STANDARDS FOR HOMEOPATHIC EDUCATION
AND COMPETENCIES FOR THE PROFESSIONAL
HOMEOPATHIC PRACTITIONER
IN NORTH AMERICA

FINAL DRAFT
SEPTEMBER, 2013
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INTRODUCTION

Organization of This Document
This document has a significant amount of content that has been extensively discussed and evaluated by representatives of a wide spectrum of American and Canadian national-level homeopathic organizations. For easier comprehension and future updating, it has been structured with general principles, guidelines, and objectives being placed in the body of the document while lists, details, historical references, and other information are given in the appendices. Some redundancies in the text are present in order to allow individual sections to be referred to in a standalone manner.

The main body of this document reflects the current state of standards and competencies as identified during the 2010 Summit. The participants at that Summit identified other areas which also need discussion; due to limitations of time, specifics could not be finalized and these areas were considered as potential goals for a future state of standards and competencies. To eliminate confusion regarding what is a present standard and what is a future goal, the main body of the document only includes present standards. An AFTERWORD is attached which includes those future goals for consideration during the next revision and update process.

History of This Document
This document has been created from input solicited from all the key stakeholders in homeopathy in the United States and Canada to establish a consensus on the standards and competencies required for the professional practice of homeopathy in North America at this time. Although time and translation issues have made it difficult to do so yet, a future goal will be to include representatives from Mexico.

This document revises and updates a similar document that was issued following a meeting on January 28 to 30, 2000 of invited representatives of key homeopathic organizations in the United States. The Council on Homeopathic Education (CHE), [now the Accreditation Commission for Homeopathic Education in North America (ACHENA)], with the support of the Homeopathic Community Council (HCC), held a Summit Meeting in 2000 for invited representatives of key homeopathic organizations. The CHE was founded in 1982 with the mission to accredit homeopathic schools and educational programs. In 1999, the CHE identified the establishment of consensus on standards and competencies for homeopathic education as a priority necessary to achieve its mission. Also, the accreditation of educational institutions, which ACHENA confers, is a vital element in the growth and wide-spread recognition of homeopathy as a profession.

*(See Appendix 1 – Initial CHE-sponsored Summit in 2000 for more information on the document issued in 2000.)*

The contributors to this current version of the document include homeopathic educators, homeopathic professional and specialty organizations and associations, the National
Center for Homeopathy (NCH) which has a large public membership, the Council for Homeopathic Certification (CHC) which is an independent organization that certifies professional practitioners of homeopathy in North America, and ACHENA, an independent agency that assesses homeopathic training programs in the United States and Canada. The process for compiling this document also relied on similar efforts in Europe by groups like the European Central Council of Homeopaths (ECCH). *(For more information on the participants, see Appendix 2 – Canadian and US Homeopathic Standards Summit in 2010.)*

**Future Revisions and Updates**

The consensus at the 2010 Summit was that this document should be continually reviewed and updated as conditions warrant. In any case, a review should probably be undertaken within five years following the official release of this document.

**A Note About the Practice of Homeopathy and the Range of Professional Homeopaths**

Homeopathy is a comprehensive system of medicine, different from conventional medicine, which has been practiced around the world for more than 200 years. This document outlines Standards for the education of professional homeopaths and competencies for professional practice of homeopathy in the US and Canada. It must be noted that the ranks of professional homeopaths include individuals with a wide range of other professional/healthcare backgrounds and associated scopes of practice that may impact their practice of homeopathy, including: physicians and naturopaths who are licensed to practice medicine; nurse practitioners, physician assistants; nurses; psychologists; certified classical homeopaths and others. Professional homeopaths that are licensed to practice conventional medicine under their legally defined scope of practice, may diagnose illness and treat disease using homeopathy. However, nothing in this document should be interpreted to imply that non-licensed, professional homeopaths are engaged in the practice of conventional medicine.

**Purposes of This Document**

Homeopathy is a well established profession in many parts of the world with profound teachers, educational opportunities, and research literature from many countries including North America. In the US alone, in the early 1900s there were 22 homeopathic medical schools, more than 100 homeopathic hospitals, over 60 orphan asylums and old people’s homes, and 1,000+ homeopathic pharmacies. However homeopathy in North America experienced a decline in the first half of the 20th century due to the dominant focus and utilization of allopathic conventional medicine in the US. In the past three decades there has been a resurgence of the use of homeopathy because Americans are returning to the use of integrative and holistic medicine and complementary and alternative medicine (CAM). Homeopathy is one of the main CAM professions.
This document presents the consensus within the profession reached among those attending a meeting in 2010 on the standards and competencies by which the public, other healthcare professions and other professional organizations can judge the standing of homeopathy as a profession. The ways in which this document may be used include:

- As a guide to assist homeopathic educators in establishing what they teach
- As a guide to assist in accrediting educational programs, seminars, etc.
- As a guide to certifying bodies as to the competencies they expect practitioners to be able to demonstrate
- As a guide to members of the homeopathic profession as to the knowledge and competencies expected of them by their colleagues
- As a statement to the public and other interested parties of the status that homeopathy has as a profession
- As a statement to other professional organizations and homeopathy’s self-regulatory bodies of the standards and competencies by which the homeopathic profession is identified—within a spectrum of various ways in which homeopathy is practiced

The means of acquiring the competencies described in this document can include formal instruction, supervised clinical experience, and individual study. Ideally it should include all three. The competencies and standards presented in this document are not intended to be a comprehensive outline for the structure of a curriculum or of an assessment tool but rather guidelines to assist those who are developing curricula and certification processes. Taken together, they are meant to be an expression of what the community holds as the core skills, attitudes, and knowledge required to practice homeopathy effectively.

### Educational Standards and Professional Competencies

Consensus on standards for homeopathic education has important implications and benefits for the interdependent components of the homeopathic community, including: schools and their students, accreditation organizations, certification boards, and professional organizations. Indeed, these standards have laid the groundwork for the continuing growth of homeopathy as an independent profession in North America.

In the process of the current revision of this document, it became clear to several organizations that in order to be most effective and applicable to the homeopathic community, it was best divided into competencies for professional practitioners and standards for educators training professional homeopaths.

However, it was apparent that completely separating these two categories as if they existed in a vacuum would be senseless. One informs the other. Thus our intention in each section is to first state a competency for the educator/practitioner and then to
identify the areas of study or the standards for education needed to deliver training that
would produce an educator/practitioner with the given competencies.

As a consequence, it was recommended that the document needed a more
comprehensive name: “Standards for Homeopathic Education and Competencies for
the Professional Homeopathic Practitioner”. Through this format, ACHENA can more
easily extract the standards for education while certifying bodies can extract the
competencies for testing or evaluation. While there has been an attempt to describe a
current level of competency in each area, the competencies section will need further
revision and augmentation as these specifications are revised in the future.

This document seeks to create one standard for homeopathic practice as a whole. The
subsets within the profession may have additional training and or requirements, in
addition to the training required to be a competent homeopath described in this
document; those additional trainings or requirements do not create a separate
standard(s) for the profession as a whole. Some individuals may need or want to
acquire additional education and experience given the manner in which they expect to
practice. The homeopathic standards and competencies contained here serve to define
the competent homeopath.

It is understood that the means of acquiring the competencies set forth in this document
will vary, and it is not the intent of this document to require or dictate a specific means of
achieving the desired results. The important point is that the steps to attain competency
shall be based on definable standards and that graduating students shall be able to
demonstrate these competencies and proficiencies by the standardized measurements
utilized by homeopathic certification boards and bodies.

**Terminology Used in This Document**

In creating this document, for the sake of simplicity, the term “client” is used as a neutral
word referring to anyone who seeks homeopathic care. While “patient” is appropriate
for health care professionals holding a state or provincial license, such as nurses and
medical doctors, the term “client” is used by independent unlicensed homeopaths. Also,
lists of items that appear at various points in the text preceded by words like “including”
or “such as” are by way of illustration and are not intended to be complete or definitive.

Homeopathy is a means of restoring health that was first described over 200 years ago
by a German medical doctor, Samuel Hahnemann, in his *Organon of Medicine*. His
definition of cure, as he and other homeopathic philosophers taught was simply stated
as “to restore the sick to health”.

The practice of homeopathy as a healing art can take many forms depending on the
education and training of the practitioners, on how providing homeopathic services fits
within the laws of a state or province, and on the circumstances created by the setting in
which the homeopathic services are provided.
Homeopathic medicines are listed in the *Homœopathic Pharmacopœia of the United States* (HPUS) which was first published in 1897 and is now available as an on-line reference at www.hpus.com (by subscription). The HPUS is recognized as an official compendium in the Federal Food Drug and Cosmetic Act of 1938 as well as in numerous state laws and/or regulations. Homeopathic medicines are regulated by the FDA and must adhere to the requirements of the HPUS as well as certain provisions of the Code of Federal Regulations.

Homeopathic medicines (usually referred to as remedies) are different from conventional drugs in several important ways. Homeopathic remedies are prepared from a wide variety of materials, including minerals, plants, and animal substances. They generally are highly diluted, and thus tend to be non-toxic, with minimal side effects. Homeopathic remedies are chosen based on a holistic appraisal of each individual rather than a medical diagnostic categorization that makes little distinction for individual differences. To emphasize that homeopathic medicines are very different from the conventional drugs used in a medical practice, this document will generally use the term homeopathic remedies.

**Designing an Educational Curriculum**

There are a number of models for the actual design of a curriculum. Within the most complete curriculum design, there can be many programs or schools that offer some or all of the subject matter. Practicing homeopaths have found ways to accumulate the necessary training from a variety of sources.

The following curriculum design guidelines were excerpted from a document prepared by the European Central Council of Homeopaths (ECCH).

**Objectives**

The ultimate objective of a homeopathic education course is to enable graduates to develop as autonomous and competent homeopaths. The education needs to be sufficiently long to enable graduates to attain the competencies outlined in this document.

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, and
- 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 analyze existing information or situations,
they can synthesize new ideas themselves from their individual
experience, and
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.

HOMEOPATHY AND HOMEOPATHIC PRACTICE

Homeopathy
Homeopathy has been used for 200 years to restore the sick to health by providing “the
most rapid, gentle, and permanent restoration of health, or removal and annihilation of
disease, in its whole extent, in the shortest, most reliable, and most harmless way, on
easily comprehensible principles”. Organon of Medicine, Dr. Samuel Hahnemann

Homeopathy is based on natural laws and practices of health and healing as described
by Doctor Samuel Hahnemann and others, including:
- Recognizing as the fundamental basis of health and healing the necessity of
  working cooperatively with the innate life principle that distinguishes living from
  nonliving things, the “vital force”
- Selecting remedies based on holistic and individualized consideration and by
  applying the “Law of Similars” (a substance that causes particular symptoms in a
  healthy person can address them when they arise during an illness)
- Employing proven potentized microdose medicines manufactured from natural
  sources (“potentization” is the homeopathic preparation method in which a raw
  substance undergoes a series of successive dilutions with a “succussion” [a
  shaking or pounding motion] being applied to each dilution)
- Following the Hippocratic principle “First, do no harm”

Homeopathy is a complete system of healing that has its own time-tested principles of
care. These principles are fundamentally different from those of the allopathic (western,
bio-medical or conventional) medical model of disease diagnosis and treatment.
Therefore, homeopathic standards and competencies are not expressed in, nor
constrained by, the terminology and concepts of allopathic medical methodologies.
Although homeopathers are expected to demonstrate certain competencies in health
sciences, these are not expected to be used in the same way as in the allopathic
medical model. That said, it is expected that homeopathic practitioners who are
licensed or regulated by states, provinces, or other jurisdictions will observe appropriate
steps to comply with that status in their practices.
**Homeopathic Practice**

Anyone can use available homeopathic medicines (referred to here as “remedies”) to safely treat a wide range of minor injuries, self-limiting illnesses, and more. What distinguishes the professional practice of homeopathy is the level of specialized knowledge and training that allows practicing homeopaths to deal with more chronic or more serious health problems.

The spectrum of homeopathic practitioners ranges from homeopaths that practice in states or provinces where certification, registration, or licensure of homeopaths is not required to homeopathic practitioners that also hold a license as another health care professional, such as: MD (H), MD, ND, DO, DC, RN, NP, PA, DOM, Lac, HMA (not a complete list).

The purpose of this document is to describe the standards and competencies that are specific to the professional practice of homeopathy. The document consciously does not seek to address the specific aspects of how homeopathy is, or might be, combined with other modalities in the context of the various types of healthcare practices within the spectrum above.

Regardless of an individual’s manner of practicing homeopathy, members of the homeopathic profession expect that he or she will adhere to professional standards which invariably include confidentiality, truthfulness, safety, and ongoing professional development. There is also the necessity of upholding the good name of the profession.

Skills in team care are recommended for all healthcare practitioners. Increasingly, homeopathic practitioners are being included in integrated medical practices or are giving referrals to or receiving referrals from practitioners in other healthcare disciplines. Knowledge of other healthcare systems and the practices of colleagues in other fields provide a necessary beginning to these cooperative efforts.

**Overview of the Current Political-Legal Environment for Homeopathy**

The current legal status of homeopathic practice varies among the countries in North America and within their political jurisdictions (states, provinces, etc.). Most regulation of the practice of healthcare is at the state or provincial level, and over the past 150 years homeopathy has gone from being widely accepted, to being, at best, tolerated, to its current reemergence as a recognized part of the healthcare spectrum.

*This topic is discussed in Appendix 3 – Details of Current Political-Legal Environment for Homeopathy in North America.*
Homeopathic Accreditation and Certification Organizations

The Accreditation Commission for Homeopathic Education in North America (ACHENA), the Council for Homeopathic Certification (CHC), and multiple national, state, and provincial professional associations provide an infrastructure for the homeopathic profession. There are a variety of homeopathic educational programs. Homeopathic pharmacies are well organized and prospering.

ACHENA’s job of accrediting schools would not be possible without the agreed-upon standards and competencies of the homeopathic community. Clear standards and competencies are the foundation of any profession. ACHENA’s mission to create, uphold, and maintain standards is in alignment with good practice for any profession. Agreed upon standards and competencies unify the profession and provide clear guidelines and goals to focus on as we move forward to establish homeopathy as a leading healthcare choice.

ACHENA accredits schools of homeopathy and is building its capacity and planning to submit an application to seek US Department of Education recognition as an accrediting body. When and if this is achieved, this will be an important step which will help bring homeopathy on par with regulated and recognized healthcare disciplines.

The Council for Homeopathic Certification (CHC), which was founded in 1991, is an independent organization that certifies professional practitioners of homeopathy in North America. The CHC is currently pursuing accreditation by the Institute for Credentialing Excellence (ICE), a national association of competency assessment organizations that is the gold standard for certifying bodies in many allied healthcare professions.

ACHENA and the CHC are representing homeopathy as active members of the Academic Consortium for Complementary Alternative Health Care (ACCAHC). This provides an important opportunity to engage with other CAM professions in furthering recognition and integration of CAM into the conventional health care system.

PART I: HOMEOPATHIC EDUCATION

A. Basic Health Sciences

COMPETENCIES

Homeopaths demonstrate the knowledge, skills and attitudes necessary to make recommendations that will be safe and effective. A professional homeopath views his or her work through the distinct paradigm of homeopathy while being able to dialogue effectively with clients and health care practitioners who may view and communicate about the case through the paradigm and language of conventional medicine.
A professional homeopath cultivates the attitude of fascination with the human organism at its dynamic and material levels. Homeopaths engage in a lifelong study of the process by which mistunements in the dynamic plane result in pathology and disease at the material plane and, similarly, engage in the study of how outward manifestations of pathology and disease provide the homeopath with a view into the state of the inner dynamics of the organism.

A professional homeopath is best prepared to work with a wide range of clients when he or she has a basic understanding of health sciences and an awareness of common conventional health care diagnoses and treatments. In addition to competence in homeopathic analysis and case management, the professional homeopath demonstrates a basic understanding of anatomy, physiology, pathology and disease in order to be able to:

1. Clearly discern what is mistuned in the human organism when in a state of imbalance or disease;
2. Clearly discern the action that a given homeopathic remedy will have on the human organism at the dynamic and material level;
3. Identify the range of normal and abnormal physical, mental and emotional development for various ages;
4. Apply knowledge of anatomy, physiology, pathology and medical terminology needed to effectively repertorize client symptoms;
5. Correctly assess the depth of the energetic mistunement and the seriousness of pathology or disease present in a case;
6. Distinguish between common symptoms of various illnesses and those that are more useful for homeopathic prescribing;
7. Correctly assess whether a case is moving in the direction of greater balance and wellness;
8. Recall common conventional medical diagnoses and treatments to facilitate effective communication with the client;
9. Dialogue with non-homeopathic practitioners about the care of their clients;
10. Identify cases where it is appropriate to refer a client to a more experienced homeopath;
11. Identify appropriate times to refer the client to a conventional primary medical care provider;
12. Identify situations where a client may be in need of emergency services.

EDUCATIONAL STANDARDS

Educational programs use a variety of instructional and assessment methods to assure that the homeopathic student possesses a working knowledge of anatomy, physiology, pathology, disease and medical terminology in order to correctly assess the level of energetic mistunement present in a case, including the depth of pathology, carry out homeopathic analysis, repertorization, case management and dialogue with clients and other providers. The standard is completion of a three credit college level course in anatomy and physiology and a three credit college course in pathology and disease.

Homeopathic schools strengthen the education of the professional homeopath by incorporating basic information about botany and chemistry in the course of studying materia medica, exposing students to elements of chemistry and physics as they explore emerging information about the mechanism of action of homeopathic remedies and discussing common conventional diagnoses in the context of teaching case management and case analysis.

Educational programs preparing homeopaths to work with a wide range of clients impart the knowledge, skills and attitudes required to enable the homeopath to:

1. Discern dynamic and material mistunements and correctly assess the level of imbalance or pathology present in a case;

2. Correctly match the mistunement of the human organism, as expressed in outward physical symptoms, to the realm of action of a well indicated homeopathic remedy;

3. Identify various stages of mental, emotional and physical development throughout life and use this information for case analysis;

4. Define anatomical and other medical terms as required for appropriate repertorization of client symptoms;

5. Recall illnesses and conventional medical diagnoses likely to be seen in a homeopathic practice as needed to promote effective communication with clients and health care providers;

6. Dialogue with his or her clients and their non-homeopathic health care providers about conventional medical treatments for major diagnostic categories;

7. Differentiate between common and individualizing symptoms in a client’s case (especially characteristic and strange, rare, and peculiar symptoms);
8. Identify resources for obtaining health sciences information as needed to ensure safe practice;

9. Identify realistic expectations regarding the outcome of homeopathic care, given a client’s health status;

10. Identify cases where it is appropriate to refer a client to a more experienced homeopath;

11. Identify appropriate times to refer the client to a conventional medical care provider;

12. Identify situations where a client may be in need of emergency services.

B. History & Development of Homeopathy

COMPETENCIES

The homeopathic practitioner:

1. Cite the development of homeopathy and the social forces that have influenced its practice over its 200-year history.

2. List the philosophers and authors who have had major influences on homeopathic thought and be able to place them in context.

