preference. Our data suggest that the former is more likely
because almost three-quarters of our respondents reported that they were not satisfied with their patient loads, which were below the level they would like. This suggests that these respondents would like to work more but are limited by the number of clients available. This is supported by what appears to be a relatively small demand for homeopaths in Canada in general. For example, only 2% of Canadians reporting visiting a homeopath in a 2003 survey (Statistics Canada 2005). Furthermore, respondents reported that only 48% of their income comes from homeopathic practice and over 50% are employed in another occupation. Although speculative, it appears most likely that homeopaths in our study work part-time because they cannot find full-time work as a homeopath.

**Homeopathic Registration Requirements**

Our results suggest that one-third of practitioners will not be eligible to register with the professional College if the draft regulations are implemented as currently written. Our results are likely to be an overestimate because when conducting the analysis for full registration (via option B), we attempted to be as inclusive as possible. For instance, we assumed that if a practitioner reported having “some university or college education” this was an indication of at least 2 years completion, which may have led to an overestimation of the number of practitioners that met the university or college education requirement. Furthermore, as mentioned during the analysis for grandparenting status, the draft regulations list 49 key and safety competencies that practitioners are required to meet. We only had proxies for 24 of these and as a result, we were likely to overestimate the number of practitioners that were eligible for grandparented status as well. Thus overall, our analysis was likely to overestimate the number of respondents currently
in active homeopathic practice who are eligible for registration once the new regulatory College becomes functional.

Our results suggest that approximately one-third of individuals currently practicing as homeopaths will be unable to register with the College when the draft regulations are implemented and thus will effectively be banned from practicing. This leads one to ask: Is this an indication that the bar for registration is set too high? Or are these practitioners really unsafe for practice and thus should not be working as homeopaths? Although our data cannot answer this question directly, we can provide some insight by reviewing the draft registration documentation developed by the Transitional Council of the College of Homeopaths of Ontario in comparison to other similar legislation, especially with respect to the standards for grandparented status.

Our review of the draft education requirements for full registration indicates that they appear to be reasonable compared to other health care provider admission requirements. For instance, admittance to a dental hygienist program at the Canadian National Institute of Health requires grade 11 or 12 chemistry or physics and grade 11 or 12 biology (along with grade 11 or 12 math and English) (CNIH 2005). All applicants must have a high school diploma (CNIH 2005). In order to apply to the Canadian Memorial Chiropractic College, an individual must have completed at least three full years of a Canadian undergraduate university program (CMCC 2012). Although there are no course prerequisites, students are recommended to complete science courses including organic chemistry and biology during undergraduate study (CMCC 2012). Although there is variation in admission requirements for these health care professions, it
seems to be imperative that health care providers are familiar with at least some fundamental scientific concepts, especially in biology. Using this line of reasoning, along with the results from the study that indicate almost two-thirds of practitioners appear to be eligible for full registration status, the draft full registration requirements for homeopathy appear to be reasonable.

Where there may be a need to review (and possibly revise) the requirements is in the grandparented class. The Transitional Council of the College of Homeopaths of Ontario states that the purpose of grandparented status is to recognize and register existing active homeopathic practitioners, allowing them to become registered with College, but giving them time to meet the new entry-to-practice competencies necessary for full registration (TC-CHO 2011). Grandparenting status allows these practitioners to continue to practice while they are upgrading their knowledge and skills, or obtaining the necessary documentation. (TC-CHO 2011). However, our results indicate that the draft regulations for grandparented status will not serve their purpose as less than 5% of active practitioners (that do not meet full registration status) that responded to our questionnaire appear to be eligible to register in the grandparented class. This is problematic in that these practitioners will not be able to continue to practice once the regulations are implemented.

The Transitional Council of the College of Homeopaths of Ontario have drafted regulations for grandparented registration status that require practitioners to provide documentation (including transcripts, certification, proof of patient referral) to demonstrate they meet 49 key and safety competencies. If these practitioners do not provide sufficient documentation, then they are not
eligible to register with the College. This process may not be feasible for practitioners. The results from this study indicate that those practitioners that appear to be ineligible for regulation seem to have been in practice longer and are older than those practitioners that do appear to be eligible for regulation. This suggests that these ineligible practitioners may have more difficulty accessing their educational records as they are older, and/or were trained in an era where formal training was less common. However, this does not necessarily mean that these practitioners are not qualified to practice or are likely to be unsafe.

Other health care groups that have gained regulatory status recently have approached the grandparented class differently. One such group is the traditional Chinese medicine practitioners and acupuncturists who were granted self-regulatory status in British Columbia in the year 2000 (Ministry of Health B.C. 2013). For traditional Chinese medicine practitioners and acupuncturists in British Columbia to be eligible for grandparented status, practitioners were required to complete courses and examinations mandated by the registration committee (CTCMA 2003). These courses were available for any practitioner wishing to register with the College. Once the course and examinations were completed, the practitioner was granted grandparented status.

Traditional Chinese medicine practitioners and acupuncturists were also given self-regulatory status (along with homeopathy) in Ontario in 2007 which was implemented in April 2013. The Transitional Council of the College of Traditional Chinese Medicine Practitioners and acupuncturists of Ontario also provide a model for registration requirements for grandparented status. In order for existing practitioners to register, practitioners are required to provide
evidence of completing a minimum of 2000 patient visits in the last 5 years and are required to complete a Safety program approved by the Council as well as completion of a jurisprudence course approved by the registration committee (TC-CMPAO 2013). The methods used by the College of Traditional Chinese Medicine and Acupuncturists of British Columbia and the Transitional Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario appear to be more inclusive to existing practitioners in comparison to the documentation requirements drafted by Transitional Council of the College of Homeopaths of Ontario. The completion of the mandatory courses also ensures that practitioners have knowledge of proper safety practices so that they are aware of avoiding public harm.

In contrast, the current draft regulation requirements for homeopaths in Ontario state that upgrading courses are only going to be available for those practitioners that have already qualified for grandparented status and want to transition to full registration status as a way to ensure they have current knowledge/skills and judgements (TC-CHO 2011). The Transitional Council of the College of Homeopaths of Ontario should consider offering the upgrading courses as a means to obtain grandparented status, providing an opportunity for more practitioners demonstrate they are competent and allow them to continue to practice while they have time to upgrade to full registration status.
**Implication of limited Numbers of Registrants**

If the current draft of the homeopathic regulations is implemented, it will not likely fulfill its purpose. With approximately one-third of currently practicing homeopaths not able to be registered and thus unable to continue to practice, there are a number of implications for the College, the practitioners and the public.

