



# **ECCH PROFESSIONAL PORTFOLIO**



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## **Standards and Competencies for the Homeopathy Profession**

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ECCH PROFESSIONAL PORTFOLIO

***Standards and Competencies for the  
Homeopathy Profession***

## **Preface**

This portfolio of nine documents is the outcome of work ECCH has done with its member associations over a number of years to develop and agree high standards for the homeopathy profession. As more patients choose homeopathy they need to be assured that the homeopaths they consult are educated and practise to a high standard. This portfolio is a reflection of the profession's commitment to offering patients the best possible care.

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# ECCH PROFESSIONAL PORTFOLIO

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## 1.0 STANDARDS AND COMPETENCIES FOR THE HOMEOPATHY PROFESSION

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### Section 1.0

June 2015

# **Standards and Competencies for the Homeopathy Profession**

## **Introduction**

### **Homeopathy**

Homeopathy is that healing art and science of medicine which has been clinically developed from the principles discovered by Samuel Hahnemann and described in his treatise 'The Organon of Healing Art.' The practice of Homeopathy involves the selection and prescription of a single remedy, which through prior testing on healthy people and from clinical experience, is known to produce a similar symptom picture to that of the patient. The remedy is prescribed in the minimum dosage required to bring about healing (1).

### **The place of Homeopathy in Healthcare**

Between one fifth and a quarter of all European Union citizens use homeopathic medicines. Homeopathy has the potential to be used throughout the whole field of healthcare acting either as a primary therapeutic option or as an adjunctive option.

Homeopathy's greatest potential is as a primary therapy capable of offering effective treatment for patients with a wide range of disease conditions. It can also be useful for patients who are served only partially or not at all by current conventional methods. Homeopathy can also complement conventional treatment.

### **The Role of the Homeopath**

The homeopath is competent to work in a variety of roles ranging from an independent consultant in private practice to a member of a team of healthcare practitioners working in a clinical setting.

Patients should be able to access homeopathy either through direct self-referral, or via referral from another healthcare practitioner, e.g. their GP or family doctor. This is in line with recommendations made by the Council of Europe (3).

### **Homeopathy is currently practised by three categories of practitioners:**

1. Homeopaths who have received a full training in homeopathy as a discipline in itself.
2. Medical doctors and other statutory regulated healthcare practitioners i.e. nurses, midwives, dentists, whose postgraduate training in homeopathy varies from short introductory courses to a full training in homeopathy.
3. Other practitioners who use a limited range of homeopathic remedies alongside other therapeutic options.

## **Safe and Competent Practice**

In order to practise safely and competently it is necessary for the homeopath to have received a full education and training in homeopathy as a discrete clinical discipline.

This education includes a deep knowledge and understanding of the theory and practice of homeopathy together with appropriate conventional medical knowledge. ECCH considers it essential that there is a common standard for the education and practice of homeopathy, based on the minimum standards in the International Guidelines for Homeopathic Education (4).

Practitioners of other therapeutic disciplines who have not received a full training in homeopathy should be defined by their generic professional title, and not use the title “homeopath”.

## **References**

European Central Council for Homeopaths, Constitution 2001.

Resolution on the Commission report to the European Parliament and the Council on the application of Directives 92/73/EEC and 92/74/EEC on homeopathic medicinal products (COM(97)0362 - C4-0484/97).

Council of Europe, A European approach to non-conventional medicines, Resolution 1206 (1999).

International Guidelines for Homeopathy Education, 2nd edition, European Central Council for Homeopathy, 2011.



# ECCH PROFESSIONAL PORTFOLIO

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## 1.1 EUROPEAN OCCUPATIONAL STANDARDS FOR HOMEOPATHY

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### Section 1.1

**May 2014**

## Introduction

Welcome to the European Occupational Standards for homeopathy.

These occupational standards have been agreed and are used on a voluntary basis by associations that are members of the European Central Council for Homeopaths. (ECCH)

After a period of discussion and consultation with its member associations, ECCH agreed to adopt the **UK Skills for Health National Occupational Standards for homeopathy** as a core document. These UK occupational standards were developed and agreed by five UK homeopathy organisations, representing homeopaths and doctors who practise homeopathy.

The final document was approved by the UK Health Sector Skills Council, Skills for Health in 2009.

ECCH approved these Occupational Standards at its AGM, May 2014

## Skills for Health

Skills for Health is the UK Health Sector Skills Council. Skills for Health own the copyright for these occupational standards, so the content or format cannot be changed.

## Translation

The document should only be translated if the translation follows the exact format and is an exact and accurate translation.

## European Central Council of Homeopaths

ECCH is the professional platform for the homeopathy profession in Europe, and consists of 28 member professional associations in 25 European countries. ECCH was founded in June 1990 and represents and supports homeopaths in Europe. ECCH also encourages high standards for the profession and has agreed guideline documents for the profession. These include guidelines for education, accreditation, bounds of competence, codes of ethics, professional conduct processes.

## Occupational Standards in other Countries

### *Netherlands*

Occupational Standards have been written for members of a national register for homeopaths; **Nederlandse Vereniging van Klassiek Homeopaten. (NVKH)** NVKH is an ECCH member association. These occupational standards are not in the public domain and are available for NVKH members only.

### *Switzerland*

Occupational Standards are being finalised for therapists (Naturopathic Practitioners) in 4 different CAM therapies (Ayurveda medicine, Homeopathy, Traditional Chinese Medicine /TCM, Traditional European Naturopathy/TEN). The Swiss ECCH member association, Homöopathie Verband Schweiz (HVS), has been involved in the development of these occupational standards.

## ***Australia***

The Health Training Package is the profession's definition of the current practice of homeopathy in Australia. It identifies areas in which homeopaths should be competent, and sets the standard for education and assessment. It is regularly reviewed by the profession under the supervision of the *Community Services & Health Industry Skills Council* (Australian Homeopathic Association)  
[www.cshisc.com.au/](http://www.cshisc.com.au/)

## ***North America***

Standards for Homeopathic Education and Competencies for the Professional Homeopathic Practitioner in North America were co-developed by all key stakeholders in the United States and Canada, and agreed in 2013. [www.achena.org/Docs/2001\\_CHE\\_Standards\\_revised\\_1106.pdf](http://www.achena.org/Docs/2001_CHE_Standards_revised_1106.pdf)

## **What are National Occupational Standards**

### ***The Skills for Health website states:***

National Occupational Standards describe the skills, knowledge and understanding needed to undertake a particular task or job to a nationally recognized level of competence. They focus on what the person needs to be able to do, as well as what they must know and understand to work effectively.

They cover the key activities undertaken within the occupation in question under all the circumstances the job-holder is likely to encounter.

This definition is supported by UK Commission for Employment and Skills (UKCES)

## **Occupational Standards and their Use**

Occupational standards assure patients that homeopaths practise within an agreed set of professional standards.

### **Occupational standards:**

- set out statements of competence which bring together the skills, knowledge and understanding necessary to practise as a homeopath
- describe the minimum standard to which a homeopath is expected to work
- define bounds of competence for homeopaths.
- can be used to help individuals, organisations and education providers to evaluate and improve performance.

**NOS can be used by homeopaths to:**

- identify professional development needs
- accumulate evidence that could be used to obtain a qualification

**NOS can be used by group practices, both of homeopaths and in an integrated healthcare setting to:**

- facilitate team development
- reference benchmarking and quality control NOS can be used by registers and regulatory bodies to:
- show health insurance companies, government and other healthcare professionals what to expect from the profession
- inform the public about the profession
- support negotiations for legal protection and or legal recognition for the profession.

**Occupational standards and educational or professional level**

Occupational standards do not define a specific educational or professional level. National Occupational Standards define the task of being a homeopath. Some occupational standards can be applied to roles at different levels, whilst others describe functions that can only be undertaken by people at certain levels and in particular roles. This is not especially relevant to homeopathy, as it is an emerging profession with no defined career structure as yet.

Where occupational standards are used to guide content in an educational context, the level of the course will be defined by indicators based on level descriptors. These are clearly set out in quality assurance processes for course recognition within the profession.

Some associations have agreed additional documents, which define the criteria and the level expected of the profession that are used alongside occupational standards.

**Status of Occupational standards**

These occupational standards are agreed on a voluntary basis as good practice informing high standards for the profession. They sit alongside any relevant national legislation.

**Professional and legal requirements**

Homeopaths should practise in accordance with their professional associations' Codes of Ethics and other requirements.

Homeopaths should also comply with national legal requirements. However, ECCH supports the rights of homeopaths to practise homeopathy at agreed high standards across Europe. ECCH will therefore support homeopathy organisations seeking the legal right for homeopaths to practise in their country where it is currently only legal for doctors with an additional qualification in homeopathy to practise.

## Elements of Occupational Standards

The Complementary and Natural Healthcare National Occupational Standards (CHNOS) for Homeopathy are made up of five main *competences*.

A 'competence' in this context describes the performance criteria, knowledge and understanding needed for an individual to carry out a work function effectively. Each competence has a number of elements:

Title of Competence *-the focus for a particular part of the work*

Overview *-an explanation of that area of focus*

Knowledge and Understanding *-what you need to know and understand in order to undertake the task(s)*

Performance Outcomes *-measurable activities or tasks which make up the overall area of competence*

The work a homeopath does, has been broken down into five main competences:

- CNH15 Explore and evaluate with individuals factors relating to their health and wellbeing within the context of homeopathy
- CNH16 Integrate and evaluate information about an individual's health and wellbeing within the context of homeopathy
- CNH17 Prescribe homeopathic treatment for an individual CNH18 Dispense homeopathic remedies for an individual
- CNH19 Review and evaluate homeopathic treatment, case management and practice development

In addition to these homeopathy-specific competences, there are two generic competences that can inform all complementary and natural healthcare practice:

- CNH1 Explore and establish the client's needs for complementary and natural healthcare
- CNH2 Develop and agree plans for complementary and natural healthcare with clients.

## APPENDIX (to National Occupational Standards)

In some countries, national legal requirements mean that homeopaths cannot meet every aspect of these occupational standards. The following list states these exceptions country by country, as notified by the ECCH member association listed for that country.

### BELGIUM - Liga Homeopatica Classica

CNH 18 Dispense homeopathic remedies for an individual.

Homeopathic nosodes are not available.



## **BULGARIA - Homeopathic Society of Bulgaria**

CNH 18 The extent of the practitioner's role and competence.

In Bulgaria homeopaths are not able to carry out examinations, to ask for medical tests or investigations. Patients will see their doctor and ask for the tests and investigations, or seek these test or investigations independently, meeting the costs themselves.

CNH 18 Dispense homeopathic remedies for an individual.

Bulgarian citizens may obtain homeopathic remedies without prescription over the counter from pharmacies where a wide range is available. Homeopaths may not dispense homeopathic remedies.

## **CZECH REPUBLIC - Czech Association of Classical Homeopathy**

CNH17 Prescribe homeopathic treatment for an individual.

Homeopathic remedies can only be prescribed by doctors. Homeopaths can only recommend remedies to patients. Some homeopathic medicines are available in pharmacies for sale over the counter.

CNH18 Dispense homeopathic remedies for an individual

Homeopathic remedies can only be dispensed in the original sealed packaging.

CNH19 Review and evaluate homeopathic treatment, case management and practice development.

The practice of homeopathy is not defined in law so homeopaths can only 'advise' patients.

## **DENMARK - Dansk Selskab for Klassisk Homøopati**

CNH 18 Dispense homeopathic remedies for an individual.

Homeopaths can only dispense remedies in the original sealed packaging, bought from a company/pharmacy which has an import certificate, or from a Danish manufacturer or pharmacy. Patients may order remedies from other countries.

## **GERMANY Verband Klassischer Homöopathen Deutschlands e.V, and Stiftung Homöopathie Zertificat (Observer Status with ECCH).**

CNH 18 Dispense homeopathic remedies for an individual

Homeopaths can only dispense homeopathic remedies to patients if it is dispensed in the consulting room and or in an emergency

## **MACEDONIA- Alliance of Homeopathic Associations of Macedonia**

CNH 18 Dispense homeopathic remedies for an individual

The production, distribution and the placement of remedies in the pharmacies is defined in law.

## **NORWAY- Norske Homeopaters Landsforbund**

CNH 18 Dispense Homeopathic remedies for an individual

Homeopathic medicinal products are classified as medicines and can only be sold in pharmacies. To import homeopathic remedies to Norway you need to be an approved wholesale distributor for medicinal products by the Norwegian Medicine Control Authority. All imports have to be from European Union countries. Homeopaths can only import remedies for personal use. All patients must buy their own homeopathic remedies from pharmacies.

From 2017 all homeopathic remedies will be registered in the national medicines index with all other medicines.

## **SPAIN - Asociación Española de Homeópatas Únicistas**

CNH 18 Dispense homeopathic remedies for an individual

In Spain, homeopaths cannot dispense homeopathic remedies.

Homeopaths recommend a homeopathic remedy and patients then buy it from a pharmacy.

## **SWEDEN - Svenska Akademin för Klassisk Homeopati**

CNH 17 Prescribe homeopathic treatment for individuals Performance criteria:

Select the remedy or remedies which are most appropriate for the individual and the stage of their homeopathic treatment

Select a prescribing methodology appropriate for the individual and consistent with the overall treatment plan

Prescribe the potency, dose and form of remedy most likely to give optimum benefit for the individual given their symptom picture, homeopathic treatment goals and their wishes

Homeopaths have a very limited access to smaller and more unusual remedies. Homeopathic remedies in higher potencies have limited availability.

Homeopathic remedies that are not registered in Sweden cannot be imported. Homeopaths may visit another country and buy remedies for personal use once a year, but homeopaths may not sell or give these remedies to patients. Homeopaths found in breach of this law will be fined or serve a maximum one-year custodial sentence. Because of the restrictions homeopaths may not be able to meet the occupational standards of “selecting the most appropriate remedy”, “select the best prescribing methodology” or “prescribe the potency most likely to give optimum benefit”.

In addition, it is currently illegal for homeopaths to treat children under 8 years, pregnant women, and patients with diabetes, epilepsy, cancer and venereal diseases.



**CNH1 Explore and establish the client's needs for complementary and natural healthcare**

**OVERVIEW**

All forms of complementary and natural healthcare rely on exploring and establishing the client's needs and expectations. This may take place at the outset, but also during the on-going delivery of complementary and natural healthcare. This allows the practitioner to consider whether it is appropriate to offer the service to the client, the type of service that should be offered and any required modifications to that service.

Users of this standard will need to ensure that practice reflects up to date information and policies.  
Version No 1

**KNOWLEDGE AND UNDERSTANDING**

**You will need to know and understand:**

1. The concept of health and well-being that is consistent with the practice, principles and theory underlying your discipline
2. The nature of the service provided and fee structures
3. How the client's previous and present care may affect their health and well-being in relation to your discipline
4. How the psychological and emotional balance, as well as diet and lifestyle of the individual, can affect their health and well being
5. How the context in which people live affects their health and well-being
6. The importance of a suitable environment and making clients feel welcome
7. How to select and use different methods for exploring clients' needs
8. How to establish valid and reliable information about the client, and determine the priority of need, in order to plan the service
9. The potential risks (relevant to your discipline) of various courses of action for the client.
10. How to work with clients to determine the appropriate actions

11. The appropriate actions to take to suit identified needs
12. The conditions for which the discipline is appropriate and those where it must be used with caution.
13. How to recognise conditions for which your discipline is unsuitable and for which the client should seek advice from other sources
14. How to judge whether self-care procedure(s) relevant to your discipline are appropriate for the client
15. The anatomy, physiology and pathology relevant to your discipline
16. The procedures for record keeping in accordance with legal and professional requirements

## **PERFORMANCE CRITERIA**

### **You must be able to do the following:**

1. evaluate requests for complementary and natural healthcare and take the appropriate action
2. explain the nature of the service and fee structures to the client
3. provide an appropriate and safe environment for the service
4. make clients feel welcome and ensure they are as comfortable as possible
5. discuss the client's needs and expectations, and ask relevant questions
6. encourage the client to ask questions, seek advice and express any concerns
7. establish the client's needs in a manner which encourages the effective participation of the client and meets their particular requirements
8. determine any contra-indications or restrictions that may be present and take the appropriate action
9. evaluate the information obtained and determine the appropriate action with the client
10. complete and maintain records in accordance with professional and legal requirements

## **ADDITIONAL INFORMATION**

This National Occupational Standard was developed by Skills for Health.  
This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB6 Assessment and treatment planning

This standard replaced CHH1, CHH2, CHH3, CHH4, CH H1 and CH H3

### **Related Functions**

Principles of Good Practice



## **CNH2 Develop and agree plans for complementary and natural healthcare with clients**

### **OVERVIEW**

It is important that the planning of complementary and natural healthcare takes place through discussion and agreement with the client and relevant others (e.g. carers).

This standard is about developing and agreeing plans that meet the client's needs. Such plans may be subject to change as the service proceeds.

Users of this standard will need to ensure that practice reflects up to date information and policies.