3. Demonstrate awareness of homeopathy’s current place in the healthcare landscape both in terms of trends of practice of the discipline and the current legal and political climate.

EDUCATIONAL STANDARDS

Educational programs familiarize students with the history and development of homeopathy and the social, economic, and political forces that have influenced its practice over the past 200-years up to, and including, present day. Programs introduce, and place in context, the philosophers, authors, activists, and the social, political and economic forces that have had major influences on the homeopathic discipline and profession. Educational programs should address homeopathy’s current place in the national and state by state healthcare landscape, both in terms of trends of practice of the discipline and the current legal and political climate. Students are taught the importance and practicalities of engaging with the profession. Programs inform about how, and require students to, engage with the community so that they understand the
importance of both practice promotion and profession promotion and, if desired, how
they may contribute as leaders in the profession.

Curriculum includes:

1. History of Medicine: Hippocrates to Galen and Paracelsus

2. History of Vitalism: Paracelsus to Hahnemann

3. History of Homeopathy
   a. Hahnemann and his contemporaries
   b. Familiarity with the Organon and its different editions
   c. Familiarity with early generations of homeopathic authors

4. World History of Homeopathy
   a. The spread of homeopathy and its proponents

5. History of Homeopathy in North America
   a. The spread of homeopathy to NA, and its proponents
   b. Familiarity with philosophers, and authors that have had major influences on
      the homeopathic discipline and profession as it developed

6. Summary Overview of the history of other forms of holistic medicine:
   Naturopathy, traditional oriental medicine (acupuncture and herbal), and
   Ayurveda.

C. Homeopathic Philosophy, Principles, and Methodology

Professional practitioners have a thorough understanding of the principles and
mechanisms of homeopathy that inform its theories and guide implementation in clinical
practice. The principles and philosophy of homeopathy are based on foundations that
are over 200 years old. These have stood the test of time - expanded, but not
significantly changed. Modern physics is now able to demonstrate the mechanisms
explaining homeopathy’s action. Practitioners demonstrate familiarity with current
research that explains mechanisms behind homeopathy’s action. It is essential that
homeopaths raise public awareness of what makes homeopathy unique, because
practice according to the principles and philosophy of homeopathy is safe, effective, and
cost effective.

COMPETENCIES

Homeopathic practitioners:
1. Relate the principles of and mechanisms behind homeopathy that guide its theories and implementation in clinical practice;

2. Identify that principles and philosophy of homeopathy are based on foundations that are over 200 years old;

3. Demonstrate familiarity with currently emerging mechanisms behind homeopathy;

4. Possess knowledge of the natural world and the human body sufficient to understand homeopathic philosophy and homeopathic therapeutics

5. Demonstrate a thorough understanding of the principles, dynamics and nature of health and disease from a homeopathic perspective.

6. Illustrate the ways the homeopathic view differs from the allopathic view, and other views of health and disease, both current and historical;

7. Demonstrate knowledge and understanding of the theories, principles, and methods put forth by Hahnemann and other respected homeopaths in their various writings including:
   a. Requirements of the homeopathic practitioner, as enumerated in Aphorism # 3\(^1\) of The Organon
   b. Principles of cure, as taught by Hahnemann
   c. Understanding disease
   d. Taking the case

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\(^1\) Aphorism 3 (6th edition, O'Reilly translation)

To be a genuine practitioner of the medical art, a physician must:

1. clearly realize what is to be cured in diseases, that is in each single case of disease (discernment of disease, indicator),
2. clearly realize what is curative in medicines, that is, in each particular medicine (knowledge of medicinal powers),
3. be aware of how to adapt what is curative in medicines to what he has discerned to be undoubtedly diseased in the patient, according to clear principles.

In this way, recovery must result.

Adapting what is curative in medicine to what is diseased in patients requires that the physician be able to:

1. adapt the most appropriate medicine, according to its mode of action, the case before him (selection of the remedy, that which is indicated),
2. prepare the medicine exactly as required,
3. give the medicine in the exact amount required (the right dose),
4. properly time the repetition of doses.

Finally, the physician must know the obstacles to recovery in each case and be aware of how to clear them away so that the restoration of health may be permanent.

[If the physician has this insight, discernment, knowledge and awareness] then he understands how they act expeditiously and thoroughly, and he is a genuine practitioner of the medical art.
649 e. Acquiring knowledge of remedies
650 f. Homeopathic management of disease (on all levels)
651 g. Intermittent diseases
652 h. Case management
653 i. Differences among the concepts of homeopathy, isopathy and allopathy
654 j. Primary and secondary actions of homeopathic and allopathic medicines
655 k. The action of potentized remedies
656 l. Preparation/manufacture of homeopathic remedies
657 m. Different potency scales, including: X, C, D, K, LM, and Q
658 n. Administration of homeopathic remedies, including the forms in which they can be given (i.e. liquid, powder, tablet, globules, inhalation, or others)
659 o. Possible responses to remedies, including models put forward by respected teachers and clinicians in homeopathy
660

8. Demonstrate the ability to discern the direction of case progress and related aspects of homeopathic philosophy as enumerated by authors recognized by the global homeopathic community.

EDUCATIONAL STANDARDS

Programs impart a thorough understanding of the principles and mechanisms of homeopathy that guide its theories and implementation in clinical practice. Homeopathic educational programs familiarize students with a variety of approaches to attain the competencies stated above, spanning a spectrum from the writings of Hahnemann to the writings and teachings of contemporary respected homeopaths including current emerging scientific theories and studies that demonstrate mechanisms for the action of remedies. Each educational organization may select a manner in which to accomplish this. However, all students of homeopathy will be able to weigh the benefits and limitations of many different approaches to understanding homeopathic philosophy, principles, and methodology.

Fundamental Concepts of Homeopathy

- Concept of health, disease and healing.
- Differences between homeopathy, isopathy and allopathy
- Requirements of the homeopathic practitioner, as enumerated in Aphorism # 3 of The Organon.
- Concept of susceptibility and causative factors.
- Concept of the Vital Force.
- Case management according to the Law of Similars.
- Principles of homeopathy.
- Definition of basic homeopathic terms.
- Concept of the dose.
- The single remedy.
- Potency scales, including: X, C, D, K, LM, Q.
Symptoms

- Strange, rare and peculiar symptoms.
- Common and uncommon symptoms.
- Hierarchy of symptoms.
- Classification of symptoms.
- Suppression of symptoms.

Classification of diseases

- Miasms
- Natural and Artificial
- Acute and Chronic
- Etiologies
- Suppressed disease
- One-sided disease
- Stages of disease process
- Epidemics and genus of epidemics
- Mental and Emotional diseases
- Intermittent diseases

Theory of Case Management

- Primary and secondary action
- Evaluation of client response to remedy
- Second prescription
- Direction of cure, as taught by Hahnemann and other homeopathic philosophers
- Obstructions to cure, as taught by Hahnemann and other homeopathic philosophers
- Management of disease on all levels
- Posology-including the forms in which remedies can be given (i.e. liquid, powder, tablet, globules, inhalation, or others).


D. Homeopathic Materia Medica

The direct sources of homeopathic remedies include extracts from plants, minerals, animal materials, and other substances. Descriptive information about the recognized homeopathic remedies is referred to as the “materia medica” (the collected body of knowledge about the therapeutic properties of substances used in homeopathy.) A practitioner decides which homeopathic remedy is most likely to relieve the suffering of an individual by matching the symptoms of that particular person to symptoms of one
of the remedies as described in the materia medica and other writings. The matching
process used in homeopathy follows the “Law of Similars,” i.e. like cures like. By this
matching of individual symptoms, a homeopathic practitioner seeks to remove the true
(underlying) cause of the person’s illness—which may be unobservable, and possibly
unknowable in our era.

The traditional means by which substances are added to the materia medica is
controlled experiments called “provings”. (See Section E – Homeopathic Provings and
Research for a description of how provings are conducted and reported.) The first
provings were conducted by the originator of homeopathy, Dr. Samuel Hahnemann,
over 200 years ago. The provings and other information from the materia medica are
part of the process by which substances become recognized medicines in the
Homeopathic Pharmacopeia of the United States (HPUS) which has been part of the

Two hundred years of homeopathic research via homeopathic provings and clinical
observations has greatly expanded the materia medica and new substances are added
continuously. Understanding this body of information requires a deep and critical
approach. The study of original homeopathic proving symptoms is the basis of every
remedy study. Toxicology and clinical experiences are other important sources of
information.

Also broadly included in materia medica are the innumerable books, lectures, and other
types of information about particular homeopathic remedies or groups of remedies.
Much of this was written in the past several decades by respected homeopathic
practitioners who have combined their reading of earlier texts with their clinical
experience to present to their colleagues new ways of understanding the full, rich, and
unique characteristics of homeopathic remedies and to connect them to illnesses.
A practitioner will devote his or her career to mastering as much as possible of the
materia medica. Seminars, webinars, journals, books, and other resources are key
ways for the professional homeopath to learn more materia medica and how to apply it
to practice. The continuing study of remedies by all homeopaths using botany,
zoology, chemistry, geology, and plant and animal taxonomy as well as personal
experience and insights will enhance greatly the knowledge of the healing properties of
all substances in our world.

The materia medica for remedies is constantly growing and evolving, so it is
recognized that some vital symptoms may be missing from what has been recorded to
date. However, for practical purposes, the broad range of remedies is typically divided
into “major” remedies and “smaller” remedies.

These categories can be used in several ways:

1. Remedies for which many well-substantiated symptoms have been recorded
   (e.g. Sulphur) versus ones for which we have few well-substantiated symptoms
2. Remedies that are frequently used for common illnesses (e.g. *Lycopodium* or *Calcarea carbonica*) versus ones that are used less frequently (e.g. *Equisetum*).

Although in general practice a homeopath can attain very good results using the major remedies, the ability to select smaller remedies when appropriate is one essential skill that distinguishes a higher level of competence.

**COMPETENCIES**

The professional homeopath is able to:

1. Cite the various sources of information for materia medica. Identify major writers, from Hahnemann to the present.

2. Demonstrate ability to make effective, efficient, and critical use of relevant source materials to study remedies;

3. Demonstrate that which is curative in particular remedies;

4. Make effective differentiation between the curative action of one remedy and another seemingly similar remedy;

5. Conduct thorough and accurate research in a wide range of materia medica sources - not only standard materia medica reference works but also provings, homeopathic software, and the internet.

6. Using information gained from biology, botany, chemistry, physics, mythology, folklore, herbology and culture, identify and utilize the various attributes of remedies including (as applicable):

   a. The history, culture and behavior of the substance in the natural world.
   b. The Doctrine of Signatures
   c. Toxicological history
   d. Proving symptoms
   e. Sensation and function
   f. Mental / Emotional symptoms (including delusions, fears and dreams)
   g. SRP (strange, rare and peculiar symptoms)
   h. Generalities
   i. Modalities
   j. Clinical symptoms/pathology
   k. Etiology
   l. Local symptoms
   m. Organ and system affinities
   n. Keynote and confirmatory symptoms
o. Concomitant symptoms
p. Miasmatic relationships
q. Remedy relationships
r. Relationships within the materia medica
s. Relationships of substances
  i. Periodic table relationships, animal, botanical, fungi and bacterial groupings
  ii. Antidotes, affinities, inimicals, complementaries, remedies that follow well
t. Acute / first aid uses
u. Comparative and differential study
v. Progressive stages of pathology of remedies
w. Chemistry/biology of the substance
x. The differences among polychrests, so-called 'small remedies', nosodes, sarcodes, isopathics, tautopathics, gemmotheraputics, tissue salts, flower essences and imponderables
y. The use of case studies (live, paper and video)
z. The use of journals and electronic sources in the study of materia medica
aa. The use of repertory comparisons
bb. Remedy indications for different stages of human development/stages of life

c. Essential remedies for first aid, crisis management, and prophylaxis.

The list of remedies that a competent homeopathic practitioner should know has been developed by the participants at the homeopathic summit. An additional list is included in the Afterword for future consideration.

The first list of 154 remedies (Study List of Homeopathic Remedies) has been used as a guide for many years by the Council for Homeopathic Certification. It was the consensus of the 2010 homeopathic summit that practitioners will demonstrate familiarity with the remedies on this list. Some of the remedies on this list are often used
and need to be studied in detail. Others are less frequently used or have little
total information available about them. Those in the former category need to be studied
thoroughly, from many aspects. Those in the latter group should primarily be studied for
symptoms that distinguish them ("keynotes"), especially symptoms that would be used
in performing a differential between remedies, or for remedies that are best known for
specific uses (e.g. right-sided sore throat).

(See Appendix 4 – List of Homeopathic Remedies)

EDUCATIONAL STANDARDS

Educational programs provide students with a thorough appreciation of the homeopathic
materia medica. The programs should adequately cover the subject matter in:

HOMEOPATHIC MATERIA MEDICA COMPETENCIES (above), including:

1. Knowledge of the major writers and books: from Hahnemann to the present day;
2. How to compare and contrast information about remedies to appreciate what is
   similar and what is different about them. Methods for this include:
   a. Using categories such as "families" (remedies grouped according to plant or
      mineral constituents) to bring into consideration a less used or less familiar
      remedy by referencing its similarities to another remedy
   b. Performing a "differential" by identifying aspects of the materia medica that
      are different among several remedies that may otherwise seem to match the
      symptoms of an individual.
3. How to evaluate materia medica sources (thoroughly proven, partially proven,
   and unproven data; data collection, editing, short cuts, etc.)

The study of materia medica includes characteristic symptoms, disturbances, and
themes in the physical, mental, emotional, spiritual spheres of remedies that lead to an
understanding of:

1. Sources for homeopathic remedies—using aspects like biology, botany,
   chemistry, physics, doctrine of signatures, mythology, folklore, culture,
   applications, and use in other forms of healing
   a. The history, culture and behavior of the substance in the natural world.
   b. Toxicology
   c. Pathogenesis
   d. Pharmacology
   e. Nomenclature
   f. Homeopathic proving –Authors and methodology
2. Clinically confirmed symptoms
3. Repertory rubrics

4. Etiology

5. Different approaches to symptomatology
   a. Totality of symptoms
   b. Individualizing symptoms (‘strange, rare, and peculiar’)
   c. Mental/emotional (including delusions, fears and dreams)
   d. Concomitant symptoms
   e. Symptoms suggestive of miasmatic influence
   f. Organ affinities
   g. Pathognomonic symptoms
   h. Modalities
   i. Sensation and function
   j. Acute and first aid uses
   k. Remedy relationships (family groupings)
      i. Mineral groupings and relationships, animal and botanical groupings
      ii. Chemistry/biology of the substance
      iii. Antidotes, affinities, inimicals, complementaries, remedies that follow well
      iv. Polychrests, so-called ‘small remedies’, nosodes, sarcodes, isopathics, bacteria and fungi, and ‘imponderables’
   v. Tautopathics and tissue salts

6. How materia medica applies to other approaches or aspects of remedy study -
   a. Constitutional types
   b. Essences
   c. Core elements
   d. Central delusion
   e. Central disturbance
   f. Developmental stages in remedies from the picture in health through to deep pathology
   g. Remedy indications for different stages of human development/stages of life
   h. Miasmatic influences, and newer methods

7. Clinical application
   a. Remedy relationships
   b. Comparative Materia Medica
   c. Differential Materia Medica
   d. Successful cases

8. Awareness of how Materia Medica is constantly evolving
E. Homeopathic Provings and Research

Provings

Homeopathic provings were the initial way that the homeopathically-useful properties of substances were identified by the originator of homeopathy, Dr. Samuel Hahnemann, his associates, and early adherents of homeopathy. This knowledge was supplemented by toxicology (studies of poisonings). In the succeeding 200 years, clinical experience was added to enrich the knowledge of substances, and all of these sources produced the homeopathic “materia medica”.

Homeopathic provings are conducted in accordance with the “Law of Similars” discovered (or re-discovered) by Hahnemann, because it has been established that the symptoms caused by a small (diluted and potentized) dose of a substance will indicate what symptoms (and their underlying causes) a homeopathic dose of the same substance will restore to a healthy state. Therefore, it is important to observe in a group of healthy individuals the effects of a small (non-toxic) amount of a given substance and to record and collate these reports. While the methodology of proving has evolved to embrace modern scientific and statistical concepts, the basic principles have remained unchanged.

COMPETENCIES

1. Homeopathic practitioners demonstrate an understanding of the basic purpose of conducting provings, types of provings and their importance to the evolution of the homeopathic “materia medica”.

2. Homeopathic practitioners are familiar with national and international standards for conducting homeopathic proving—including the standards used by the HPUS and the ECCH guidelines.

3. Homeopaths demonstrate understanding of the importance of supporting research efforts to conduct provings, including conducting or voluntarily participating in provings themselves, according to strict protocols established by respected homeopathic research organizations and appropriate informed consent procedures.

EDUCATIONAL STANDARDS

Homeopathic educational programs provide students with a basic understanding of the principles of homeopathic research, and provings in particular, including:

1. Fundamental knowledge of homeopathic proving method
2. The purpose of provings.

3. The history of provings (Hahnemann through modern methodologies)

4. Types of provings (informal/partial through Hahnemannian).

5. Provings in relation to allopathic drug trials.

Programs will impart information covering:

1. Guidelines and Protocols for Provings
   a. The substance
      i. Natural History of a Substance
   b. Preparation of the substance to be proven
   c. The structure of a proving group
   d. Posology
   e. Record keeping
   f. Supervisor or prover contact and frequency
   g. Data Management
      i. Extraction of data, including primary and secondary distinctions
      ii. Collation of data
      iii. Statistical evaluation of data
      iv. Converting data into old and new repertory language and materia medica
      v. Publishing the results
   h. Ethical and legal issues related to provings
      i. Informed consent and blind studies
      j. Knowledge of use of placebos in provings

Research

COMPETENCIES

Homeopaths demonstrate familiarity and understanding of current homeopathy and health sciences research as well as research in the field of physics as it pertains to homeopathy and its guiding theories and mechanism. Homeopathic practitioners demonstrate a fundamental understanding of how to evaluate research in homeopathy and are able to weigh the value of research they are reading. This includes:

1. Basic Science Research - Peer reviewed, published research papers on provings and other relevant research

2. Trade articles and journals - especially as they relate to research in the field of homeopathy
EDUCATIONAL STANDARDS

Homeopathic educational programs provide students with a basic understanding of the principles of how to interpret research - homeopathic, medical, and other, including the following topics:

1. Philosophy
2. Methodology
3. Historical Research
4. Current Research
   a. Clinic trials
   b. Basic science research documenting the action of high dilutions
   c. Basic science research into the mechanism of action of remedies
   d. Provings
   e. Surveys of practice patterns
   f. Literature research regarding the completeness of the Repertory as a reflection of provings and clinical experience.

