

**Standards for Homeopathic Education and
Competencies for the Professional Homeopathic Practitioner in North America**

SUMMARY OF COMMENTS AND DELIBERATIONS/ REVISIONS

September, 2013

Background

On April 1, 2013, The Homeopathic Action Alliance (HAA), in concert with the Accreditation Commission for Homeopathic Education in North America (ACHENA), posted the document titled *Standards for Homeopathic Education and Competencies for the Professional Homeopathic Practitioner in North America* (hereafter referred to as the S&C Document) for a 60 day public comment period. The public comment period was announced via the National Center for Homeopathy's E-newsletter, the Council for Homeopathic Certification email distribution list and other related means. The document was posted on ACHENA's public website and comments were sent to, and compiled by, a homeopath that was neutral to the proceedings.

A total of 99 comments were received during the public comment period. Comments were received from a diverse range of individuals including professional homeopaths, consumers of homeopathic services, instructors of homeopathy, students, conventional health care providers, complementary and alternative health care practitioners and others. Below is a table that characterizes the 99 individuals who submitted comments. Note: These categories are not mutually exclusive and many commenters fell into more than one category; for example a homeopath and an instructor, or CAM provider and consumer of homeopathic services.

Homeopaths	Consumers	Instructors	Students	Conventional Health care providers	CAM Providers	Other
52	23	13	14	9	4	7

A committee of five individual representing the following organizations met to deliberate on the comments: ACHENA, American Association of Homeopathic Pharmacists (AAHP), Council for Homeopathic Certification (CHC), National Center for Homeopathy (NCH) and the North American Society of Homeopaths (NASH). This committee carefully reviewed every comment that was submitted. Comments were categorized by nature of the comment and the frequency of similar comments was reviewed and taken into consideration. It should be noted that the committee held a series of seven, 2 hour meetings between June and August. In addition each committee member spent numerous additional hours reviewing material individually. The committee made significant revisions to the document to reflect the comments received. The committee

was prepared to make decisions on a majority rules basis but it is important to point out that all decisions made by the committee were unanimously agreed upon.

What follows is a summary of comments received and the committee’s deliberation and action on each comment:

	Comment/ Concern	Committee Deliberation/ Action
1	A total of 49 individuals expressed support for the presence of strong educational standards and expressed support for the document; this included 19 homeopaths, 23 consumers, 6 conventional health care providers and 4 CAM providers.	The committee kept the strong expression of support by the majority of commenters in mind when considering other comments. The committee believes that the final document maintains its focus on establishing strong educational standards.
2	A total of 47 individuals expressed support for inclusion of anatomy/ physiology and pathology/ disease coursework. This included 19 homeopaths, 21 consumers, 7 conventional health care providers and 3 CAM. Reasons given included: distinguishing between common symptoms and characteristic symptoms; promoting dialogue with a client’s conventional practitioners; enhancing discussion with client; knowing when to make appropriate referrals; and, improving safety of practice.	The committee carefully reviewed all references in the document to health sciences training. The final document outlines that the education of the professional homeopath includes, as a minimum, a 3 credit college course in anatomy/ physiology and a 3 credit college course in pathology/ disease. Efforts were made throughout the document to outline how the professional homeopath applies this knowledge to his or her skills as a homeopath, including the specific items expressed by commenters.
3	A total of 29 individuals expressed support for taking steps to pursue 3 rd party reimbursement for homeopathy, most often stated as pursuing the opportunities afforded under the Affordable Care Act.	As this goal falls outside the scope and purposes of a Standards and Competencies descriptive document, the review committee is unable to take any action in this regard. The review committee lauds the goal expressed by these commenters and hopes that the appropriate national homeopathic organizations will initiate the necessary steps towards making this goal a reality.
4	A total of 17 commenters expressed the belief that the document posed legal implications for the practice of the professional homeopath, especially identifying Section K as problematic. Of these commenters, 9 were homeopaths, 4 educators, 2 students, 3 health care providers and 1 other. Board	The review committee seriously considered comments regarding legality of practice and several steps were taken, including, carefully reviewing and incorporating language from the draft developed by Diane Miller, JD, commissioned by NASH and discussing a legal review of the document by a lawyer with expertise in CAM accreditation and

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	members of both NASH and NCH expressed this concern. Most of these commenters requested that a legal review be conducted and 7 expressed awareness that NASH commissioned Diane Miller, JD to conduct a legal review and supported the draft developed by Ms. Miller.	certification issues that had been commissioned by ACHENA in April of 2012. Section K of the document was rewritten, material on legality of practice was strengthened in Section L and numerous changes were made throughout. Some of these changes are outlined in other sections of this summary.
5	A total of 11 commenters expressed concern that the document would “medicalize” homeopathy, dilute homeopathic education and pose unrealistic burdens on schools to teach non-homeopathic topics.	The review committee discussed these concerns extensively and noted that many of them were based on text in Appendices 9-11 that were labeled “for future consideration”. (See item # 8 below for the committee’s decision regarding content labeled “for future consideration”). In addition, the review committee recognized that some of the structure and phrasing of the document may have contributed to these concerns. While trying to remain true to the consensus and intentions of the 2010 Summit, the review committee revised sections to minimize the potential for misinterpretation and misunderstanding of the content and to improve the readability of the document. Section A was significantly reworked and renamed from “Basic Health Care Principles” to “Basic Health Sciences”. Section K was significantly reworked and renamed from “The Intersection of Homeopathy, Allopathy and Complimentary Medicine” to “The Intersection of Homeopathy with the Conventional Health Care System and Complementary and Alternative Medicine (CAM)”.
6	Comments submitted by the American Institute of Homeopathy (AIH) and the American Board of HomeoTherapeutics (ABHt) recounted that, at the Summit, it was agreed that there should be separate standards for medically licensed and non-licensed practitioners. As organizations focused on affording Diplomat status to	The review committee acknowledges that it was agreed upon at the Summit that a post-Summit committee would establish separate standards and competencies for licensed medical practitioners that would be incorporated into the larger S&C document. However, repeated sincere attempts to convene such a committee were not

