

ACCREDITATION COMMISSION FOR HOMEOPATHIC EDUCATION IN NORTH AMERICA

ACCREDITATION STANDARDS FOR THE DOCTORAL DEGREE IN HOMEOPATHY SUMMARY OF COMMENTS AND DELIBERATIONS/ REVISIONS

February, 2014

Background

On November 1, 2013, the Accreditation Commission for Homeopathic Education in North America (ACHENA) posted for a 45 day public comment period the document titled **Accreditation Standards for the Doctoral Degree in Homeopathy** (hereafter referred to as the Doctoral Standards). 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, an ACHENA representative.

Purpose of the Document:

The **Accreditation Standards for the Doctoral Degree in Homeopathy** shall provide guidance to academic institutions regarding the preparation of homeopathic practitioners at the doctoral level. The Doctor of Homeopathy shall be a clinically based, professional degree program designed to prepare practitioners to serve as primary care providers. The doctoral program shall provide advanced graduate studies in core, clinical, and specialty areas and will require advanced training in research and leadership. The program must ensure that the sequencing, duration, nature, and content of all didactic, practical, and clinical training courses are appropriately integrated and consistent with the program's goals and objectives

Process for Consideration of Public Comments:

Three individuals served on a committee that reviewed the comments. Committee members included two MD homeopaths and one Ph.D. Medical/Prescribing Psychologist who practices as a homeopath and holds the CCH designation. The committee met four times to deliberate upon the comments and develop recommendations for consideration by the full ACHENA commission.

Comments:

A total of 5 commenters submitted a wide range of general and specific comments. Comments were received from professional homeopaths, a school of homeopathy and two national homeopathic organizations. Overall, it should be noted that commenters expressed a belief that the doctoral standards represent an important step forward for our profession and that the committee that developed the standards has done an excellent job. Commenters noted a general belief that the document covered all of the areas that should be considered when establishing a Doctoral Program and also acknowledged that, while Doctor of Homeopathy programs exist in other countries, this is uncharted territory for Homeopathy in America.

The following pages consist of a table summarizing the major areas of comments and the review committee and ACHENA's response to the comment.

Comment	Review Committee and ACHENA Response
<p>Three commenters expressed the belief that preparing doctoral level practitioners to serve as primary care providers (PCPs) is important for the health care system and an important option for health care consumers. However, one commenter expressed opposition to having individuals who complete the Doctoral Degree in Homeopathy serve as primary care providers. Concern was expressed that lack of residency or internship would leave graduates without the tools needed to distinguish between common disorders and more serious conditions. It was expressed that this was often the basis for lawsuits against practitioners. Concern was expressed that allowing Doctors of Homeopathy to serve as primary care providers could lead to an increase in incorrect diagnoses which could negatively impact the profession.</p>	<p>ACHENA and the review committee support the initial intent of these standards which is to prepare Doctors of Homeopathy who will serve as primary care providers. ACHENA recognizes that there is a national shortage of primary care providers and believes that there is public demand for Doctors of Homeopathy who will serve as primary care providers. In addition, in December of 2013, the Academic Consortium for Alternative and Complimentary Health Care released a white paper titled: Meeting the Nation’s Primary Care Needs: Current and Prospective Roles of Doctors of Chiropractic and Naturopathic Medicine, Practitioners of Acupuncture and Oriental Medicine, and Direct-Entry Midwives. The executive summary of the document states: “The approximately 107,500 licensed practitioners in these fields belong to disciplines with an existing, strong, self-identification as providers of primary care. Most of their clinical encounters are the result of patients seeking out practitioners of these disciplines as their initial choice for dealing with a health concern or problem. The existing accreditation standards for each of the disciplines recognize, to at least some significant degree, a broad scope of practice with educational requirements that encompass prevention and public health and treatment of acute conditions, as well as the management and co-management of chronic conditions. In numerous jurisdictions, some of these disciplines are already legally recognized as primary care providers. Some are currently included in medical home planning and programs to stimulate provision of primary care services to the underserved. As such, these disciplines presently relieve some of the burden on the primary care system. Generally unrecognized by the conventional medical community and workforce planners, these practitioner groups represent a hidden dimension of primary care in the United States”. Based on review of educational requirements for these CAM professions, the proposed course of study in the Doctor of Homeopathy is consistent with standards in place to prepare Naturopathic Doctors, Doctors of Chiropractics and others.</p>

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<p>One commenter expressed that the basic science and clinical training be as rigorous as it is for medical doctors. The Doctor of Homeopathy should be as fully qualified as a medical doctor and the same commitment to education and training should be required for Doctors of Homeopathy. As such, the commenter recommended changing the 30 week program to 36-weeks of full-time training for each of two years. The commenter also expressed concern that certain basic healthcare courses (such as Histology) have not been included, and the training for other courses is not as rigorous as it is in typical medical schools.</p>	<p>ACHENA and the review committee acknowledge the need for a rigorous program to prepare students in the Doctor of Homeopathy program. The 30 week program should be viewed as a minimum standard that some schools may wish to exceed. Based on review, 30 weeks of clinical training is typical for most doctoral level alternative medicine programs. It should also be noted that there is national dialogue regarding the structure and content of medical schools such that, the current model and expectations may be radically changed in the future, making the comparison to medical schools less relevant.</p>
<p>One commenter expressed concern about the lack of inclusion of internships and residencies and expressed the view that the curriculum should include two full years of clinical experience.</p>	<p>ACHENA and the review committee acknowledge the importance of clinical training, including internships and residencies. It is anticipated that the existence of these standards will result in an increasing number of institutions and programs offering this degree tract along with expansion of school capacity to offer internships and residencies. It is in the realm of possibility that in the future ACHENA may explore establishing specific standards for residencies and internships.</p>
<p>On commenter expressed that practitioners holding the Doctoral Degree who serve as primary care providers should: 1) be prepared to carry out all public health disease reporting requirements, 2) be prepared to educate patients about, and conduct or refer patients for screenings and preventive services that have a Grade A or B from the United States Preventive Services Task Force; 3) be able to conduct a sensitive and comprehensive sexual history and counsel patients about sexual health issues in a culturally appropriate manner; and 4) be able to educate and counsel patients about the benefits and health risks associated with vaccination and empower patients to make their own informed decisions regarding vaccination.</p>	<p>ACHENA and the review committee support these inclusions and changes were made in various areas of the standards to educate students to carry out these responsibilities.</p>
<p>One commenter expressed that the standards should include reference to the Academic Consortium for Complimentary and Alternative Health Care (ACCHAC) competencies for integrated practice. Another commenter expressed that a higher proportion of time to be dedicated to the Integrative Medicine portion of this program.</p>	<p>ACHENA and the review committee support this comment and changes were made to the standards to include this reference. It should be noted that 20 hours dedicated to this area in the standards should be viewed as a minimum and that schools may wish to expand this based on their specific program's mission and objectives.</p>