F. Homeopathic Repertory

In homeopathy, a repertory is a book or other textual format that provides, in effect, an index to the materia medica. It lists for certain symptoms or attributes of an individual the homeopathic remedies that are commonly associated with that symptom or attribute. There are many repertories, some general, some limited to specific organs or disease conditions. Many repertories are organized in a hierarchy created by James T. Kent, MD, but there are other repertories organized in other ways. Most repertories list remedies in a way that helps identify which remedies have been most strongly or typically associated with a particular symptom (often with a 1 to 3 ranking).

The advantage of using a repertory is that it provides a quick way to identify which remedies may be most closely associated with a particular symptom of a specific client without having to search through the materia medica. There are several recognized disadvantages. The index is not complete and may contain errors. Also, some of the symptom language in earlier repertories, like Kent’s, is archaic and may reflect terminology, medical knowledge, and cultural biases of that earlier era. Homeopathic computer software has helped repertories to evolve and has provided better ways to search materia medica. However, basic repertory skills must be mastered by all serious homeopaths because they form the basis of how homeopathic literature is written and how the literature is used in analyzing cases.
COMPETENCIES

1. The homeopathic practitioner demonstrates knowledge of the structure, purpose, and limitations of the various repertories and demonstrates competent use of a range of repertories in case analysis.

2. The homeopathic practitioner demonstrates knowledge of ways of analyzing a case other than by repertorization.

EDUCATIONAL STANDARDS

General areas of study:

1. Introduction to repertory:
   a. Purpose, history, additions and organization of repertories
   b. Boenninghausen’s repertory (the first repertory)
   c. Kent through modern repertories, including computerized repertories

2. The general layout of repertories and limitations of various repertories:
   a. Grading of symptoms/rubrics in each
   b. Organization: Kent’s through newer organizing techniques
   c. Strengths and limitations of older repertories, especially Kent’s
   d. Structure of Kent’s repertory
   e. Using Kent’s repertory in homeopathic case analysis
   f. Understanding the basic organization of each section of the repertory
   g. Understand the structure of computerized repertories including their strengths and limitations

3. Purpose of rubrics and sub-rubrics and how they are developed and organized:
   a. Common and confusing rubrics
   b. Cross referencing important rubrics
   c. How to choose the best rubrics for a case
   d. Combining rubrics
   e. Errors in rubric indenting

4. Terminology and abbreviations used in the repertories, including contemporary and anachronistic medical terminology

5. Ways to translate contemporary language and meaning into the language of a repertory (or the materia medica) and ways to interpret the language of a repertory (or the materia medica)—within its historical and social context—into contemporary language and meaning

6. Various tabulation tools—their strengths, limitations and uses:
a. Paper graphs, computers, and other techniques
b. Their use in modern practice

7. Different roles of repertorization in selecting a remedy:
   a. How to use the repertory effectively
   b. Different types of repertory analysis
   c. Limitations of repertories—not 100% inclusive

8. Gaining familiarity with a range of current computer programs and the repertories available in that program and being able to select and use a well-matched repertory for a given case.
   a. Examples of computer programs include Isis/Cara, MacRepertory, Opus/Radar, Reference Works, Similia, and others
   b. Specific repertories that may be functional with a given computer program or in book form include Schroyens: Synthesis, Van Zandvoorts: Complete Repertory, Boennighausen, Boger, Knerr, Kunzli: Repertorium Generale, Barthel: Klunker, Synthetic Repertory, Murphy

9. Awareness of methods other than repertorization to review and study materia medica

Specific areas of study:

Structure (schema of Kent’s Repertory, using the Final General edition)

1. Rubrics, sub-rubrics, grading of symptoms
2. Construction of symptom arrangement:
   a. Timings
   b. Sides
   c. Sensation
   d. Location
   e. Modalities
   f. Extension
3. Content of the main sections
4. Detailed examination of specific general sections of the repertories with definition of pathological terms in historical context:
   a. Generalities
   b. Chill
   c. Fever
   d. Perspiration
   e. Others
5. Content and modern use of the Mind section
6. Rubric groupings and foundations for rubric definition—differentiating between similar rubrics.
7. Problems and mistakes in Kent and other repertories
8. Omissions—Kent’s repertory does not include all information available to him
9. Additions

Different Approaches and techniques of repertorization:

Combination and elimination
1. Instruction on the use of repertory grid
2. Others

G. Posology

Posology refers to the dosage (and methods of administration) of remedies. In homeopathy, while the selection of the correct remedy is of paramount concern, in some cases the homeopathic strength of the remedy and how often and in what manner it is administered may be equally important. In homeopathy, these issues are generally considered under the topic of posology.

COMPETENCIES

Homeopathic practitioners demonstrate the ability to adeptly choose a remedy in the correct potency and in the dosage and method of administration most suited to each case, including consideration of the client’s vitality and age, and the onset, duration and intensity/severity of symptoms. For case management, the homeopathic practitioner is able to define the expectations for the selected potency and dosage, evaluate the progress of the case accordingly, and alter the potency and dosage if appropriate.

EDUCATIONAL STANDARDS

Homeopaths develop an understanding of the principles and possible effects of:

1. The scales of dilution—starting with mother tincture
2. The model of potentization through succussion
3. The application of the concepts of dilution and succussion in the choice of homeopathic remedy potency and dosage as it pertains to the sensitivity of the individual and to his or her vital force
4. The circumstances of the client’s vitality and age, and the onset, duration and intensity/severity of symptoms
5. The methods of administration of a remedy, including dry dose, wet dose, split dose, topical, inhalation, suppository
6. The frequency of dosing
7. Remedy potency and frequency of administration in acute versus chronic (and acute in the course of chronic)
8. Appropriate circumstances for the use of lower or higher potencies, including exact match in chronic cases (simillimum), young otherwise healthy person with acute symptoms, etc.

**H. Homeopathic Case Taking**

Taking a homeopathic case requires special skills. These skills should grow with experience. Hahnemann, in Aphorisms 82 through 104 of the *Organon*, states that a well-taken case is essential to a well-managed case. A well-taken case is the basis for sound analysis, repertorization, prognosis, and follow-up; however, in actual practice, a great deal more acumen and artistry is required for its application.

The most critical skills include: attentive listening, perception, freedom from bias or judgment, a base of knowledge that allows a homeopath to explore relevant issues, and the ability to ask well-phrased, empathetic, open-ended questions that elicit useful information.

The competencies as expressed here focus on homeopathically-relevant information. They consciously do not address the information-gathering methods that are used in a conventional medical setting, although any such information that is offered by the client that may be appropriate, such as information about current or past diagnoses and treatment by others, may be noted.

**COMPETENCIES**

The professional homeopathic practitioner:

1. Demonstrates her or his ability to assess the suitability of the case to homeopathic care and independently conduct a comprehensive homeopathic interview.

2. Demonstrates taking a case in a confidential, efficient, non-judgmental, accurate, and complete manner; listens, elicits and records information in sufficient detail that will lead to the successful analysis of each individual client’s case; differentiate types of cases (acute, chronic) and, determines a relevant case taking strategy.

3. Demonstrates consultation skills. Specifically, the practitioner shows:
   a. Clarity of perception: homeopaths should have sufficient knowledge of health on the mental, emotional and physical levels, to be able to perceive what needs to be healed in others.
b. The ability to recognize obstacles to cure, including:
   i. The relationship between the physical, social, emotional and economic
      contexts in which people live and their health and wellbeing
   ii. The implications for health and disease of personal and family health
      history, life events and environmental factors.
   iii. The potential effect of lifestyle (for example, diet, smoking, alcohol
        consumption) on an individual’s health and social wellbeing.
   iv. The resources available to individuals to make changes in their
      circumstances and lifestyles.
   v. How personal beliefs and preferences affect individuals’ lives and the
      choices they make, the context in which they live and their health and
      wellbeing.
   vi. How drugging results in masking, suppressing and/or alteration of
      individualizing characteristic symptoms of the original disease
      symptoms.

4. Demonstrates effective and sensitive interviewing attitudes and techniques that
   will enable individuals to reveal and talk through relevant issues in their physical,
   mental and emotional health.
   a. The ability to recognize and interpret significant aspects of a client’s
      appearance, body language, speech and behavior.
   b. The ability to explain to clients the nature and depth of homeopathic case
      taking, and sensitivity to concerns and difficulties that can arise during this
      process.
   c. The ability to take clear and coherent notes according to the standards
      and conventions of the healing professions
   d. Knowledge of when it may be necessary or useful to involve someone
      besides the client in consultation (for example, when treating children).
      This includes recognizing the potential for reticence, misrepresentation
      and misunderstanding when others are involved in these discussions, and
      being able to minimize those risks.
   e. Awareness of the dangers of imposing one’s own beliefs, values and
      attitudes on individuals and of the importance of respect for the client’s
      beliefs, values and attitudes, both personal and cultural.

EDUCATIONAL STANDARDS

Taking a homeopathic case requires special skills. These skills should grow with
experience. A well taken case is the basis for sound analysis, repertorization,
prognosis, and follow-up; however, in actual practice a great deal more acumen and
artistry is required for its application.
The program provides the student the opportunity to observe and take cases with a wide range of pathology and stages of disease in both children and adults so that the student is prepared for real life practice. The program ensures that:

1. The student is familiar with case taking from a diverse range of respected homeopathic authors and teachers.

2. The student examines the ways in which various analysis approaches can require the gathering of different kinds of information.

3. The student has sufficient opportunity to observe several experienced homeopaths taking cases, ideally in person as well as from cases on video (always subject to the permission of the client). In this aspect of the student’s education, the mentoring homeopath should elucidate the strengths and weaknesses of the way in which each case was taken, the ways in which the case-taking methods were adapted to the situation of the individual client, and other learning points.

4. The student, alone or in a group of students, has sufficient opportunity to take cases in a setting mentored by an experienced homeopath that provides direct feedback on the art and techniques in a manner that enables the student to hone his or her case-taking skills.

5. The student, through reading and experience, acquires a thorough understanding of the way in which case taking over a series of visits forms a fabric by which the success of a course of homeopathic care can be managed, and the course adjusted as necessary.

6. Although the types of records to be kept will vary depending on the practice style or licensing requirements for each homeopath, the student understands how case records shall make appropriate references to medical information that is provided by or mentioned by the client.

7. The student, by reading and observation, acquires sufficient understanding of the nature, individualization, sensitivity, confidentiality, and accurate recording of information that together form the setting in which cases should be taken.

8. The student reads numerous well-respected homeopathic journals to observe the manner in which cases are recorded, learning the highest standards of accuracy, specificity and comprehensiveness.

9. The student will observe a sufficient and wide range of cases that exemplify varying pathologies, etiologies, severity, and stages of illness (acute versus chronic) in children and adults.
For additional details on this subject (at a higher level than may be taught presently):

(See Appendix 5 – Specific Skills for Homeopathic Case Taking)

I. Homeopathic Case Analysis

COMPETENCIES

1. Analyze gathered data, identify essential features of the case and their relationships, assesses the relative value of all the information, and determine what information, if any, is missing that is needed for a proper homeopathic analysis.

2. Demonstrate ability to synthesize disparate information into a homeopathically meaningful totality and understanding of disease categories and from that develop a case management strategy based on sound homeopathic principles.

3. Analyze what needs to be addressed in a case; identify the central disturbance or center of gravity and themes of the case; identify what is distinguishing and characteristic within the "totality" of symptoms in the mental, emotional and physical spheres -combined. Determine and record the effect on the case analysis of any information that is judged to be missing, incomplete, or contradictory.

4. Assess previous and current therapeutic history/treatment, including homeopathy, allopathy, and other therapeutic modalities.

5. Describe the sensations and functioning of the individual and evaluate the vitality and health of the person (in homeopathic terms, the “vital force”). Record and evaluate the client’s personal and family history; miasmatic history; susceptibility; suppression; organ affinities and systemic effects. Prioritize symptoms and explain the hierarchy of symptoms according to homeopathic principles. Demonstrate knowledge and utilization of modalities (such as: time of day, side of the body, and aggravation or amelioration) that are striking for a particular individual. Apply in analysis the circumstances and timing of the onset of symptoms, aspects of causation and etiology, and their duration and intensity or severity. Identify and isolate “concomitant” symptoms that may have been present at the same time but are due to separate (usually transitory or extraneous) causes.

6. Differentiate between strange, rare, and peculiar symptoms and common symptoms. In distinguishing common from characteristic (individualizing) symptoms, consider the client’s apparent pathology based on allopathic
7. Present case analysis in a manner that can be readily understood by other homeopathic and health care professionals. Demonstrate diversity of case analysis strategies.

8. Translate the client’s symptoms into repertory language, and repertorize the case in a manner appropriate to the case presented. Convert observed symptoms into repertory language. Employ research, evaluate and ultimately apply information gathered through various sources – including: materia medica, provings, journals, databases, and the internet. Demonstrate use of other resources to determine how issues of physiology and pathophysiology may influence the case. Illustrate the value, limitations, and use of medical reports in homeopathic case analysis.

9. Produce a differential analysis of the main remedies considered, noting the key points for and against each choice. Distinguish and articulate other case management and analysis strategies, and apply them as appropriate. Identify various types of computer analysis techniques and differentiate their strengths and weaknesses.

10. Examine the effects of different potencies and their relevance to a case. Select the appropriate frequency and method of administering remedies (posology).

11. Document and evaluate identified obstacles such as antidoting, environmental interference, and iatrogenic influences. Identify possible means to overcome identified obstacles and discuss options with the client.

12. Order and evaluate the resources available to clients in assessing whether they are able to make important changes in their lives that may be beneficial.

13. Determine a reasonable prognosis. Identify an appropriate case management strategy and where appropriate determine both short-range and long-range goals.

14. Record all pertinent information for the case at the time of the client’s visit. Record research and analysis appropriately into case records.

For a discussion of potency and administration issues: see Section G – Posology

For a list of information that a case analysis includes - as the circumstances of the case dictate: See Appendix 6 – Particulars of Homeopathic Case Analysis
EDUCATIONAL STANDARDS

Educational programs impart the ability to:

1. Demonstrate how to assess the strength of the vital force, center of gravity, and susceptibility of the client;

2. Evaluate the onset, duration, and intensity/severity of symptoms;

3. Determine the nature of the illness in terms of acute or chronic and analyze accordingly

4. Assess previous and current therapeutic history/treatment, including homeopathy, allopathy, and other therapeutic modalities;

5. Demonstrate diversity of case analysis strategies;

6. Translate the client’s symptoms into repertory language, and repertorize the case in a manner appropriate to the case presented;

7. Employ research, evaluate and ultimately apply information gathered through various sources – including: materia medica, provings, journals, databases, and the Internet;

8. Examine the effects of different potencies and their relevance to a case as well as selecting the appropriate frequency and method of administering remedies (posology);

9. Distinguish and articulate other case management and analysis strategies, and apply them as appropriate;

10. Identify various types of computer analysis techniques and differentiate their strengths and weaknesses;

11. Illustrate the value, limitations, and use of medical reports in homeopathic case analysis; and

12. Order and evaluate the resources available to clients in assessing whether they are able to make important changes in their lives that may be beneficial.

J. Homeopathic Case Management

Effective management of homeopathic cases in clinical practice can be a highly complex issue. Individualization is the key to homeopathic case management since
each person will express his or her symptoms in his or her own way, especially those that lead to the “simillimum” of a case. The simillimum is the remedy that most closely fits the person and that addresses the broadest and most fundamental aspects of the case.

In the broadest sense, case management includes case taking, case repertorization and analysis, posology, and other aspects of addressing health and disease homeopathically. However, effective management of homeopathic cases demonstrates an integration of the fundamentals of homeopathic theory and philosophy with the practical aspects of maintaining an effective practitioner-client relationship. It begins with ensuring that a case is appropriate for homeopathic care and includes determining a prognosis and following the case until the best possible results have been achieved.

Effective case management requires proper interpersonal skills for:

1. Exercising perceptiveness in taking and following cases
2. Practicing effective and attentive listening skills
3. Practicing good observation skills
4. Displaying open-mindedness
5. Maintaining unconditional positive regard
6. Using appropriate, effective, and sensitive communication
7. Managing the understandable concerns of a client who is not experiencing the level of results she or he had hoped for
8. Maintaining appropriate aspects of the client confidentiality relationship in situations where consideration must be given to contacting outside parties (e.g. child protective services)
9. Managing situational issues, such as forgetting to follow through on a task for which a commitment had been made to a client
10. Collaborating with others including health-care professionals, clients, and families
11. Displaying adeptness in dealing with clients who are unable or unwilling to pay

All healthcare professions require a clinical component to education where the student is required to demonstrate an understanding of the body of knowledge taught for that discipline. Most presently require continuing professional development to enhance and deepen professional and personal understanding and practice. As homeopathy becomes a viable integrative therapeutic model within the universal healthcare system, it too will require perfecting clinical skills, including successful case and client management.

COMPETENCIES

The competencies that a homeopathic practitioner demonstrates in his or her management of cases include:
Carefully determining the initial remedy selection—including potency and dosing
1. Conducting proper follow-up sessions
2. Assessing the multifaceted action of a remedy
3. Identifying and managing any remedy aggravations
4. Evaluating the possible antidoting of a remedy
5. Evaluating palliation or suppression
6. Assessing the susceptibility of the client
7. Assessing obstacles to cure, as taught by Hahnemann
8. Employing intercurrent remedies, when indicated
9. Determining when to make a second remedy choice and how to select it
10. Effectively utilizing resources such as: material medica, therapeutic guides, repertories, Physicians' Desk Reference (PDR), and the Internet
11. Effectively utilizing coaching/mentoring/preceptoring for assistance in case management (especially the new practitioner).
12. Ensuring that homeopathic care achieves the greatest possible improvement with minimal disruption to the vital force
13. Synthesize homeopathic knowledge and experience in order to evaluate and supervise the entire course of homeopathic care as an ongoing and cumulative process - an extended cycle of reflection and response. Justify strategies for homeopathic care.
14. Maintain clear and transparent records of case management so that the aim and feasibility of homeopathic care is kept constantly under review. Demonstrate knowledge of a hierarchy of change within a healing process and demonstrate ability to provide appropriate communication to clients both during and between follow-ups.

The competencies as expressed here focus on homeopathically-relevant information. They consciously do not address the information-gathering and recording methods that are used in other medical settings, although any such information that is offered by the client that may be appropriate, such as information about current or past diagnoses and treatment by others, may be included.