A small practitioner membership has implications for the professional College. In Ontario, health professional Colleges have the responsibility to ensure public safety by setting up structures and processes outlined in the Regulated Health Professions Act (RHPA) including registering members, receiving and investigating complaints from the public and enforcing the standards of practice (HPRAC 2006). They may also offer professional developing programs so that members can maintain or improve skills and knowledge (HPRAC 2006). Each College relies on self-funding (obtained by charging its members fees).

Based on this study, it is clear there are less than 800 homeopathic practitioners in Ontario and if approximately one-third of those are deemed ineligible for registration, the College may not have enough members to fund its required functions. For comparison, the Board of Directors for Drugless Therapy of Naturopathy in Ontario (the current regulatory body for naturopaths in Ontario) licenses over 1000 members (BDDT-N 2011) and the Ontario Chiropractic Association reports that there are over 3300 chiropractors in Ontario (OCA 2013). Fees can be split among all members, lowering the amount each member has to pay. As far as we can tell, the homeopathic professional College will have fewer members than other regulatory College in Ontario, which means that the College may be forced to introduce high registration fees in order
to support the infrastructure required of all health professional regulatory colleges in Ontario. Based on our findings, two-thirds of current homeopathic practitioners are likely to be practicing only part-time and on average only 48 percent of homeopathic practitioner income is derived from homeopathic practice. As a consequence, homeopaths may find the fees unreasonable or unaffordable.

More flexible grandparented registration requirements have the potential to benefit for the profession as a whole. Registration fees may be more affordable since they will be divided among more professional members. The more members the College has, the lower the fees could be. Moreover, grandparented status allows members to be licensed with the College and to continue to practice while upgrading their knowledge and skills. The Transitional Council has drafted a guideline stating that grandparented practitioners would have 5 years to practice until they will need to upgrade to full registrants. This is reasonable since it provides time for the practitioners to upgrade while limiting the amount of time they can practice if they do not choose to become fully registered.

Finally, more inclusive grandparented registration also has benefits for the public. Because grandparented members are still licensed by the College, they are held accountable by the College. This will allow patients to continue to consult with their current practitioners but immediately increases the accountability of those practitioners since patients would be able to file complaints to the College against grandparented practitioners when necessary. Being regulated seems to be a goal of the majority of practitioners responding to the survey so it
appears that increasing the number of practitioners who may be registered with the College in some way would be seen favourably by both practitioners and the public.

Attitudes Toward Regulation

The majority of respondents who were active practitioners reported that they were in favour of the regulation of homeopathy in Ontario and are planning on applying to the professional College once regulation is implemented. This could be because respondents agreed that regulation will improve the credibility of homeopathy with the general public as well as with other health care professionals. They also generally agreed that regulation will improve the quality of care that patients will receive. However, respondents seemed to be divided about how regulation will affect homeopaths in general and how regulation will impact their individual practices.

Limitations of the Homeopathic Registration Requirement Analysis

Like all studies, this one has some limitations. The key limitations for this study are related to our ability to identify the entire population of homeopaths in Ontario, issues of missing data and the application of the questions in the survey to answer our research questions.

A challenge for this study was identifying all individuals who are homeopaths because there is no registration for this group in Ontario currently. Every attempt was made to capture all individuals (through the transitional council, through homeopathic associations and internet searches). However, we cannot be certain that we have captured everyone. As previously
mentoned, 18 individuals responded to the questionnaire indicating they were not homeopaths, while 24 responded they are homeopaths but do not live or see patients in Ontario. It is possible that other individuals not meeting our inclusion criteria simply did not respond to the questionnaire. Assuming we were over-inclusive in our search for possible homeopaths, our true response rate may have been higher than reported. However, it is also likely that despite our extensive searches for Ontario homeopaths, some were not identified which would have the potential to decrease the response rate. Since this was the first time homeopathic practitioners in Ontario were surveyed, we are not able to compare our respondents to results from other studies to assess if there are any systematic biases.

Another limitation relates to the missing questionnaire responses. We noticed that the rate at which respondents discontinued answering questions doubled at the point in the questionnaire where the practice-specific questions were asked. Also, those respondents in active practice ineligible for registration were more likely not to answer practice-specific questions than those that our analysis identified as eligible for registration. Research has shown that non-responses on questionnaires are more likely to occur if the questions are sensitive or if the questions require cognitive effort (Shoemaker, Eichholz and Skewes 2000, 142-143). It has also been suggested that irrelevant questions can cause respondents to become frustrated and abandon the questionnaire (SurveyMonkey 2013). Perhaps some respondents found these questions did not apply to their practices and became discouraged as they could not relate to the questions. In the analysis, missing was assumed to indicate that the respondent had not completed a specific requirement (e.g., had not taken any medical sciences courses), which may have resulted in an overestimation of the number of practitioners that appear ineligible for registration.
Another limitation is that the questionnaire was not designed to answer the specific objectives of this thesis (as the draft regulations were made public after the questionnaire was designed) so the questions are not perfect measures for the objectives. Similarly, the questions allow for dichotomous answers only (respondents can indicate whether or not they do a certain activity or had a certain type of training) which means it is impossible to assess the quality of practice or training. We used items from the questionnaire as proxies that best matched the draft regulations and competencies. As a consequence, the results may overestimate the number of practitioners that appear to be eligible for full registration status and also may underestimate the number of practitioners that appear eligible for grandparented registration status. For instance, the Transitional Council of the College of Homeopaths has not provided a public listing of educational institutions that meet the accreditation standards. The Canadian Academy of Homeopathy and the Canadian College of Naturopathic Medicine were identified by the authors of this study, as meeting the draft standards based on their homeopathic curricula as described on publicly available web sites. These schools may not be accredited (and other schools may be), which would impact our estimation of the number of respondents in active practice that graduated from an accredited school.