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<p>One commenter expressed concern that the doctoral standards might negatively impact practitioners who hold the CCH designation. Concern was expressed that a prospective client of homeopathy may be confused if there are two standards of practice: CCH and Doctor of Homeopathy. Concern was also expressed that the doctoral program might discourage more people from choosing a career in homeopathy.</p>	<p>ACHENA remains strongly committed to accrediting schools of homeopathy that prepare Master's level practitioners who go on to earn the CCH credential. The intention of offering accreditation at the doctoral level is to strengthen and expand our profession. It must be noted that during the public comment period for the Master's Level Standard and Competencies document (April 2013), a total of nine individuals who submitted comments urged ACHENA to develop standards for the doctoral level. ACHENA and the review committee acknowledge that there are precedents in many academic and health care disciplines where Master's and Doctoral level practitioners peacefully coexist. In fact, within the homeopathic community there are already practitioners in the US (some of whom were trained overseas) using several different designations including: CCH, DHT, MDHom, MFHom and others. ACHENA anticipates that some Master's level CCH practitioners will appreciate the opportunity to continue their training to the doctoral level.</p>
<p>Two commenters expressed the opinion that the role of distance learning be clarified and requested clarification regarding use of distance education for clinical training.</p>	<p>The current document already includes standards regarding distance education, including specific guidance related to distance education and clinical training. Please closely examine Criterion 8.6 and 8.8. These standards are the same for Master's and Doctoral level programs. ACHENA and the review committee acknowledge great advances in distance learning technologies, including continued evolution in synchronous methods that closely simulate being in the same room. We do not believe that there are separate issues for distance learning in doctoral programs versus master's level programs.</p>
<p>One commenter expressed the belief that individuals who teach in the doctoral level program should have ten years of experience along with a CCH, versus the five years of practice currently outlined in the standards.</p>	<p>ACHENA and the review committee believe that: 1) requiring 10 years of experience would be overly restrictive, 2) is not consistent with standards in other related professions and 3) could negatively impact the ability of schools to hire faculty.</p>
<p>One commenter expressed that the list of required homeopathic remedies appears to incorporate many small and relatively unknown remedies. It was expressed that the 360 hours of time allocated to this number of remedies seems inadequate and the commenter suggested either</p>	<p>ACHENA and the review committee recognize that many hours of initial and ongoing study are required to master materia medica. We believe that the current hourly requirement is reasonable and also point out that 360 hours should be viewed as a minimum standard. It is our hope that</p>

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reducing the number of remedies to be studied or increasing the number of study hours.	graduates of this program will become lifelong students of materia medica and that these initial hours will be far exceeded with continuing professional development and personal study.
One commenter expressed the view that it is important that students experience the proving process as pharmacy participant, prover, recorder, supervisor or other. The commenter expressed that students should be required to participate in at least one proving and be allowed to participate in whatever way they find feasible.	ACHENA and the review committee acknowledge the importance of providing education about the conduct of provings which are essential to expanding and deepening our understanding of materia medica. While we view the experience of participating in a proving as highly valuable, it is important that participation in a proving be voluntary, never coercive and always include an informed consent process. As noted by the commenter, there are many different ways to be involved in a proving. We support schools educating students about the roles involved in a proving and working with students to support voluntary participation that includes documented informed consent.
One commenter expressed that inclusion of language related to Central delusion and Central disturbance is beyond foundational, classical homeopathy. The commenter expressed that this material is more appropriate for post medical training or as an advanced level/tract course within this course of study.	ACHENA and the review committee believe that at a doctoral level, it is appropriate for students to have an awareness of these concepts which are widely discussed within the homeopathic community. We believe that students should have the opportunity to develop awareness of these concepts and determine whether and how these concepts (which are not strictly Hahnemannian) would be integrated into their practice of homeopathy.
One commenter felt that the standards should not include material that is not widely accepted as Hahnemannian. Specifically, concern was expressed about cupping and the Fibonacci dosing method which are not clinically well documented within classical methods of homeopathy.	ACHENA and the review committee believe that at the doctoral level, there should be a survey of other methods in usage. We acknowledge that Hahnemann was first and foremost an experimenter and that schools must have the academic freedom to explore a wide range of ideas. Learning to think critically is an important part of a doctoral program. Students must be exposed to different ideas within the homeopathic community in order to draw their own conclusions. The Latin phrase, “Sapere aude - dare to be wise” is what inspires us to think and practice homeopathy.