### **KNOWLEDGE AND UNDERSTANDING**

You will need to know and understand:

1. The range, purpose and limitations of different methods or approaches which may be used for clients individual needs
2. How to determine the most appropriate method(s) for different clients and their particular needs
3. How to recognise those occasions when your discipline may complement other healthcare which the client is receiving
4. The alternative options available to clients for whom your discipline is inappropriate
5. The role which the client (and others) may take, and may need to take, if the approach is to be successful
6. How to support and advise the client to make informed choices
7. How to work with the client and relevant others to plan the approach
8. Why evaluation methods should be determined at the planning stage and what the client's role will be in the evaluation
9. The importance of encouraging and empowering the client to be as actively involved as possible
10. The relationship of the client's involvement to the promotion of their health and well-being
11. The procedures for record keeping in accordance with legal and professional requirements

**PERFORMANCE CRITERIA**

You must be able to do the following:

1. explain the available option(s) which meet the clients identified needs and circumstances
2. explain any restrictions, possible responses and advise on realistic expectations
3. advise the client when your discipline is inappropriate and help them to consider other options
4. discuss the approach to be taken, the level of commitment required and the potential outcomes and evaluation with the client
5. check the client understands and support them to make informed choices
6. obtain the clients consent and complete records in accordance with professional and legal requirements

**ADDITIONAL INFORMATION**

This National Occupational Standard was developed by Skills for Health.  
This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB6 Assessment and treatment planning

This standard replaced CHH1, CHH2, CHH3, CHH4, CH H1 and CH H3

**Related Functions**

Principles of Good Practice



## **CNH15 Explore and evaluate with individuals factors relating to their health and well-being within the context of homeopathy**

### **OVERVIEW**

This standard is about the work that a homeopath will do to consult with individuals regarding their health and well-being needs. It is a process known in homeopathy as taking the case. Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1

### **KNOWLEDGE AND UNDERSTANDING**

#### **You will need to know and understand:**

1. How the psychological and emotional balance, as well as diet and lifestyle of the individual, can affect their health and well being
2. How the context in which people live affects their health and well-being
3. Physical functioning and development of the human body
4. Disease processes and their manifestations sufficient to recognise a conventional diagnosis and to understand its implications
5. Medical terms and disease processes sufficient to maintain a dialogue with other health care practitioners and to assist in exploring the following for the purpose of homeopathic assessment, prognosis and treatment:
  1. the meaning and significance of medical information and diagnoses
  2. the difference between common and characteristic symptoms and modalities
  3. which, if any, examinations are relevant and safe for individuals, referring to other health care practitioners for advice if necessary or desirable
  4. the likely causes and progression of disease processes
  5. possible distinctions between common, pathognomonic, iatrogenic and characteristic symptoms
  6. integration and management of the individuals treatment when they are seeking to comply with different and or multiple regimes
  7. common and major signs and symptoms of conditions which could pose a serious risk to individuals health and well-being, and which are consistent with the practitioners role in relation to medical diagnosis

6. How to access informed advice on unfamiliar conditions
7. The nature of disability and the role of the practitioner in working with individuals who have disabilities
8. The relevant legislation, professional standards and codes of conduct
9. How to obtain consent from individuals in accordance with legal and professional standards
10. The importance of a suitable environment and making clients feel welcome
11. Effective ways of enabling individuals to talk through relevant aspects of their lives in a way which is sensitive to their needs and concerns (e.g. active listening, reflecting, clarifying and summarising, guiding, questioning)
12. Approaches and techniques for eliciting information (e.g. open questions) and appropriate combinations/sequence of approaches at different times during consultation
13. The importance of not imposing one's own beliefs, values and attitudes on individuals, of enabling them to express themselves in their own way and of recognising the value of their own beliefs, attitudes and experiences
14. Significant aspects of appearance, body language, speech and behaviour, and how to recognise and interpret them
15. Situations where it may be necessary or useful to involve someone else in consultation (e.g. when treating children)
16. The potential for misunderstanding and misrepresentation when other people are involved in discussions, and ways of minimising such risks and establishing the facts
17. Dynamics of family relationships and of individual/practitioner relationships and how individual's willingness to talk freely may be affected by the presence of a third party
18. The extent of the practitioner's role and competence in relation to various types of examination and when it might be necessary to refer, including:
  1. the information which can be obtained from a variety of examinations and how this can supplement and enhance that gained from talking to the individual
  2. equipment, materials and methods for carrying out examinations
  3. common medical tests and other diagnostic procedures, the information they can provide, and how this information can be used to support the use of appropriate investigations to guide the management of the problem
  4. sources of information on the meaning and implications of test results and how to access and use these sources
19. How to record information accurately for assessment and treatment purposes
20. The purpose of informing individuals and their companions of the nature and duration of the consultation and the type of information which may be entered on records
21. How to be supportive to individuals and their companions whilst recognising that this is resource intensive and may bring other pressures to bear, such as the number of individuals who can be seen in one period of time
22. The limits and boundaries of the practitioner's role and when there may be a need to advise the individual to consult other health care practitioners
23. How to show respect for the individual's privacy and dignity and minimise any discomfort given the sensitive nature of consultations
24. The procedures for record keeping in accordance with legal and professional requirements
25. The principles and consequences of treating like with like and using minimum dose
26. The importance of getting full information on both presenting problems and relevant contextual factors for effective homeopathic treatment



27. The scope and significance of the physical, mental, emotional, social, spiritual and environmental factors which should be explored with individuals, including:
1. onset, duration and intensity/severity of symptoms
  2. current physical, mental/emotional/spiritual and general states and
  3. modalities of a general or particular nature
  4. personal medical history
  5. family medical history
  6. significant life events and reactions to them
  7. lifestyle, work and home situation including any stressors
  8. reaction to environmental and social factors
28. The awareness of the patterns and themes emerging from the consultation
29. Homeopathic criteria against which to evaluate information given by individuals in order to focus further questioning and discussion
30. Principles of direction of cure and how to apply them
31. How to evaluate a range of methodologies and use them creatively in response to the dynamics of each consultation
32. The ability to manage uncertainties without reaching hasty conclusions

## **PERFORMANCE CRITERIA**

### **You must be able to do the following:**

1. prepare and conduct the consultation in a way that allows full focus on the individual
2. encourage individuals to make themselves comfortable and at ease and establish a therapeutic relationship in which the practitioner is fully present
3. enable individuals to explore, describe and explain aspects of their lives which are significant and to express these spontaneously and in their own way to obtain a full symptom picture
4. remain open to all information and avoid bias
5. observe and evaluate the individuals approach and manner during the consultation and note behaviours which may be characteristic of the individual and their significant symptoms
6. facilitate the individual to explore the significance of the symptoms and to identify any emerging patterns or themes
7. undertake only those examinations which:
  1. are within the professional competence of the practitioner
  2. are necessary to make an assessment of the individuals needs and
  3. condition consistent with the practitioners role
  4. are safe for the individual
  5. have the consent of the individual or someone acting on their behalf
  6. are consistent with statutory regulations and ethical guidelines
8. assess the potential risk for the individual associated with the course of any presenting condition
9. explain any need to obtain information from other people on the individual's health and well-being and seek their consent to do this

10. obtain any relevant information from other health care practitioners in an appropriate manner
11. balance additional information gained against the overall picture of the individuals needs to confirm or deny any developing hypotheses
12. discuss with individuals their aims and priorities for homeopathic treatment
13. record the outcomes of the consultation completely and accurately to allow other practitioners to take the treatment forward if necessary

#### **ADDITIONAL INFORMATION**

This National Occupational Standard was developed by Skills for Health.

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB6 Assessment and treatment planning. This standard has replaced HM1.

#### **Related Functions**

Principles of Good Practice

CNH1 Explore and establish the client's needs for complementary and natural healthcare

CNH2 Develop and agree plans for complementary and natural healthcare with clients



## **CNH16 Integrate and evaluate information about individuals' health and well-being within the context of homeopathy**

### **OVERVIEW**

This standard is about the work that a homeopath will do to integrate and evaluate information about the individual's health and well-being.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1

### **KNOWLEDGE AND UNDERSTANDING**

#### **You will need to know and understand:**

1. Effective strategies and methodologies for analysing, integrating and synthesising a wide range of information
2. The relevance and relative importance of the different aspects of the case for treatment planning and prescribing
3. Ways in which symptoms may be suppressed or altered by other factors
4. Principles of causation and totality: the relevance of what might have caused the illness and the importance of taking a full case history and symptom picture
5. Principles and methods of categorising symptoms, including:
  1. physical/emotional/mental/general/particular
  2. concomitant
  3. complete/incomplete
  4. common
  5. characteristic
  6. striking, individualising symptoms (strange, rare and peculiar)
  7. symptoms of indisposition
  8. symptoms of miasms
  9. exciting and maintaining causes
  10. pathognomonic symptoms
  11. iatrogenic symptoms

6. The relative value of symptoms and patterns in terms of:
  1. intensity
  2. level of detail
  3. completeness
  4. frequency and duration
  5. rhythm/periodicity/onset
  6. aetiology
  7. characteristic nature
  8. susceptibility
  9. persistence
  10. expressions of a major theme
  11. summaries or symbols of the individual as a whole
7. The nature, purpose and importance of prognosis in homeopathy, and how this differs from conventional medical prognosis
8. Factors to consider when evaluating a case, including:
  1. vitality
  2. age
  3. nature and duration of symptoms
  4. medical history (individual and family)
  5. aetiology
  6. miasmatic influences
  7. suppressive factors
  8. exciting and maintaining causes
9. current conventional prognoses, treatment and any medication being taken
10. other treatments the individual is undertaking
11. experience and effectiveness of previous treatment (homeopathic and other)
12. the individual's expectations and preferences
9. Principles of the direction of cure, the return of symptoms and their application
10. How to access, understand and use information on the effects, side effects and interactions of drugs and substances
11. The dangers or consequences of individuals withdrawing from drugs and substance

## **PERFORMANCE CRITERIA**

**You must be able to do the following:**

1. ensure the information is full and accurate
2. encourage individuals to provide further information and/or agree how such information can be obtained if necessary
3. evaluate the information using strategies which are:
  1. appropriate to the symptom picture
  2. appropriate to the goal and stage of treatment
  3. consistent with principles and practice of homeopathy
4. use appropriate homeopathic strategies to analyse and integrate all of the information available to prioritise the most characteristic symptoms and patterns in the case
5. note future reference symptoms and patterns which are not included in the initial prioritisation

6. explain the outcomes of the evaluation to the individual in an appropriate manner, level and pace
7. review with the individual their priorities and goals for homeopathic treatment in the light of the evaluation
8. record the outcomes of the evaluation
9. complete and maintain records in accordance with professional and legal requirements
10. seek advice and support promptly from an appropriate source if it becomes apparent that professional discussion and supervision is needed

#### **ADDITIONAL INFORMATION**

This National Occupational Standard was developed by Skills for Health.

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB6 Assessment treatment and planning. This standard has replaced HM1.

#### **Related Functions**

Principles of Good Practice

CNH1 Explore and establish the client's needs for complementary and natural healthcare

CNH2 Develop and agree plans for complementary and natural healthcare with clients



## **CNH17 Prescribe homeopathic treatment for Individuals**

### **OVERVIEW**

This standard is about prescribing homeopathic treatment for individuals.  
Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1

### **KNOWLEDGE AND UNDERSTANDING**

#### **You will need to know and understand:**

1. principles of different prescribing methodologies and their application
2. the links between case evaluation and selection of a prescribing methodology
3. the connections between the vitality and circumstances of the individual and appropriate treatment planning
4. ways of building review, reflection and evaluation into treatment planning
5. characteristics of major remedy pictures
6. sources of information on less commonly used and new remedies, and how to access and use these resources
7. relationships between different remedies and/or classes, groups and families of remedies
8. affinities of remedies for particular symptoms, sensations and functions
9. possible contra-indications for particular remedies and potencies in particular conditions
10. how to interpret, analyse, evaluate and synthesise the patterns and essential characteristics of remedy pictures from materia medica, provings and clinical observation
11. the variety of content, structure and approach of different materia medica, and the benefits and limitations of each
12. the variety of repertories available, and how to use them, being aware of their relative value and limitations
13. principles of selecting remedies - i.e. matching remedy pictures and symptom pictures
14. principles of differential diagnosis and remedy selection

15. the importance of taking a critical approach in relation to remedy selection
16. principles of minimum dose and repetition of dose
17. factors to consider when choosing potency and dose tailored to the individuals needs
18. remedy actions, reactions and interactions
19. terminology and abbreviations used for describing dilutions and potencies
20. forms in which remedies are available

## **PERFORMANCE CRITERIA**

**You must be able to do the following:**

1. evaluate remedies and differentiate between those which are indicated in the case
2. select the remedy or remedies which are most appropriate for the individual and the stage of their homeopathic treatment
3. select a prescribing methodology appropriate for the individual and consistent with the overall treatment plan
4. identify factors which influence choice of potency, dose or form of prescription
5. explain the remedy choice and possible responses in an appropriate manner, level and pace
6. prescribe the potency, dose and form of remedy most likely to give optimum benefit for the individual given their symptom picture, homeopathic treatment goals and their wishes
7. explain to the individual their responsibilities in taking the remedies and encourage them to:
  1. monitor their condition and response to the remedy
  2. note any changes in their health and well-being
  3. contact the practitioner at an appropriate time if they have any concerns or
  4. queries in relation to their treatment
8. accurately record information on the remedy chosen and the rationale for its choice

## **ADDITIONAL INFORMATION**

This National Occupational Standard was developed by Skills for Health.  
This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB7 Interventions and treatments  
This standard has replaced HM2.

### **Related Functions**

Principles of Good Practice

CNH1 Explore and establish the client's needs for complementary and natural healthcare  
CNH2 Develop and agree plans for complementary and natural healthcare with clients



## **CNH18 Dispense homeopathic remedies for an individual**

### **OVERVIEW**

This standard is about dispensing homeopathic remedies for an individual. Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1

### **KNOWLEDGE AND UNDERSTANDING**

#### **You will need to know and understand:**

1. How to make the work area safe, clean and fit for use
2. How to store and package remedies safely and in line with legal requirements
3. How to dispense remedies safely and in line with legal requirements
4. Factors which can contaminate or inactivate remedies
5. How to minimise the risk of contamination
6. Methods for promoting preservation of the remedy
7. Different materials which may be used to contain remedies
8. The appropriate remedy medicating techniques
9. The information and instructions to provide with the remedy
10. Procedures for the postage of remedies in their suitable containers
11. The requirements for record keeping in connection with dispensing homeopathic remedies



## **PERFORMANCE CRITERIA**

### **You must be able to do the following:**

1. ensure the work area and any necessary equipment and materials are safe, clean and fit for use
2. dispense remedies in a manner which minimises the risk of contamination and promotes preservation of the remedy
3. dispense each remedy in a suitable form and container for the individual to take as prescribed
4. provide clear, accurate and relevant instructions and information with the remedy
5. package containers which are to be posted in appropriate, protective packaging and dispatch within the agreed time
6. keep accurate, legible and complete records of the remedies dispensed and the advice given

## **ADDITIONAL INFORMATION**

This National Occupational Standard was developed by Skills for Health.

This standard has indicative links with the following dimension within the NHS Knowledge and Skills Framework (October 2004)

Dimension: HWB10 Products to meet health and wellbeing needs. This standard has replaced HM2.

### **Related Functions**

Principles of Good Practice

CNH1 Explore and establish the client's needs for complementary and natural healthcare

CNH2 Develop and agree plans for complementary and natural healthcare with clients



## **CNH19 Review and evaluate homeopathic treatment, case management and practice development**

### **OVERVIEW**

This standard is about reviewing homeopathic treatment, case management and practice development.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1

### **KNOWLEDGE AND UNDERSTANDING**

#### **You will need to know and understand:**

1. Homeopathic concepts of health, disease and progress in treatment
2. Principles of direction of cure and return of symptoms
3. Maintaining, suppressing and antidoting factors
4. Principles and methods for recognising the effects of simillimum, similar and non-similar remedies on individual's symptoms
5. Factors to consider in deciding appropriate action following a review
6. Effective ways of enabling individuals to evaluate response to treatment
7. Discerning the appropriate information to include in recording the content and outcomes of the review process
8. Ways of managing cases over varying periods of time
9. Appropriate circumstances for referral or discontinuation of treatment
10. Ways of identifying areas for practice development and how to access it
11. How to engage in, reflect on and evaluate practice development activities
12. Ways of recognizing the need for mentoring and/or supervision
13. Different research methodologies and findings, and their relevance to practice.

## **PERFORMANCE CRITERIA**

**You must be able to do the following:**

1. Encourage individuals to:
  1. take a full and active part in the review process
  2. reflect on further insights they may have in relation to their health and well-being
  3. offer their opinions on the homeopathic treatment
2. evaluate and reflect on progress towards agreed goals in the light of homeopathic principles
3. explain and explore with the individual the outcomes of this evaluation
4. offer individuals the opportunity to think through this information and respond to it
5. decide the next step in managing the case, reflecting the outcomes of the review and jointly agree a way forward
6. communicate information to others as appropriate, on the outcomes of the treatment and its review bearing in mind:
  1. the interests of the individual and agreements made with them
  2. any inherent risks
  3. the legal duty of care
7. keep accurate, legible and complete records of the review process
8. use the knowledge and understanding gained from working with the individual to inform future management of their case
9. demonstrate a commitment to reflect on practice and deepen homeopathic understanding and integrate this with clinical practice
10. use homeopathy research findings to develop clinical practice

## **ADDITIONAL INFORMATION**

This National Occupational Standard was developed by Skills for Health.

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB7 Interventions and treatments This standard has replaced HM2.

### **Related Functions**

Principles of Good Practice

CNH1 Explore and establish the client's needs for complementary and natural healthcare

CNH2 Develop and agree plans for complementary and natural healthcare with clients



# ECCH PROFESSIONAL PORTFOLIO

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## **1.2 EUROPEAN GUIDELINES FOR THE BOUNDS OF COMPETENCE OF HOMEOPATHS**

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### Section 1.2

November 2014

## **ECCH Guidelines for the Bounds of Competence of Homeopaths**

This document has been published by the European Central Council of Homeopaths (ECCH). ECCH represents homeopaths in Europe, and focuses its representational activities within the boundaries of Europe as well as specifically within the European Union. ECCH has is an Associate Member of the European Public Health Alliance (EPHA) and is a Corresponding Member of the European Coalition for Homeopathic and Anthroposophic Medicinal Products (ECHAMP).