SCOPE OF CASE MANAGEMENT

For the homeopathic practitioner, case management has several aspects:

1. Management of the practitioner-client relationship
2. Homeopathic management of the evolution of the case
3. Homeopathic management of the dynamics of the case
4. Management of the case records

The basic manner in which these are done and the competencies needed to perform them effectively will be the same for all homeopathic practitioners. However, how the practitioner-client relationship and the case records are managed will be influenced by the license or regulations, if any, under which each individual practices. Since the purpose of this document is to describe competencies for homeopathy, it will not
attempt to address in detail any additional requirements that various practitioners may
need to consider in addition to the homeopathic aspects.

An overview of the above four aspects of case management is presented below.
Additional details are provided in:

Appendix 7 – Homeopathic Case Management Guidelines

Management of the practitioner-client relationship

Prior to an initial visit, the practitioner employs appropriate methods to ensure that the
client will be aware of the nature of homeopathy (including the basic aspects of the
homeopathic philosophy of illness and cure, the nature of the homeopathic interview,
the typical course of homeopathic care and follow-up, the general scope and limitations
of homeopathy as they may apply to this client, and the training, credentials, and mode
of practice of the homeopath). This is conducted in a manner that determines the
suitability of homeopathic care for that client at that particular time, the urgency of the
case, and other possible alternatives the prospective client ought to consider -
especially the possible choice of urgent care by a licensed medical professional.

If the homeopathic practitioner expects to record (video or otherwise) the case, the
client should be informed of the reasons for this (such as: teaching or practitioner
review) and, without being pressured to do so, the client must give written consent for
recording to proceed. From time to time, a homeopathic practitioner may wish to make
a presentation of a video case to a professional audience for teaching purposes or a
written presentation of a case for a journal. The homeopath must always demonstrate
respect for the client and the client’s confidentiality by ensuring that any identifying
information such as the client’s name or unusual identifying details are excluded.

Homeopathic management of the evolution of the case

The practitioner demonstrates awareness of and control over a wide range of issues
that might arise during the duration of a case. This begins with establishing reasonable
expectations and continues with ensuring effective awareness and participation by the
client. It concludes with obtaining valid closure (regardless of the outcome of the case).

For details:

See Appendix 7 – Homeopathic Case Management Guidelines – management of the
evolution of the case

Homeopathic management of the dynamics of the case includes:

The practitioner demonstrates awareness and control over a wide range of changes that
might arise during the duration of a case. This begins with establishing reasonable
expectations and continues with ensuring effective awareness and participation by the
client. It concludes with obtaining valid closure (regardless of the outcome of the case).
See Appendix 7 – Homeopathic Case Management - dynamics of the case for details.

1. Maintaining appropriate communication to clients both during consultations and between follow-ups
2. Maintaining appropriate scheduling of follow-ups based on a strategy of anticipated remedy action, prognosis, and the client’s needs
3. Ensuring, at each client contact, a thoughtful assessment of remedy action
4. Demonstrating knowledge of how to apply case evaluation concepts that include simillimum, similar, layers, miasms, and zigzagging.
5. Demonstrating comprehension of each individual’s motivation and commitment to homeopathic care and other factors which may affect client compliance and the outcome.
6. Managing acute health problems that arise during chronic care.
7. Assessing the value and limitations of medical reports in homeopathic case management.
8. Demonstrating the ability to manage the cases of clients taking medications (prescription or other).
9. Demonstrating familiarity with resources available to individuals to make changes in their circumstances and lifestyles.
10. Demonstrating familiarity with appropriate ways to bring closure after a case taking session to help the client and the practitioner to regain balance - especially after an intensive interview.
11. Demonstrating proper therapeutic closure if a client is being referred to another practitioner or there is termination of care, including a re-cap of what progress has been made and clear recommendations to the client for further care.

Management of case records

How the case records are managed will be influenced by the license or regulations, if any, under which each individual practices. At time of this writing, there was not sufficient consensus to include a comprehensive discussion of case records as core competencies in this document. The list below presents general issues with the recognition that the competencies are not fully defined. See Appendix 7.

Appendix 7 – Homeopathic Case Management – Management of case records

Demonstrate appropriate management of case records:

1. Confidentiality – Written case records (and any videos or other media) are maintained in a safe and secure manner that precludes viewing or access by anyone other than the practitioner (and, on a need to know basis, colleagues who will be bound by duties of confidentiality).

2. Accuracy – Case records written in a chronological manner that fully and understandably records all salient homeopathic information for each visit or
conversation with a client as well as any other pertinent information or paperwork provided by the client.

3. Objective and Subjective Information – The homeopathic “data” for the case is adequately recorded in a manner that is consistent with the way in which it is expected that the case will be analyzed. The analysis is clear to a well informed reader what homeopathic process was being followed. Ideally, information relevant to other possible approaches to analyzing a case would be noted. Case clearly differentiates subjective elements (personal observations and perspectives) and objective elements (data collected by the homeopath or others).

4. Assessment and Plan – Assessment includes both the likely homeopathic prognosis for the case, and, as appropriate, other considerations for the case. The assessment includes a differential for several key homeopathic remedies that were considered. The plan records which homeopathic remedy was chosen, the potency, and the frequency for taking it. Plan includes any instructions, cautions, requests, or other instructions given to the client. Plan includes an interval after which a follow-up visit or report should be made by the client. Longer term strategy for the case recorded (and subsequently updated) to provide a means of tracking progress over time.

5. Periodic review (audit) of case records conducted to ensure his or her personal progress in maintaining good records and improving case management skills.

EDUCATIONAL STANDARDS

Standards for education in case management may vary according to the teaching styles and clinical mentoring styles of various homeopathic programs. However, the educational standards below are met in an appropriate manner.

1. The student shall read numerous well-respected homeopathic journals to observe the manner in which cases are recorded, noting the highest standards of accuracy, specificity, and comprehensiveness and the manner in which cases are managed.

2. During clinical training, the student shall receive mentoring that improves her or his skills in case management. This includes client interactions, keeping appropriate case records, managing the progress of cases, and ways to find necessary information or assistance to achieve the best possible outcomes for the client.

3. The student shall have access to guidance on case management from respected homeopathic authors and teachers.
4. The education of the student examines the ways in which various analysis and case management approaches can require the gathering of different kinds of information.

5. The student must have sufficient opportunity to observe several experienced homeopaths managing cases, ideally in person as well as from cases on video (always subject to the permission of the client). In this aspect of the student’s education, the mentoring homeopath shall elucidate the strengths and weaknesses of the way in which each case was managed, the ways in which the case management methods were adapted to the situation of the individual client, and other learning points.

6. Through reading and experience the student acquires a thorough understanding of the way in which case taking over a series of visits forms a fabric by which the success of a course of homeopathic care can be managed, and the course adjusted as necessary.

7. Although the types of records to be kept will vary depending on the practice style or licensing status for each individual, the student shall understand how a case should document appropriate references to medical information that is provided by or mentioned by the client.

By reading and observation, the student shall acquire sufficient understanding of the nature, individualization, sensitivity, confidentiality, and accurate recording of information that together form the basis for case management and, if appropriate, discussion of the case with other health-care professionals.

Programs will teach interpersonal skills necessary for case management:

1. Exercising perceptiveness in taking and following cases
2. Practicing effective and attentive listening skills
3. Practicing good observation skills
4. Displaying open-mindedness
5. Maintaining unconditional positive regard
6. Employing appropriate, effective, and sensitive communication
7. Managing the understandable concerns of a client who is not experiencing the level of results she or he had hoped for
8. Maintaining appropriate aspects of the client confidentiality relationship in situations where consideration must be given to contacting outside parties (e.g. child protective services)
9. Managing situational issues, such as forgetting to follow through on a task for which a commitment had been made to a client
10. Collaborating with others including, health care professionals, clients, and families
11. Displaying adeptness in dealing with clients who are unable or unwilling to pay.
K. Intersection of Homeopathy with the Conventional Health Care System and CAM

The manner in which a professional homeopath interfaces with the conventional health care system and other Complimentary and Alternative healthcare providers (CAM), may vary greatly based on a number of factors, including: the extent to which the conventional health care system or practice site is open to incorporating professional homeopaths and other CAM practitioners; other training or health-related licensure held by the professional homeopath; the range of clients or presenting problems the professional homeopath serves; the chosen professional practice site of the practitioner; and evolving national or state law impacting the practice of homeopathy. A professional homeopath may work in private practice, in a conventional health care setting, in a setting that integrates homeopathy or in a facility providing only homeopathic or CAM services.

In many cases, the professional homeopath will provide services to clients who are also seeing other conventional health care or CAM practitioners. Professional homeopaths who serve a wide range of clients have the knowledge, skills and attitudes needed to establish effective relationships with other practitioners engaged in the client’s care, to the extent that the client authorizes such communication.

The professional homeopath who is not a licensed health care practitioner with prescribing privileges does not advise a client with regards to his or her prescription medications or advise a client to alter any treatment. The professional homeopath refers clients with questions or concerns about their conventional health care medications or treatments back to the health care provider who prescribed them or to another similarly qualified health care professional whom the client trusts.

Regardless of practice site, clients may bring in, or refer to, their prescription drugs, herbal medicines, and dietary supplements or ask about ones they have heard about or read about. Homeopathic practitioners who work with a wide range of clients benefit from being familiar with commonly prescribed medications and terminology relating to prescription medication or CAM treatments. Professional homeopaths read labels and research information on the therapeutic uses, side effects, typical adverse reactions, drug interactions, possible contra-indications of medications being taken and be alert to information that will assist or improve the homeopathic analysis or management of the case.

A homeopath views his/her work through the distinct paradigm of homeopathy while being able to dialogue effectively with clients and health care practitioners who may view and communicate about the case through the paradigm and language of conventional medicine. Of particular importance is the ability of the professional homeopath to educate clients about key principles of homeopathic philosophy as they relate to ongoing decisions about case management.
**SPECIFIC COMPETENCIES**

The professional homeopath has the capacity to:

1. Recognize the signs and symptoms of common diseases encountered in his or her practice with an emphasis on assessing the depth of mistunement present in the case;

2. Distinguish between common symptoms of a given illness and those that are most useful for homeopathic prescribing;

3. Apply knowledge of conventional medical diagnoses to make safe decisions about the range of individuals he or she will accept as clients and identify when it would be appropriate to refer the client to a more experienced homeopath or conventional medical provider;

4. Identify signs and symptoms that may suggest a referral to emergency services or a conventional health care provider is needed; (See Signs and Symptoms Chart - Appendix 8)

5. Dialogue with clients and other practitioners about a client’s conventional diagnosis and symptoms while maintaining a focus on viewing his or her work through the distinct paradigm of homeopathy;

6. Educate clients about the unique paradigm of homeopathy as needed to facilitate gathering information about the full range of the client’s symptoms, explain the rationale for decisions regarding case management and assist the client in understanding the range and timeline of potential outcomes of homeopathic services;

7. Engage in case conferencing with conventional or CAM providers to the extent authorized by the client;

8. Gather reliable information about prescription medications, supplements and herbal medicines with an emphasis on applying this information to homeopathic analysis or management of the case;

9. Demonstrate familiarity with the purpose of common diagnostic and laboratory tests and be able to research other tests that a client undergoes in order to help guide homeopathic analysis and case management;

10. Recall the dangers and consequences of an individual’s withdrawing from drugs and substances, both prescribed and self-administered and recognize the danger of interfering with regimes of prescribed medications;
11. Refer a client with a question about a conventional medication or treatment back to the provider who prescribed the medication or treatment or to an equally qualified health care practitioner whom the client trusts;

12. Discern when it is appropriate to make referrals to other CAM providers including massage, body work, acupuncture, osteopathic, chiropractic care and other fields present in the communities within which he or she practices;

13. Demonstrate knowledge of the psychological and emotional functioning of individuals and how this may affect their health and wellbeing, including:
   a. Familiarity with the normal stages of child and adult development.
   b. Familiarity with the normal stages of response to stressful life events (e.g., death and dying, child and adult responses to trauma).
   c. An appreciation of the dynamics of family and other relationships and their impact on the client’s life circumstances and mental and physical health; and
   d. Observe appropriate steps to comply with the legal status of homeopathic practice in his or her jurisdiction and place of practice;

14. Demonstrate knowledge of the structure and opportunities within Integrative Health Care Practice. Demonstrate community service and leadership and organizational and policy awareness to promote homeopathy as part of the national healthcare landscape.

See Appendix 8 – Guidelines for Signs and Symptoms That May Suggest That a Referral Is Appropriate

EDUCATIONAL STANDARDS

Homeopathy program curriculum provide the student with a model of the human being in health and disease and address conventional health sciences including anatomy, physiology, pathology and disease in the context of homeopathic philosophy, case analysis and case management.

The program shall impart knowledge of the current, developing and always evolving healthcare landscape including a homeopath’s place in Integrative Health Care Practices.

The program shall prepare the student for relevant community service including leadership roles. The program shall make students aware of the homeopathic professions organizational structures, including relevant policy aspects with the aim of teaching students how to promote homeopathy as part of the national healthcare landscape.

The curriculum provides the student with ample opportunities to:
1. Reflect upon and define professional goals with regard to site of practice and foster the ability to make responsible decisions about the range of clients and presenting problems he or she will serve;

2. Develop the observational and clinical judgment skills required to identify signs and symptoms requiring referral to emergency medical services, a conventional health care professional, to a more experienced homeopath or an appropriate CAM provider;

3. Observe the work of experienced practitioners and develop their ability to identify functional disorders and pathological processes of the human being with reference to disorders of the following systems:
   a. integumentary (skin and connective tissues)
   b. musculo-skeletal
   c. gastrointestinal
   d. respiratory
   e. cardiovascular and hematological
   f. immunological
   g. reproductive (including obstetrics)
   h. urinary
   i. endocrine
   j. neurological
   k. special senses
   l. mental and emotional

4. Gather reliable information about prescription medications, supplements and herbal medicines with an emphasis on applying this information to homeopathic analysis or management of the case;

5. Demonstrate the capacity to distinguish between common symptoms of disease and those symptoms that are most useful for identifying the homeopathic simillimum;

6. Recognize significant deviations from normal psychological functioning and normal human development with an emphasis on recognizing symptoms most useful for identifying an effective homeopathic remedy and assessing client progress toward a greater sense of wellness;

7. Effectively dialogue with conventional or CAM professionals engaged in the client’s care, as authorized by the client;

8. Practice educating clients about the unique paradigm of homeopathy especially as required to gather the full range of the client’s symptoms, explain the rationale for decisions regarding case management and assisting the client in
understanding the range and timeline of potential outcomes of homeopathic services;

9. Identify credible resources for learning about conventional medical diagnoses or treatments that a client reports, as needed to maximize communication with the client and make safe and appropriate decisions related to case management;

10. Practice responding appropriately to client questions or concerns about prescription medication of conventional treatments by referring the client back to the prescribing provider or a similarly qualified conventional health care provider;

11. Observe, refine and practice making sound case management decisions consistent with professional practice standards and the legal realities of the jurisdiction in which he or she is practicing.

L. Ethical and Professional Considerations for Homeopathic Practice

Homeopathic practitioners demonstrate sufficient knowledge of, and act in accordance with a comprehensive code of ethics. Professional homeopaths are aware of national, provincial, state and local regulatory and legal oversight of their mode of practice and conduct their services in a manner that is within the regulatory framework.

COMPETENCIES

The homeopathic practitioner demonstrates the ability to:

1. Practice with integrity and responsibility;
2. Promote the well being of clients;
3. Obtain informed consent of the client, as appropriate;
4. Encourage and participate in the development of understanding between colleagues;
5. Distinguish between ethical and legal issues in a given case and use skill in working with both when these conflict.

The homeopathic practitioner demonstrates the ability to adhere to professional standards by:

1. Maintaining freedom from bias in all areas in order to ethically take cases;
2. Being alert to recognize when to refer to a different homeopathic practitioner when one cannot be unbiased;
3. Maintaining healthy senses and astute observation;
4. Maintaining a well developed sense of professionalism;
5. Demonstrating ongoing professional, ethical interactions with clients, and collaboration with fellow homeopaths and other practitioners;
6. Maintaining awareness of state/provincial and national laws and regulations that apply to his/her mode of practice and taking steps to comply with them (to the greatest extent possible);
7. Refraining from misleading or false advertising to clients, including “guaranteeing a cure”;
8. Refraining from making medical diagnoses, unless licensed to do so.

EDUCATIONAL STANDARDS

The educational process prepares students to:
1. Explore, define and promote professional integrity
2. Understand how their personal ethical values can limit or support the successful practice of homeopathy
3. Establish their own personal code of ethics compatible with the code of ethics of the homeopathic profession and that of healthcare professions in general
4. Be able to set appropriate boundaries with clients that establish standards of behavior for the practitioner and for the client including, but not limited to, avoiding any form of sexual misconduct.
5. Establish appropriate ways to react to the awareness that a colleague may be impaired by alcohol, by substance abuse, or by inappropriate self-treatment, including appropriate ways to report such concerns
6. Establish appropriate ways to react to the apparent incompetence of a colleague or situations where a colleague may be practicing outside the scope of his or her legitimate scope of practice, including appropriate ways to report such concerns
7. Establish an understanding of how to distinguish between the professional and ethical aspects of a situation, when that is necessary
8. Develop a clear and objective understanding of the laws and regulations affecting homeopathic practice – including a historical perspective, the nature of medical practice statutes, the scope of practice for other healthcare professions, and
specific national, state/provincial laws or regulations that either provide a basis
for homeopathic practice (including “health freedom” provisions) or that limit (or
even prohibit) homeopathic practice.

9. Safeguard client information including confidentiality and teaching use of cases

10. Appreciate and cultivate professional & collegial relationships and the boundaries
implicit in these.

11. Understand conflict of interest in terms of financial gain and appropriate
disclosure to clients, students, conferences and peers

12. Refraining from misleading or false advertising to clients, including “guaranteeing
a cure”

13. Refraining from making medical diagnoses, unless licensed to do so.

General Topics:
Prejudices
Confidentiality versus social and legal responsibility
Respect for life
Life and death issues
Client’s right of choice
Ethical conflicts
National and state/provincial legal issues
Ethical dilemmas regarding medical interventions: vaccination, abortion, organ transplants

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PART II: PERSONAL & PROFESSIONAL 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 clients.

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

1. Personal and professional development
2. Practice management and running a business
3. Practitioner and client relationship
4. Practice promotion

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 client’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:

1. Critical analysis
2. Assessment
3. Observation, awareness and perception
4. Research and problem solving
5. Organizational skills
6. Self-awareness and self-management
7. Time management
8. Decision making

Interpersonal and communication skills, that include:

1. Listening
2. Speaking
3. Presentation (written and non-written)
4. Face-to-face communication
5. Communication with clients, their families, healthcare professionals, colleagues, media
6. Awareness of non-verbal communication, body language, facial expression etc.