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	<p>practitioners holding the MD or DO degree, it is not within the scope of their organizations to support or endorse standards for non-MD or DO homeopathic practitioners.</p>	<p>successful. The review committee invites and welcomes the inclusion of standards and competencies appropriate for a homeopathic medical doctor prepared by an appropriately comprised committee or by the American Institute of Homeopathy and/or the American Board of HomeoTherapeutics. The review committee feels such an addition would be of great value to all sectors of the North American homeopathic community. The review committee honors that AIH and ABHt do not have a position on, nor do they endorse, standards for non-physician professional homeopaths and reminds the reader that, though AIH and ABHt had representation at the Summit, the focus of those organizations, at this time, is solely on MDs and DOs. The review committee believes that, as the current S&C Document outlines what is required to be a competent homeopath, any additional companion document outlining standards and competencies for MDs and DOs, should meet or exceed those outlined in the current document. This would ensure that MD and DO homeopaths are well trained in the philosophy and practice of Classical Homeopathy.</p>
7	<p>A total of 9 commenters expressed support for developing doctoral level educational standards and competencies for practice.</p>	<p>The ACHENA representative on the review committee is pleased to announce that in 2011, ACHENA established a task force that has recently completed a first draft of doctoral-level standards. It is anticipated that these standards will be put out for public comment in the fall of 2013.</p>
8	<p>A total of 7 commenters addressed the issue of student loans; one student expressed that pursuing the path by which students could access loans would not be beneficial if it resulted in increased tuition. The rest of the comments expressed support for the homeopathic community</p>	<p>The review committee recognizes that the issue of student loans may be of importance to a portion of those enrolled in homeopathic educational programs. As this issue falls outside the scope and purposes of a Standards and Competencies document, the review committee is unable to take any</p>

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	pursuing access to student loans. Two CAM educators indicated that access to student loans increased student enrollment by 33-40%. These commenters pointed out that awarding student loans does require time and energy but the net result was a great benefit to the school and enabled students who could not otherwise afford the education, to enter the profession.	action in this regard. Information about the impact of access to student loans on a profession will be forwarded to ACHENA for consideration.
8	ACHENA and CHC both commented that sections of the document labeled as “For Future Consideration” should be removed because standards and competencies should be clear, concrete and in the present. They suggest that future consideration be passed on to the next committee for consideration.	The review committee acknowledges the confusion that can occur when a mixture of both “present” standards/competencies are mingled with topics to be considered in the “future”. To this end, the review committee restructured the document to include an AFTERWORD which contains the sections previously identified as “future considerations”. It is the committee’s hope that these items be considered when the next Summit takes place.
9	A dozen commenters provided proofreading corrections, as well as suggestions for improvements in the choice of wording and terminology. Numerous other comments provided varying levels of feedback on specific phrases and ideas.	The review committee reviewed the many comments and suggestions and incorporated those changes that did not change the intent of the overall document. The review committee acknowledges that the final result is a much-improved document due to the support and careful attention given to the details by the many commenters.
10	Several commenters expressed that Section K, lines 1746 - 1752 regarding vaccination, including the statement, “Homeopaths must know what the homeopathic options for restoring the health of anyone negatively affected by a vaccine” should be removed from the document.	These lines were removed from the document.
11	Several commenters expressed that Section K, line 1800 statement that the professional homeopath “Demonstrate the ability to read and interpret medical diagnostic labs and tests” was	This statement was revised to read: “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

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	problematic.	homeopathic analysis and case management”.
12	At least two commenters expressed that carnosin should be added to the required remedy list.	This remedy was added to the required remedy list.
13	The review committee noted an error in the document whereby information intended at the summit to be included as a current standard was inadvertently placed in italics for future consideration. The items under question include basic information on Provings (lines 956 – 964, lines 978 – 996 and line 1007) and the ability to read articles and journals critically (line 1011).	The committee removed these items from future consideration and included them as part of the current standards.
14	A total of 16 commenters addressed the question regarding frequency of future review of such a <i>Standards and Competencies</i> document. Two indicated a 2-4 year range; seven indicated a 3-7 year range (with five specifying 5 years); five indicated 8-10 year range. Two others said it was important to do, but stated no time frame for re-review.	The review committee was not charged with making a specific recommendation; rather the input was to be collected and passed on to all members of the Homeopathic Action Alliance for use in planning a future round of review and updates.
15	Several commenters questioned what the impact of these standards would be on “lay” homeopaths.	The review committee believes that the intention of the document is to outline competencies and educational standards for the professional homeopath, that is, an individual who seeks to provide homeopathic services for a fee to the general public or some sub-population of the general public. The committee recognizes the great benefits that homeopathy can offer to people who want to use it for self or family care. These “lay” practitioners may benefit from mastering the competencies outlined in this document. However, the intent of the present undertaking is to outline competencies and educational standards for the professional homeopath, as defined above. To clarify this point, the committee

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		revised the title of the document from “Standards for Homeopathic Education and Competencies for the Homeopathic Practitioner in North America” to “Standards for Homeopathic Education and Competencies for the Professional Homeopathic Practitioner in North America” .
16	A few commenters noted that professional homeopaths would benefit from having educational programs offer a stronger emphasis on practice development, promotion and business management.	The review committee acknowledges the importance of this comment. However, given the charge to the committee, the committee believes that this comment should be passed on for consideration at the next Summit.