ECCH's vision is to ensure the availability of high quality homeopathic treatment for all members of the European public. In order to achieve this situation it is the Council's understanding that homeopathy should not only be accepted, but officially recognised in all countries.

ECCH Council AGM May 2008,

Revised in October 2014

## **Introduction**

ECCH recognises that it is in the best interest of patients for homeopaths to be aware of their bounds of competence. This has already been agreed in principle in ECCH's Guidelines for Codes of Ethics:

The practitioner should recognise the boundaries of professional competence including:

Being informed about national legal requirements for practice

Recognising when referral to other healthcare interventions is appropriate/necessary due to limitations in their own knowledge, skills and experience

Being informed about the regulations concerning notifiable diseases and potentially problematic therapeutic situations (working within the legal framework of the country) (1).

## **Bounds of Competence**

The bounds of a homeopath's competence are set by the range of their education and clinical experience.

Homeopaths that do not have a full conventional medical education are not qualified to

- make a medical diagnosis
- carry out procedures which they are not qualified to do

The responsibility for adjusting the dosage or stopping any medication not prescribed by the homeopath should be left to the patient in consultation with the prescribing practitioner. Homeopaths should also know when a patient's condition

- is beyond the limits of their clinical competence
- would benefit from another form of treatment
- shows symptoms which suggest an underlying condition which requires referral for investigation and medical diagnosis

When a homeopath recognises that taking the case and treating a particular patient is beyond their capacity, knowledge or skill, other options should be discussed with the patient. The patient can then make an informed choice about their options for treatment (2).

## **Awareness of Bounds of Competence**

It is in a patient's best interests that they always receive the best of care from their homeopath. Maintaining awareness of the implementation of the Bounds of Competence demonstrates that the homeopath is acting responsibly as a healthcare professional.

## **Council of Europe resolution**

- This is in line with the Council of Europe's 1999 resolution which states that:
- the best guarantee for patients lies in a properly trained profession, which is aware of its limitations, has a system of ethics and self-regulation and is also subject to outside control

- alternative or complementary forms of medicine could be practised by doctors of conventional medicine as well as by any well-trained practitioner of non-conventional medicine (a patient could consult one or the other, either upon referral by his or her family doctor or of his or her free will) should ethical principles prevail. (3)

## **Recommendation**

ECCH recommends that ECCH associations include Bounds of Competence clauses in their Codes of Ethics, based on wording used in the European Occupational Standards for Homeopathy (2).

### ***Knowledge and Understanding***

How the client's previous and present care may affect their health and well-being in relation to homeopathy (3).

- The potential risks (relevant to homeopathy) of various courses of action for the client.
- How to work with clients to determine the appropriate actions.
- The appropriate actions to take to suit identified needs.
- The conditions for which the discipline is appropriate and those where it must be used with caution.
- How to recognise conditions for which homeopathy is unsuitable and for which the client should seek advice from other sources.

### ***Performance Criteria***

- evaluate requests for complementary and natural healthcare and take the appropriate action.
- determine any contra-indications or restrictions that may be present and take the appropriate action.

### ***Knowledge and Understanding***

The homeopath will need to know and understand:

- The range, purpose and limitations of different methods or approaches that may be used for client's individual needs.
- How to determine the most appropriate method(s) for different clients and their particular needs.
- How to recognise those occasions when homeopathy may complement other healthcare that the client is receiving.
- The alternative options available to clients for whom homeopathy is inappropriate.

### ***Performance Criteria***

The homeopath must be able to do the following:

- explain the available option(s) which meet the clients identified needs and circumstances.
- explain any restrictions, possible responses and advise on realistic expectations.
- advise the client when homeopathy is inappropriate and help them to consider other options.
-

***References***

- (1) Guidelines for Codes of Ethics ECCH November 2002.
- (2) European Occupational Standards. ECCH May 2014.
- (3) Council of Europe, A European approach to non-conventional medicines, Resolution 1206 (1999).





# ECCH PROFESSIONAL PORTFOLIO

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## 1.3 EUROPEAN GUIDELINES FOR CONTINUOUS PROFESSIONAL DEVELOPMENT

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### Section 1.3

Second Edition June 2004

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## **Introduction**

In order to fulfil statutory requirements and to demonstrate professional competence, healthcare professionals of all disciplines are increasingly being expected to engage in structured Continuing Professional Development (CPD). Throughout the world, both professional bodies and governments alike, recognize the importance of encouraging individuals to develop their professional skills, knowledge, competence and understanding. This contributes to the growth and development of the profession as a whole, as well as helping to determine and support criteria for best practice. Well managed CPD also enables the individual to realize true potential both personally and as a practitioner. Ideally, CPD supports the practitioner on their professional journey at the same time as allowing them to develop as an individual.

In recognition of the many advantages structured CPD can bring to the profession, the European Central Council of Homeopaths (ECCH) has produced these guidelines for CPD in homeopathy. The ECCH is committed to bringing the benefits of high quality homeopathy to the European public and CPD is a process that can help to fulfil this commitment.

The recommendations outlined in this document attempt to present CPD in its broadest sense, and place particular emphasis on the need to maintain a simple, flexible approach to CPD. Individual homeopaths may identify a wide variety of CPD needs which in turn can be met in many different ways. These are factors that registering associations of member countries need to consider when developing their own CPD recommendations.

These ECCH guidelines are not intended as a definitive protocol for CPD. They simply provide a starting point from which registering associations can build their own CPD requirements. In order to develop CPD strategies that are both manageable and effective, registering associations need to consider two important facts:

1. Meaningful CPD is a result of individual learning needs being first identified and then met
2. Most homeopaths already engage in CPD on a regular basis, but in a random and unstructured manner.

Sound CPD policy is based on encouraging and supporting individuals to build their CPD activities around their strengths, talents and aspirations. This approach will help to ensure that CPD is both enjoyable and rewarding, and becomes readily accepted as an integral part of the practice of homeopathy.

## **Continuous Professional Development**

There are a number of possible definitions of CPD. At its most simple, CPD is:

- An ongoing learning process that both reinforces and extends an individual's existing skills, knowledge, competence and understanding.
- It is a continuing process that primarily focuses on developing skills and competencies relating to a particular profession. It also encompasses the learning of new skills and competencies. This in turn provides the individual with an extra reserve of skills and knowledge to draw upon when required.

## Engagement in Continuous Professional Development

The advantages of encouraging homeopaths to engage in structured CPD are numerous. The list below represents some of the principal benefits:

- By undertaking CPD, the homeopath can realize their true potential both as an individual and as a practitioner engaged in primary healthcare.
- CPD can help the homeopath achieve a high standard of patient care.
- By undertaking CPD, the homeopath demonstrates a responsible, professional approach to the maintenance and enhancement of the principles of best practice'
- CPD can contribute to developments within the profession, thereby raising the status of homeopathy in the wider context.
- ECCH is aware that statutory and regulatory requirements differ in member countries and recognizes that evidence of CPD will become increasingly important for homeopaths to:
  - o Maintain registration with a professional body
  - o Gain employment with their national healthcare authority
  - o Work alongside other healthcare professionals
- Ideally, where CPD is not a statutory/professional requirement, ECCH recommends that it should be undertaken voluntarily. This is because it offers homeopaths the opportunity to develop and share their professional expertise at the same time as building public confidence in the efficacy of homeopathy. By encouraging member associations throughout Europe to include CPD as part of ongoing registration, ECCH aims to nurture the principles of best homeopathic practice on a national and international level.

## Process of Continuous Professional Development

Structured CPD can be engaged in on a regular basis during everyday practice and fundamentally involves:

- Identifying learning needs
- Planning activities
- Selecting and undertaking activities
- Recording the activity undertaken
- Evaluating what has been learnt

This process can be further developed into the **CPD Cycle**, which potentially offers homeopaths, the opportunity to:

- Identify CPD activities most relevant to specific individual needs
- Take maximum advantage of planned and unplanned or unexpected learning experiences
- Manage and structure future CPD

## **Cycle of Continuous Professional Development**

### **Five main Steps Involved in the 'CPD Cycle'.**

#### **1. Identifying learning and education needs and requires the homeopath to:**

- Evaluate and consider current skills, knowledge, understanding and competence
- Identify learning and training needs
- Determine which activities will most effectively meet those learning and training needs
- Prioritise the identified learning and training needs.

#### **2. Involves planning the CPD-activity and requires the homeopath to:**

- Prepare a personal development plan that identifies learning aims and objectives
- Decide how identified learning and education needs can be met
- Define the learning strategies most suited to individual circumstances/learning preferences
- Determine the most suitable learning/education activity to meet the identified needs
- Decide upon a timetable that can accommodate the selected CPD activities.

#### **3. Selecting and undertaking the CPD-activity and requires the homeopath to:**

- Establish balance with regards to type and style of proposed CPD activities
- Engage in activities that extend professional knowledge, skills, understanding and competence
- Undertake the activity.

#### **4. Recording the activity undertaken and requires the homeopath to**

- Record each individual activity, including both planned and unplanned CPD-activities.

#### **5. Evaluating the outcomes of an activity undertaken and requires the homeopath to**

- Examine and reflect on CPD activity undertaken
- Determine if outcomes of activity match original expectations
- Consider if the knowledge, skills, understanding and competence gained from participating in the activity can be usefully applied in everyday practice
- Evaluate the overall outcomes of the activity

#### **The CPD cycle can be illustrated as follows:**

- Identify Learning/Education Needs
- Evaluate Outcomes Plan the CPD Activity
- Record activities Select and Undertake the Activity
- The processes described above are all based upon reflective practice, which is a primary component of meaningful CPD.

Reflective practice is an important key to translating all experiences into useful learning. Negative experiences can be as valuable as positive experiences, because they can help the individual to develop new learning skills and sharpen critical awareness. By maintaining a record of CPD activities in the form of a portfolio, the homeopath can maximize the benefits of the learning gained. A portfolio also provides verification that CPD has been undertaken.

### **CPD activities**

There are a wide range of possible CPD activities. Listed below are a few examples, with further definitions listed at the end of this document:

- Attending conferences, seminars, workshops
- Peer group discussions
- Supervision/mentoring
- Teaching
- Research
- Publication of professional articles
- Case studies
- Clinical Audit
- Technology-based learning and media
- Distance learning
- Videoconferencing.

### **Conclusion**

ECCH recommendations for CPD place a strong emphasis on facilitating the individual homeopath to take control of their own professional development. This is in order to help the individual meet their own personal aspirations, career progression, regulatory requirements and professional expectations. The best professional development activities may be those that accord most closely with preferred individual learning styles. It is however important to be aware that an essential part of CPD is learning how to learn. This includes obtaining knowledge about a variety of learning styles, and understanding how each different learning style can contribute to the development of the homeopath's overall competency.

A homeopath may believe his or her preferred approach to CPD is the most efficient one. However, engaging in meaningful CPD will enhance an individual's self awareness, which in turn will offer opportunities to experiment with a whole range of learning styles. Where attendance at seminars and conferences with lecturers may be interesting and helpful in obtaining information on other practitioners' views, practical skills are often more easily obtained through e.g. clinical training or effective supervision.

Personal circumstances may help or hinder a homeopath's ability to access learning and development opportunities, so the greater the variety of opportunities available, the better for all concerned. In educational circles there is now increased recognition that learning can and often does take place outside of the formal learning environment.

The breadth of opportunity for CPD is considerable. The following list represents just some ideas to explore before registering associations or individual homeopaths decide upon how to best develop a CPD programme. Each activity is briefly outlined and some of the activities have already been mentioned elsewhere in this document.

### **Definitions and Examples of CPD**

**Appraisal:** A formal or informal review of work-related performance, that identifies an individual's training and development needs. (See also Assessment)

**Apprenticeship:** One-to-one clinical training. (see Clinical training)

**Assessment:** An individual's work-related performance is measured against generally agreed criteria, and then evaluated to identify possible training and development needs.

**Audit:** A way of learning if services are being delivered according to set specifications and standards. It is a reflective process that enables weaknesses to be identified and improvements implemented. (See also Assessment)

**Books/book reviews** Reading can enhance personal knowledge. Writing for publication involves research to ensure accuracy and relevance, thereby extending knowledge. Reviewing a book offers an opportunity to broaden and deepen subject knowledge. It also requires critical reading skills and a facility for concise, impartial appraisal.

**Case study and presentation:** A **case study** should be researched and presented in a clear and logical manner. A good case study is chosen because it is unusual, or because it allows for the careful analysis and scrutiny of related factors. Offering a **case presentation** additionally requires the selection and sequencing of information in a meaningful way. In order to answer possible questions appropriately, the material needs to be sufficiently understood, so additional research may be necessary.

**Clinical observation:** It is valuable to watch experienced homeopaths treating patients, either live or on video, and may be used to support a case-study, a presentation or a teaching session. The presentation of selected case-studies, particularly with follow-ups, may help to supplement clinical experience during a practitioner's initial training. (see also Clinical training)

**Clinical training:** Working with live patients, with the support of an experienced homeopath, is a very effective way of gaining clinical experience. Clinical training is best carried out in small groups or in a one-to-one setting (apprenticeship). It is an indispensable part of CPD, particularly in the first years of practice. (see also Clinical observation)

**Coaching:** A coach will work with an individual in order to help them develop on both a personal and professional level. A competent coach will teach and enable learning at the same time. (see also Mentoring/Supervision)

**Collaboration:** Collaboration requires individuals, possibly from differing backgrounds, to work together (for example in research) in order to pool resources, share knowledge and support each other (see also Intervention/Networking/Peer learning/Supervision)

**Computer-based learning:** Computer-based learning can offer a valuable training option. The learning available varies from structured, interactive E-Learning courses, to downloading research papers from the internet. (see also Correspondence courses)

**Conferences:** Planning a conference demands research and organizational skills, whereas attending a conference makes demands upon the individual's critical and reflective skills. (see also Courses)

**Consultancy:** Individuals required as consultants are usually experts in their field and have high levels of knowledge and skills. New situations and contexts may require even consultants to research their area of expertise more thoroughly, or extend their understanding.

**Correspondence courses:** Structured, interactive courses, which are often combined with attendance courses. A valuable training option if the students are carefully and individually coached. Not suitable for clinical training activities.

**Courses:** Active participation in a structured course, followed by honest self-reflection, is one of the most tried and tested ways of gaining new knowledge and understanding. Active participation is supported by small numbers of participants and a non-judgemental attitude of the teacher. (see also Conference/Education/Lecturing/Teaching)

**Critical reviews:** In order to review an activity or written material, the reviewer must engage in what is being done or said, then evaluate its strengths and weaknesses in a coherent and logical manner. This may require a judgement to be made; therefore the reviewer will need to be familiar with accepted criteria upon which to base the judgement.

**Debates:** Debating involves well developed presentation skills and good active listening skills. Learning takes place during the preparation for a debate and by being exposed to the ideas of others participating in the debate.

**Diaries:** Learning diaries are a useful way to record learning activities and writing relevant information requires both reflection and planning.

**Education** (evening classes, higher ed. etc): A wide variety of learning opportunities exist within further and higher education, ranging from a structured post-graduate award such as a Masters degree, or learning practical skills.

**Information leaflets:** Preparing information leaflets for patients offers a learning opportunity because it requires the ability to present accurate, concise data in an easily comprehensible manner.

**Intervision or Working groups:** generally have a specific remit and are expected to share responsibility, pool knowledge and solve problems. Working groups can provide a useful forum for new learning, understanding and professional development. A valuable experience in personal responsibility and self directed learning. (see also Collaboration/Networking/Peer learning/Supervision)

**Lectures/lecturing:** Attending lectures and critically evaluating the information offered, is a traditional way of learning. Preparing and presenting lectures is usually more demanding, as it requires material to be thoroughly researched and presented in an interesting and appropriate manner. Therefore, both knowledge and presentation skills are developed. (see also Courses/Education/Teaching)

**Literature searches:** A literature search involves seeking specific information in a particular field. The learning that a literature search includes; the ability to access data bases and other sources and the ability to review literature critically. (see also Teaching)

**Mentoring:** Mentoring is a support mechanism for individuals that help's them to meet their CPD needs. A mentor should be aware of the skills they require to fulfil their role successfully, and should aim to facilitate the learning and development of others. (see also Coaching/Supervision)

**Networking:** Networking offers the opportunity for health-care practitioners to meet with colleagues (either formally or informally), to discuss areas of mutual interest and share experiences. Learning from each other can be a very valuable exercise. (see also Collaboration/Intervision/Peer learning/Supervision)

**Peer learning/development groups:** Similar to networking, meeting with peers can provide support and opportunities for sharing work concerns and developing new ideas. (see also Collaboration/Intervision Peer learning/Supervision)

**Pilot studies:** A pilot study provides the means of working on a particular aspect of a proposal, in order to assess its potential viability in the wider field. Determining the merits of a pilot project in a systematic and focused manner can support an individual's CPD.

**Presentations:** A good presentation requires research, selection and organisation of material in a manner that is appropriate to the needs of the audience. Preparing for a presentation can generate new learning in a variety of forms, including the development of communication skills.