Personal development that includes:

1. Listening skills
2. Empathy
3. Trust
4. Intuition
5. Self-awareness
6. Self-confidence
7. Personal belief systems: e.g. awareness of attitude towards finances, failure, success
8. Ethics

**Personal health management, that includes:**
1. Skills for practitioners preserving and promoting their own health, development and well-being
2. Evaluating work / life balance
3. Stress management
4. Assertiveness
5. Boundary setting, e.g. client-practitioner relationship, work hours, when to answer phone calls
6. 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 homeopathic 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 take on continuing personal and professional development (CPD) after graduation. This includes such issues as academic work, clinical supervision, multidisciplinary collaboration, developing a private practice and mastery of homeopathy skills.

**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 enable students to develop those 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:**
1. National and local legislation relating to the practice of a healthcare profession
2. Tax reports / returns, obligatory taxes and V.A.T (Value Added Tax)
3. Recording income and expenses, and managing bank accounts
4. National and local insurance requirements for a practitioner and health insurance schemes for clients
5. Registering with a professional association: For many potential clients a professional association is the first point of contact in looking for a competent homeopath.

6. Confidentiality issues and awareness of disclosure legislation; i.e. situations in which client information must be passed on to another party.

7. National requirements for the maintenance, retention and destruction of client records.

8. Awareness of the national requirements for pension contributions and the personal implications of planning for retirement provision.


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

1. Choosing suitable premises with regard to the physical design of the practice (e.g. with regard to access for the disabled).

2. Awareness of confidentiality issues.

3. Deciding hours, availability and appropriate coverage during times of unavailability (A homeopath should specify the hours when she/he is available and maintain a healthy balance between work and free time.)

4. Managing phone calls, answer phone messages, etc.

5. 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.

6. The preparation of a business plan (regularly monitored) including the amount of client fees, costs, salary expectations, etc. This will help students to better understand the functioning of a small business.

7. Record keeping including case notes, remedies considered and selected, appointments, etc.

8. Create client referrals and a network for reciprocal referrals: other homeopaths, therapists, doctors, healthcare professionals, homeopathic pharmacies.

9. Clinical audit / practice audit: Clinic and practice audit skills enable the homeopath to evaluate the effectiveness of their practice. This also helps to build a body of knowledge that can be used for research purposes and for sharing information with peers.

10. Advertising, including business cards and targeted advertising, flyers, listings in printed or web based directories, local radio stations and newspapers, personal website, social media, and other web based promotion.

**Time management and working hours, including:**

1. Planning a weekly schedule: planning time for clients and case analysis, setting client telephone times, sending out remedies, personal supervision, case support, etc.

2. Ability to differentiate clients’ demands on time, to give priority where appropriate and to have clear professional boundaries.
Electronic and Data Management, including:

1. Data protection legal requirements
   (Homeopaths need to be aware of national and international legislation concerning the electronic filing of information.)

2. Homeopathic software
   (Schools should provide the opportunity for students to become familiar with the various homeopathic software programs available.)

3. Backing up data
   (It is good risk management to do regular backups and to consider alternatives for safe storage [especially off-site].)

Practitioner and Client Relationship

Homeopathic courses should develop the student’s professionalism by providing opportunities to discuss and rehearse the following:

1. Booking the appointment.
2. Managing the first contact (either through the practitioner or a receptionist).
   Clients should feel safe and motivated to commit to a course of homeopathic care.
3. 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, costs, a description of the homeopathic interview, and clarification of the client’s current understanding of the homeopathic process.
4. Discuss ways to encourage clients to follow through with homeopathic care.
5. Explore ways in which to advise and support clients with changing a maintaining cause that is a significant aspect of their current lifestyle.
6. Determine when and how to involve other persons, such as family or other healthcare professionals.
7. Explain to clients that homeopathy is a holistic system of medicine which may be an appropriate option for future complaints.
8. Encourage accurate evaluation of progress from the client’s perspective.
9. Clients may look for advice for a variety of concerns. Homeopaths need to provide clients 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 practice in isolation; they are part of a wider professional community, and many client 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:
1. What are your individual characteristics as a homeopath? What makes you special?
2. What motivates you to be a homeopath?
3. Would you like to work as a sole practitioner or be part of a group practice or multi disciplinary practice?
4. Would you like to specialize and work with a specific group of clients?
5. What kind of homeopath would you like to be for your clients?

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:

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

STANDARDS FOR CONTINUING PROFESSIONAL DEVELOPMENT

In the ever evolving and developing world of homeopathy it is important that practitioners continue to nourish and be responsible for their continued professional and personal development. Continued professional development is an ongoing process of reinforcing, enhancing and extending one’s existing understanding, knowledge, skills and competencies. Also, a homeopathic professional should support the importance and value of taking leadership roles in the socio-political dimensions of the homeopathic profession as an integral part of professional responsibility.

There are numerous professional development activities ranging from structured to unstructured ones. For example:

1. Attending conferences, courses, seminars, and workshops including:
   a. (e-learning, distance learning)
   b. Videoconferencing
2282 2. Self-directed learning
2283 3. Peer learning/development groups
2284 4. Working groups/Collaboration
2285 5. Supervision/mentoring
2286 6. Clinical Audit
2287 7. Teaching, Coaching
2288 8. Research
2289 9. Case studies and presentations
2290 10. Publication of professional articles
2291 11. Investigating numerous approaches to homeopathic care
2292 12. Reflection
2293 13. Awareness of the importance of lifelong learning in the service of one’s practice and the homeopathic community.
2294 14. Building a well developed sense of professionalism.

Professional Involvement
2298 1. Participation in professional association organizing
2299 2. Advocacy for homeopathy
2300 3. Volunteer work in homeopathy

Statutory and regulatory requirements to maintain membership with professional organizations differ. At a minimum, professional homeopaths complete sufficient continuing professional development activities to meet the requirements of organizations that have granted them certification or of associations to which they belong.

Source: ECCH Guidelines, 2011: Practitioner and Practice Development

PART III: CLINICAL TRAINING

Comprehensive clinical education and training is an essential requirement in the education of homeopaths. While much homeopathic theory, history and materia medica can be learned from books, it is only possible to gain clinical competence with practical clinical training and experience.

Clinical training is an essential requirement of homeopathic education and should be included as an integral part of a homeopathic teaching program, ideally running concurrently with theoretical studies at appropriate stages. In order to gain competence and confidence, the student takes part in the practical experience of clinical case taking and case management.

Clinical training should include the art of listening without prejudice or interpretation of the client’s words, as well as observation and gaining an understanding of the client as a whole. The skills and attitudes needed in order to be a proficient homeopath are acquired by practicing them rigorously over time.
COMPETENCIES

1. Demonstrate adherence to the theories, principles, and methods put forth by Hahnemann and other respected homeopaths in their various writings.

2. Demonstrate the ability to discern the direction of case progress and related aspects of homeopathic philosophy as enumerated by authors recognized by the global homeopathic community.

3. Recognize the importance of undergoing a qualified homeopathic care in order to appreciate the role of the client, understand the action of remedies and to have direct experience of case taking.

4. Understand and adhere to the current National Occupational Standards (where available) and the professional association’s Code of Ethics. Adheres to standards and ethics in the management of live cases.

5. Perform homeopathic case taking, case analysis, and case management as outlined in relevant sections above.

6. Conduct oneself in a professional and respectful manner; create and establish an atmosphere that is conducive to mutual respect and open communication.

7. Maintain confidentiality / demonstrate knowledge of confidentiality standards

8. Employ personal coping strategies to cope with unexpected/uncomfortable events

Being a Homeopathic Provider requires competency in the safe administration of homeopathic remedies, including the safety of both the client and the homeopath. The practitioner also has the ability to manage the clinical case using clinical skills.

Necessary competencies include:

1. Demonstration of appropriate use of referrals for emergency care, medical evaluation, acupuncture, osteopathic or chiropractic care and other types of evaluation and treatment.

2. Demonstration of appropriate use of supervision and homeopathic consultation.

3. The ability to use feedback from others, including clients and colleagues.

4. Recognition of maintaining effective collaborative relationships.

5. The ability to engage in self-evaluation.
6. The ability to access and integrate new information to assist in decision-making.

7. The ability to use research, including provings, audits and case studies, to plan, implement and critically evaluate concepts and strategies leading to improvements in care.

8. The ability to critically evaluate professional knowledge, legislation, policy and research in order to refine clinical practice.

9. The ability to predict the development and limit the effect of difficult situations in clinical practice.

EDUCATIONAL STANDARDS

Clinical training is an essential element of homeopathic education and it is included as a main focus of a homeopathic teaching program, ideally running concurrently with theoretical studies throughout the entire course. In order to gain competence and confidence, the student shall take part in the practical experience of clinical case taking and case management.

The program provides a clinical education program of sufficient volume, variety, and quality to fulfill its educational purposes. The number of clinical supervisors is sufficient to ensure effective instruction of and safe practice by interns. Student interns receive training from a variety of clinical faculty members.

The skills and attitudes needed in order to be a proficient homeopath are acquired by practicing them rigorously over time. The educational program engages students and prepares the professional homeopath to:

1. Follow standards for ethics, collegiality, client relations

2. Maintain a professional demeanor – conducts oneself in a professional manner while performing duties as homeopath

3. Maintain consistent, clear, closed records

4. Follow a clear process for clients regarding intake, contacting people and ongoing contact

5. Follow a standard process to obtain informed consent

6. Have a clear understanding of the following roles – student, administrator, supervisor
7. Maintain a productive relationship between student and supervisor – clear/appropriate expectations, boundaries
8. Follow established grievance processes (students and clients)
9. Be involved in entire process of cases (continuity of care)
10. Move through stages from observation through groups to independent work
11. Ensure cases are screened appropriately for the school clinic setting
12. Ensure students have a variety of cases – age, condition, etc.
13. Conduct a clinical audit of cases

Preferably, a training course should be able to offer 2 main strands:

1. Clinical training in class - giving students opportunities to observe an experienced clinician carrying out consultations with clients, including opportunities to discuss any central and arising issues
2. Clinical training in smaller groups and one-on-one with a clinical training supervisor, where the student is in the clinician role.

Many courses include video cases and/or live cases from the beginning of the education. Practitioners are required to practice various aspects of case taking, analysis, and management on a regular basis with increasing levels of complexity and increasing degrees of autonomy. Reflective processes and regular supervision with appropriate feedback are important tools to ensure continuous honing of these skills.

While providing the best learning opportunities for students, it is imperative that course providers carefully consider the responsibility to the clients throughout any and all stages of clinical training. This includes client confidentiality issues, continuity of case management, and ensuring that high-quality care is given at all times.

Objectives

1. To acquire the knowledge, practical skills and professional ethics and attitudes essential to clinical practice
2. To gain experience in the application and integration of all course components
3. To acquire the knowledge and skills needed in order to consider different approaches and strategies adopted by experienced homeopaths
4. To establish an individual, flexible framework within which to develop a personal but effective approach to case work
5. To learn how to record clinical data and participate in clinical research and audit
6. To devise personal coping strategies in response to unexpected reactions, demands and expectations of clients
7. To provide a pool of professional experiences to be shared with future professional colleagues or to be used as teaching material
8. To learn how to respond in practice to ethical issues, both during and after the clinical intervention

Clinical settings
Clinical education will be most effective if it can be delivered in a variety of settings and cover a wide range of issues. For example:

1. Guided and structured observation and analysis of:
   a. Experienced practitioners working live in a clinical setting
   b. Video relay of practitioners or practitioners taking live cases
   c. Video recordings of experienced practitioners working
2. Case taking and case management under supervision of experienced homeopaths:
   a. Individually (preceptorship)
   b. In a group with peer supervision
   c. Analysis of real and simulated client-practitioner interactions within a group setting
3. Management of clients with potentially life threatening conditions
4. Hospital training with in-clients (where possible)
5. Clinical audit

In addition to all other clinical casework that is done during the course, students should have been actively involved in the supervised case taking and case management of a minimum of 30 clients, covering a range of conditions over a number of consultations before becoming qualified practitioners. The student should have been the primary case taker in at least 1/3 of the cases seen.

It is essential that students have the opportunity to practice independent case taking repeatedly in order to develop their own skills and attitudes. While video cases provide a tool which allows students to observe the dynamics between practitioner and client, they cannot replace actual experience with clients. Students should submit comprehensive case studies (case analysis, rubrics and repertorization, remedy differentiation, remedies selected and response thereto) each including at least two, follow-up visits for each individual client.
Where possible, it is advisable that student and supervisor be in the same room as the client so that the supervisor can observe the dynamics of case taking by the student and provide guidance as necessary. Another option is to follow the practitioner’s case taking via close circuit TV or one-way mirror, etc.

Including clinical training throughout the homeopathic teaching program will enable the student to develop into a proficient, safe, confident and competent homeopathic practitioner.

References


PART IV: ELECTRONIC AND DISTANCE LEARNING

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 2003, 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-learning 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 S. 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, PBS 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 centered learning and e-learning (Gibbs 2003). It is important to be aware that the quality of teaching and learning may be affected by a “virtual learning environment” (Biggs 2003)

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.

E-Learning – Technology/Resources and Pedagogies

E-learning assists in the positive development of project-orientated problem based learning (PBL) as well as developing flexible learning formats (Bienzle 2008). E-learning contributes 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 project and group work (Biggs 2003, Georgsen &

Because an e-learning course is based on open learning processes, the student takes
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 pedagogies. (Thorpe
2002). Weller (2002) lists the following pedagogies:

1. constructivism
2. resource-based learning
3. collaborative learning
4. problem-based learning
5. narrative-based teaching
6. 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 2003).

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 varying degrees of the following six key
characteristics (Twigg 2003):

1. Whole course/program redesign (to remove duplication of effort and to ensure
consistency).
2. Active learning (focusing students on doing).
3. Computer-based learning resources (including online exercises and low stakes
quizzes).
4. Mastery learning (modular, self-paced course design with clear learning
objectives).
5. On-demand help (crucial for student satisfaction).
6. Alternative staffing (through specialization, 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 client-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 are to have group presentations, which is weighed with a considerable percentage of the assessment strategy.

E-learning is project oriented and resembles varieties of problem-based learning. It is easy for students to access resources and build 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).

There are high expectations of the quality of student presentation material. Because of the high standard expected, it can be justified that group work covers 25 percent of the total assessment. 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 for E-learning**

Educational technology can be used for designing both summative and formative assessment. The assessments equivalent of a bachelor degree level, and a variety of other assessment methods, are available to be used by course providers according to preference (Biggs 2003).

The European Credit Transfer and Accumulation System (ECTS) is a standard for comparing the study attainment and performance of students of higher education across the European Union and other collaborating European countries. The ECTS point
system, as recommended by the Bologna Declaration, is the most appropriate framework for assessing the quality of the student’s learned skills. The old system of accrediting learning according to contact hours is not applicable with e-learning as very few contact hours are needed to obtain quality learning. The main objective is to assess the student’s progress, skills and standard attained, all of which should reflect the topics of the guided learning for each module.

Source: ECCH document; E-Learning section
As mentioned in the INTRODUCTION, this document revises and updates a similar document that was issued following a meeting on January 28-30, 2000 of invited representatives of key homeopathic organizations in the United States.

The Accreditation Commission for Homeopathic Education in North America (CHE), with the support of the Homeopathic Community Council (HCC), held a Summit Meeting in 2000 for invited representatives of key homeopathic organizations. The Accreditation Commission for Homeopathic Education in North America was founded in 1982 with the mission to accredit homeopathic schools and educational programs. In 1999, the CHE identified the establishment of consensus on standards and competencies for homeopathic education as a priority necessary to achieve its mission. Also, the accreditation of educational institutions, which the CHE conducts, is a vital element in the development and recognition of homeopathy as a profession.

The intention of the Summit in 2000 was to develop an initial consensus on the homeopathic and medical competencies and standards necessary for the practice of homeopathy in North America. The draft document from the original Summit was circulated to the North American homeopathic community for comment and review. In 2001, a document representing the final version of these competencies and standards was issued.

ORGANIZATIONS invited to send representatives to the first summit in 2000 included:

- American Association of Homeopathic Pharmacies (AAHP)
- American Board of Homeotherapeutics (ABHT)
- American Institute of Homeopathy (AIH)
- Council for Homeopathic Certification (CHC)
- Accreditation Commission for Homeopathic Education in North America (CHE)
- Homeopathic Association of Naturopathic Physicians (HANP)
- Homeopathic Community Council (HCC)
- Homeopathic Nurses Association (HNA)
- Homeopathic Pharmaceutical Association (HPhA)
- National Board of Homeopathic Examiners (NBHE)
- National Center for Homeopathy (NCH)
- North American Society of Homeopaths (NASH)
LIST OF ATTENDEES

Edward Chapman, MD, DHt, Summit Chair
President, CHE; Treasurer, HCC; Trustee, AIH; Primary Care Coordinator, ABHT

Peggy Chipkin, FNP, CCH
Board, CHC; Board, HCC; Member, HNA

Jane Chicchetti, RSHom (NA)
Member, NASH Schools Committee; Board, CHE (representing NASH)
(Resigned prior to draft of final documents)

Joyce Frye, DO, MBA
President, NCH; First Vice President, AIH

Kathy Lukas
Secretary, CHE

Christopher Phillips, CCH
Board, CHE (representing CHC)

Richard Pitt, RSHom, CCH
President, CHC

Josette Polzella
Treasurer, CHE

Iris Hagen Ratowsky, RSHom (NA), CCH
Registrar, NASH; Board, CCH

Caroline Rider, JD
Associate Professor of Management and Chair of the Department of Management, School of Management, Marist College, Poughkeepsie, N.Y.

Todd Rowe, MD, MD(H), CCH, DHt
Vice President, NCH; Board, CHC; Board, CHE
“INTRODUCTION” FROM THE ORIGINAL SUMMIT DOCUMENT

The Council for Homeopathic Education (CHE), with the support of the Homeopathic Community Council (HCC), held a Summit Meeting of invited representatives of key homeopathic organizations on January 28-30, 2000. The intention of this Summit was to achieve consensus on the homeopathic and medical competencies and standards necessary for the practice of homeopathy in North America. The draft document was circulated to the North American homeopathic community for comment and review. This document represents the final version of these competencies and standards.

The Council for Homeopathic Education was founded in 1982 with the mission to accredit homeopathic schools and educational programs. In 1999, the CHE identified the establishment of consensus on standards and competencies as a priority necessary to achieve its mission. Accreditation of educational institutions is a function vital to the development and recognition of homeopathy as a healthcare profession.