Another example is our ability to assess the number of respondents currently in active practice, that have taken biology and chemistry (at the grade 12 level or higher) which is one of the three minimum education requirements in the draft regulations. Practitioners were asked in the questionnaire if “medical science coursework” was part of their homeopathic education and this variable was then used as a proxy for the required biology and chemistry. The term “medical sciences” may have been too vague and respondents may have taken that to mean attending
medical school or completion of more medically-oriented courses (such as anatomy, physiology, genetics etc.). As well, some universities, such as Western University, offer a medical sciences undergraduate program. Respondents could have mistakenly interpreted the term “medical sciences” for completion of degrees of this type. Due to possible ambiguity of this questionnaire item, our results may underestimate the number of respondents in active practice meeting this minimum requirement.

The documents outlining the regulations for registration used for the analysis were draft versions and thus the findings may not reflect what actually occurs. The draft regulations are currently under review by the Ontario Ministry of Health and Longterm Care.

**Strengths of the Study**

A key strength of this study was our very comprehensive and inclusive search for Ontario homeopathic practitioners. We used a wide range of sources including searching business directories, “yellow-page” listings, and exhaustive internet searchers to identify practitioners offering homeopathic services in Ontario. We used this approach because there is little information about this group in Ontario and there was no complete list of practitioners available to us. This census approach was taken to ensure that all individuals who consider themselves to be homeopathic practitioners would have an opportunity to answer the survey. This allowed us the opportunity to collect results that were as accurate as possible. Given our very inclusive search strategy, our response rate of 56% of the total population is very robust and a key strength of our study. This response rate is also comparable to other similar studies that have surveyed health care providers (Lee and Kemper 2000, 70-75; Fleury et al. 2007, 91-116).
Another strength of the study was that we were able to work closely with the Transitional Council of the College of Homeopaths in Ontario who were able to provide real-world feedback and insight on the evolving regulations. Our questions developed for the survey tool were informed by the information needs of the future regulator and thus are likely to significantly impact the revision of the draft regulations.

**Conclusion**

Homeopaths in Ontario were well-educated, women, and likely to be working on a part-time basis. Almost three-quarters of respondents in active practice reported that they were not satisfied with their patient loads as they are below the level they would like. The majority of respondents appeared to be in favour of the regulation of homeopathy in Ontario; however, they appeared to be unsure about how regulation will impact their individual practices. The majority of respondents in active practice reported that they intend to apply to the professional College in order to be licensed in Ontario once regulation is implemented. A total of 211 (64.1%) respondents in active practice appeared to be eligible to register with the professional once regulation is implemented, the majority through full registration status. It appeared that about one-third of respondents in active practice will not be eligible for registration.

The results from this study may help inform the decision-making process for finalizing and approving the regulations that will be implemented. This information is urgently needed by both the Transitional Council and the Ontario government as the draft regulatory standards are under
review and implementation is expected to begin in 2014 (TC-CHO 2011). The findings of this study lead to two main recommendations:

1. We would recommend that the requirements for grandparented registration should be reviewed by the Transitional Council of the College of Homeopaths because as currently drafted they are unlikely to serve their intended purpose. The Transitional Council should consider using the grandparented requirements more similar to those that have already been approved and implemented by the traditional Chinese medicine practitioners and acupuncturists in (both Ontario and British Columbia) as a model for revising their draft requirements.

2. The proposed upgrading course(s) outlined in the Transitional Council documents should be available to any homeopath, instead of just offering the course for those practitioners that are already grandparented. It is not yet clear who will design or offer this course, but it is further recommended that the education of homeopaths, including upgrading courses, be offered by organizations and institutions that are distinct from the regulatory College.

It has been a challenge for the Transitional Council of the College of Homeopaths to develop regulations for homeopaths in Ontario because very little is known about homeopaths of Ontario. The Transitional Council has done commendable work so far and we are confident that the finding from this study will be used to inform a revised set of draft regulations that will facilitate the safe and effective practice of homeopaths in Ontario without unduly restricting the number of homeopathic practitioners.
References


Appendix A.1 – Homeopathic Proposed Pathway for Regulation Figure

Languages
2(1) 5 Ability to speak and write in English and French
If no
No Regulation
If yes
Status
2 (1) 6 Must be a Canadian citizen or permanent resident or have work/study permit
If no
No Regulation
If yes
Education
* 4 (1) 1 i Completion of a program of studies that achieves the entry to practise competencies and has prerequisites of Gr. 12 biology and chemistry and at least 2 years of College/University or program equivalent to above
Completion of a pre-clinical observation component of 50 initial case work up assessments and 50 follow up work up assessments. 5-10 must be acute cases.
Completion of a supervised clinic component of at least 225 hours of at least 50 live visits
If yes
Both 4(1) 1 i and 4 (1) 2 must have been completed in the last 12 months
If yes
4 (1) 3 Completion of assessment based on entry-to-practise document
If yes
Full Registration
If no
Competencies
5 (1) 1 The applicant must have successfully completed the safety and key competency components of the prior learning assessment.
If no
If yes
Grandparented Registration
If yes
2 (10) II Completion of 750 hours of clinical practice within a 3 year period that begins no earlier than 3 years before the date of his/her application or
2(10) III Completion of a refresher program approved by the Registration Committee and must be completed no earlier than 12 months prior to date of his/her application

Grandparented registrants have 5 years to transition to full registration status
## Appendix A.2: Full Registration Requirements Variable Definitions Table

<table>
<thead>
<tr>
<th>Concept</th>
<th>Variable Name</th>
<th>Variable Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td>Option A. School Attended</td>
<td>Attended homeopathic school that met the minimum requirements (Q49)</td>
</tr>
<tr>
<td></td>
<td>Option B. a) Some College or Higher</td>
<td>For a) Completed at least some college/university (Q56)</td>
</tr>
<tr>
<td></td>
<td>b) Medical Science Coursework and</td>
<td>Options that meet the requirements are:</td>
</tr>
<tr>
<td></td>
<td>c) Clinical Training</td>
<td>- Some university</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Bachelor’s degree (e.g. B.A., B.Sc., B.A.Sc., B.Ed)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- B.Ed after a Bachelor’s degree</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- First professional degree in medicine (M.D.), dentistry (D.D.S, D.M.D.), veterinary medicine (D.V.M.), law (L.I.B), optometry (O.D.) or divinity (M.DIV)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Master’s degree (M.A., M.Sc., M.Ed)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Earned doctorate (e.g. Ph.D., D.Sc., D.Ed)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For b) Completed medical sciences coursework (Q51)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For c) Completed clinical training with a supervisor/preceptor/mentor (Q51)</td>
</tr>
</tbody>
</table>
## Appendix A.3: Grandparented Registration Requirements Variable Definition Table