**Problem oriented learning:** A highly self-directed way of learning from specific problems, which includes e.g. literature search, group discussion and presentation. (see also Literature searches/Presentations Projects/Teaching)



**Projects:** Project-work can take on a wide variety of forms, though generally existing material is used to support or dispute new material and new insights are shared. Learning takes place by accumulating the information, then developing the discussion. (see also Teaching)

**Publication:** Publication offers an opportunity to share examples of good practice and to disseminate research and development in a subject area. Preparing material for publication requires particular skills and the result provides excellent evidence of CPD. (see also Research)

**Reflection/self reflection:** Reflection is the process by which an individual learns to recognize and evaluate what has been learned from a particular experience. By recalling and reflecting upon a particular experience, the individual can determine what has actually been learned and can identify areas that may need further development.

**Reports:** Preparing a report usually involves commenting on an activity or initiative, reaching a conclusion and then making recommendations. As with a publication, a well written report provides evidence of CPD.

**Research:** Learning occurs in research that seeks to develop a base of knowledge, update knowledge or to assess existing knowledge in new/different contexts. (see also Publication)

**Sabbatical:** A sabbatical is time taken off everyday work in order to pursue a project that is of special interest and complementary to normal work. The experience results in new learning that may benefit others as well (i.e. a research project, book, etc)

**Self directed learning:** See Projects, Problem oriented learning, Teaching

**Supervision:** Supervision is closely related to Coaching and helps to develop both personal and professional skills. Its focus may be more on the practical clinical work of a practitioner with patients, reviewing homeopathic aspects such as case taking, case analysis and choice of remedy, as well as the practitioner's communication skills and self reflection. Supervision can be a learning experience for both the giver and receiver. Either way, it needs to be well prepared in order to focus on outcomes that are of value to both parties. Supervision is an important part of CPD. (see also Clinical training/Intervision mentoring)

**Teaching:** An individual wishing to teach will need to be familiar with current teaching and learning methods, as well as having in-depth knowledge that is subject specific. A coherent and well thought through learning programme, involves a significant amount of research and preparation. The process of teaching is a learning experience in itself, because it demands a deep level of knowledge and understanding from the teacher that can adjust to a wide variety of student needs. A wide variety of teaching methods exist, ranging from class teaching to more self directed learning methods such as Projects and Problem oriented Learning. (see also Literature searches/Presentations)

**Working groups:** See Intervision.

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# ECCH PROFESSIONAL PORTFOLIO

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## **2.0 GUIDELINES FOR THE VOLUNTARY SELF-REGULATION OF THE HOMEOPATHY PROFESSION**

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### Section 2.0

June 2002

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## Preface

This document has been published by the European Central Council for Homeopaths (ECCH). ECCH represents homeopaths in Europe, and focuses its representational activities within the boundaries of Europe as well as specifically within the European Union. ECCH is an Associate Member of the European Public Health Alliance (EPHA), is a Corresponding Member of the European Coalition for Homeopathic and Anthroposophic Medicinal Products (ECHAMP) and is a member of EUROCAM

ECCH's vision is to bring the benefits of high quality homeopathic treatment to all members of the European public. In order to achieve this situation it is the Council's understanding that homeopathy should not only be accepted, but officially recognised in all countries.

## Introduction

It is ECCH understands that the interests of patients must be the prime focus that drives and guides the regulation of all healthcare professions. ECCH has therefore agreed the following criteria for the effective self-regulation of the homeopathy profession in Europe.

These are commonly agreed minimum criteria that are widely recognised as essential requirements for a responsible and mature profession. These criteria apply whether the profession is to be statutorily self-regulated or voluntarily self-regulated. In either case they will ensure that patients have access to high quality homeopathic treatment.

## Guidelines for the Voluntary Self Regulation of Homeopaths

- 1. A single national professional body, where appropriate, established according to common high standards of education, registration and practice agreed across Europe.**

This ensures that patients have the confidence of knowing all practitioners are educated, registered and regulated by one professional body. It means the profession is united in each country, thereby strengthening its credibility. It also means that members of the public moving between countries can consult homeopaths of other national registers in the confident expectation of equivalent standards to those in their own country.

- 2. Patient/lay representation on all standard setting committees – particularly for complaints and professional conduct procedures.**

There is a danger that if the profession is regulated only by its own members it can be perceived to be acting only in its own members' interests. Ensuring independent representation adds an element of objectivity, and that the profession is always aware of patients' interests.

### **3. An accreditation process for institutions providing homeopathic education.**

Accreditation ensures that there is an objective process designed to stimulate and encourage, as well as evaluate and assess, quality homeopathic education. It ensures that course providers are competent to produce graduates who are capable of practising homeopathy to the highest possible standard and who meet the requirements of the professional register for competent practice.

The criteria for accreditation used to assess and evaluate each education programme are negotiated and agreed by representatives from within the professional community and the education sector. (See ECCH's Accreditation Guidelines for more information on accreditation and a glossary.)

### **4. Continuing Professional Development.**

Established requirements for the undertaking of Continuing Professional Development (CPD) ensure that each registered homeopath maintains a regular programme of study, which develops personal and professional growth from a variety of sources and experiences.

### **5. Professional Indemnity Insurance.**

This form of insurance offers the homeopath insurance cover for a variety of options. Most such packages would probably cover medical malpractice, libel and slander, public liability, and professional legal protection. Professional Indemnity Insurance is however likely to vary from country to country.

### **6. Code of Ethics and Practice.**

This is a guide for practitioners and patients that sets out the guiding principles and expected standards for the ethical and competent practice of homeopathy. The Code is used as the contextual framework to assess any complaint made against a member of the register (complaints can be made by other practitioners, not just patients).

### **7. Complaints and Disciplinary Procedures.**

A complaints and disciplinary process is necessary so that should issues arise either between colleagues or between a patient and homeopath that they have been unable to resolve, there is an impartial system of inquiry available that gives all parties involved a fair and objective hearing before any decision is made.

*From Regulation and the Homeopathy Profession, ECCH February 2002.*

ECCH AGM June 2002.



# ECCH PROFESSIONAL PORTFOLIO

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## 2.1 EUROPEAN GUIDELINES FOR CODES OF ETHICS

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### Section 2.1

November 2002

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## **Introduction**

### **Code of Ethics**

A Code of Ethics identifies the basic principles of responsible, ethical, safe practice for homeopaths belonging to a named professional association. It establishes the various appropriate boundaries of professional competence.

### **Code of Ethics and Guidelines for Practice**

The Code of Ethics forms a simple statement of principles. The practical application of these may be amplified in an additional document referred to as Guidelines for Practice. These offer the practitioner support and example.

### **Professional associations need for Codes of Ethics and Guidelines for Practice**

Codes of Ethics exist to inform and benefit patient and practitioner and for the reputation and maintenance of the profession. They establish a clear and transparent account of what is being offered, the context in which it is to take place, and the ethical position of the practitioner concerned. Guidelines for Practice support this account.

### **Individual Codes of Ethics include**

Individual professional associations' Codes of Ethics should refer to ethical principles of integrity, autonomy, respect for patient, informed consent, the maintenance of confidentiality, avoidance of harm, monitoring of competence and standards, and maintenance of appropriate boundaries.

### **Individual association's implementation of Code of Ethics**

Individual associations might introduce or develop an existing Code of Ethics and ensure there is an appropriate infrastructure to implement it.

### **Code of Ethics use**

A Code of Ethics may be used by the public, patients, professional associations, individual members, colleges and course providers to ensure homeopaths are practising responsibly and competently, according to the professional association's requirements, and the national legal requirements for practice, including:

- ensuring that patients are treated ethically and respectfully, by maintaining the position of unprejudiced observer, in respecting diversity of client experience, and thus avoiding discrimination on grounds of age, race, religion, gender or sexual preference;
- informing patients appropriately, e.g. about homeopathy, practical arrangements, expectations of treatment, emergency contact and their right to mediation or complaint;

- recognising when referral to other healthcare options is appropriate/necessary;
- ensuring patient confidentiality during and after treatment has been finished/concluded, including secure storage of patient's files and requirements of data protection;
- patient's consent to use confidential information (for educational or other purposes);
- being informed about the complaints and disciplinary procedures within one's own professional association and country;
- to mediate between individuals in cases where concern about standards or actions exist; and
- to instruct on fair and transparent protocols to be followed in such cases.





# ECCH PROFESSIONAL PORTFOLIO

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## 2.2 EUROPEAN GUIDELINES FOR PROFESSIONAL CONDUCT PROCEDURES

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### Section 2.2

**Second Edition, October 2007**

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## **Introduction**

These Guidelines for Professional Conduct Procedures have been produced by the European Central Council of Homeopaths. They are an update of the European Guidelines for how to handle Concerns and Complaints (December 2005). The main part of these guidelines sets out the essential elements that registers should have in place for fair and effective professional conduct procedures. Appendix I. gives an example of professional conduct procedures.

## **ECCH Guidelines for Professional Conduct Procedures in practice**

Homeopaths have a duty of care to patients, but also to the public in general, to themselves, their colleagues and their profession. The expected standards of care, practice and behaviour are to be found in the Codes of Ethics and Practice of the professional registering body concerned. Supervisors and teachers in homeopathy who are members of a professional register will also have to agree to abide by the same Code of Ethics and Practice. Homeopathy graduates should be 'fit to practise' in accordance with their Register's Code of Ethics.

## **Code of Ethics**

"A Code of Ethics identifies the basic principles of responsible, ethical, safe practice for homeopaths belonging to a named professional register. It establishes the various appropriate boundaries of professional competence (ECCH 2002)."

"A Code of Ethics is in place for the benefit of patients, the development of understanding between colleagues, and the reputation and advancement of the profession (SoH 2004)."

All homeopaths probably consider that they understand and practise in accordance with their Register's Code of Ethics, there may be times when patients or colleagues will need to discuss concerns about an aspect of a homeopath's professional behaviour, or make a formal complaint that the Register's Code of Ethics has been breached. An investigation of the matter presents an opportunity for the concerns of the complainant to be heard. It also presents an opportunity for homeopaths to gain insight and understanding into the way they practise. The professional conduct inquiry can help to inform and develop a homeopath's professionalism.

Complaints and concerns often raise very sensitive issues. It is important that registering organisations have procedures in place to deal with these matters fairly, transparently, effectively and efficiently. Professional Conduct procedures will provide the facility to monitor, investigate, mediate, and, if necessary, impose penalties. Each register will have different procedures in place, in part because of different legal requirements in each country. Whatever structures and procedures are in place, the following are considered to be the essential elements required in any Professional Conduct process:

### ***1. Transparency***

Professional Conduct Procedures should be published. Registers often choose to add Professional Conduct Procedures to their Code of Ethics, so registered members are aware of both in context. Details about who to contact in order to make a complaint should be given on the Register's web site and in the register of practitioners if it is published in hard copy.

### ***2. Discussion as a first step***

Concerns may be raised by patients, fellow homeopaths, students of homeopathy, supervisors, teachers or providers of homeopathy education and training. A first step in the process is for the person having a concern to discuss the matter directly with the homeopath concerned. If the concern is not resolved at this stage, the matter should be discussed with the person appointed by the Register to deal with professional conduct concerns.

### ***3. Managing the process?***

Registers may choose to appoint a member of their board to be the first contact person with whom to discuss any concerns. It is also possible to appoint, or employ someone who is not a board member. Some Registers appoint a patient/lay person to chair their Professional Conduct Investigating Committee. Because matters raised as concerns are often complex, a Register might want to appoint a committee who will jointly discuss any concerns raised and decide how to proceed.

### ***4. Confidentiality***

It is very important that all information given and received, verbally and in writing, is kept confidential to the people appointed to deal with Professional Conduct matters. Confidentiality maintains the integrity of the process.

### ***5. Impartiality***

It is important that everyone dealing with these matters at every stage has no personal involvement with either the person raising the concern or the homeopath implicated.

### ***6. Mediation***

When a concern is first raised, the appointed person or committee will find out the facts of the matter from everyone concerned and try to bring about an understanding through mediation. Mediation will offer all people involved an equal opportunity to put their views and to listen to the others' experiences. Mediation can give everyone involved better understanding of the situation because it gives everyone involved the opportunity to listen and be heard. Mediation used as a first step often means that the matter can be resolved successfully for everyone concerned without a formal complaint having to be made.

## **7. Formal Complaint**

If mediation is not successful, the person who has raised the concern may want to make a formal written complaint. At this stage formal procedures will be followed to ensure the complaint is dealt with fairly and transparently.

## **8. Full hearing**

A full hearing may need to be put in place. This will involve another person, often called a Convenor, who has had no prior involvement in the matter, appointing and chairing a panel to formally consider written and then verbal evidence from everyone involved. Registers may decide whether expert witnesses and legal representation will be allowed to support both the complainant and the person against whom the complaint is made.

## **9. The Panel**

Panel members may be homeopaths and lay people. They should have had no prior involvement in the matter, and should be independent of the Register's Professional Conduct department.

## **10. Findings**

The panel will make a recommendation following the hearing. Some Registers will need to have that recommendation ratified by their board, or appoint another panel to formally agree the findings from the hearing.

The panel may find there was no case to be answered, or they may find in favour of the complainant, and impose a penalty on the registered member. The penalty may be one, or a combination of, the following:

- a warning
- a demand to give a written undertaking not to re-offend
- a reprimand
- reparative action
- reflective accounting
- a suspension
- an expulsion from membership
- recommendation for counselling or supervision or training
- mandatory counselling, supervision or training
- 

## **11. Appeals**

There should be an appeals process in place. Appeals can usually only be made in certain circumstances, and in a defined timescale. Appeal Procedures should be an integral part of the Professional Conduct Procedures.

### **12. Appeal panel.**

If an Appeal is held, members of the Appeal panel will have had no earlier involvement with the matter. The findings of the Appeal panel are final.

### **13. Publication**

The Register may decide to publish an announcement of a suspension or expulsion from the register or any other penalty imposed on a member, usually only giving the name of the member, and the formal grounds for the suspension or expulsion.

### **14. Defined timescales**

All formal processes used should have defined timescales. These will be published as part of the Professional Conduct Procedures.

### **15. Administration**

Professional Conduct Procedures should also include information on administration of concerns and complaints, record keeping, notification to all parties of decisions made and specifications regarding expenses.

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# ECCH PROFESSIONAL PORTFOLIO

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## 3.0 THE INTERNATIONAL GUIDELINES FOR HOMEOPATHY EDUCATION

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### Section 3.0

An ECCH and ICH document

May 2011

## **The International Guidelines for Homeopathy Education**

This document has been published by the International Council for Homeopathy (ICH) and the European Central Council of Homeopaths (ECCH). ICH represents homeopaths around the world. ECCH represents homeopaths in Europe.

ICH and ECCH aim to bring the benefits of high quality homeopathic treatment to all members of the public. In order to achieve this, homeopathy education must be of sufficient quality to facilitate students' development to become practitioners who are able to contribute positively to patients' health and healthcare, while at the same time ensuring their safety.

This report was ratified by the ICH Council and by the ECCH Council at its Annual General Meeting May 2011.

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***Preface to the 3<sup>rd</sup> edition, now renamed: International Guidelines for Homeopathy Education***

**Preface**

This third edition of the Guidelines for Homeopathy Education has been renamed the „International Guidelines for Homeopathy Education“. We would like to acknowledge the thorough consultation process which took place, involving a wide cross-section of the homeopathy profession, including individuals with expertise in the area of homeopathy education in 23 countries in Africa, America, Europe and Oceania.

These guidelines outline a framework for the education and training of a competent, autonomous homeopath. The homeopath should ideally be competent to work in a variety of roles, ranging from an independent consultant in private practice through to being an integrated member of a team of healthcare practitioners working in a clinical setting. Practitioners from other health care disciplines studying homeopathy are expected to complete the full homeopathy content of these guidelines, including the clinical requirements, in order to become competent homeopaths

We invite course providers, professional associations and individuals to assess the practical application of these Guidelines. All feedback is welcome, and will help us to make appropriate amendments for future editions. Readers and users are invited to send their thoughts to the International Council for Homeopathy (ICH).

***Acknowledgements***

We would like to thank the many individuals and groups who contributed to the early stages of development of this document in various ways. There are too many contributors to mention all individually, but we would in particular like to thank the editor of the 2000 edition, Ulrike Kessler.



### ***Acknowledgments for the 3<sup>d</sup> edition***

We would like to acknowledge and thank all those who participated in the ECCH/ICH symposium on Homeopathy Education held in Leuven, Belgium, in April 2009. At the Symposium, a number of presentations were made by individuals with expertise in a range of areas relevant to homeopathy education. The presentations were followed by constructive discussions which provided additional information that contributed to establishing a solid basis on which revision process could begin.

Thanks to all those who volunteered to join the working groups which discussed and revised the new sections in the period from May 2009 to December 2010, especially Marita Byrne, Athena Cassar, Avghi Constantinides, Sue Crump, Melissa Dair, Alastair Gray, Øyvind Hafslund, Peter Kiefer, Ann McKay, Judyann McNamara, Katja Meier, Franc Müller, Gerry Murphy, Elia Onne, Riikka Sievänen, Wim Serneels, Beatrice Soldat, Matthias Strelow, Kathy Thomas, Anne Waters, Jerome Whitney, Linda Wicks.

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A special thanks to Yanai Levor for heading the project as coordinator.

This edition is a joint publication of ECCH and ICH

ECCH, the professional platform for the homeopathy profession in Europe, consists of 28 member professional associations in 25 European countries. ECCH was founded in June 1990 and over the years has come to represent homeopaths in Europe.