Homeopathy is currently utilized by a wide variety of healthcare practitioners in the United States and Canada. The political-legal environment in which homeopathy is practiced is in a state of evolution. This complexity makes the job of the CHE a complicated task – one of identifying the core competencies and standards to which schools prepare students. It is a task that must be undertaken with sensitivity to many perspectives and awareness that healthcare in the North America is heading rapidly toward new potentials.

The Summit group outlined homeopathic and medical standards and competencies. We recognize that the means of acquiring these competencies will vary from formal instruction, to self-study, to clinical supervision. Actually the ideal training process includes all three of these elements. The important thing is that the instruction be based on definable standards and that homeopaths are capable of demonstrating these competencies and proficiencies by the standardized measurements utilized by certification boards.

This document (the original standards and competencies document) was distributed to the North American homeopathic community for public comment in the winter of 2000. It has been through a series of revisions and reflects commentary from many organizations, schools and individuals within the homeopathic community. We wish to thank all of the individuals and organizations that participated in the public commentary.

One positive outcome of the Summit process was the high degree of consensus among participants representing diverse segments of the homeopathic community, including practitioners with and without medical licenses. We believe this heartening outcome is a good omen of a future of creative harmony within the homeopathic profession.

Statements presented in these documents represent consensus, unless otherwise indicated. For those points on which we were unable to agree, we have set forth the
arguments for and against so that the larger homeopathic community can make its
decision. In fact there were only two such points.

One area of divergence was whether it was necessary to describe models under which
homeopaths do or could practice. Some felt this description contributed context and
substance to the discussion of standards; others felt including this was unnecessary
and even ill advised at this time. There was also debate about the validity of models
themselves. Ultimately, it was determined to adopt the model that reflects the reality of
practice for the majority of homeopathic practitioners in North America.

Second, practitioners have a preference for either the word “client” or the word “patient.”
In drafting this document, we choose one for the sake of simplicity. We used “client” as
a neutral word referring to anyone who seeks homeopathic care.

The Summit process was immeasurably assisted by the monumental efforts of our
professional colleagues, national and international, who, preceding us, spent many
hours considering, deliberating and publishing their thoughts on these issues. The
documents to which we regularly referred are listed in the Selected Bibliography.

Consensus on standards for classical homeopathic practice will have important
implications and benefits for the interdependent components of the homeopathic
community—schools, accreditation organizations, certification boards and professional
organizations. Indeed, we hope these standards lay the groundwork for the recognition
of an independent profession of classical homeopathy in the United States.

Summit participants felt that formalizing the homeopathic and medical requirements for
the professional practice of homeopathy will lead to greater unity in the profession. This
was already the case within the Summit group, who were able to agree, not only on
homeopathic competencies, but on medical competencies as well. While this unity can
help propel homeopathy into the mainstream, it will be possible only as long as the
principles of classical homeopathy are honored in the process.

We submit these documents to the North American homeopathic community with the
hope that the standards described will become a powerful tool in further strengthening
the homeopathic profession. These standards represent a beginning. We fully expect
that given the evolution of homeopathy and the profession the standards will need
periodic revision. To that end the CHE (*) will convene another summit to review these
documents within seven to ten years.

(*Now ACHENA)
BIBLIOGRAPHY OF REFERENCE DOCUMENTS FOR INITIAL STANDARDS & COMPETENCIES DOCUMENT

7. National Guideline Clearinghouse, an online source for nationally agreed upon guidelines for the treatment of more than 600 medical conditions.

LIST OF APPENDED DOCUMENTS FOR INITIAL STANDARDS & COMPETENCIES DOCUMENT


Return to See Appendix 1 in text
Appendix 2 - Canadian & US Homeopathic Standards Summit in 2010

LIST OF VOTING ORGANIZATIONS AND ATTENDEES

- Academy of Veterinary Homeopathy (AVH) - Betsy Harrison, President
- American Board of Homeopathic Diplomates (ABHt) - Todd Hoover
- American Institute of Homeopathy (AIH) - Todd Hoover, President
- Council for Homeopathic Certification (CHC) - Harry Swope, Treasurer
- (ACHENA) - Heidi Schor, President
- Homeopathic Academy of Naturopathic Physicians (HANP) - Nadia Bakir, Board
- Homeopathic Nurses Association (HNA) - Ann McKay, Past President
- North American Network of Homeopathic Educators (NANHE) - Deb Trotta, Chair
- North American Society of Homeopaths (NASH) - Allyson Burden, Int. Liaison
- National Center for Homeopathy (NCH) - Ann Jerome, Board
- National United Professional Association of Trained Homeopaths (NUPATH) - Karen Wehrstein, President
- Florida Homeopathic Society (FHS) - Kim Purcell, President
- Arizona Homeopathic and Integrative Medical Association (AHIMA) - Todd Rowe
- West Coast Society of Homeopaths (WCHS)
- Syndicate Professional of Homeopaths of Quebec (SPHQ) - Carla Marcelis
- Homeopathic Medical Association of Canada - Iman Navab
- British Columbia Society of Homeopaths (BCSH) - Marie Lamey, President

LIST OF OBSERVER ORGANIZATIONS AND ATTENDEES

- National United Professional Association of Trained Homeopaths (NUPATH) - Sushila Lalsingh
- Syndicat professionnel des homéopathes du Québec - Joyce Edge
- National United Professional Association of Trained Homeopaths (NUPATH) - Lisa DeCandia
- National United Professional Association of Trained Homeopaths (NUPATH) - Kashka Kril-Atkins
- National United Professional Association of Trained Homeopaths (NUPATH) - Adriana Volpato
- National United Professional Association of Trained Homeopaths (NUPATH) - Ginette Beaulieu
- National United Professional Association of Trained Homeopaths (NUPATH) - Judyanne MacNamara
- Homeopathic Medical Educational Ctr of Canada (HMECC) - Taraneh Refahiyat, Faculty
- North Toronto Homeopathic Medicine & Wellness Clinic - Mario Ringo
- Transitional Council-College of Homeopaths of Ontario (TC-CHO) - Martine Tardif
- Canadian Representative School of Homeopathy - Christine Jambrosic
- Canadian Representative School of Homeopathy - Basil Ziv, Registrar
- Transitional Council-College of Homeopaths of Ontario (TC-CHO) - Bhupinder Sharma
- Transitional Council-College of Homeopaths of Ontario (TC-CHO) - John Curran
- Transitional Council-College of Homeopaths of Ontario (TC-CHO) - Whitney Collins
- Transitional Council-College of Homeopaths of Ontario (TC-CHO) - Katharine McEachern
- Transitional Council-College of Homeopaths of Ontario (TC-CHO) - Janet Blanchard

Return to See Appendix 2 in text
Appendix 3 - Details of Current Political-Legal Environment for Homeopathy in North America

Because legal requirements change due to the activities of federal, state and provincial legislative and regulatory bodies, the following text best represents the status quo at the time of the 2010 Summit. Schools and practitioners are expected to keep up to date with Political-Legal environment vis-à-vis homeopathy in the jurisdiction(s) in which they practice.

United States

The political-legal-social environment in which homeopathy is practiced is in a state of evolution. Health freedom laws in many states in the US are removing some barriers to the practice of homeopathy, but there are also forces at work that seek to restrict the use of homeopathy. This makes it more complicated for ACHENA to identify the core level of competencies and standards to which schools prepare students. Since attaining competency does not confer a right to practice, it is a task that must be undertaken with sensitivity to many perspectives and awareness that healthcare in the North America is heading rapidly toward new potentials.

The healthcare landscape in the United States has shifted dramatically since the 2000 version of the Standards and Competencies for the Professional Practice of Homeopathy in North America was crafted. The passage of the Patient Protection and Affordable Care Act in April of 2010 was an historic event that will impact healthcare in the US for the foreseeable future. Complementary and Alternative Medicine (CAM) professions were able to secure a place in the language of the bill as being part of the healthcare work force. Prior to this, as the established healthcare method, allopathic medicine has dominated healthcare policy in the US. Now, homeopathy, as a profession, has a chance to participate in the wave of change.

The homeopathic profession has grown enormously in the past several decades. NIH-NCCAM has produced a study stating that homeopathy represents a 3 billion dollar segment of the healthcare industry (much of it through “out of pocket” payments). Mainstream awareness of homeopathy is increasing every day with more and more use by the public, increased positive press coverage, and increasing availability of practitioners and homeopathic medicines.

Canada

Canada’s tradition of access to homeopathic medicine dates back to Dr. J. O. Rosenstein, who is recorded as practicing homeopathy in 1845 in Montreal, Quebec. In 1859, the bill known as “An Act Respecting Homeopathy” was passed in what is currently the province of Ontario. In western Canada, the British Columbia Homeopathic Act, 1889, permitted homeopathic doctors to register as practitioners in B.C. without
by 1925, only 40 homeopaths were practicing in Canada. Currently the practice of homeopathy by a professional homeopath charging a fee for service is fully legal in every province except Quebec. Homeopathy is popular in Quebec, with a large community of practitioners who take measures to publicly distance what they do from practicing medicine.

The directories of professional homeopaths posted by Canadian Society of Homeopaths (CSH), North American Society of Homeopaths (NASH), and The National United Association of Trained Homeopaths (NUPATH) list practitioners working in the provinces of Alberta, British Columbia, Nova Scotia, Ontario, and Quebec. The only province undertaking to regulate homeopathy so far is Ontario, where health practice is governed by legislation that is designed to protect the public, and so sets out specific health-care procedures. Health professionals are permitted to perform these health-care procedures.

The “Homeopathy Act” was passed in 2007, and the regulation process is currently in the hands of an appointed Transitional Council for College of Homeopaths of Ontario (TC-CHO). The TC-CHO is tasked with inventorying homeopaths in the province, setting standards of entry and practice, and otherwise creating regulatory infrastructure towards the point at which a democratic College Council can be elected. Once the process is far enough along, the transitional Council will be the only organization that assesses applicants and determines who is permitted to call herself or himself a homeopath or say they are qualified to practice homeopathy in Ontario.

Provincial government health insurance currently likely will not cover homeopathic services by someone that is solely a professional homeopath, nor is it likely to do so in the foreseeable future. Some private extended medical insurance policies cover it, either in a distinct category or under ‘paramedical services,’ which covers only the eastern part of Canada.

Mexico

The following information was found on the internet from sources that seem to be reliable, but the information has not yet been confirmed.

Mexico is a Republic of States, and associations operating in each state need state approval. There are schools in the state of Jalisco that teach lay people, and they have spurred the Government to re-examine the classification of homeopathic practice. The outcome is not known at this time. Legally, only MDs are allowed to practice, but there are many other people, many of them in pharmacies, who are prescribing. There are probably about 1,500-2,000 practitioners in Mexico.
Homeopathic medicine has been recognized in Mexico since 1896. In Mexico there are two schools that grant the MD degree, five post graduate schools, and two homeopathic hospitals.

Return to See Appendix 3 in text
From the over 2000 existing homeopathic remedies, the following list of 155 remedies is recommended for initial study as the most used and useful ones. This is the study list that has been used by the Council for Homeopathic Certification for many years. The list is not exhaustive, restrictive, or imperative and shall be adapted to the specific environment; in addition, homeopathic practitioners should, over time, become familiar with additional remedies as they prove helpful to the management of a wider variety of cases. This list of homeopathic remedies is neither complete nor does it suggest that all the remedies listed must be taught. Some schools will teach more remedies, others fewer. For a perspective on the goals for studying remedies, see the COMPETENCIES portion of Section D – Homeopathic Materia Medica.

**Study List of Homeopathic Remedies**

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Appendix 5 - Specific Skills for Homeopathic Case Taking

PRELIMINARY CONSIDERATIONS

The homeopathic practitioner develops sufficient sensitivity with respect to the physical surroundings that are most conducive to the client’s needs for privacy, confidentiality, respect, and reasonable personal comfort and therefore will increase the likely success of the homeopath in gathering necessary information. The ability to maintain an appropriate setting, safety, and confidentiality must be fully mastered.

(Note: see Section J – Homeopathic Case Management for issues that should be explained or clarified prior to scheduling a client to take his or her case, including whether homeopathic care is appropriate for this person at this time.)

ABILITY TO DIFFERENTIATE TYPES OF CASES

The homeopathic practitioner is able to ascertain the type of case to be taken and the characteristics of the information needed. Any consultation may contain elements of the types of cases below, and the homeopath’s notes should identify information from each category, as necessary. The best example of this is when acute symptoms (for example, a cough or cold) appear in the middle of a chronic or constitutional case.

Types of cases include: First Aid; Acute; Chronic/constitutional; Acute symptoms in the midst of a chronic case.

ABILITY TO BE NON-JUDGMENTAL

Although a homeopath makes judgments (such as: interpretations, decisions, or assessing the reliability of information and possible biases or reticence of the client) the homeopath shall not be judgmental (prejudiced, biased, or non-empathetic). The homeopath also guards against the possibility of too quickly deciding which homeopathic remedy a client needs based on appearance, demeanor, or other personal factors.

LISTENING AND ELICITING NECESSARY DETAILS

One of the skills that distinguishes homeopaths is the ability to listen in an open and unbiased manner to what the client has to say. A key issue is that information offered freely, in the client’s own words, and with the client’s unforced level of emphasis, may be the clearest guide to the client’s person, condition, and circumstances.

Homeopaths are keenly aware of the effect they have on the client when they ask the client a question. In general, the homeopath asks questions in a manner that is non-
judgmental, open-ended (not expecting either a yes or a no answer), and phrased in an empathetic, supportive and non-invasive manner.

One of the most essential case-taking skills is the ability to manage the discourse of clients who do not readily present the information needed for homeopathic analysis. Examples include: clients who are loquacious or rambling; clients who are “closed” or frightened, clients who have difficulties with expressing themselves, clients who are “over-cooperative”, “self-aware” clients who offer interpretations rather than simple facts or feelings, as well as special considerations for children, young adults, and seniors.

RECORDING INFORMATION

(NOTE: see the discussion in the Homeopathic Practice section regarding “medical” information.)

The homeopath develops the ability to take notes—at the same time that he or she is listening to the client—that are clear and coherent according to the standards and conventions of the homeopathic profession.

The manner in which a case is taken and recorded will be influenced by many factors, the most pertinent of which will be the manner in which it is expected that the case will be analyzed. However, a properly-taken case clearly differentiates subjective elements and objective elements (data collected by the homeopath or others). The assessment of the case may need to include: the prognosis for homeopathic care, an assessment of the client’s “vital force,” miasmatic influences, obstacles to cure, as taught by Hahanemann and other homeopathic philosophers, and other qualifying factors. As much of this as possible is considered during case taking and must be clear from the notes taken.

Any statements by the client that constitute homeopathically-relevant information should be recorded in the client’s own words if possible—with the homeopath’s observation of the intensity or impression conveyed, including any unusual context of the remarks. As homeopathically-appropriate, observations about the client’s manner, bearing, mode of dress, way of talking (or not talking), and other personal characteristics should also be noted.

COMPREHENSIVE COMPETENCIES

NOTE: The foundation for the skills and abilities listed here should be included in all homeopathic education, but the future state would require a higher level of skills and abilities that would reflect more training and experience than is typically provided currently.
1. Conducting a comprehensive homeopathic interview – with the ability to individualize the case taking for each client by varying the techniques for eliciting information
2. Conducting the interview with sensitivity to the client’s needs, privacy, dignity and psychological safety (including observing HIPPA or other requirements, as appropriate)
3. Taking into consideration previous and current therapeutic history and care, including homeopathic, allopathic (“accepted”), and other therapeutic modalities
4. Obtaining information about modalities of the client’s chief complaint (such as: time of day, sidedness, associated sensations)
5. Obtaining individualizing information about the client (particularly as they relate to symptoms and particularly if they changed after the onset of symptoms) – for example: sleep patterns, food preferences, temperature preferences, or energy levels
6. The ability to recognize individualizing circumstances that may influence the analysis and management of a client’s case or that may constitute obstacles to cure, as taught by Hahnemann and other homeopathic philosophers, including:
   a. The relationship between the physical, social, emotional and economic contexts in which people live and their health and well-being
   b. The implications for health and disease of personal and family health history, life events and environmental factors
   c. The potential effect of lifestyle (for example, diet, smoking, alcohol consumption) on an individual’s health and social well-being
   d. The resources available to individuals to make changes in their circumstances and lifestyles
   e. How personal beliefs and preferences affect individuals’ lives and the choices they make, the context in which they live and their health and well-being
   f. How drugging can mask, suppress, or alter both individualizing and characteristic disease symptoms
   g. Identifying events, circumstances, and mental or emotional stressors that may have preceded (or precipitated) the onset of symptoms (an etiology)
7. Eliciting information that can be used to assess the “vital force” of the client
8. Taking care to identify any symptoms that are “strange, rare, and peculiar”
9. Considering potential obstacles to cure, as taught by Hahnemann and other homeopathic philosophers, if they exist
10. Employing specialized case taking skills for:
   a. Infants
   b. Children
   c. Adolescents
   d. Elderly
   e. Pregnancy
   f. Closed clients or loquacious clients
   g. Abused or fearful individuals
11. Assessing, based on information collected during the taking of the case, when it may be appropriate to consider referring the client to another practitioner – homeopathic or other

12. Alertness to case characteristics that suggest exposure to epidemic disease (and how to explore the relevance of a homeopathic “genus epidemicus”) 

13. Ability to elicit relevant aspects of personal and family history (health and general) 

14. Understanding in homeopathic case taking the potential value, limitations and use of medical information provided by the client and of information provided on intake forms 

15. Knowing when it may be necessary or useful to involve someone besides the client in a consultation (for example, when working with children) or to obtain collateral information from other sources. This includes recognizing the potential for reticence, bias, misrepresentation, and misunderstanding when others are involved in these discussions, and being able to minimize those risks 

The personal skills and knowledge the homeopath shall develop includes:

1. The capacity to clearly perceive, including:
   a. Recognizing and interpreting significant aspects of a client’s appearance, body language, speech and behavior.
   b. Understanding patterns of health on the mental, emotional and physical levels in a way that assists in perceiving what needs to be healed in others.
   c. Assessing the “vital force” of the client.