<table>
<thead>
<tr>
<th>Safety (S) and Key (K) Competencies</th>
<th>Variable Name Related to Safety and Key Competency</th>
<th>Variable Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Limits of Knowledge</strong></td>
<td>Patient Referrals</td>
<td>Determination of homeopaths that refer patients to other health care professionals (Q41)</td>
</tr>
<tr>
<td>There are 3 safety competencies that relate to referrals:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognize the limitation of their own individual experiences and knowledge, seek guidance from and collaborate with experienced professionals. (S)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognize the signs and symptoms of potentially serious or life-threatening conditions to determine whether referral to other health care professionals or agencies is required. (S)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommend referral and/or collaborate with other health-care practitioners, as required, to provide optimal care to the patient. (S)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ethical Conduct</strong></td>
<td>Ethics</td>
<td>Completion of ethical/health law training (Q51)</td>
</tr>
<tr>
<td>There are 5 competencies that relate to this practitioner ethical standards:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate sensitivity to and respect for each patients’ right, autonomy, dignity and uniqueness. (K,S)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice safely, ethically, collaboratively and within own level of individual competence. (K,S)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain patient confidentiality and privacy. (K,S)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate an understanding of the legal and ethical obligations as it relates to the practice of homeopathy, including those imposed by the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeopathy Act and Regulated Health Professions Act, 1991 and standards of Principles of Professional Ethics. (K)</td>
<td>Remedies</td>
<td>Prescription of X potencies, 6C to 30C and 200C or greater potency remedies to patients (Q36)</td>
</tr>
<tr>
<td>Inform the patient and obtain informed consent regarding the nature of the homeopathic process including confidentiality (K)</td>
<td></td>
<td>We assumed that if practitioners distribute remedies and provide them to patients than they have a working knowledge of remedy preparation.</td>
</tr>
</tbody>
</table>

### Homeopathic Knowledge

There are 3 competencies that relate to practitioners prescribing homeopathic remedies to patients.

Demonstrate a thorough understanding of the philosophy and fundamental principles of homeopathy as outlined in the Organon of the Medical Art including but not limited to: law of similars (K,S), totality of symptoms (K,S), minimum dose (K,S), individualization of the case (K,S), theory of health and disease, principles of method of cure (K,S), potentization of medications (K), provings and action of medicine

Demonstrate a thorough knowledge of prescribing that recognizes the need for flexible and individualized dosing for each patient including: homeopathic potency, dose and frequency (K,S), administration of medicines (K,S), sequence of medicines and relation between medicines

Select administration of medicine including homeopathic potency (K), posology (dosage) (K) and delivery mechanism (K)

### Biological Knowledge

There is 1 key competency that relates to this concept.

Possess a fundamental knowledge of human anatomy and physiology, based on the study of all body systems both structural and fundamental. (K)

<p>| Medical Sciences Coursework | Completion of medical sciences coursework (Q51) |</p>
<table>
<thead>
<tr>
<th><strong>Nutrition Knowledge</strong></th>
<th><strong>Nutritional Counselling</strong></th>
<th>** Provision of nutritional counselling to patients** (Q34)</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is 1 key competency related to this concept.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify potential obstacles to cure including but not</td>
<td></td>
<td></td>
</tr>
<tr>
<td>limited to, nutritional imbalances, environmental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>imbalances and environmental exposure and toxicity. (K)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Case-Taking Skills</strong></th>
<th><strong>Clinical Training</strong></th>
<th><strong>Completion of clinical training with a preceptor/mentor/supervisor</strong> (Q51)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate thorough case-taking skills, including but not</td>
<td></td>
<td></td>
</tr>
<tr>
<td>limited to the Organon (K).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Physical Examination Skills</strong></th>
<th><strong>Physical Exams</strong></th>
<th><strong>Sometimes or always perform physical examinations during patient visits</strong> (Q32)</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is 1 competency related to this concept.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate skills to perform a physical examination within</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the scope of homeopathic practice. (K,S)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Documentation Skills</strong></th>
<th><strong>Patient Files</strong></th>
<th><strong>Maintenance of patient charts during patient visits</strong> (Q37)</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are 2 competency related to this concept.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collect detailed information regarding the health of status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of the patient to obtain a totality of the symptoms using</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the following: subjective findings (patient’s personal</td>
<td></td>
<td></td>
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<tr>
<td>account of chief complaints and other symptoms, information</td>
<td></td>
<td></td>
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<tr>
<td>provided by the patient’s extended network if appropriate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(K,S) and objective data (homeopath’s observation (K,S),</td>
<td></td>
<td></td>
</tr>
<tr>
<td>physical exam (K,S), medical tests, lab results)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document treatment plan in patient’s file including name,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>potency, and posology and rationale of medicine (K, S).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain confidential patient records and per standards,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>regulations and guidelines (K).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix A.4: Representation of the Response Rate Figure

Sample
831 Homeopaths Identified

Responses after 1st email: 157
Responses after 2nd email: 138
Responses after 3rd Reminder: 60
Responses after Final Reminder: 129

18 did not self identify as homeopaths
24 reported not living or seeing patients in Ontario
305 non responses

442 total responses
Appendix A.5: Representation of the Participation Sample Figure

Study Participants
442 Respondents

Excluded: 45 not practicing +
51 students
Non-responses: 17

218 Full-Time Practitioners

111 Full-Time Practitioners

329 Total Practitioners
Appendix A.6: Email Introducing the Study to the Participant

Ontario CAM Practitioners

Dear Practitioner:

You have been selected to participate in a research study to explore CAM practitioners’ perceptions about the recent change in the Ontario health care system as the CAM practices of TCM/acupuncture and homeopathy are to become self-regulated for the first time, while the practice of naturopathy will be undergoing changes with respect to self-regulation. This study is being conducted as part of a M.Sc. thesis project at the Leslie Dan Faculty of Pharmacy at the University of Toronto. In order that the results of the survey truly reflect what CAM practitioners think, it is important that each questionnaire be completed and returned as soon as possible.

Your participation in this survey is completely voluntary. Although your name appears on this mailing, we assure you that your responses will be kept anonymous and confidential. Only the researchers below will have access to your responses, which will be analyzed without any identifying information. The questionnaire has an identification number for mailing purposes only so that we may check your name off the mailing list when your questionnaire is returned. Reminder notices will be sent to individuals whose name has not been removed from the mailing list after a brief period of time because of the importance of each response to the success of the study.