ICH was founded in 2007 and represents the homeopathy professional globally. ICH has 33 member associations in 30 countries, including 25 countries in Europe, as well as associations in Australia, New Zealand, Japan, Canada and the United States of America.

## Introduction

### Homeopathy

Homeopathy is that healing art and science of medicine which has been clinically developed from the principles discovered by Samuel Hahnemann and described in his treatise „The Organon of Healing Art“. The practice of Homeopathy involves the selection and prescription of a single remedy, which through prior testing on healthy people and from clinical experience, is known to produce a similar symptom picture to that of the patient. The remedy is prescribed in the minimum dosage required to bring about healing.” (ECCH Constitution 2009)

The competent homeopath has the potential to play a central role in the health care of each individual member of the population. Homeopathy offers the option of a primary therapy in a wide range and stages of disease conditions. Where full restoration to health is not possible, homeopathy can offer palliation, relief from suffering and assistance in recovery in support of other forms of treatment.

### The Education of Homeopaths

Homeopathy education aims to enable graduates to develop as autonomous and competent homeopaths, competent to work in a variety of roles, ranging from an independent consultant in private practice through to being an integrated member of a team of healthcare practitioners working in a clinical setting. The education needs to fulfil certain minimum requirements as to quality and content, and needs to be sufficiently long for the content of the study outlined in these Guidelines to be covered and assimilated. A range of educational experiences prepares students for a broad range of potential experiences they are likely to meet in practice.

The homeopathy education process recognises the student as an individual and creates an environment that enables students to realise their potential. Homeopathy education should therefore preferably be student centred. In order for students to learn how to become skilled practitioners, clinical experience and deep approaches to learning are central elements of their education (see chapters 4 and 6).

Learning activities and opportunities in the course, and the assessment of student progress, are designed in such a way that all the study topics are covered, and students can show evidence that:

- they *know* at a basic understanding level
- they *comprehend* through understanding relationships of ideas in concepts and procedures
- they can *apply* the material in a practitioner role, integrating understanding and refining knowledge

In addition, throughout the course students are encouraged to develop independence and autonomy, showing evidence that:

- they are able to analyse existing information or situations
- they can synthesise new ideas themselves from their own observation and experience
- they can evaluate their progress through use of reflective practice

Course providers will develop their curricula in ways that guide the teaching, learning and assessment towards these objectives.

### **The Purpose of these Guidelines**

This document is to be understood as a set of Guidelines, and not as criteria or a set of mandatory regulations. Individual national and regional situations may be influenced by legislation, regulation, national occupational standards, codes of ethics and other factors. The different areas of these Guidelines may therefore be more or less relevant to national guidelines, accreditation processes, curricula, syllabi or other documents and regulations which affect the education and training of homeopaths.

These Guidelines identify objectives and basic curriculum areas in homeopathy education and training, and may

- serve as a guide for the establishment of national or regional education guidelines
- facilitate the planning, implementation and evaluation of a course
- identify the relative importance of key topics
- serve as a guide for selection of learning opportunities and teaching approaches
- guide the development of effective, valid and reliable modes of assessment

The Guidelines may also play a major role in implementing an accreditation process for colleges and teaching institutions at a national or regional level. Please refer to regional accreditation documents, such as the European Guidelines for Accreditation of Courses of Education in Homeopathy (2002), or national accreditation documents, such as the AROH Accreditation and Audit Guidelines for Course Providers of Advanced Diploma of Homoeopathy (HLT 60607) (2009).

### **The History of the Guidelines**

The first edition of the Guidelines for Homeopathic Education was produced in 1993, following a period of consultation with schools and professional associations in Europe and elsewhere in the world. Since these Guidelines have been used to develop and assess homeopathy education around the world. In March 1999 seventy participants from fifteen different countries around the world met in Barcelona to share their experiences of implementing the original Guidelines, and to launch a revision process for a new edition.

**The main issues discussed included:**

- how to ensure the highest quality of homeopathy education
- how to further improve the Guidelines for Homeopathic Education
- how to clarify competence and competencies between schools and political organisations (national and international)
- how to support collaboration and exchange between schools and homeopathy educators

Following the symposium a revision process was set in train and a revised version of the Guidelines was published in 2000 entitled the European Guidelines for Homeopathy Education.

# Homeopathy Education

## Principles of Homeopathy

### ***Rationale***

To become a competent homeopath it is essential to have a strong grounding in the principles and concepts of homeopathy. To restore patients to health one needs to understand the fundamental principles of health and disease. Samuel Hahnemann's writings are the foundation of this.

### ***Objectives***

- To provide students with structured learning opportunities so that they develop a deep perception, a critical understanding and appreciation of the principles and theories, and the ongoing evolution of ideas in homeopathy
- To teach students how to differentiate concepts of health and disease in accordance with homeopathic principles and how to compare it to other healthcare theories or frameworks

### ***Study areas***

#### **Fundamental concepts**

- Concepts of health, disease and healing
- Concepts of susceptibility and causative factors
- Concepts of vital force
- Treatment according to the law of similars
- Definition of basic homeopathy terms

#### **Symptoms and signs**

- Strange, rare and peculiar symptoms
- The complete symptom
- Common and uncommon symptoms
- Pathognomonic symptoms
- Hierarchy of symptoms
- Critical evaluation of classification of symptoms through the history of homeopathy

#### **Classification of diseases**

- Critical evaluation through history
- Hahnemannian classification
- Natural and artificial diseases
- Acute and chronic diseases
- Miasmatic theory according to Hahnemann and others

#### **Case management theory**

- Case taking
- Case evaluation and analysis
- Prescription methods
- Evaluation of patients' responses
- Second prescription

- Directions of cure
- Obstructions to cure
- Primary and secondary reaction

### **The homeopathic remedy**

- Homeopathy provings
- The single remedy
- Minimum dose
- Use of different potencies (D, C, Q)

## **History and Development of Homeopathy**

### ***Rationale***

In order to understand homeopathy and develop it further it is essential to place Hahnemann's theories and those of his successors in the context of medical history.

### ***Objectives***

To provide students with structured learning opportunities to understand the historical context and development of homeopathy's principles, including contemporary writings.

### ***Study areas***

- General overview of medical history in respect of the development of homeopathy
- Empiricism and rationalism
- Vitalism, animism, mesmerism and their oppositions
- Hahnemann in his time
- Development and spread of homeopathy
- Important contributors to homeopathy in their historical contexts
- The role of homeopathy in medicine historically and to the present day History of systems of classification concerning the constitution and diseases.

## **Homeopathic Pharmacology**

### ***Rationale***

In order to understand the healing potential of a homeopathic remedy it is essential to have good knowledge and an appreciation of its sources and methods of preparation. The quality of the remedy will affect clinical results. It is important to be aware that there is more than one pharmacopoeia.

### ***Objectives***

- To provide the student with information on the sources of existing and potential substances for homeopathic use
- To provide the student with information on the process and dynamics of the preparation of homeopathic remedies
- To provide the student with information on the different pharmacopoeias and taxonomy

## ***Study areas***

### **Sources of homeopathic remedies**

- Elements
- Minerals
- Imponderabilia
- Plants
- Animals
- Nosodes
- Sarcodes
- Synthetic material
- Others

### **Nomenclature of homeopathic remedies**

#### **Preparation of source material**

- Mother tincture
- Mother trituration

#### **Potentisation**

- Trituration
- Dilution
- Succussion
- C-potencies, D-potencies, Q-potencies: history, making
- Hahnemannian and other methods of potentisation

#### **Preparation of homeopathic remedies**

- Liquids
- Powders
- Tablets
- Globules of different sizes
- Others (injections, suppositories, ointments, etc.)

## **Homeopathic Materia Medica**

### ***Rationale***

Two-hundred years of homeopathy have produced a wealth of materia medica derived from homeopathy provings and other sources. This treasury deserves a deep and critical approach.

The intensive study of original homeopathy proving symptoms is the basis of every remedy study. Toxicology and clinical experience are other important sources of homeopathy information. Clear acknowledgement of the various sources for materia medica knowledge is essential.

Teaching staff should carefully consider the range of materia medica to be taught at different stages of the course.

**Objectives**

- To ensure students acquire and develop the skills to make effective, efficient and critical use of relevant source materials to study remedies
- To ensure students acquire and develop a deep understanding of that which is curative in a particular remedy
- Ensure students acquire and develop the skills to make effective differentiation between the curative action of one remedy and another
- To ensure students acquire and develop an awareness of how the current materia medica content is constantly evolving
- To ensure students acquire and develop the ability to search for additional literature

**Study areas****Substance**

- Source (may include aspects like biology, chemistry, physics, doctrine of signatures, mythology, folklore, culture, applications, use in other forms of healing, etc.)
- Toxicology
- Pathogenesis
- Pharmacology
- Nomenclature

**Homeopathy proving**

- Author, year and methodology Proving symptoms
- Clinically confirmed symptoms Repertory rubrics.

**Etiology****Different approaches to symptomatology, such as**

- Mental/emotional/physical
- General/particular
- Concomitant
- Complete/incomplete
- Common
- Characteristic
- Striking, individualising symptoms (“strange, rare and peculiar”)
- Totality of symptoms
- Symptoms suggestive of miasmatic influence – miasmatic classification
- Organ affinities
- Pathognomonic symptoms

**Other approaches**

- Constitutional types
- Essences
- Core elements



- Central delusion
- Central disturbance
- Developmental stages in remedies from the picture in health through to deep pathology
- Others

Clinical application

Remedy relationships

Comparative materia medica

Cured cases

## **Research**

### ***Rationale***

Research is vital to the development of homeopathy. As an empirical and phenomenological science there is a strict coherence in its principles between the knowledge acquired from the provings and the final application in clinical practice.

Research provides the context for dialogue within the homeopathy community and with the wider scientific community. Advances in communications technology make it easier to search for, exchange and increase knowledge and understanding of homeopathy through research.

### ***Objectives***

- To encourage the student to develop the necessary skills to understand, participate in and critically evaluate research and research methods with special reference to the development of homeopathy and to develop a research based attitude to their own practice

### ***Study areas***

#### **Philosophy of science Terminology**

#### **Sources**

- How to find
- How to use

#### **Methodology**

- Planning research
- Qualitative/quantitative methods
- Descriptive studies
- Controlled trials

#### **Hahnemannian homeopathy provings**

- Critical evaluation of existing concepts of homeopathy proving methodology
- Planning and conducting a homeopathy proving
- Evaluation of the proving symptoms
- Formulation of repertory rubrics
- Publication

#### **Non-Hahnemannian approaches to proving**

- Critical appraisal, advantages and limitations
- Different models of casual provings:
  - Contact provings
  - Dream provings
  - Meditation provings
  - Seminar provings
  - Others

## **Critical evaluation of research in homeopathy**

- Fundamental research
- Clinical research
- Practical research

## **Clinical audit**

Practical application of research and research methodology in daily practice

## **Practice Methodology**

### ***Rationale***

Students need to learn how to synthesise homeopathy theory, philosophy and materia medica learning and apply it in clinical practice.

### ***Objectives***

- To encourage students to develop cognitive and practical skills to perceive the patient clearly and to acquire, record and analyse relevant information from patients
- To encourage students to develop cognitive and practical skills to effectively use acquired information in clinical decision-making and prescribing

### ***Study areas***

#### **Recording of personal data**

#### **Recording the case history**

- Critical appraisal of various approaches to case-taking
- Different methods of eliciting and receiving the case from the patient Observation and sensory based information
- Physical examination
- Writing an accurate and representative record of a patient's case history, including
  - Total symptomatology (physical, mental, emotional, spiritual)
  - Chief complaint(s)
  - Causative factors / Etiology
  - Relative significance of symptoms
  - Patient's medical history, including vaccination and medication
  - Family medical history

#### **Case Analysis**

- Different models of case analysis including contemporary approaches
- Identifying the central disturbance and meaningful totality of symptoms
- Etiology of disturbance
- Evaluation of symptoms:
  - Differentiation between signs and symptoms
  - Evaluation of pathognomonic symptoms
  - Differentiation between common and uncommon symptoms

- Strange, rare and peculiar symptoms
- Hierarchy of symptoms
- Complete symptom: location, sensation, modality, etc.
- Intensity of symptoms
- Concomitant symptoms
- Evaluation of the state of the vital force
- Differentiation of case analysis in acute and in chronic cases
- Prognosis
- Long term management of cases
- Management of potentially life threatening conditions
- Palliation in terminal cases
- Criteria for appropriate referral

### **Repertorisation**

- Homeopathy repertories
- Definition
- History
- Structure (schema) of Kent's Repertory, using the Final General edition
- Structure (schema) of Schroyen's Synthesis, and Van Zandvoort's Complete Repertory
- Rubrics and sub-rubrics

### **Construction of symptom arrangement**

- Timings
- Sides Sensation
- Location
- Modalities
- Extension
- Content of the main sections
- Detailed examination of specific general sections of the repertories with definition of pathological terms in historical context:
  - Generalities
  - Chill
  - Fever
  - Perspiration
  - Others
  - Exploring a particular theme through the different sections of the repertory, e.g. pregnancy or sexuality through sections other than Female Genitalia, or emotional states through the particular sections e.g. anger in Chest, Eye, etc.
  - Content of the Mind section
  - Rubric groupings and foundations for rubric definition, differentiating between similar rubrics

## **Problems and mistakes in repertories**

- Additions
- Other repertories: possibilities and limitations, appropriate use
  - Boenninghausen
  - Boger
  - Knerr
  - Künzli: Repertorium Generale
  - Barthel, Klunker: Synthetic Repertory
  - Murphy
  - Others
- Different approaches and techniques of repertorisation
- Combination and elimination
- Instruction on the use of repertory grids
- Others

## **Computer repertorisation - possibilities and limitations, appropriate use**

- Isis
- MacRepertory
- Radar
- Reference Works
- Similia
- Others

## **Practical exercises, e.g.**

- Lists of symptoms to find rubrics for
  - Rubric groupings and definitions
  - Finding rubrics in acute paper cases, video cases, live cases
  - Finding rubrics in chronic paper cases, video cases, live cases
- Application of different repertories to cases where appropriate
- Extensive case-work with emphasis on refinement in rubric choice, differentiation and creativity
- Integration of repertory work in daily clinical work: case analysis, materia medica, theory, medical sciences
- Conclusions and consequences
- Verifying the choice of symptoms and remedy by materia medica studies

## **Prescription**

- Selection of remedy and potency
- Selection of method of administration and frequency of dosage
- Referral when appropriate

**Follow-up case taking**

- Eliciting the patient's response
- Patient's sense of well-being
- Comments of family and friends
- The homeopath's observation
- Repertory additions from clinical practice

**Follow up case analysis**

- Evaluating the patient's response to the remedy

**Improvement**

- General
- Partial
- Patient improves but not the presenting complaint
- Aggravation
- Disruption
- Suppression
- Palliation
- Remedy antidoted
- No response
- Identifying changes in the vital force
- Changes in chief complaints and other symptoms
- Direction of cure; Hering's observations of cure
- Identification of other factors which could have influenced the case
- Placebo effect

**Subsequent action**

- Wait
- Give placebo
- Repeat same remedy, same potency and/or dosage
- Repeat same remedy, different potency and/or dosage
- Change the remedy
- Antidote
- Referral when appropriate

# **Anatomy, Physiology and Pathological Processes**

## ***Rationale***

A thorough knowledge of anatomy, physiology and pathological processes enables the homeopath to differentiate between pathognomonic and individualising symptoms in a patient's case. It also enables the homeopathy practitioner to communicate with other health care professionals and to practise within each national health care system upon graduation. We strongly recommend that medical sciences be integrated with homeopathy knowledge. It is important that a homeopathy teaching institution ensures that its students already have appropriate knowledge within anatomy, physiology and pathological processes, or acquire it in parallel with their homeopathy studies, if the teaching institution chooses not to teach these topics.

## ***Objectives***

To provide the student with information on the human being in a state of health and in states of disease

To enable students to differentiate between pathognomonic and individualising symptoms to enable the student to effectively communicate and liaise with other health care professionals

To enable the student to decide whether and to whom to refer a patient when necessary

To enable the student to practise independently, competently and safely within the context of each national health care system

## ***Study areas***

- Anatomy, physiology and integrated functioning of all systems of the body
- Various stages of mental, emotional and physical development throughout life
- Functional disorders and pathological processes of the human being including differential analysis, with reference to common symptoms attributed to disorders of the following systems:
  - integumentary (skin and connective tissues)
  - musculo-skeletal
  - gastrointestinal
  - respiratory
  - cardiovascular and haematological immunological
  - reproductive (including obstetrics)
  - urinary
  - endocrine neurological
  - special senses
  - mental and emotional
- Areas such as oncology, paediatrics, geriatrics, infectious diseases, social medicine
- Common surgical procedures and anaesthetics
- Basic first aid techniques for effective emergency intervention

- Disorders due to physical agents
  - sunburn
  - heat stroke
  - electric shock
  - radiation
  - high altitude
  - environmental pollution
  - others
- Biochemistry
- Cell biology
- Pharmacology
- Poisoning and influence of crude medicinal substances and comparable therapeutic interventions
- Major effects and side-effects of other commonly used medicinal substances and therapeutic interventions
- Drug abuse, nutrition, lifestyle diseases
- Purpose, significance and effectiveness of commonly administered medical tests
- Examination and assessment techniques
- Referral procedures



## **Patient Health Awareness**

### ***Rationale***

The goal of homeopathic treatment is improved health. As the patient's health improves from effective homeopathic treatment, there is often a need to explore and facilitate appropriate lifestyle changes, in order to support the movement towards health.