2. Observing with accuracy and astuteness and developing healthy senses that assist in observing

3. Refining listening skills based on patience and openness, including a facility in effective and sensitive interviewing attitudes and techniques that will enable individuals to reveal and talk through relevant issues in their physical, mental and emotional health 

4. Freedom from bias, with the ability to empathetically listen and communicate, including an appreciation for aspects of religious, ethnic or cultural diversity and respect for a client’s personal life choices

5. Awareness of the dangers of imposing one’s own beliefs, values, and attitudes on individuals and of the importance of respect for the client’s beliefs, values and attitudes both personal and cultural

6. Asking questions effectively (in an authentic and open manner), without bias or judgment, and without undue embarrassment to the client

7. Knowledge of concepts of energy, vital force, disease, and wellness as well as
the unity of mind, body, emotion, spirit, and environment and how to apply these concepts in taking and assessing individual cases

Return to see Appendix 5 in text
Appendix 6 - Particulars of Homeopathic Case Analysis

A homeopathic case analysis includes – as the circumstances of the case dictate:

1. Chief complaint(s) – as expressed by the client
2. Central disturbance – in homeopathic terms
3. Acute versus chronic illness
   a. Acute analysis
   b. Constitutional analysis
   c. Analysis of acute episode during a chronic disease
4. Individuality of client
5. Themes running through case
6. Vitality and health of the person
7. Sensations and function of the organism
8. Totality of the symptoms (physical, mental, emotional, spiritual)
9. Language of symptoms
   a. Mental, emotional and physical.
   b. Characteristic versus strange, rare, and peculiar
   c. Complete symptom: location, sensation, modality, and concomitant
   d. Family and personal health (including medications and vaccinations)
10. Miasmatic history
11. Organ Affinities
12. Case analysis strategies (e.g. Totality, Keynote, Organ affinity, Miasmatic, Periodic table, Vital Sensation)
13. Distinguish characteristic from common symptoms
14. Obstacles to cure (e.g. antidotes, environmental, iatrogenic influences)
15. and the means to their elimination
16. Susceptibility
17. Etiology and/or exciting and maintaining causes
18. Onset, duration, pace, intensity and severity of symptoms
Appendix 7 - Homeopathic Case Management Guidelines

The detailed aspects of case management presented below should be demonstrated in the practice of a competent practitioner.

Management of the practitioner-client relationship

Initially, or at the first visit, the homeopath discusses with the client issues such as:

1. The typical course of events during homeopathic care – timing of visits, the typical course of care for cases of the type and severity experienced by the client, contacting the homeopath between follow-ups if certain circumstances occur, the need for the client to note and be able to report changes, and other matters appropriate to the case – including circumstances that should alert the client to seek urgent care either by the homeopath or by a licensed medical professional.

2. The problems posed by the use of self-prescribed remedies, as well as by other changes that may make interpretation of the client’s progress more difficult.

3. The homeopathic practitioner’s ethical obligations, including confidentiality.

4. Each homeopathic practitioner, in a manner appropriate to his or her practice shall determine the type and content of an informed consent form that clients (or their parents or guardians) should sign to acknowledge that they understand and consent to homeopathic care. (As appropriate, this information and consent should conform to applicable aspects of HIPPA regulations and/or state or provincial legal requirements.)

Homeopathic management of the evolution of the case

Additional goals for homeopathic management of each case would include:

1. Setting reasonable initial expectations – balancing hopes and aspirations with realistic pragmatism

2. Ensuring that case information is properly taken at each client contact – (See Section H – Homeopathic Case Taking)

3. Ensuring that there is a proper assessment and plan at each client contact – (See this under Management of case records, below)
4. Ensuring appropriate client awareness and participation
5. Ensuring appropriate client understanding of time frame for homeopathic care, health issues, possible aggravations, and other pertinent issues
6. Advising the client about ways in which an illness may be an opportunity for self-awareness, growth, and balance
7. Advising the client about aspects of injury or disease that may not be curable
8. Identifying and managing different phases of the case – including: first aid, acute, chronic/constitutional, acute symptoms in the midst of a chronic case
9. Managing the process of exploring necessary avenues to a better understanding of the case, including obtaining “missing” information

Homeopathic management of the dynamics of the case

1. Maintaining appropriate communication to clients both during and between follow-ups
2. The homeopathic practitioner demonstrates appropriate communication with clients both during and between follow-ups. This would include, as appropriate:
   a. Discussion of the client’s progress, including an assessment of how homeopathic care is addressing the level of disturbance in the health of the client, based on homeopathic evidence from observed results in similar cases
   b. Timely and ethical communication expected to ensure a client understands the appropriate options during the course of homeopathic care
   c. Maintaining ongoing communication with the client after the initial case taking about the nature of his or her homeopathic care including discussion of possible aggravations and of limitations, if any, in this particular case for homeopathy.
3. Maintaining appropriate scheduling of follow-ups based on a strategy of anticipated remedy action, prognosis, and the client’s needs
   The scheduling should consider the supervision required to assess homeopathic, mental-emotional, and physical aspects of each case.
4. Ensuring, at each client contact, a thoughtful assessment of remedy action
   a. Recording the individual’s experience, while being able to assess the accuracy and validity of his or her reporting.
   b. Evaluating the extent to which the client’s aims and goals have been achieved.
   c. Evaluating results according to changes in the vital force, the homeopathic definition of cure, as taught by Hahnemann and other homeopathic philosophers, versus palliation or suppression and other influences affecting the case - using Herring’s Law and other fundamentals of homeopathic
philosophy and theory.

d. Applying models of remedy actions described by respected homeopathic
authors including Kent, Herring, and others.

e. Knowing how to recognize and manage the possible challenging influences
on case progress of:
   i. Homeopathic aggravation
   ii. Antidoting
   iii. Placebo and nocebo (harmful, unpleasant, or undesirable) effects
   iv. Return of old symptoms – recognizing this situation, whether to act
       or wait and deciding what, if anything to do

f. Knowing how to evaluate and manage possible obstacles to cure, as taught
   by Hahnemann and other homeopathic philosophers, including:
   i. Previous evolution of the client’s pathology
   ii. Prognosis – in homeopathic terms
   iii. Environmental considerations, poor health habits, and other lifestyle
       issues
   iv. Iatrogenic factors
   v. Possible limitations of homeopathic care

g. Knowing when to wait, when to repeat, and when to change remedies
   and/or potencies.

h. Knowing when to retake the case.

i. Recognizing proving symptoms.

j. Knowing when to refer the case to another homeopath or a practitioner
   of another modality and how to do it effectively, for the client’s benefit.

5. Demonstrating knowledge of how to apply case evaluation concepts that
   include: simillimum, similar, miasms, layers, remedy families, “essences”, cycles
   and segments, and zigzagging.

6. Demonstrating comprehension of each individual’s motivation and commitment
   to homeopathic care and other factors which may affect client compliance and
   the outcome.

7. Demonstrating management of acute health problems that arise during chronic
   cases.

8. Demonstrating use of intercurrent remedies (if appropriate to a case).

9. Demonstrating appropriate use of medical reports in homeopathic case
   management with assessment of their value and limitations in each case.

10. Demonstrating the ability to manage the cases of clients taking medications
    (prescription or other):
    a. By identifying what may be possible side effects
    b. By taking appropriate steps to combine homeopathic care with the client’s
use of prescription medicines

c. By identifying when this may not be advisable

11. Demonstrating familiarity with resources available to individuals to make changes in their circumstances and lifestyles.

12. Demonstrating familiarity with appropriate ways to bring closure after a case taking session to help the client and the practitioner to regain balance - especially after an intensive interview.

13. Demonstrating proper therapeutic closure if a client is being referred to another practitioner or there is termination of care, including a re-cap of what progress has been made and clear recommendations to the client for further care.

Management of case records

How case records are managed will be influenced by the license or regulations, if any, under which each individual practices. For schools seeking accreditation most accrediting bodies stipulate record management practices and requirements as determined by the Secretary of Education. The list below presents general issues with the recognition that the competencies are not fully defined.

Guidelines:

1. Confidentiality
2. Accuracy
3. Subjective information
4. Objective information
5. Assessment (including key differentials)
6. Plan (including follow-up)
7. Periodic review (audit) of case records
8. Other general case management issues, including:
   a. Video recording skills
   b. Skills in providing client education
   c. Skills in developing client self-responsibility in client care and diminishing dependency
   d. Skills in assessing and removing obstacles to cure, as taught by Hahnemann and other homeopathic philosophers, in all dimensions of our clients' health
   e. Skills in supporting client empowerment
   f. Skills in relationship centered healing
g. Skills in utilizing and applying ethical decisions in practice

9. Other advanced case management issues:
   a. The homeopath demonstrates competency in the safe use of homeopathic remedies, including the safety of both the client and the homeopath. The practitioner also has the ability to manage the clinical case using appropriate clinical skills. Necessary areas of knowledge include:
      i. Appropriate use of referrals for emergency care, medical evaluation, complementary and alternative medicine (CAM), and other types of evaluation and treatment
      ii. Appropriate use of supervision and homeopathic consultation
      iii. The ability to use feedback from others, including clients and colleagues
      iv. Maintaining effective collaborative relationships
      v. The ability to engage in self-evaluation
      vi. The ability to access and integrate new information to assist in decision-making
      vii. The ability to use research, including provings, audits and case studies, to plan, implement, and critically evaluate concepts and strategies leading to improvements in care
      viii. The ability to critically evaluate professional knowledge, methodology, legislation, policy and research in order to refine clinical practice
      ix. The ability to predict when difficult situations may develop in clinical practice and to limit their negative effects
Appendix 8 - Guidelines for Signs and Symptoms That May Suggest That a Referral Is Appropriate

Introduction

The following guidelines are provided as a sample template and are not complete. Homeopathic Practitioners are encouraged to include Medical Providers in the healthcare team for clients. Practitioners will want to consider the severity, duration and intensity of client’s symptoms and when any symptoms may be of concern, appropriate referral for diagnosis and treatment is suggested along with homeopathic care.

Newborns (0-6 Weeks)

Suggest that client seek additional medical advice without delay

- fever > 99.5 F
- Unexplained Ecchymosis
- Trouble Breathing
- Blue Skin
- Vomiting > 4 oz
- Diarrhea
- Black Stool
- Blood in Stool
- Lethargy
- Stopped Nursing / Feeding
- Skin Bruising
- Yellow Discoloration of Skin
- Passing Out / Loss of Consciousness
- Suspected Child Abuse or Neglect

Suggest seeking additional medical advice

- Eye Discharge
- Umbilical Inflammation / Discharge
- Cough

- Vomiting < 4 oz
- No Bowel Movement > 48 hours
- Difficulty Nursing / Feeding
- Skin Rash
Failure to move a Limb
Unusual or Prolonged Crying

Infants (6 Weeks – 24 Months)

Suggest that client seek additional medical advice without delay
Fever >102
Neck Stiffness
Passing Out / Loss of Consciousness
Redness of Eye or around Eye
Ear Discharge

Nose Bleeding

Throat or Tongue Swelling
Cough > 5 seconds episodes
Trouble Breathing
Excessive Vomiting > 8 oz in 24 hours
Excessive Diarrhea >4 episodes in 24 hours
Blood or Black in Bowel Movement
Sudden or Severe Abdominal Pain
Blood in urine

Balance or Coordination Troubles
Fainting Spells
Shaking Spells
Sudden Skin Rash (< 48 hours)
Suspected Child Abuse or Neglect

Suggest that client seek additional medical advice
Prolonged Fever <102, > 2 days
Mis-shaped Head
Eye Discharge
Eyes not aligned
Ear Pain or Pulling
Hearing loss or concerns
Nose Discharge prolonged (>3 days)
Nose Discharge with odor, or color other than white / clear
Sore Throat
Cough > 2 days
Recurring cough
Recurring Vomiting
Diarrhea <4 episodes in 24 hours
Bowel Movements less than once every other day

Foul smelling Urine
Diminished urination
Failure to move a limb
Lump on Skin or Bone or other Tissue
Maternal or Practitioner Concerns about speed of development
Skin Rash
Slow growth or loss of weight

3467

3468 **Children (2years – 10 years)**

3469 *Suggest that client seek additional medical advice without delay*

Fever >102
Neck Stiffness
Sudden or Severe headaches
Redness of Eye or around Eye

Ear Discharge
Nose Bleeding

Throat or Tongue Swelling
Cough > 10 seconds episodes
Trouble Breathing
Excessive Vomiting > 4x in 24 hours
Excessive Diarrhea >5 episodes in 24 hours
Blood or Black in Bowel Movement
Sudden or Severe Abdominal Pain
Blood in urine
Vaginal discharge or bleeding

Balance or Coordination Troubles
Fainting Spells
Shaking Spells
Passing Out / Loss of Consciousness
Sudden Skin Rash (< 48 hours)

Suspected Child Abuse or Neglect
Suicidal thoughts or attempts

**Suggest that client seek additional medical advice**
Prolonged Fever <102, > 2 days

Prolonged or recurring headaches
Eye Discharge
Eyes not aligned
Ear Pain
Nose Discharge prolonged (>3 days)
Nose Discharge with odor, or color other than white / clear
Sore Throat
Cough > 2 days
Recurring cough
Recurring Vomiting
Diarrhea <5 episodes in 24 hours
Bowel Movements less than once every other day
Persistent or Recurring Abdominal Pain
Foul smelling Urine
Bed Wetting age 5 yrs age or after becoming continent through the night
Pain with Urination
Joint or Limb Swelling
Refusal or Failure to move or use a limb
Lump on Skin or Bone or other Tissue
Swelling of Joint(s)
Maternal or Practitioner Concerns about speed of development
Slow growth or loss of weight
Skin Rash
Tick Bites
Excessive Fears
Prolonged Temper Tantrums or Breath holding

**Adolescent (10 years – 18 years)**

**Suggest that client seek additional medical advice without delay**
Fever >102
Neck Stiffness
Sudden or Severe headaches

Ear Discharge

Nose Bleeding

Throat or Tongue Swelling

Cough > 10 seconds episodes
Trouble Breathing
Excessive Vomiting > 4x in 24 hours
Excessive Diarrhea >5 episodes in 24 hours
Blood or Black in Bowel Movement

Blood in urine
Vaginal or Penile Discharge
Prolonged or Excessive Vaginal Bleeding
Balance or Coordination Troubles
Fainting Spells
Shaking Spells
Passing Out / Loss of Consciousness
Unable to Use Extremity properly

Sudden Skin Rash (< 48 hours)

Suspected Child Abuse or Neglect
Suicidal thoughts or attempts
Suspected Drug Dependency
Suspected Drug or Alcohol intoxication

Suggest that client seek additional medical advice
Prolonged Fever <102, > 2 days
Prolonged or recurring headaches
Eye Discharge
Redness of Eye or around Eye
Ear Pain
hearing loss or concerns
Nose Discharge prolonged (>3 days)
Nose Discharge with odor, or color other than white / clear
Sore Throat
Chest Pain
Cough > 2 days
Recurring cough
Recurring Vomiting
Diarrhea <5 episodes in 24 hours
Bowel Movements less than once every other day

Foul smelling Urine
Pain with Urination
Premenstrual Difficulties

Light-headedness

Lump on Skin or Bone or other Tissue
Swelling of Joint(s)
Back Pain
Skin Rash
Slow growth or loss of weight
Tick Bites

Excessive Fears or Anxiety
Social Isolation
Report or Suspicion of Drug / Alcohol Abuse
Purposeful Vomiting or Laxative Abuse

Adult (18 years – 60 years)

Suggest that client seek additional medical advice without delay
Fever >102
Neck Stiffness
Sudden or Severe headaches
Passing Out / Loss of Consciousness
Loss of Vision
Ear Discharge
Nose Bleeding
Throat or Tongue Swelling
Chest Pain
Left Arm or Jaw Pain
Rapid heartbeat or persisting palpitation
Trouble Breathing
Excessive Vomiting > 4x in 24 hours
Excessive Diarrhea >5 episodes in 24 hours
Blood or Black in Bowel Movement

Sudden or Severe Abdominal Pain
Blood in urine

Prolonged or Excessive Vaginal Bleeding
Red and swollen joint

Sudden Skin Rash (< 48 hours)

Balance or Coordination Troubles
Fainting Spells
Shaking Spells
Sudden Weakness or Numbness of Extremity

Suicidal thoughts or attempts
Suspected Drug Dependency
Suspected Drug or Alcohol intoxication

Suggest that client seek additional medical advice
Prolonged Fever <102, > 2 days

Prolonged or recurring headaches

Eye Discharge
Ear Pain
Hearing loss or concerns
Nose Discharge prolonged (>3 days)
Nose Discharge with odor, or color other than white / clear
Sore Throat
Palpitations
Cough > 3 days
Recurring cough
Recurring Vomiting
Diarrhea <5 episodes in 24 hours
Bowel Movements less than once every other day
Persistent Change in Bowel Movements
Persistent or Recurring Abdominal Pain
Foul smelling Urine
Pain with Urination

Lump on Skin or Bone or other Tissue
Swelling of Joint(s)
Back Pain
Skin Rash
Tick Bites
Light-headedness
Change in Vision or Hearing
Weakness or Numbness in an Extremity (not sudden)
Unexplained Weight Loss
Excessive Fears or Anxiety
Social Isolation
Report or Suspicion of Drug / Alcohol Abuse
Purposeful Vomiting or Laxative Abuse
Persistent Sad Mood
Loss of Energy and Motivation
Sexual Difficulties

Suggest that client seek additional medical advice without delay

Same List As Adult plus the following:
Loss of Weight
Prolonged Vomiting
Decreased Movement of Baby
Fall or Injury to Abdomen
Vaginal Bleeding
Vaginal Discharge
Abdominal Pains
Sudden onset leg swelling late in Pregnancy
Suggest that client seek additional medical advice

Same List As Adult plus the following:
Unable to Gain Weight
Persistent Nausea

Senior (Over age 60 – approx.)

Suggest that client seek additional medical advice without delay
Fever >102
Neck Stiffness
Sudden or Severe headaches
Passing Out / Loss of Consciousness
Loss of Vision
Ear Discharge
Nose Bleeding
Throat or Tongue Swelling
Chest Pain
Left Arm or Jaw Pain
Rapid heartbeat or persisting palpitation
Trouble Breathing
Excessive Vomiting > 4x in 24 hours
Excessive Diarrhea >5 episodes in 24 hours
Blood or Black in Bowel Movement
Blood in urine
Prolonged or Excessive Vaginal Bleeding
Red and swollen joint
Sudden Skin Rash (< 48 hours)
Balance or Coordination Troubles
Fainting Spells
Shaking Spells
Sudden Weakness or Numbness of Extremity
Suicidal thoughts or attempts
Suspected Drug Dependency
Suspected Drug or Alcohol intoxication

Suggest that client seek additional medical advice
Prolonged Fever <102, > 2 days
Prolonged or recurring headaches
Eye Discharge
Ear Pain
Hearing loss or concerns
Nose Discharge prolonged (>3 days)
Nose Discharge with odor, or color other than white / clear
Sore Throat
Palpitations
Cough > 2 days
Recurring cough
Recurring Vomiting
Diarrhea <5 episodes in 24 hours
Bowel Movements less than once every other day
Persistent Change in Bowel Movements
Foul smelling Urine
Pain with Urination
Lump on Skin or Bone or other Tissue
Swelling of Joint(s)
Back Pain
Skin Rash
Tick Bites
Light-headedness
Change in Vision or Hearing
Weakness or Numbness in an Extremity (not sudden)
Unexplained Weight Loss
Excessive Fears or Anxiety
Social Isolation
Report or Suspicion of Drug / Alcohol Abuse
Persistent Sad Mood
Loss of Energy and Motivation
Sexual Difficulties

Return to See Appendix 8 in text
Leading up to the 2010 Summit, stakeholders submitted suggested revisions or new material and sections for the 2010 S&C Document. These were compiled into the overall document that was then considered at the Summit. During the course of the 2010 summit, there was insufficient time to cover all the topics in the document. Thus, the final product of the Summit was a document that contained the consensus of the participants, as well as those topics which the participants concurred/agreed should be discussed and considered during a subsequent round of revision and update to the Standards for Homeopathic Education and Competencies for the Professional Homeopathic Practitioner in North America.