Please note that by completing the questionnaire, you are providing your informed consent to participate in this study. If you have questions about your rights as a research participant, please contact Jill Parsons, Health Sciences Ethics Review Officer, Ethics Review Office, University of Toronto, at telephone 416-946-5806 or by email: jc.parsons@utoronto.ca.

The attached questionnaire takes about 20 minutes to complete. Please complete and return it in the stamped, addressed envelope provided.

If you have questions or concerns about the study, we can be reached at: (tel) 416-946-5859, (fax) 416-978-1833, (Email): heather.boon@utoronto.ca or aalia.parker@utoronto.ca. We appreciate your consideration of our request and hope that you will be able to support our study.

Sincerely,

Aalia Parker, B.Sc.(Hons)  
M.Sc. Candidate  
Leslie Dan Faculty of Pharmacy  
144 College Street  
Toronto, ON M5S 3M2  
Ph: (416)946-5859  
Fax: (416)978-1833  
aalia.parker@utoronto.ca

Heather Boon, B.Sc.Phm, PhD*  
Principal Investigator  
Assistant Professor  
Leslie Dan Faculty of Pharmacy  
144 College Street  
Toronto, ONM5S 3M2  
Ph: (416)946-5859  
Fax: (416)978-1833  
heather.boon@utoronto.ca
Appendix A.7: First and Second and Third Email reminders (sent out 1, 2 and 4 weeks after initial contact)

Subject line: Homeopathic Practice Survey Reminder

Dear Homeopathic Practitioner,

Approximately xx weeks ago, we emailed you a link to a survey for a research study to explore the practice patterns of Homeopathic Practitioners in Ontario before the implementation of the new regulations. This study is being conducted by an independent group of researchers at the University of Toronto who have partnered with the Transitional Council of the College of Homeopaths of Ontario in order to help us make sure the questions are relevant to your practices. The Transitional Council will not have access to any individual responses to the survey.

This is a reminder to please complete the survey as soon as possible. If you have already submitted the survey, we thank you for your assistance, and ask you to ignore this notice. However, if you have not yet completed the questionnaire, we kindly ask that you please try to fill it out today if possible. Your participation will make an important contribution to the understanding of the professional practice of homeopaths in Ontario. We would like to remind you that your responses will be kept confidential.

Thank you very much for your time and assistance.

Sincerely,

Aalia Parker, B.Sc.(Hons)
M.Sc. Candidate
Leslie Dan Faculty of Pharmacy
144 College Street
Toronto, ON M5S 3M2
Ph: (416)946-5859
Fax: (416)978-1833
aalia.parker@utoronto.ca

Heather Boon, B.Sc.Phm, PhD*
Principal Investigator
Assistant Professor
Leslie Dan Faculty of Pharmacy
144 College Street
Toronto, ON M5S 3M2
Ph: (416)946-5859
Fax: (416)978-1833
heather.boon@utoronto.ca
Appendix A.8 – Third (and final) email reminder (sent 16 weeks after initial contact)

Subject line: Homeopathic Practice Survey Reminder Final Reminder – survey closing February 1st 2012

Dear Homeopathic Practitioner,

Approximately three weeks ago, we emailed you a link to a survey for a research study to explore the practice patterns of Homeopathic Practitioners in Ontario before the implementation of the new regulations.

The survey is closing on February 1 2012 date.

This is a reminder to please complete the survey before it closes so that your opinions will be included in the study. If you have already submitted the survey, we thank you for your assistance, and ask you to ignore this notice. However, if you have not yet completed the questionnaire, we kindly ask that you please try to fill it out today if possible. Your participation will make an important contribution to the understanding of the professional practice of homeopathy in Ontario. We would like to remind you that your responses will be kept confidential. This study is being conducted by an independent group of researchers at the University of Toronto who have partnered with the Transitional Council of the College of Homeopaths of Ontario in order to help us make sure the questions are relevant to your practices. The Transitional Council will not have access to any individual responses to the survey.

Thank you very much for you time and assistance.

Sincerely,

Aalia Parker, B.Sc.(Hons)
M.Sc. Candidate
Leslie Dan Faculty of Pharmacy
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Fax: (416)978-1833
heather.boon@utoronto.ca
Appendix A.9: Ontario Homeopathic 2011 Profession Questionnaire

SECTION 1 – SCREENING QUESTIONS

*1. Do you consider yourself part of the homeopathic profession?
   □ Yes
   □ No

*2. Do you live in Ontario?
   □ Yes
   □ No

*3. Do you practice homeopathy in Ontario? (i.e. treat Ontario patients)
   □ Yes
   □ No

4. How would you describe your activities as a homeopathic professional? Check all that apply:
   □ See patients
   □ Sell and/or dispense homeopathic remedies
   □ Academics/teaching related to homeopathy
   □ Homeopathic research
   □ On temporary leave from homeopathic practice
   □ Homeopathy student (i.e. enrolled in a school or program that could lead to a degree, certificate or diploma in homeopathy)
   □ Other, please specify: _______________________

Instructions for paper survey respondents:

If you DID NOT check “see patients” in question 2 above, please skip to SECTION 3 (Education) on page 9. You do not need to complete SECTION 2 (Homeopathic Practice) questions.
SECTION 2: HOMEOPATHIC PRACTICE

This section contains a series of questions about your homeopathic practice.

5. Check the option that best describes your usual level of activity in homeopathic practice (Homeopathic practice includes seeing patients, paperwork related to patient care, researching patient cases etc):

- Working full time in homeopathic practice (i.e. 36 hours per week or more)
- Working part-time in homeopathic practice (i.e., less than 36 hours per week)
- Student (Skip to section 3 on page 9)
- Retired from homeopathic practice (Skip to section 3 on page 9)
- Temporarily not in homeopathic practice (Skip to section 3 on page 9)
- Unemployed and looking for work in homeopathic practice (Skip to section 3 on page 9)
- In the homeopathic field, but not in practice (Skip to section 3 on page 9)
- Not working in the homeopathic field (Skip to section 3 on page 9)

The following questions should be answered only if you are currently working part time or full time in homeopathic practice

6. How many years have you been in practice? __________

7. In what year did you start practicing homeopathy? __________

The next questions refer to the location and organization of your homeopathic practice.