Students are taught how to explore and explain maintaining causes or obstacles to achieving good health in a sensitive manner. The importance of respecting the patient's dignity, autonomy and rights regarding any decisions around their lifestyle and an acknowledgement of their power to heal themselves is stressed.

It is also essential for students to be aware of their own potential biases when they make any judgment regarding a patient's health, lifestyle, etc. Students should have the skills, when requested, to help patients become aware of how social contexts and family dynamics, personal beliefs, self image, preferences and the choices they make affect their lives and how their psychological and emotional functioning influences their health and well-being.

### ***Objectives***

- To provide opportunities for students to observe and identify maintaining causes and obstacles to achieving good health
- To encourage students to develop the skills to explore sensitively these maintaining causes and obstacles to good health with patients
- To encourage students to develop the skills to empower patients to make decisions appropriate to their lifestyle
- To enable students to help patients to become aware that the homeopathic remedy is a stimulus to their own self-healing power

### ***Study areas***

- The vital force
- Concepts of health and disease
- Acute and chronic disease
- Obstacles to cure
- Maintaining causes
- Social context and family dynamics
- Lifestyle and nutrition
- Possible impact of aspects of conventional medicine:
  - hormone substitution
  - pharmacological drugs
  - vaccinations
  - dental work
  - surgery
  - others

- Possible effects of other forms of complementary medicine:
  - Traditional Chinese Medicine
  - Phytotherapy
  - Naturopathy
  - Others
  -

## **Clinical Training**

### ***Rationale***

Comprehensive clinical education and training is an essential requirement in the education of homeopaths. While much homeopathy theory, history and materia medica can be learned from books, it is impossible to gain clinical competence without practical clinical training and experience. Clinical training should be a main focus of homeopathy teaching programmes and should run concurrently with theoretical studies throughout the entire course. The skills and attitudes needed in order to become a competent homeopath are acquired by the rigorous application of an experiential and reflective process throughout the student's training.

Clinical training allows the student to develop the ability to observe and communicate with the patient, as well as to learn how to acquire relevant information from the patient and identify their particular healthcare needs. It is essential that students are actively involved in clinical training in order to make the most of teaching and learning experiences. Teachers should be aware that students engaged in casework might be at different levels of study and/or understanding.

Teaching institutions, whether classroom based or e-learning based, need to ensure that their students receive substantive and relevant clinical training. Clinical training needs to be monitored right through from initial observation sessions through to independent case taking. As with any other subject, clinical training in homeopathy should take each student's individual learning needs into consideration. Course providers should provide the best learning opportunities for students, and should actively demonstrate a professional and caring approach to the wellbeing of patients.

### **Training courses may offer clinical training in two ways:**

- Clinical training in classes where students observe an experienced homeopath taking the case and where students are provided with ample opportunity to discuss any issues relating to the case under consideration
- Clinical training in small groups and/or one-on-one with a clinical training supervisor, where the student is in the practitioner role

Many courses include video cases and/or live cases from the onset. Students are given the opportunity to observe and practise various aspects of case taking, case analysis and case management on a regular basis. Levels of complexity increase as the course progresses, and students are given increasing degrees of autonomy as their competence develops. Reflective processes are encouraged and regular supervision offered, with appropriate feedback. These are important tools to ensure the continuous development of essential clinical skills.

It is imperative that course providers carefully consider their responsibility to the patients whose case studies are used for clinical training purposes, throughout all stages of clinical training. This includes patient confidentiality issues, continuity of treatment, and ensuring that high-quality treatment is given at all times.

### ***Objectives***

- To acquire the knowledge, practical skills, attitudes, awareness of ethical issues and professionalism, essential to clinical practice
- To gain experience and competence in the practical application and integration of all course components
- To develop the practical skills and sensitivities required in the therapeutic relationship with the patient
- To acquire the knowledge, skills and understanding needed to utilize the broad range of different approaches and strategies required in competent homeopathy practice
- To establish an individual, flexible framework within which to develop a personal and effective approach to case work
- To learn how to record clinical data, to participate in clinical research, and to conduct a clinical audit
- To devise personal coping strategies in response to the range of possible patient responses to homeopathy treatment
- To provide a pool of professional experiences which may be shared with professional colleagues, or used as teaching material
- To learn how to respond to the ethical issues which may arise in practice, both during and after clinical intervention.

### ***Approaches to clinical training***

Clinical education is most effective when it covers a wide range of issues and is delivered in a variety of settings, for example:

- Guided and structured observation and analysis of cases taken by experienced practitioners, or students working in a clinical setting, live or video and/or audio recorded
- Supervised case taking, case analysis and case management by students
  - Under individual (one-on-one) supervision
  - In small groups with supervision
  - In small groups with peer supervision
- Analysis of patient-practitioner interactions within a group setting, both real and created (such as role play)
- Management of patients with potentially life threatening conditions
- Hospital training with in-patients (where possible)
- Clinical audit

***It is essential that students are actively involved in the supervised case taking and management of individual patients before being considered eligible for graduation. These cases should cover a range of conditions, and include the initial consultation, plus a number of follow up consultations.***

***Additional comments on Clinical training***

Video case studies provide a valuable tool, which allows students to observe the dynamics between the practitioner and patient. However, they cannot replace the student's actual experience of interacting directly with a patient. Therefore it is essential that students have ample opportunity to practise independent case taking.

Students should submit comprehensive case studies that include case analysis, rubrics and repertorisation, remedy differentiation, prescription and prescription response. Each case study should comprise the initial consultation, and at least two follow up appointments.

Where practical, it is advisable that both student and supervisor are in the same room as the patient. This allows the supervisor to observe the dynamics of the case taking, and to provide guidance when necessary. Alternatively, the students' case taking can be observed via close circuit TV, or a two-way view mirror, etc., for classroom based learning or other web based technology.

## **Practitioner and Practice Development**

Practitioner and practice development are essential components of a homeopathy course curriculum. Their inclusion facilitates students in establishing and managing a successful practice capable of meeting the diverse needs of their patients

### **Important areas to be covered as part of the curriculum are:**

- Personal and professional development
- Practice management and running a business
- Practitioner and patient relationship
- Practice promotion

## **Personal and Professional Development**

Students come to study homeopathy from a variety of personal and professional backgrounds. In order to become a competent and successful homeopath, the student needs to be prepared to combine studying, including clinical experience, with their personal and professional development. Personal development is integral to an effective homeopathy curriculum, and is also a lifelong process that fosters expertise in identifying a patient's individual healthcare needs. Students should also be aware of their own emotional and physical needs, and be prepared to develop their reflective and interpersonal communication skills. Ongoing supervision and an in-depth comprehension of the importance of ethical practice are essential components of the student's professional development. The following broad areas should form part of an effective homeopathy curriculum.

### **Reflective skills, that include:**

- Critical analysis
- Assessment
- Observation, awareness and perception
- Research and problem solving
- Organisational skills
- Self-awareness and self-management
- Time management
- Decision making

### **Interpersonal and communication skills, that include:**

- Listening
- Speaking
- Presentation (written and non-written)
- Face-to-face communication
- Communication with patients, their families, healthcare professionals, colleagues, media
- Awareness of non-verbal communication, body language, facial expression, etc.

### **Personal development, that includes:**

- Listening skills
- Empathy
- Trust

- Intuition
- Self-awareness
- Self-confidence
- Personal belief systems, e.g. awareness of attitude towards finances, failure, success
- Ethics

**Personal health management that includes:**

- Skills for practitioners preserving and promoting their own health, development and wellbeing
- Evaluating work/life balance
- Stress management
- Assertiveness
- Boundary setting, e.g. patient practitioner relationship, work hours, when to answer phone calls
- Identifying and developing individual and ongoing personal and professional support systems

Students should be encouraged to identify their individual strengths, weaknesses and needs in relation to the above areas. They should also be required to prepare an action plan during the first year of study, which allows them to monitor and assess their own progress throughout their homeopathy education. Students need to be encouraged to consider and develop their own individuality as practitioners.

Approaching personal and professional development in a structured way enables the student to maintain his/her continuing personal and professional development (CPD) after graduation. This includes such issues as academic work, multi-disciplinary collaboration, developing a private practice and mastery of homeopathy skills. CPD Guidelines are available at [www.homeopathy-ecch.eu](http://www.homeopathy-ecch.eu)

**Practice management and running a business**

Managing a practice well is an essential component for the foundation of a successful career in homeopathy. Homeopathy courses should support students to develop skills that will result in the establishment of a professional, effective and financially viable practice. To ensure the necessary skills for building and maintaining a successful practice, the following areas need to be considered:

**Regulatory issues, that include:**

- National and local legislation relating to the practice of a healthcare profession and its marketing
- Tax reports / returns, obligatory taxes and V.A.T (Value Added Tax)
- Recording income and expenses, and managing bank accounts
- National and local insurance requirements for a practitioner and health insurance schemes for patients
- Registering with a professional association (for many potential patients a professional association is the first point of contact in looking for a competent homeopath)

- Confidentiality issues and awareness of disclosure legislation, i.e. situations in which patient information must be passed on to another party
- National requirements for the maintenance, retention and destruction of patient records
- Awareness of the national requirements for pension contributions and the personal implications of planning for retirement provision
- Awareness of national legislation

**Practice management and business development that includes:**

- Choosing suitable premises with regard to the physical design of the practice (e.g. with regard to access for the disabled)
- Awareness of confidentiality issues
- Deciding out of hours availability and locum cover (the homeopath should specify the hours when they are available and maintain a healthy balance between work and free time)
- Managing phone calls, answer phone messages, etc.
- Setting fees appropriate to local conditions and making it clear which services are covered by the fees (there should be clarity regarding the costs for an initial consultation and for subsequent appointments, including discounts where appropriate)
- The preparation of a business plan (regularly monitored) including the amount of patient fees, costs, salary expectations, etc. (this will help students to better understand the functioning of a small business)
- Record keeping including case notes, prescriptions, appointments, etc.
- Create patient referrals and a network for reciprocal referrals (to other homeopaths, therapists, doctors, healthcare professionals, (homeopathy) pharmacies)
- Clinical audit / practice audit (clinic and practice audit skills enable the homeopath to evaluate the effectiveness of their practice, which also helps to build a body of knowledge that can be used for research purposes and for sharing information with peers)
- Advertising, including business cards, targeted advertising, listings in printed or web based directories, local radio stations and newspapers, personal website, social media and other web based information channels

**Time management and working hours, that includes:**

- Planning a weekly schedule (planning time for clients and case analysis, setting patient telephone times, sending out prescriptions, personal supervision, case support, etc.)
- Ability to differentiate patients' demands on time, to give priority where appropriate and to have clear professional boundaries

**Electronic and data management, that includes:**

- Data protection legal requirements (homeopaths need to be aware of national and international legislation concerning the use of electronic information)
- Homeopathy software (schools should provide the opportunity for students to become familiar with the various homeopathy software programmes available)
- Backing up data (regular backups and safe storages)

## **Practitioner management**

Homeopathy courses should support the development of the student's professionalism by providing opportunities to discuss and rehearse the following:

- Booking the appointment
- Managing the first contact, either through the practitioner or a receptionist (patients should feel safe and motivated to commit to a course of treatment)
- The practitioner needs to succinctly describe the framework of their practice such as when they see people for follow-ups, how they stay in touch in between appointments, treatment costs, a description of the homeopathy interview, and clarification of the patient's current understanding of the homeopathic process
- Discuss ways to encourage patients to follow through with homeopathic treatment
- Explore ways in which to advise and support patients with changing maintaining causes that are significant aspects of their current lifestyle
- Determine when and how to involve other persons, such as family or other health care professionals
- Explain to patients that homeopathy is a holistic system of medicine which may be an appropriate treatment option for future complaints
- Encourage accurate evaluation of treatment from the patient's perspective
- Patients may look for advice for a variety of concerns, so homeopaths need to provide patients with information in order to help them make their own informed decisions on wider healthcare and personal welfare issues

## **Practice Promotion**

Practice promotion is a crucial skill for the newly qualified homeopath to develop. It is an ongoing process that should be commenced during study years, and then applied while working as a homeopath. Homeopaths do not practise in isolation; they are part of a wider professional community, and many patient referrals come as a result of personal recommendation. It is therefore important to help each student to define how they want to promote themselves and their practice.

**It is recommended that students consider the following, in order to identify their practice preferences:**

- What are your individual characteristics as a homeopath? What makes you special?
- What motivates you to be a homeopath?
- Would you like to work as a sole practitioner or be part of a group practice or multi disciplinary practice?
- Would you like to specialise and work with a specific group of patients? What kind of homeopath would you like to be for your patients?

Providing excellent service and getting consistently good clinical results is the single most important factor in generating referrals. With this in mind, course providers should include the following subjects that are valuable in practice promotion:



- Research how homeopaths and other healthcare professionals promote their practices  
Learn how to create a referral network that could include other homeopaths, therapists, doctors, healthcare professionals, pharmacies, etc.
- Develop effective presentation skills in order to deliver introductory talks and courses on homeopathy
- Contact well-respected homeopathy pharmacies for handouts for lectures, as well as:
  - Present local workshops in order to promote yourself and homeopathy
  - Offer lectures to general public, health professionals, and patient groups at health food stores, libraries, and other facilities
  - Taking a stall at health event
  - Creating own handouts for distribution during lectures
  - Creating a logo which reflects your individuality as a homeopath Make effective use of internet based resources
  - Approach local media resources such as radio stations and newspapers, offering to provide interviews and/or written articles

## **Ethics of Health Care Practice**

### ***Rationale***

Ethical values are involved in all areas of health care practice. Therefore the development of relevant ethical values runs throughout the whole study of homeopathy, reflecting day-to-day practice.

Course providers should familiarise students with their responsibilities under the national code of ethics and practice of their national regulating body. Students need to understand the manner in which ethical considerations may impact upon their practice management.

The study of ethics fosters respect for the self and for others.

### ***Objectives***

- To help students explore and become conscious of their personal values, moral standards and integrity
- To help students establish their own personal code of ethics compatible with the code of ethics of the homeopathy profession and that of health care professions in general
- To enable students to understand how their personal ethical values can limit or support their homeopathy practice

## **Course Context and Framework**

### **Teachers' competence and development**

#### **Teachers' roles**

The main role of the homeopathy teacher is to support, inspire and help students in their development to become a competent homeopath. Teachers can help to facilitate students' learning and self-development so that they realise their potential both as practitioners, and as human beings (Castro 1997, Pool 1991, Rogers 1980, Ryan 1996, Townsend in Tudor and Worrall 2004). The teacher should provide support appropriate to the needs of each individual student (Bruner 1960).

Teachers may take on a number of different roles, depending upon the needs of both the course provider and the students. This may include being a resource person; a provider of knowledge; an administrator; a supervisor; a mentor; a communicator; a researcher; and a practitioner. The roles teachers take on should be relevant to students' learning objectives.

In order to be able to support students in their learning, teachers need to be competent to teach adults. It is important for teachers to have a basic training in adult education.

#### **Teachers' qualities, knowledge and skills**

Teachers need to act within their bounds of competence. The knowledge and skills teachers require depends upon the role they are taking, the subjects they are teaching, the aims of their teaching activities, the students they are teaching, and the context within which they are teaching.

Teachers should have appropriate knowledge of the subjects they are teaching, and experience in the field in which they teach, especially in subjects closely related to the clinical practice of homeopathy. They should be able to integrate subject knowledge with didactic knowledge. They should be able to effectively communicate with students, and to facilitate students in their communication with each other (Øzerk 2006). Teachers need to be aware of the context, culture and framework within which students and the school function.

The teacher/student relationship should be characterised by mutual respect and trust, to contribute to a subject to subject relationship (Fjelde 2003). Teachers should be able to communicate the subjects they teach with enthusiasm, and encourage their students to have positive expectations of their learning aptitude. Feedback should be constructive, building on students' existing skills and helping to develop their self-confidence. Teachers need to be aware of their position of power, and avoid abuse of power. They also need to be able to work appropriately and effectively with each other, and they should be supported by and work effectively with their employers.

## **Teachers' development**

The teaching of homeopathy and subjects relevant to homeopathy education (such as medicine, psychology and pedagogy) is constantly being developed. Teaching is an ongoing, self-developmental process. Good teaching skills include the ability to communicate subject knowledge effectively to students. Teaching also requires the ability to critically reflect upon existing subject knowledge and competencies, with a view to identifying areas to develop further, for the benefit of students

Knowledge should be of relevance to patients and society in general, and should include a clear focus on ethics. Feedback from relevant individuals such as peers, employers and supervisors, provides teachers with the opportunity to reflect upon and further develop their existing skills and competencies, on an ongoing basis (Biggs & Tang 2007, Houghton 2004).

## **Teaching and learning approaches**

### ***The aims of homeopathy education***

Education and training in homeopathy has become increasingly focused on developing the individual student's competence to practise. This is in line with higher education in other health care professions, and represents a move away from mainly structure and process based education (Carracio et al 2002, 2004).

Competent homeopaths are accountable and responsible practitioners, who provide their patients with professional and ethically responsible<sup>2</sup> treatment.

Course providers need to clearly communicate the aims and objectives of the homeopathy education being offered, so that students are aware of what will be expected of them.

It is the responsibility of the course provider and course teachers to provide an appropriate learning environment for their students. Although each student must take responsibility for his/her own learning, courses need to be structured so that they readily facilitate student learning, and realise the potential of each individual student. To clarify, the student 'learns' and the teacher 'teaches'. The aim of teaching is to make student learning possible (Rogers 2003). With this in mind, the effective development of students' skills and competencies should be fully integrated into the structure of the course curriculum (Øzerk 2006).