As there was a concern that the hard work that had gone into drafting these topics might be ‘lost’ if they were entirely removed from the S&C Document, there was a desire to note them as topics for future consideration. However, if left within the main body of the document, there was also a potential that they might be mistook for text upon which consensus had been reached. Therefore, these topics, with more or less detail from the drafts leading up to the 2010 Summit, are included in this AFTERWORD and its appendices so that they can be referred to and act as a starting point for future discussion and revisions.

### A. Study Levels

The goals toward which homeopathic educational programs should grow, with specific levels of study recommended by subject area are described in:

**Appendix 10 – Recommended Hours of Homeopathic Study.** The definition of “hours” and the means of accomplishing these goals still need discussion. Also, the options for self-directed study versus formal class instruction should be considered. Other options, rather than a specified number of hours, could be explored as a way to target appropriate levels of study and relative focus between various subjects.

### B. Curriculum Additions

The curriculum is described in the main body of this document. In future, consideration should be given to including the following additions to the curriculum (text in italics is already in main body of document):

5. **History of Homeopathy in North America** -
   a. The spread of homeopathy to NA, and its proponents
b. Familiarity with philosophers, authors, activists, and social, political and economic forces that have had major influences on the homeopathic discipline and profession as it developed.

6. Current Affairs in Homeopathy in the US and Canada
   a. Familiarity with homeopathic organizations, associations and leaders
   b. Familiarity with philosophers, authors, activists, and social, political and economic forces currently influencing the homeopathic discipline and profession today.

7. Current Legal & Political Affairs US
   a. Affordable Health Care Act and Rules
   b. Legality of Practice
   c. Categories of Practice

8. Current Legal & Political Affairs Canada
   a. Provincial Regulation

9. Summary and Overview of the history of other forms of holistic medicine
   a. Naturopathy, traditional oriental medicine (acupuncture and herbal), and Ayurveda.

10. National Healthcare Landscape-
    a. CAM
    b. Integrative Medicine
       i. Homeopathy's place in Integrative Healthcare

C. Provings / Research

The area of Provings and research is described in the main body of this document. In the future, consideration should be given to including the following additions to the curriculum:

Research

COMPETENCIES

Homeopaths demonstrate familiarity and understanding of current research and in the field of physics as it pertains to homeopathy and its guiding theories and mechanism.

In addition:

1. Community Science Research—Evaluating demographics, cost and efficacy of practice within the homeopathic community through surveys and other tools
Homeopathic practitioners demonstrate a fundamental understanding of how to:

1. Plan research
2. Employ qualitative and quantitative methods
3. Execute descriptive studies
4. Conduct controlled trials

Homeopathic practitioners have a fundamental understanding of practical ways in which they can use research techniques and research methodology in their daily practice in order to gather data that advances knowledge of homeopathy and homeopathic practice.

D. Future Goals for Competencies & Standards in Medical Knowledge

Further discussion is required to determine more detailed Competencies for Homeopathic Practitioners and Educational Standards for schools in medical matters within the context of a homeopathic practice, the expressed outcome being to reach a proper balance that does not detract from the homeopathic perspective on health and healing while fully educating students so that they are conversant and capable within the mainstream healthcare landscape.

E. Herbal Medicines and Dietary Supplements

As a future goal, practitioners of homeopathy should be familiar with ways to research information about common herbal and dietary supplements utilized by clients.

OTHER AREAS FOR FUTURE DISCUSSION:

A future discussion might include issues such as:

- Ayurvedic, Traditional Chinese Medicine, other body-based practices.
F. **Recommended Hours of Homeopathic Study**

At least one participant at the Summit recommended that a specific number of hours of study be included in the final document. The total hours are 2,400 which equals the total in the request, although it is broken out differently and in more detail (to allow for discussion).

This list was compiled from several sources and it is not represented as accurate or complete. While this approach was not adopted this year, many people believe this is a discussion that we need to begin. Therefore, it is presented as a **future goal** – for discussion.

1. Do we want to specify hours as some have requested / suggested?
2. Is the list presented here too specific or not specific enough?
3. Are the topics the right ones?
4. Are the hours in total appropriate?
5. Are the hours by topic too high or too low?

Table begins on following page …
## Suggested Hours of Instruction – by Topic

<table>
<thead>
<tr>
<th>Topic</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOMEOPATHIC</strong></td>
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<tr>
<td>Repertory</td>
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<tr>
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</tr>
<tr>
<td>Case Analysis (incl. remedy selection)</td>
<td>200</td>
</tr>
<tr>
<td>Case Management (incl. Posology)</td>
<td>120</td>
</tr>
<tr>
<td>Introduction to Homeopathic Research:</td>
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<tr>
<td>Clinical Training</td>
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<tr>
<td><strong>Total Homeopathic</strong></td>
<td><strong>1,400</strong></td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
<td></td>
</tr>
<tr>
<td>Anatomy - (Lecture 90; Lab 30)</td>
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<tr>
<td>Physiology</td>
<td>160</td>
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<tr>
<td>Neuroanatomy &amp; Senses</td>
<td>60</td>
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<tr>
<td>Pathophysiology and Disease Processes</td>
<td>140</td>
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<tr>
<td>Endocrinology</td>
<td>40</td>
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<tr>
<td>Immunology and Allergy</td>
<td>30</td>
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<tr>
<td>Pharmacology / Pharmacognosy</td>
<td>80</td>
</tr>
<tr>
<td>Clinical Assessment (Homeopathic &amp; Allopathic)</td>
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<td>Women’s Health</td>
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<td>Pediatrics</td>
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<td>Geriatrics</td>
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<td>Laboratory and Diagnostic Tests</td>
<td>70</td>
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<tr>
<td>Counseling Theories and Practice</td>
<td>40</td>
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<tr>
<td>Interpersonal Dynamics:- self-awareness as a healer</td>
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<tr>
<td>Public Health</td>
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<tr>
<td>Preparation for Practice</td>
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<tr>
<td>Ethics</td>
<td>20</td>
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<tr>
<td>Jurisprudence</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total Other</strong></td>
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</tr>
<tr>
<td><strong>COMBINED TOTAL</strong></td>
<td><strong>2,400</strong></td>
</tr>
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</table>
G. Teacher Competency & Development

The draft that appears here was offered for discussion. It does not represent current competencies or standards. Homeopathic educators will need to play a central role in developing these competencies and standards.

The primary role of the homeopathic teacher is to support, inspire, and help students become effective practitioners. The aims and objectives of any homeopathy course are to facilitate students' development to become competent homeopaths. It is the responsibility of course providers and teachers to offer an education that facilitates their students' learning processes and helps bring out the potential in each homeopathy student so that she/he may become the best homeopath possible.

Certain qualities, knowledge and skills are needed by teachers in order to support students in their learning processes. The knowledge and skills needed by teachers depends on the role they are taking and teachers may take on a number of different roles. The roles that teachers take on must always be relevant to students' learning objectives. Some of these roles may include being a resource person, a provider of knowledge, an administrator, a supervisor, a mentor, a communicator, a researcher and a student.

COMPETENCIES

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 student 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 analyze existing information or situations,
- they can synthesize 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.
EDUCATIONAL AND TRAINING STANDARDS

Teachers shall act within the bounds of their competence and have knowledge of:

- subjects being taught
- appropriate teaching methods (didactic, Socratic, case method, experiential)
- the school or organization (course provider)
- the course curriculum
- any other relevant areas

Teachers are able to integrate subject knowledge with didactic knowledge. They shall have a certain amount of experience in the field they are teaching, particularly in subjects that are closely related to the clinical practice of homeopathy. They are able to develop a lesson plan in line with the existing aims and objectives of the courses being taught and employ a variety of teaching methods according to different learning styles in their students. Teachers are familiar with the following methods of knowledge acquisition:

- Propositional knowledge - knowing about an issue through theories and ideas, expressed through written and spoken information
- Presentational learning – creative, metaphoric or symbolic representation of material, expressed through i.e. client narrative
- Experiential learning – expressed through observation, role play, case taking, problem oriented learning
- Practical knowledge – knowing about an issue through the acquisition of practical skills

Teachers are capable of employing different teaching methods to provide different learning strategies, including:

1. Audio-visual (video cases)
2. Lectures
3. Case studies
4. Problem based learning
5. Projects
6. Presentations
7. Clinical activities
8. Self-reflective exercises

Teachers are capable of identifying and implementing increased levels of teaching and learning as students' needs increase in complexity. The same topics will be approached in a descriptive manner, then through comparative or differentiating work and finally at a level of synthesis and evaluation.
In order to contribute to students’ improved learning, the teacher a be able to communicate with students and assist them in communicating with each other.

Teacher-student relationships should preferably be characterized by mutual respect and trust. Teachers are aware of the context, culture and framework within which students and the school exists.

Teachers communicate enthusiasm for the subjects they are teaching and for their students. They have positive expectations toward the students’ abilities and provide students with constructive feedback. Teachers possess awareness of their position of power and refrain from abusing their power.

1. Qualifications

Teachers may be assessed by the following:

- their homeopathic education
- previous experience
- number of years of full time practice (minimum of 5 years is suggested)
- publications in homeopathic journals, public lectures, and other media
- participation in homeopathic education and supervision

2. Teacher Development

Since homeopathy is under continuous development, both practitioners and teachers need to take care of their own development as practitioners and as individuals. It is necessary for teachers to have open and critical attitudes with regard to old and new theories and ways to practice homeopathy. A commitment to continued professional development is necessary. It is important that a teacher has the basic training to enable her/him to teach and that she/he conducts continuous self-development reflecting on:

- her/his subject knowledge and competence as is relevant to clients and the society at large
- teaching skills
- ethics

Additionally, appropriate and effective interaction with students and other teachers is essential. They are supported by and be able to work effectively with their employers.

3. Assessment

Assessment is a feedback process through which both student and course provider identify learning achievement, needs, and pathways to progress.
It is designed and planned as an integral part of the entire curriculum. The strategy adopted agrees with the stated learning objectives and with teaching and learning methods. An assessment program enhances the students’ learning and awareness by using professional self-appraisal and self-assessment techniques and developing their critical faculties. These abilities will play an essential role in responsible homeopathic practice and in also continuing student development.

Assessment or evaluation of learning is achieved by describing learning outcomes that are consistent with the nature of homeopathic principles and practice, i.e. 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 organization). Having defined the learning objectives in a curriculum document, schools are then in a position to develop their own assessment criteria and methods to measure the expected learning outcomes for their students.

A well-structured assessment program also provides valuable learning opportunities for the course provider.

Assessment can be both formative and summative:

Formative assessment is part of learning and provides feedback so that the student can identify areas for improvement.

Summative assessment determines whether the student has achieved the learning intentions, usually at the end of a block of learning.

Objectives:

- To enable students to develop effective self-assessment practices
- To provide feedback to students so that they can identify areas for improvement
- To enable students to correct deficiencies
- To motivate students and focus their sense of achievement
- To consolidate student learning
- To evaluate students’ potential to progress

Methods of assessment and moderation:

In order to meet the variety of skills and comprehension in students it is important to have a matrix of assessment modes that is made up of a variety of methods. It is important to recognize that each assessment method is 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 of their 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 is called the process of moderation, and it needs to be carried out both internally and externally in order to maintain the standard and integrity of awards.

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

Source: ECCH, International Guidelines, 2011
H. Guidelines for Electronic & Distance Learning

Introduction

The following is an attempt to outline the basic differences between terms commonly used to describe E and Distance learning programs. It describes both traditional, subject centered, pedagogical learning processes, where the student takes a fundamentally passive role in their learning, and andragogical 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.

Definitions

**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 on 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.

Source: ECCH, International Guidelines, 2011

Return to See Appendix 13 in text
I. Competencies for Practice in Integrated Environments

Academic Consortium for Complementary and Alternative Health Care (ACCAHC)
Approved by the ACCAHC Board of Directors, August 17, 2010

Preamble: Skills in team care are essential for all healthcare practitioners. Knowledge of other healthcare systems and the practices of colleagues in other fields provide a necessary beginning. Inter-and intra-professional education (IPE) that occurs in classes, clinics and research projects, for healthcare practitioners and faculty, enhance the ability to collaborate. For members of the licensed integrative practice disciplines, education in these areas gains importance as patients form their own teams and as health systems open their doors to practice opportunities in interdisciplinary, inpatient and outpatient environments. These competencies and related knowledge areas are guides for collaborative efforts toward better patient care through enhancing mutual respect and understanding across healthcare professions. This document, which assumes that all practitioners are equipped with their own, discipline-specific clinical competencies, is meant to serve as a resource to all parties to these emerging healthcare teams.

Healthcare Policy

Describe policy issues, structures, emerging clinical and economic models, and other factors that may impact clinical and financial decisions; discuss how cost, compensation models and incentive structures influence care decisions; summarize recent history of integrated care, including varieties of integrated care models; describe best practices, opportunities and challenges.

Institutional Healthcare Culture and Practice

Explain inpatient and outpatient health system accreditation standards and protocols; describe authority structures and decision processes; explain credentialing and privileging mechanisms; identify and discuss liability issues; contrast provider payment models; describe the clinical services and processes of care for other disciplines in a facility; identify and apply common medical terminology; appraise a medical record; select appropriate medical codes; define relevant short-hand and abbreviations; evaluate standard charting and documentation in both paper and electronic medical record formats.

Inter-Professional Education (IPE)

Describe the various healthcare systems in common practice including both conventional and the licensed complementary and alternative healthcare fields, as well as the emerging fields and traditional world medicines; discuss the emphasis each
places on disease prevention, wellness and the therapeutic strategies engaged for health creation.

**Communication and Inter-professional Relationships**

Discuss concepts of one’s own discipline in terms appropriate for administrators and practitioners in other disciplines; role-play strategies useful for building appropriate consultation, referral and co-management relationships; identify decision processes in complex institutions; demonstrate public speaking and presentation skills to represent your discipline and practice to larger groups; produce written and presentation materials suitable for both consumer and professional audiences; identify leadership strategies useful in fostering institutional change; and integrate the knowledge, skills and values described in the practitioner-to-practitioner section of *Health Professions Education and Relationship-Centered Care* (Pew Health Commission, 1994, page 36; attached).

**Evidence-based Health Care and Evidence-informed Practice**

Discuss basic research principles and methodologies within the context of both clinical and mechanistic research; evaluate research; explain the role of scientific evidence in healthcare in the context of practitioner experience and client preferences and apply evidence-informed decision making; describe and discuss the research base within one’s own discipline; relate contemporary issues in integrative practice research, including those relative to measuring whole practices, whole systems and health outcomes; identify and appraise the positive and negative interactions and contraindications for one’s own modalities and agents; and identify standard research methods and tools appropriate for assessing one’s field in a clinical setting.

See table on next page:
| Area                                             | Knowledge                                                                 | Skills                                                        | Values                                           |
|--------------------------------------------------|---------------------------------------------------------------------------|                                                              |                                                 |
| **Self awareness**                                | Knowledge of self                                                         | Reflect on self and work                                      | Importance of self-awareness                     |
|                                                  |                                                                           | Learn continuously                                           |                                                 |
| **Traditions of knowledge in health professions**| Healing approaches of various professions                                 | Derive meaning from others’ work                             | Affirmation and value of diversity              |
|                                                  | Healing approaches across cultures                                        | Learn from experience in a healing community                 |                                                 |
|                                                  | Historical power inequities across professions                             |                                                              |                                                 |
| **Building teams and communities**               | Perspectives on team-building from the social sciences                     | Communicate effectively                                       | Affirmation of mission                          |
|                                                  |                                                                           | Listen openly                                               | Affirmation of diversity                        |
|                                                  |                                                                           | Learn cooperatively                                          |                                                 |
| **Working dynamics of teams, groups, and organizations** | Perspectives on team dynamics from the social sciences                     | Share responsibility responsibly                              | Openness to others’ ideas                       |
|                                                  |                                                                           | Collaborate with others                                      | Humility                                        |
|                                                  |                                                                           | Work cooperatively                                           | Mutual trust, empathy, and support              |
|                                                  |                                                                           | Resolve conflicts                                            | Capacity for grace                              |
### J. Remedy Study List Additions

According to a consensus of the organizations at the 2010 Summit, a list of additional remedies was compiled from a variety of sources including the core European homeopathic organizations that includes remedies that should be learned as a professional homeopath’s career progresses. Learning remedies is a life-long pursuit for the professional homeopath. There are many ways to learn and understand them. These two lists may be revised and updated from time to time, especially as more remedies are documented (by provings, clinical experience, and other means) and more is learned about existing remedies. The remedies on the list below were selected from a synthesis of several lists of important remedies. Over time, a competent homeopath should learn and understand as many of these as possible.

The suggested relative importance of a remedy was indicated in the same manner as the degrees in Kent’s Repertory: Primary, secondary, tertiary.

<table>
<thead>
<tr>
<th>Abies-nigra</th>
<th>Abrotanum</th>
<th>Absinthium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agnus castus</td>
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<td>Ambra grisea</td>
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<tr>
<td>Ammonium carbonicum</td>
<td>Ammonium muriaticum</td>
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<td>Arum triphyllum</td>
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<tr>
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<td>Caladium sequinum</td>
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<tr>
<td>Cannibus sativa</td>
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<td>Raphanus</td>
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<td>Rheum</td>
<td>Rhododendron</td>
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<td>Selendium</td>
<td>Senecio aureus</td>
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<td>Squilla hispanica</td>
<td>Sticta pulmonaria</td>
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<td>Strophanthus hispidus</td>
<td>Sulphur iodatum</td>
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<td>Tellurium</td>
<td>Terebinthina</td>
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<td>Thallium metallicum</td>
<td>Thea sinensis</td>
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<td>Valeriana officinalis</td>
<td>Veratum veride</td>
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<td>Vinca minor</td>
<td>Viola tricolor</td>
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<td>Vipera</td>
<td>Viscum album</td>
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