8. In how many different locations (i.e, different offices, but not including home visits) do you provide patient care? __________

9. Which best describes the work environment in which you see the majority of your homeopathic patients?

- Private (i.e. single practitioner) clinic office
- Home-based office
- Multidisciplinary office
- Educational facility (e.g., teaching clinic associated with a school)
- Hospital
- Pharmacy
- Health food store
- Other setting, please specify: ______________________

10. What best describes your primary homeopathic practice business arrangement?

- Sole proprietorship
- Associateship
- Partnership
- Employed by another homeopathic practitioner
- Employed by another healthcare practitioner (please identify:_________________)
11. Do you have professional malpractice/liability insurance?

☐ Yes  
☐ No  
☐ Don’t know

12. Do you have commercial general insurance for your office?

☐ Yes  
☐ No  
☐ Don’t know

13. Please enter the first 3 digits of the postal code for the location in which your primary practice is located (i.e. the site in which you see the most patients) One of the things that we are interested in knowing is how homeopathic practitioners are distributed across the Province of Ontario. This will help us understand if there are areas of the Province where people do not have access to homeopathic practitioners:

14. Check the option that best describes the population of the city or town in which your primary practice is located (i.e. the site in which you see the most patients):

☐ Less than 1000 people
☐ 1000 – 9,999 people
☐ 10,000 – 99,999 people
☐ 100,000 – 999,999 people
☐ 1,000,000 people or more
☐ Not applicable (e.g., you are not currently working)

The next set of questions refers to the patients you see.

15. Do you see patients outside of Ontario?

☐ Yes (Continue to Q16)
☐ No (Continue to Q17)

16. For patients outside of Ontario, do you (check all that apply):

☐ Treat via telephone
☐ Treat via email (e.g., Skype)
☐ Physically travel outside of Ontario
☐ Treat remotely via video conference (e.g., Skype)
☐ Other, please specify: ____________________________
17. Practitioners interact with patients in a wide variety of ways. On average, how do your current patients typically consult with you? Please indicate percentage of patients (total must equal 100%):

<table>
<thead>
<tr>
<th>TYPE OF CONSULTATION</th>
<th>PERCENTAGE OF PATIENTS must equal 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>In person</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Video conference</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

18. Which of the following language(s) do you speak when you interact with your patients (please check all that apply):

- [ ] English
- [ ] French
- [ ] Other Language 1
- [ ] Other Language 2
- [ ] Other Language 3

19. In a typical week, on average how many patient visits would you have as part of your homeopathic practice? ____________

20. Thinking about the various patient visits you have, on average, how many new patient visits would you have in a typical week as part of your homeopathic practice? ____________

21. What is the estimated total number of patients in your practice roster? ____________

22. How long do new patients typically wait to be scheduled for an initial visit? (Check one box only)

- [ ] 0-1 day
- [ ] 2-7 days
- [ ] 8-14 days
- [ ] 15-21 days
- [ ] 22 days or more

23. Are you seeing as many patients as you wish to see? Please select only one response:

- [ ] Yes, I am satisfied with my patient load
- [ ] No, my patient load is below the level I would like
- [ ] No, my patient load is higher than I would like
24. What do you think about the number of homeopathic practitioners in your practice community relative to demand?

- Too few homeopathic practitioners
- Too many homeopathic practitioners
- The right number of homeopathic practitioners
- Don’t know

25. Overall, how satisfied are you with your homeopathic practice?

- very satisfied
- satisfied
- unsatisfied
- very unsatisfied

26. What is your average fee for an initial adult visit?

- Free
- $1 - $100
- $101 - $175
- $176 - $250
- $251 or more

27. What is your average fee for a follow-up adult visit?

- Free
- $1 - $40
- $41 - $80
- $81 - $120
- $121 or more

The next series of questions refer to the types of activities you do as part of your practice.

28. How often do you usually engage in the following activities over a week?

<table>
<thead>
<tr>
<th>Function</th>
<th>Daily</th>
<th>Almost Every Day</th>
<th>2-3 Days a Week</th>
<th>1 Day a Week</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct patient contact</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Public education or presentations</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Practice administration (including financial management, staffing, booking appointments etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Teaching other homeopaths/students</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Research (including writing research grants, participating in research studies etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (please specify):___________________________</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
29. Typically, what is the average length of time spent with a patient on an initial visit? Please specify in minutes: __________

30. Typically, what is the average length of time spent with a patient on a follow-up visit? Please specify in minutes: __________

31. Recognizing the whole person focus of homeopathy, we know that homeopaths treat patients with a wide range of complaints and concerns. With this question we are trying to understand if you specialize in a specific area or if you consider yourself a generalist who does not specialize in any particular area. Please indicate which, if any, of the areas you would consider your areas of specialization. Check all that apply.

<table>
<thead>
<tr>
<th>Area</th>
<th>☐</th>
<th>☐</th>
<th>☐</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Specialization</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Allergology (Allergies)</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Cardiology</td>
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<tr>
<td>Dermatology</td>
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<tr>
<td>Endocrinology</td>
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<tr>
<td>Gastroenterology</td>
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<tr>
<td>Geriatrics</td>
<td>☐</td>
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<tr>
<td>Infectious Diseases</td>
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<tr>
<td>Neurology</td>
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</tr>
<tr>
<td>Obstetrics/Gynecology</td>
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<tr>
<td>Oncology</td>
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<tr>
<td>Pediatrics</td>
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<tr>
<td>Preventative Medicine</td>
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<tr>
<td>Respirology</td>
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<tr>
<td>Mental Health</td>
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<tr>
<td>Rehabilitation Medicine</td>
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</tr>
<tr>
<td>Urology</td>
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<td>☐</td>
</tr>
<tr>
<td>Veterinary Medicine</td>
<td>☐</td>
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</tr>
</tbody>
</table>

Other (please specify): ______________________________________________________

32. As part of your practice do you perform a physical examination on the initial visit or with a new complaint? (a physical examination includes doing a general or complete check of physical systems or affected areas)

☐ Never (Continue to Q 34)
☐ Sometimes
☐ Almost always

33. If you sometimes or almost always perform a physical examination, what components do you include? Check all that apply:

☐ Circulatory system (i.e. heart rate, blood pressure, etc.)
☐ Lymphatic system
☐ Digestive system
☐ Musculoskeletal system
☐ Neurological system
☐ Respiratory system
☐ Other, please specify: ______________________________________________________
34. Homeopaths in Ontario have a wide range of skills and some offer services in addition to recommending homeopathic remedies. Do you provide any of the following modalities as part of your practice?