These guidelines recommend a focus on aims and objectives, however they also acknowledge that some skills are difficult or impossible to specify through objectives. Students will learn things that were not expected (Ramsden 2003), and if an unexpected achievement is identified, it can be incorporated into a revised learning outcome (Houghton 2003).

<sup>2</sup> *Ethically viable treatment can be understood as treatment according to existing codes of ethics of the profession (for example ECCH 2002) as well as basic principles of moral philosophy (Beauchamp and Childress 1994, Thompson 1990). Accountability and responsibility to the public for the competence of practitioners is a driving force to establish competence-based training, and it involves components of active learning.*

### ***Aligning teaching approaches, learning objectives and assessment***

The most effective learning is achieved when learning outcomes, teaching methods, and assessment procedures are aligned (Biggs 1996, 2003, Cohen 1987). This requires course providers and teachers to be clear from the onset about what they expect students to learn (the aims/objectives of the course). Course providers and teachers then need to determine which learning approaches are most suitable to enable students to achieve the required learning aims and objectives. An ongoing assessment strategy, which monitors the students' development, understanding and skills, needs to be in place. Assessment is aligned with the course's agreed learning aims/objectives and the selected teaching approaches. The course provider also needs to set in place a process whereby the institution and its staff regularly reflect on and review whether the course itself is fulfilling its own projected goals and outcomes.

### ***Which teaching and learning approach?***

These Guidelines acknowledge that a wide range of teaching approaches may be used in order to help students achieve the learning objectives of the course.

Individual students will respond differently to a particular teaching approach, depending upon their own learning preference, which means that effective learning, can be achieved in many different ways. Teachers may also have individual teaching approaches, and it is possible to deliver each separate component of a homeopathy course in a number of different ways.

These guidelines do not recommend one particular learning or teaching approach over another. We do however recommend that course providers and teachers consider carefully how they can best facilitate students' learning processes. Appendix A provides an overview of a range of different approaches that may be considered.

Because individual students learn effectively in different ways, it is mutually beneficial if the course provider and teachers are able to identify and meet students preferred learning approaches. Appendix B provides examples of different learning styles for students.

Some teaching and learning approaches may be more effective than others. For example, when the teachers lecture and students listen and remain relatively passive, students use surface learning approaches and may memorise information in order to pass tests/exams, but do not facilitate the development of a deeper understanding of the subject matter (Biggs & Tang 2007). Information learned via a surface approach is readily forgotten, and is generally of little relevance in real world situations (Ramsden 2003).

In contrast, deep approaches to learning help students to see the importance and relevance of learning (Biggs & Tang 2007), and encourage students to focus on underlying meanings, main ideas, themes and principles, and their successful application. They also help students to develop analytical skills, together with an understanding of the diverse healthcare needs of individual patients.

Typically deep approaches to learning encourage students to actively participate in a positive, supportive working atmosphere. This approach increases student contribution and helps to reduce the fear of making and admitting mistakes. Making mistakes is often an important part of the learning experience (Biggs & Tang 2007). By encouraging students to present problems, confront misconceptions, question subject matter and develop their critical faculties, deep learning approaches focus on the student's depth of subject knowledge and their understanding of concepts.

# Electronic and Distance Learning Programs

## Introduction

The development of information technology (IT) has made it possible to deliver education from anywhere in the world, and has opened the way for a variety of possible teaching methods to be employed (Biggs & Tang 2007, Garrison & Anderson 2003). This flexibility of teaching approaches can also be applied to the education of homeopaths. The terms „e-learning,“ „distance learning,“ „web- based learning“ and „online learning“ have different definitions, and are often confused with each other.

In order to establish adequate and appropriate learning approaches in e- and distance learning programs, it is important to thoroughly understand the distinctive characteristics of each individual concept. This includes exploring and evaluating alternative approaches, selecting the best solutions, and promoting effective learning practices (Tsai et al. 2008). E-learning is usually associated with web- based learning which uses web-browser technology, normally delivered via the Internet or intranets (Collison et al. 2000, Driscoll 2002, Hall 1997, Horton 2000, Khan 2001, Rosenberg 2000). According to Schank (2001) learning activities involving computer networks are usually referred to as „e-learning“, however e-learning is not exclusive to distance learning.

The concept of „online learning“ pre-dates the appearance of the World Wide Web, but in current times online learning usually refers to materials delivered over the Internet or intranets (Malopinsky et al. 2000, Schank 2001). Learning focus has now moved from how teachers teach, to an emphasis on how students learn. This commonly involves the development of different learning methods such as problem-based learning, resource-based learning, student centred learning and e-learning (Biggs & Tang 2007). It is important to be aware that the quality of teaching and learning may be affected by a “Virtual” learning environment (Biggs & Tang 2007).

The following is an attempt to outline the basic differences between terms commonly used to describe e- and distance learning programmes. It describes both traditional, subject centred, pedagogical learning processes, where the student takes a fundamentally passive role in their learning, and adult learning strategies, where the student is encouraged to adopt more independent, self motivated approaches to their learning. This section also makes suggestions in relation to approaches to clinical practice, including raising awareness and understanding of ethical issues within the virtual learning/computer based education environment. Technical information is also provided.

For definitions relevant to e-learning and distance learning, please refer to Appendix C.

## **Electronic Learning – Technology/Resources and Pedagogies**

E-learning may assist in the positive development of for example project-orientated and problem based learning (PBL), as well as developing flexible learning formats (Bienzle 2008). E-learning may contribute to the development of quality learning by enabling process orientated teaching methods. The interests and motives students bring with them from their spare time, study and/or work life may become the building blocks for teaching and learning processes applied in virtual projects and group work (Biggs & Tang 2007, Georgsen & Bennedsen 2004, Palloff & Pratt 1999).

Because e-learning courses are mostly based on open learning processes, students take primary responsibility for their own learning. Online tutorials can serve as an aid to keep track of the learning process, and the student is expected to study written material and keep up to date with the material published on the teaching site (Georgsen & Bennedsen 2004). The student should be supported in their ongoing learning process, with the aim of encouraging continuation of learning and a sense of belonging.

Whenever possible, the choice of e-learning tools should reflect, rather than determine, the pedagogy of a course. However, as a general rule, how the student uses the technology is more important than which technology they use (Nichols 2008).

E-learning is a means to education, and can be applied to varying teaching and learning approaches (Thorpe 2002). Weller (2002) lists the following pedagogies:

- Constructivism
- resource-based learning
- collaborative learning
- problem-based learning
- narrative-based teaching
- situated learning

Technology is a neutral learning tool because it can support any and all of the pedagogies listed above. Educational technology (ET) and information technology (IT) are different approaches to virtual learning. ET has great potential in helping achieve educational aims and objectives: in managing learning, in engaging students in appropriate learning activities, in assessing learning and in enabling off-campus learning (Biggs & Tang 2007).

The benefit of e-learning requires significant up-front investment. However, substantial gains in student outcomes and efficiency can result directly from e-learning interventions. These interventions have various degrees of the following six key characteristics (Twigg 2003):

- Whole course/programme redesign (to remove duplication of effort and to ensure consistency)
- Active learning (focusing students on doing)
- Computer-based learning resources (including online exercises and low stakes quizzes)
- Mastery learning (modular, self-paced course design with clear learning objectives)
- On-demand help (crucial for student satisfaction)
- Alternative staffing (through specialisation, freeing academics to concentrate on teaching)

Training in homeopathy taught via an e-learning model must facilitate basic training in the subjects advised elsewhere in these guidelines. Students can attain encouraging evidential benefits from learning via an e-learning model, but ethical issues in relation to clinical training and live cases, must be considered. Much technology provided by professionals does have features which support confidentiality, however, emphasis on engagement with the patient-practitioner relationship, and development of personal and professional skills, will require live clinics and supervision where practical, so that students can obtain the objectives and learning outcomes of clinical training.

Although these skills are more usually associated with classroom teaching, they can also be achieved in an e-learning setting. The virtual teaching room is well suited for student engagement and part of the teaching strategy is to have group presentations, which is weighed with a considerable percentage of the assessment strategy.

E-learning is often project oriented and resembles varieties of problem-based learning. It is easy for students to access resources and builds on each others' online resources. Students develop easily and become more critical, more active and more constructive. Because the students are more active, the quality of learning becomes much higher (Georgsen & Bennedsen 2004).

Because of the high standard expected of students, coupled with the fact they are working at a distance in isolation a lot of the time, e-learning group work covering 25 % of the total assessment should be organised as part of any e-learning course.

All learners in a group are able to profit from the tabling of similar or thoughtfully contrasting examples, which had been encountered by their peers, which is why the students can be asked to make presentations on the same topic (Cowan 2006).

Kolb's expanded learning cycle (1984) of concrete experience, reflective observation, abstract conceptualisation and active experimentation is suited for homeopathy teaching, especially clinical training, as it forms itself around these concepts and is easily applied using the e-learning model.



## **Assessment**

### ***Rationale***

Assessment is the feedback process through which both student and course provider identify learning needs, achievements, and pathways to progress.

It is designed and planned to be an integral part of the whole curriculum. The strategy adopted agrees with the stated learning objectives and with the teaching and learning methods. An assessment program enhances the students' learning and awareness through teacher and peer assessment, as well as by using professional self-appraisal and self-assessment techniques and developing their critical faculties.

Assessment or evaluation of learning is achieved by describing learning outcomes that are consistent with the nature of homeopathy principles and practice, for example the „what and how“ of learner performance as a response to their learning experience and effort. This allows flexibility of application appropriate to the individuality of ethos of each educational institute. Having defined the learning objectives in a curriculum document, schools are then in a position to develop their own assessment criteria and methods, for measuring the expected learning outcomes for their students.

A well-structured assessment programme provides valuable learning opportunities for the course provider, so that not only can they evaluate the progress of each student, but they can also evaluate the effectiveness of the course itself. Assessment can be both formative; providing feedback so that the student can identify areas of improvement, and summative; determining if the student has achieved learning intentions, usually at the end of a block of learning.

The course handbook should describe the assessment process used, so students are aware from the start of how they will be assessed.

### ***Objectives***

- To provide feedback to students so that they can identify areas for improvement
- To motivate students and focus their sense of achievement
- To enable students to learn and improve
- To enable students to develop effective self-assessment practice
- To consolidate student learning
- To evaluate students' potential to progress
- To assess students' suitability for clinical practice

### ***Methods of assessment and moderation***

In order to meet the variety of skills and comprehension levels in students it is important to have a matrix of assessment modes comprising a variety of methods. It is important to recognize that each assessment method may be advantageous to some students and disadvantageous to others. Assessment necessarily needs to reflect the subject being taught.

Methods range from traditional written exams, through many kinds of alternative exam formats, to a wide variety of other "measurables" that can be a product of students' individual or collaborative work.

It is important to ensure that the standards of assessment, both within a course and between courses, are themselves assessed and checked. This process of moderation needs to be carried out both internally and externally in order to maintain high standards and the integrity of any awards given.

### **Examples for different modes of assessment**

- Feedback questionnaires
- Oral feedback
- Self assessment
- Self reflection
- Written tests – more or less open questions, multiple choice, paper cases
- Oral contributions to lectures
- Oral examinations
- Casework
- Paper presentations
- Home assignments
- Practical tests
- Projects
- Supervision
- Tutorial

Learning activities and opportunities in the course, and the assessment of student progress, should be designed so that all the study topics are covered, and students can show evidence that:

- they know at a basic understanding level
- they comprehend through understanding the relationships of ideas in concepts and procedures
- they can apply the material in a practitioner role, integrating understanding and refining knowledge

In addition, throughout the course students are encouraged to develop independence and autonomy, showing evidence that:

- they are able to analyse existing information and situations
- they can synthesise new ideas themselves from their individual experience they can evaluate their progress through use of reflective practice

The course provider will develop the curriculum in ways that guide the teaching, learning and assessment towards these objectives.

For further details, please refer to other chapters of these Guidelines, in particular the Introduction, and Chapters 4 and 6.

## **Assessment for readiness for professional clinical practice and for accreditation of education and learning**

### ***Assessment of fitness to practise***

Forms of assessment to assess a graduate's competence and readiness to begin professional clinical practice vary from country to country, and in some cases from one region to another. In some countries final assessment of readiness to begin clinical homeopathy practice is carried out by Governmental institutions, whereas in others the profession has introduced systems of voluntary self-regulation which includes assessment of homeopathy graduates.

Course should have processes in place to assess whether a student is fit to begin professional practice whether or not there is any external assessment in place.

### ***Accreditation of courses***

Systems for accreditation of education programmes also vary from country to country. An example of guidelines for accreditation is available at <http://homeopathy-ecch.eu>

### ***Length of courses***

In line with developments within the Higher Education Community in Europe via the Bologna Process, this document does not recommend a specific number of hours, or course length or stipulate the number of clinical hours. The Bologna process proposes the introduction of a modular system and the awarding of points per module. Each course can then map its curriculum and allocate points for each module. Course completion and fitness to practise is then measurable and transparent. The onus is on the course to show that its curriculum is at the required level for homeopaths to enter professional practice.

## **APPENDIX A - Teaching and learning approaches**

The following overview contains a number of suggestions for teaching and learning approaches (TLAs) that may be used as part of a homeopathy course. TLAs are used to help students learn what we want them to learn (Ramsden 2003). This overview is by no means exhaustive, and other effective teaching approaches may be applied.

### **General recommendations:**

- Raise students interest and expectations
- Ensure variety
- Motivate students
- Build on students' current knowledge and experience, develop what they already know
- Ensure good communication, explain when necessary
- Encourage students to pose questions, make requests and comments
- Provide opportunities for each individual student to be heard
- Encourage mutual respect and positive attitudes towards and between students, between students and staff, and a wish to learn together
- Show interest in students' point of view, actively listen and comment in a non-judgmental, positive and constructive way, focusing on what is useful

To help students to recognise the knowledge they already have and to encourage them to learn something new, the difficulty of the subject being taught should be set „one level above“ the students' current level of knowledge (Krashen 1981, Vygotsky 1978, Øzerk 2006). It is advisable to begin with simpler tasks and move gradually towards more challenging tasks. This is in line with Bruner's (1960) principle of a 'spiral curriculum'. Such a curriculum revisits basic ideas repeatedly, but at increasing levels of complexity and/or difficulty.

### **Raising expectations**

By setting high standards and making it clear that students are expected to achieve high standards, course providers and teachers help to stimulate students' self-esteem and self-confidence. This approach can also help to encourage students to consider course aims/objectives as inspiring challenges rather than insurmountable tasks. It may be helpful to set learning aims/objectives within time frames, which provide structure, and help students to stay on track and retain focus. Time frames should be flexible, and adjusted to meet students' individual needs.

### **Raising interest and explain**

Teachers should provide students with clear explanations to facilitate their understanding and raise interest. Ideally, material should be presented with enthusiasm "face to face", and in an interesting manner (Ramsden 2003). It is much harder to raise interest or enthusiasm through written material alone. When appropriate, examples should be provided to illustrate theory (Felder and Silverman 1988). Students should be presented with clear, adequate teaching notes and other relevant resource material, which should have meaning to students "real life" problems whenever possible (Ramsden 2003). Enhanced learning can be facilitated by raising students' awareness of the possible range of learning models and activities (Felder and Silverman 1988).

## **Ensuring variety**

As individual students learn best in differing ways, teaching and learning approaches should be varied. Students' attention span varies and can be poor during lectures (Brown and Race 2002, McKeachie 1994). Research suggests attention decreases from ten minutes into lectures and students only recall significant knowledge from the first parts (McKeachie 1994). Mismatch between learning and teaching styles may result in boredom, inattentiveness, poor test results, discouragement and even drop-out. It is recommended that course providers and teachers endeavour to match teaching approaches to individual students' learning styles whenever possible (Felder and Silverman 1988).

## **Learning may be achieved by using different sensory channels (Dunn 2000):**

- Verbal/visual presentations (varied colours/volume levels, variety of technology/media)
- Individual reflection
- Discussions
- Allow students to present materials to suit their learning styles
- Carry out tasks that are as closely matched to real-world situations as possible
- Use both inductive and deductive approaches in teaching
- Balance concrete information with abstract concepts (Felder and Silverman 1988)
- Balance the focus on fundamental understanding with problem-solving methods (Felder and Silverman 1988)
- Focus on intuitive and sensing patterns (e.g. recognising patterns through linking of items and encouraging generalisation from observations, observing material in teachers' and other students' presentations/findings) (Felder and Silverman 1988)
- Provide intervals for reflection and active participation (Felder and Silverman 1988)

## **Activate students**

- Encourage students to actively participate in, and directly experience their own learning, rather than to passively read, hear or see (Stice 1987)
- Give students tasks to solve through project and problem-based learning (Pettersen 2001, Øzerk 2006). Practical exercises can for example involve patient observation, listening, questioning, raising self-awareness, and awareness of the process itself. The patient may be real, or a student acting as a patient
- Encourage students to solve problems and discuss material together
- Encourage students to teach each other
- Provide opportunities to practise (Felder and Silverman 1988). This could involve case taking as an integrative approach. Students can be actively involved in case-taking and – evaluation, through either direct interaction with patients, peers or by analysing video-taped or other types of cases. All aspects of homeopathy education and training could be integrated into different subjects taught throughout a course
- Encourage group work (Armstrong 2004, Taylor et al. 2000) underpinned by clear group rules, so that individual students feel safe in the learning environment, thereby enabling the group to function effectively (Armstrong 2004, McGill and Beaty 1995, Nordland 1997)

- Encourage self-reflection and the use of learning journals and/or learning portfolios. Through self-evaluation, students can learn how to regularly review their homeopathy and other competencies. This may contribute both to student learning during education, and to their continuing professional development after graduation
- Encourage students to consult with a homeopath themselves, in order to better understand the process of case taking, and the patient/practitioner relationship

## **APPENDIX B - Determining students' preferred learning approaches**

The following overview contains a number of suggestions for models that can help to determine homeopathy students' individual learning preferences. (For more information on these approaches, see the reference list). This overview is by no means exhaustive and many other approaches exist. Course providers and teachers are encouraged to consider the presented models, as well as other models that may contribute to the assessment of individual students learning preferences.

### **Multiple intelligences (Gardner 1983, 1993, 1999)**

- Linguistic intelligence
- Logical/mathematical intelligence
- Spatial intelligence
- Bodily/kinaesthetic intelligence
- Musical intelligence
- Intra-personal intelligence
- Inter-personal intelligence

### **Dunn and Dunn learning style model (Dunn 2000)**

- Environmental: Sound, light, temperature, seating layout
- Emotional: Motivation, responsibility/conformity, task persistence, structure
- Sociological: Self, pair, peers, team, adult, variety
- Perceptual: Intake, time of day, mobility
- Psychological: Analytic, global, reflective, impulsive

Index of learning styles (ILS) (Felder and Silverman 1988)

Inductive – Deductive Sensing – Intuitive Visual – Verbal/auditive Active – Reflective Sequential – Global

VARK learning preferences (VARK undated)

Visual Auditive Read/write Kinaesthetic

## **APPENDIX C - Electronic and Distance Learning Terminology**

E-learning is mostly associated with activities involving the simultaneous use of computers and interactive networks. The computer does not need to be the central element of the activity or provide learning content. However, the computer and the network must be significantly involved in the learning activity. E-learning has been defined as a “pedagogy empowered by digital technology”. In the United States e-learning is defined as a planned teaching/learning experience which uses a wide spectrum of mainly internet or computer-based technologies to reach learners. In most universities, e-learning is now used to define a specific method in which a course or study program is delivered. Students study online and therefore rarely, if ever, attend for on-campus access to face-to-face educational facilities.

**Web-based learning** is associated with learning materials delivered in a web browser, including when the materials are packaged on a CD-ROM or other media.

**Online learning** is associated with content readily accessible from a computer. The content may be on the Web, the Internet, the computer’s hard drive, or simply installed on a CD-ROM. The concept of online learning surfaced before the development of the Web, and before learning materials were delivered over the Internet or networks, so network use is not necessarily required.

**Distance learning** involves interaction at a distance between teacher and student, and enables the teacher to react and respond to the needs of the student. Simply posting or broadcasting learning materials to students is not distance learning. Instructors must be involved in receiving feedback from learners (Keegan 1986, Garrison & Shale 1987).

Distance learning is a concept older than most of the others discussed here. It does not necessarily require the use of computers or networks. It involves interaction between class members primarily at a distance, and enables the teacher to interact with students. Distance learning is typically associated with televised broadcasts and correspondence courses, but it also applies to certain E-learning applications.

The primary characteristic of the learning activity differentiates between each of the following concepts: web-based learning, online learning and distance learning. Intensive use of the defining feature is required. Incidental or occasional use of a characteristic feature is not sufficient to qualify for a certain type of learning. Ideally concepts and methods are merged to facilitate broader learning and accommodate ethical concerns.

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# ECCH PROFESSIONAL PORTFOLIO

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## 3.1 EUROPEAN GUIDELINES FOR ACCREDITATION OF COURSES OF EDUCATION IN HOMEOPATHY

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### Section 3.1

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## **Introduction**

### **A principal aim of the ECCH and its individual members is:**

*“To unify the homeopathic profession throughout Europe to ensure the highest standards of homeopathic practice in order to restore and improve the health of patients.”*

In order to do this, the ECCH agreed that part of its working remit is to act as;

'a forum for determining standards of education, training, qualification, ethics and discipline for homeopaths, for the development of the profession, for the development of homeopathy and for the benefit of the public'.

## **Guidelines for homeopathic education**

In 1991 ECCH undertook its first major task; to develop a guiding policy document that would define and describe the curriculum content necessary for the education of a competent homeopath. The guidelines were developed to be used by providers of homeopathic education to inform their curriculum development. In 1993 the ECCH published the first edition of the *'Guidelines for Homeopathic Education'*. Since 1993 the 'Guidelines' have stood as the ECCH policy document on homeopathic education.

The 'Guidelines' have been used as a reference document by those setting up new courses of homeopathic education. They have also proved valuable to education providers reviewing and upgrading their existing courses. The second edition of the Guidelines was published in June 2000 in English and German.

The International Guidelines for Homeopathy Education were published by ECCH and ICH in May 2011.

## **Accreditation Policy**

In June 1999, ECCH Council made a policy decision to actively encourage the establishment of a process of independent accreditation in each member country. An ECCH policy document on accreditation, together with the European Guidelines for Homeopathic Education would form the basis for the accreditation process. Professional associations and education providers in each country or region, would be invited to participate in developing the accreditation process, in order to promote a high standard of homeopathic education across Europe and internationally.

Establishing this process based on the 'Guidelines for Homeopathic Education', should eventually lead to the registration of a consistently high quality homeopaths internationally. This in turn should facilitate the standard of movement of homeopaths from the register of a professional association in one country, to the register of an association in another country.

ECCH aims to encourage each national professional association and all education providers, to start an accreditation process at either national or regional level. Examples of possible regional

groups are; a Nordic group (Norway, Sweden, Denmark, Finland, and Iceland), a Germanic group (Germany, Austria, and Switzerland), a Dutch-speaking group (Holland, Belgium), a Southern European group (Spain, Portugal, and Italy) and an English speaking group (UK, Ireland).

Education providers in one country/region where an accreditation procedure has not yet been established may apply for accreditation via another country/region where a satisfactory accreditation process already exists. They may then choose to remain with their 'host' accreditation board, or undertake the necessary procedures to establish their own national/regional accreditation board.

## **Accreditation**

Accreditation is an objective process, designed to evaluate and assess the quality of education while also stimulating its development.

The fundamental purpose of accreditation is to ensure that education providers:

- are competent to produce graduates capable of practising a high standard of homeopathy
- produce graduates sufficiently competent to be accepted onto the register of the national association(s)

Accreditation involves the establishment of a set of criteria and procedures by which to assess and evaluate each education programme. Representatives from within the professional community and the educational sector negotiate and agree to the criteria and process. Once a college has complied with and fulfilled the required criteria, the college is 'accredited'.

Accreditation is more than just a process of examination, assessment and final judgement. It is an ongoing, developmental process, involving co-operation between the education providers and the homeopathic profession. The Accreditation Board is the medium by which the highest possible quality of homeopathic education is defined, realised and maintained.

## **Accreditation Board**

The Accreditation Board should be constituted in such a way as to function independently of both professional associations and education providers. In its functioning, the accreditation board should be able to demonstrate objectivity, impartiality and transparency when dealing with education providers seeking accreditation. The inclusion of expertise and representation from outside the homeopathic profession is an essential prerequisite that ensures balance in the board's make-up.

Where there is only one national professional association, the association should seek to constitute its accreditation board according to the criteria outlined above. Where a number of professional associations exist in a particular country or region, the establishment of an independent accreditation board ensures that similar accreditation standards exist for each individual association. At the same time, an independent accreditation board may serve as a medium for eventually uniting separate associations.



## **Membership of the Accreditation Board**

**ECCH recommends that an Accreditation Board comprise at least seven members to include;**

- appropriate representative expertise from the national professional association(s)
- representative expertise from homeopathic education providers
- expertise from areas outside of the homeopathic profession, such as education, complementary medicine, conventional medicine, administration, law, finance, etc
- representation from patients and consumers, possibly from a specific national patient or consumer organisation

## **The Accreditation Process**

Once the Board is established with a range of expertise similar to that described above, then the criteria and outlines for the accreditation process can be decided. This can be achieved by utilising a process of effective consultation with all interested parties. The use of a template such as this ECCH Accreditation Policy Document, in conjunction with the European Guidelines for Homeopathic Education, may be helpful in speeding this process up. The study of successful existing accreditation programmes such as that of the British acupuncturists may also prove useful. After procedures and criteria have been defined by the Board, applicants for accreditation can be invited to embark on the path of the accreditation process.

The accreditation procedure should encompass both institutional and course aspects, in which the course provider examines, reflects on and responds to their current process. This self-study process is supported, guided and monitored by the Accreditation Board. When the process has been satisfactorily completed, the course is accredited by the board. The award of accreditation should be time-limited, with processes agreed early on in the development of the Accreditation Board, being periodically employed to re-affirm accredited status.

There are a number of essential requirements for accreditation and compliance with these requirements is evaluated in two distinct procedures;

- eligibility review, which establishes an education provider's initial readiness to embark on the accreditation process
- self-study report, which eventually leads applicants to accreditation

The ECCH has developed the following essential requirements which should be fulfilled for any course of education in homeopathy. They are divided into three main categories; content, process and organisation;

**Content****Goal**

The goal of the institution shall be to provide students of homeopathy with the necessary knowledge, attitudes and skills, to become independent and accountable health care practitioners

**Course Programme**

The course shall satisfy minimum requirements in respect of length, professional clinical competence and other standards of education established by the Accreditation Board

**Assessment**

Assessment of students' achievement shall be applied systematically throughout the course. A variety of measures shall be employed to ensure the acquisition of knowledge and core skills. Attitudes, appropriate behaviour and competence shall be assessed at each stage of the course, leading ultimately to the performance expected of a qualified professional practitioner.

**Course Evaluation**

The institution shall provide a summary of course evaluation systems and quality assurance procedures. It shall evaluate the effectiveness of its education, and the accomplishment of its stated intentions, in a consistent and verifiable manner.

**Process****Learning strategy and teaching modes**

The institution shall have a student centred learning strategy, made concrete by a clear choice of teaching modes

The institution shall provide a system of student guidance which assures an optimum learning path

**Admissions**

The institution shall clearly explain the prerequisites for entry. Methods for assessing prior learning such as the evaluation of credit transfer and other experiential learning, will be stated

**Equal Opportunity**

The institution shall demonstrate its willingness and ability to offer equal access to all students, irrespective of age, gender, ethnicity, social circumstances and physical disability

The institution shall have adopted a comprehensive policy demonstrating commitment to equal opportunities

**Students' Rights**

Rights privileges and responsibilities of students and possible disciplinary procedures shall be clearly defined and made available to students by appropriate means

**Organisation****Policy**

The providers of homeopathic education have aims, objectives and an evaluation policy/strategy clearly documented

The organisational structure of the institution and the course content are specified

**Legality**

The institution is legally constituted and complies with relevant statutory regulations

**Staff**

The institution is able to appoint and maintain sufficient staff to fulfil its declared objectives

**Records**

The institution shall have appropriate record-keeping systems

**Resources**

The institution shall provide learning resources and equipment adequate for the educational courses offered, or make suitable alternative arrangements for reasonable access by students to such resources'

**Facilities**

The institution shall provide facilities that are safe, accessible, functional, appropriately maintained and are sufficient to provide for the effective functioning of the course. It shall provide access to a clinic and appropriate media and learning equipment

**Finances**

The institution shall have an adequate financial base for existing course commitments and shall demonstrate an appropriate financial management system.

**Quality system**

The institution shall have a quality system in which the related parts of the institution: content, process and organisation, are evaluated on a structural basis'

**Course Promotion [Information policy]**

- the institution shall publish and make available to students and the general public, official publications which honestly and accurately set forth:
- the current purposes and educational intentions;
- the entrance requirements and procedures;
- the course assessment methods used and how they are administered
- the rules and regulations for conduct and attendance;
- the opportunities and requirements for financial aid (if possible);
- the procedures for discipline and/or dismissal (for academic and other reasons)
- the grievance procedures for students;
- the fees and equitable refund policies, with clearly stated procedures regarding refund and/or transfer of fees ;

- the course completion requirements; the members of the administration;
- the professional education and qualifications of full- and part-time staff;
- members of the governing and advisory boards;
- the outline syllabus, academic calendar and course schedule;
- the institution's admissions and transfer policies (e.g. where students already have a sound foundation in the human sciences);
- an accurate description of each component of the course of study;
- a description of learning and other physical resources;
- the details of the qualification to be awarded upon successful completion of the course;
- any legal requirements for practice which may be applicable;
- the reference to the institution's policy on equal opportunities.

## Glossary

**Accreditation:** A process of evaluating and assessing an educational programme, to determine how well it is fulfilling the criteria and standards required of it by an independent monitoring board made up of professionals and educationalists from the relevant profession. The process of accreditation involves ongoing self-evaluation by the institution proving the programme as well as regular assessment by the accreditation board, to ensure the maintenance and development of course standards, with the aim of producing competent professional practitioners.

**Accountability:** Ability to fulfil a set of agreed responsibilities, roles, standards and criteria.

**Assessment:** A comprehensive review of progress being made by a student or trainee in any form of education or study. It may be carried out by the teacher, examiner, other students or the student him/herself. The form of assessment should be appropriate to the teaching and learning style.

**Competence:** A satisfactory level of ability and practical application of specific skills.

**Consultation:** Sessions involving both practitioner and patient where information is exchanged and explored. Consultations may have a focus on assessment, treatment planning, review or the provision of general support and advice to clients.

**Contract:** All agreements between the practitioner and patient are they formal or informal, written or verbal. Contracts will cover the roles and responsibilities of both parties.

**Criteria:** A specific selection of required abilities or qualifications on which a certain standard of achievement is judged.

**Curriculum:** Broad description of a course or training programme, including teaching and assessment methods.

**Effectiveness:** The effectiveness of an activity or intervention is the extent to which they achieve their intended objectives. How well something is working in relation to its intended goals.

**Eligibility for accreditation:** Eligibility to begin the accreditation process requires that the applying educational institution meets and complies with a certain number of essential requirements established by the board before being accepted as a candidate for accreditation.

**Equal opportunities:** Are available to everyone without discrimination with regard to race, religion, sex and disability to ensure that everyone has equal access and equal treatment.

**Essential requirements:** Minimal qualifications required of someone wanting to enter a professional training or course.

**Evaluation:** The process of determining the value or quality of something based on a careful study of its good and bad features against predefined criteria.

**Facilities:** Equipment, buildings and services that are provided for a particular activity or service.

**Guidelines:** Recommendations, following a certain framework, which may be interpreted by different institutions in different ways.

**Occupation:** Broad description of a profession or job.

**Syllabus:** The programme or outline of a course of study, or a statement of the requirements for a particular examination (see also curriculum).

### ***Extended glossary***

This glossary includes terms which are not included in this document, but which are being used within the areas of education and accreditation. These terms might be of interest in order for the reader to be able to read and understand other documents on the topics of education and accreditation.

**Appraisal:** A comprehensive, objective evaluation of the performance of an individual or institution in fulfilling their role. Appraisal also identifies areas for improvement and development.

### ***Assessment***

**Formative assessment:** Assessments, which are part of learning and inform the student of their progress.

**Self-assessment:** The student contributes to the assessment of his/her work as a self-critical evaluation, as part of the learning process.

**Summative assessment:** Assessments which determine whether the student has achieved the required goals up to a certain point - usually used at the end of a learning block.

**Audit:** A systematic, critical examination of a process or system, to weigh up the practical outcome of it in relation to its original goals.

**Autonomy:** A person's ability to make their own decisions about what they do rather than being influenced by someone else or being told what to do.

### ***Criteria***

**Core criteria:** Criteria relating to a specific course or curriculum.

**Culture:** Historically based shared beliefs of a community or group that shape how they think and behave.

**Endorsement:** The end result of an accreditation process, given by the accreditation board; confirmation by the board that an institution is recognised as fulfilling the required criteria.

**Entry requirements:** Defined criteria for students entering institutions of higher education e.g. homeopathic colleges.

### ***Evaluation***

**Formative evaluation:** Takes place while something is happening and feeds into what happens next.

**Summative evaluation:** Takes place at the end of a process; summing up of a process.

**Facilitate:** To intervene or assist so as to make something easier; e.g. guide a discussion at a meeting, so that it remains within the desired framework.

**Feedback:** Subjective response by someone about their experience and understanding of some process they have been involved in.

**Moderation:** Process of leading, guiding or mediating between different parties, usually done by a neutral person; e.g. a discussion forum.

**National Occupational Standards:** Nationally agreed standards of performance and competence for a profession or occupation.

**Peer review:** A process by which something is analysed and evaluated by colleagues of equal academic and professional standing.

**Reflective practice:** A deliberate strategy for practitioners to make use of the mind's conversation with itself. The process whereby we become consciously aware of what we are thinking are able to adapt and change our understandings to include new learning. It involves a natural pausing or internal rhythm to counter balance the external action.

**Reflective practitioner:** The practitioner is engaged in an experiential learning cycle in which they are consciously aware of what they are thinking and doing and seek to include new learning when appropriate. They take time out to reflect on the cycle so as to change their understanding and improve their practice.

**Supervisee:** The person who is seeking, or in, supervision.

**Supervision:** A formally contracted arrangement to meet at regular intervals with a person of more advanced experience, to review and reflect critically on work processes, as part of the learning experience.

**Supervisor:** The person who is providing supervision.

**Transparency:** All agreements and arrangements of an organisation are open and clear to its members.

**Validation:** Confirmation or ratification by an outside institution or examining board that a particular education programme meets the required academic standards that its graduates must meet. This is not the same as confirming those persons' readiness to join a profession.

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