<table>
<thead>
<tr>
<th>MODALITY</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupressure/Acupuncture</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Movement Therapies (e.g., Alexander Technique and Yoga)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ayurvedic Medicine</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Natural health product recommendations/advice (other than homeopathic remedies) (e.g., herbal medicine, vitamins, essentially fatty acids and other supplements)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Manipulative and Body Based Practices (e.g., massage, manipulation, craniosacral therapy)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Energy Therapy e.g., (healing touch, meditation/visualization and reflexology)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Nutritional Counseling (including macrobiotics and fasting)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Counseling (including lifestyle counseling and stress management)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Advice on case/health management (For example advice on coordination of health care if multiple providers are involved, etc.)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (please specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

35. What homeopathic prescribing methodology do you most frequently use in your practice?

☐ Classical *(one remedy at a time including interccurrents)*

☐ Complex *(many remedies at a time)*

☐ Other, please specify ____________________________

36. Do you prescribe the following remedies?

<table>
<thead>
<tr>
<th>REMEDIES</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother Tinctures</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>X potencies</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6C to 30C</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>C4</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>200 C or greater</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Q potency/LM’s</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>M series</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Tissue Salts</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Placebos</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (please specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
37. Do you normally keep patient charts or files documenting patient visits?
   □ No (Continue to Q40)
   □ Yes

38. How do you store your patient charts? Check all that apply.
   □ Paper
   □ Electronic
   □ Other (please specify) __________________________

39. How many years do you typically keep patient charts?
   □ I keep them indefinitely
   □ I keep them for ________________ years

40. Overall, how satisfied are you with your homeopathic practice?
   □ Very satisfied
   □ Satisfied
   □ Unsatisfied
   □ Very unsatisfied

The next few questions ask about patient referrals.

41. Do you ever refer patients to other health care professionals (i.e. recommend patients see a different healthcare practitioner)?
   □ Yes
   □ No (Continue to Q45)

42. Over the last week, please estimate the number of your patients whom you have referred to other health care professionals
   □ 0
   □ 1-2
   □ 3-5
   □ more than 5
43. To which health care professionals do you sometimes refer your patients? Check all that apply:

- □ Another homeopath
- □ Chiropractor
- □ Dentist
- □ Dietitian
- □ Emergency room
- □ Medical doctor (Physician)
- □ Naturopath
- □ Physiotherapist
- □ Psychotherapist/Psychologist
- □ Registered Massage Therapist
- □ Other (please specify): ___________________________

44. Besides advertising and word of mouth, over the last 12 months, what are the sources of patient referrals to your practice? Check all that apply:

- □ I'm not aware of any referrals to my practice from other health care providers
- □ Another homeopath
- □ Chiropractor Naturopath
- □ Dentist
- □ Dietitian
- □ Medical doctor (Physician)
- □ Naturopath
- □ Physiotherapist
- □ Psychotherapist/Psychologist
- □ Registered Massage Therapist
- □ Other (please specify): ___________________________
SECTION 3: EDUCATION/TRAINING

The following questions focus on your education/training in homeopathy.

45. In what year did you first begin studying homeopathy? ________________

46. As part of your homeopathic training, did you enroll in a school or program that could lead to a degree, certificate or diploma in homeopathy?

□ No (Continue to Q50)
□ Yes

47. Did you receive a degree, certificate or diploma in homeopathy?

□ No
□ Yes

48. What year did you receive your qualification? ____________________________

49. At which school/program did you receive a degree, certificate, or diploma in homeopathy? Check all that apply:

□ British Institute of Homeopathy
□ Canadian Academy of Homeopathic Medicine and Research
□ Canadian Academy of Homeopathy
□ Canadian College of Holistic Health
□ Canadian College of Humanitarian Medicine
□ Canadian College of Naturopathic Medicine
□ Canadian Homeopathic Institute
□ Hahnemann College/Clinic for Heilkunst and Homeopathy
□ Homeopathic Academy of Niagara
□ Homeopathic Academy of Naturopathic Physicians
□ Homeopathic College of Canada
□ Homeopathic Medical Educational Centre of Canada
□ International Academy of Homeopathy
□ Ontario College of Homeopathic Medicine
□ Rising Sun School of Holistic Healing
□ School of Homeopathy
□ Toronto School of Homeopathy/Canadian College of Homeopathic Medicine
□ Other, please provide the name and country in which it is located: ___________________________________________

50. What was the main mode of delivery of your primary homeopathic training? Please choose only one option.

□ Classroom based/lectures
□ Correspondence/distance education
□ Individual self-study
□ Apprenticeship/internship/mentoring
□ Other (please specify): __________________________
51. Did your homeopathic training include any of the following? Check all that apply:

- ☐ Clinical training with a preceptor/mentor/supervisor (i.e., supervision while you took live case)
- ☐ Medical sciences coursework
- ☐ Ethics, health law training
- ☐ Practice management training
- ☐ Veterinary sciences

52. Have you ever participated in a homeopathic proving?

☐ Yes
☐ No
☐ Don’t know

53. How many hours of continuing education through homeopathic seminars/webinars, conferences and courses have you completed over the last 12 months?

<table>
<thead>
<tr>
<th>Hours</th>
<th>☐</th>
<th>☐</th>
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<th>☐</th>
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</thead>
<tbody>
<tr>
<td>0 hours</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>1-10 hours</td>
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<tr>
<td>11-20 hours</td>
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<td>21-30 hours</td>
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<tr>
<td>31-40 hours</td>
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<tr>
<td>41 or more hours</td>
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<td>☐</td>
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<td>☐</td>
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</tbody>
</table>

54. How many hours of continuing education through homeopathic self-study have you completed over the last 12 months? Self-study may include reading to educate yourself about specific types of cases or new techniques etc.

<table>
<thead>
<tr>
<th>Hours</th>
<th>☐</th>
<th>☐</th>
<th>☐</th>
<th>☐</th>
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</thead>
<tbody>
<tr>
<td>0 hours</td>
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<td>1-10 hours</td>
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</tr>
<tr>
<td>41 or more hours</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

55. What in your experience made you feel competent to practice (see patients)? When in your training/practice did this happen?

56. What was the highest level of education you completed other than your homeopathic training? Please check only one option.

☐ Some high school
☐ High school diploma or equivalent
☐ Some trade, technical or vocational school, or business college or community college
☐ Diploma or certificate from trade, technical or vocational school, or business college
☐ Some university
☐ Bachelor’s degree (e.g. B.A., B.Sc., B.A.Sc., B.Ed.)
☐ B.Ed. after a Bachelor’s degree
☐ First professional degree in medicine (M.D.), dentistry (D.D.S., D.M.D.), veterinary medicine (D.V.M.), law (L.B.), optometry (O.D.) or divinity (M.DIV.)
☐ Master’s degree (e.g. M.A., M.Sc., M.Ed.)
☐ Earned doctorate (e.g. Ph.D., D.Sc., D.Ed.)
SECTION 4: ATTITUDES

The following questions ask about your perceptions of the changes in the regulation of homeopathic practitioners.

57. On a scale of 1 to 5, with 1 indicating you strongly agree and 5 indicating that you strongly disagree, please indicate your opinion on the following statements:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree or Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Regulation will benefit the public.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Regulation will improve the quality of care patients receive.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. Regulation will improve the creditability of homeopathy with the general public.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. Regulation will improve the creditability of homeopathy with other health care professionals.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. Regulation will decrease the number of patients seeking homeopathic care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. I support the regulation of homeopathy in Ontario.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. It is appropriate to require health care professionals to engage in annual continuing education.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h. Homeopaths are not currently well trained in health sciences.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i. I feel worried about how regulation will impact my practice.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>j. Homeopaths require training in health sciences in order to practice. (Health sciences include but are not limited to biology, anatomy, physiology, pathology, immunology, pharmacology, symptomatology etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>k. Regulation will benefit homeopaths.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>l. Ongoing continuing education is not necessary for homeopaths.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

58. Do you intend to apply to the new College of Homeopaths of Ontario to become a licensed homeopath in the province of Ontario?

□ Yes
□ No
□ Unsure

59. As you may or may not know, Traditional Chinese Medicine (TCM) and Acupuncture practitioners are also to become regulated in Ontario. Naturopathic practitioners will be re-regulated as well. Knowing this, do you intend to become a licensed TCM/Acupuncturist or Naturopath when the new regulations are implemented?

□ No, Neither
□ Yes, TCM/Acupuncture only
□ Yes, Naturopathy only
□ Yes, both
SECTION 5: DEMOGRAPHICS

The following questions ask you to provide a bit of information about yourself.

60. Gender:
- □ Male
- □ Female
- □ Other

61. What is your year of birth?
Year_______

62. In what country were you born?
- □ Canada (skip to question 64)
- □ Country other than Canada: please specify ______________________

63. If born outside of Canada, in what year did you first come to Canada?
- □ Year___________
- □ Don’t know

64. What percentage of your gross personal income comes from your homeopathic practice (including patient care activities, teaching, research, selling products etc.)? _____%

65. Did you have another primary occupation immediately before beginning your homeopathic practice?
- □ Yes
- □ No

66. Please choose the other occupational category in which you were primarily employed before beginning your homeopathic practice?
- □ No other occupation prior to homeopathic practice
- □ Management occupations
- □ Business, finance and administrative occupations
- □ Natural and applied sciences and related occupations
- □ Health occupations
- □ Occupations in social science, education, government service and religion
- □ Occupations in art, culture, recreation and sport
- □ Sale and service occupations
- □ Trades, transport and equipment operators and related occupations
- □ Occupations unique to primary industry
- □ Occupations unique to processing, manufacturing and utilities
- □ Other

67. Please specify what that occupation was: _________________________________
68. Are you a certified/registered/licensed homeopath in any jurisdiction outside of Ontario?

☐ No
☐ Yes (please specify in what Country/Province/State: ________________)

69. Are you currently licensed in another health care profession:

☐ No (Continue to Q71)
☐ Yes

70. Please indicate in which professions you are licensed and list the **country or province** in which you are licensed for each profession (check all that apply):

- ☐ Chiropractic, in what country/province: __________
- ☐ Dentistry, in what country/province: __________
- ☐ Massage therapy, in what country/province: __________
- ☐ Medicine, in what country/province: __________
- ☐ Midwifery, in what country/province: __________
- ☐ Naturopathic medicine, in what country/province: __________
- ☐ Nursing, in what country/province: __________
- ☐ Pharmacy, in what country/province: __________
- ☐ Veterinary medicine, in what country/province: __________
- ☐ Other: (please specify): ________________________, in what country/province: __________

71. In addition to your homeopathic practice, are you currently employed in any other occupation?

☐ Yes
☐ No (Skip to Q74)

72. Please choose the other occupational category in which you are currently employed:

- ☐ Business, finance and administrative occupations
- ☐ Natural and applied sciences and related occupations
- ☐ Health occupations
- ☐ Occupations in social science, education, government service and religion
- ☐ Occupations in art, culture, recreation and sport
- ☐ Sale and service occupations
- ☐ Trades, transport and equipment operators and related occupations
- ☐ Occupations unique to primary industry
- ☐ Occupations unique to processing, manufacturing and utilities
- ☐ Other

73. Please specify what that occupation is: _________________________________
74. Do you belong to any of the following homeopathic associations?

- [ ] National United Professional Association of Trained Homeopaths (NUPATH)
- [ ] Canadian Society of Homeopaths
- [ ] North American Society of Homeopaths
- [ ] Ontario Homeopathic Association
- [ ] Homeopathic Medical Council of Canada
- [ ] Homeopathic Medical Association of Canada (HMAC)
- [ ] The Canadian Academy of Homeopathy
- [ ] None
- [ ] Other, please identify _______________________________

75. Finally, what are your thoughts about the decision to regulate homeopaths under the Regulated Health Practitioners Act in Ontario?

Thank you very much for completing this survey.

If you are willing to be contacted for a follow-up interview or survey on this topic, please leave your name and telephone number or email address. This information will be stored separately from your survey answers.

Name __________________________

Telephone number/email address: __________________

Please enter your email address and hit the "submit" button to send us your survey. Your email address is used to ensure that we receive only one completed questionnaire from each practitioner.

Email address: __________________