



## **Summary of Public Comments:**

### **Role of Distance Education in the Preparation of Professional Homeopaths**

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#### **BACKGROUND**

The Accreditation Commission for Homeopathic Education (ACHENA) invited all segments of the homeopathic community and general public to provide comments regarding ACHENA's accreditation standards pertaining to the role of distance education in the preparation of professional homeopaths. The two overarching questions that ACHENA posed were as follows:

1. Should ACHENA accreditation standards be revised such that schools offering distance learning only programs to train professional homeopaths would be eligible to achieve accreditation?
2. If ACHENA were to revise its standards to allow schools offering distance learning only to achieve accreditation, what additional guidance beyond ACHENA's current standards regarding distance learning, should be included in the standards?

The public comment period was announced via the National Center for Homeopathy's October monthly eNewsletter and via email on September 22<sup>nd</sup> to all member organizations of the Homeopathic Action Alliance and all known schools of homeopathy in the US and Canada. On October 6<sup>th</sup>, ACHENA hosted a Community Discussion via phone conference to foster discussion and gather verbal comments. The 45 day public comment period concluded at midnight Pacific Time, November 7, 2015.

#### **DESCRIPTION OF THOSE SUBMITTING COMMENTS**

A total of eleven written comments were received from ten commenters.

Of these ten commenters:

- Five were faculty or administrators of schools of homeopathy;
- Three were recent graduates of a distance learning-based school of homeopathy;
- One was a Naturopathic Doctor who primarily uses homeopathy in his practice;
- One was a national homeopathic organization.

The October 6<sup>th</sup> Community Discussion was attended by approximately 20-25 individuals. Representatives included faculty and administrators from homeopathy schools, students of distance learning programs, practitioners and representatives from national homeopathic organizations.

### SUMMARY OF COMMENTS AND ACHENA DELIBERATIONS

COMMENT RECEIVED	ACHENA DELIBERATION
<p>Eight of the eleven comments received strongly favored ACHENA changing its standards to remove the requirement for in-person clinical training, opening the door for accreditation of distance learning only programs. Similarly, comments provided during the Community Discussion expressed strong support for ACHENA changing its standards to expand accreditation to distance learning only programs.</p> <p>Reasons given for this included:</p> <ul style="list-style-type: none"> <li>• Mounting evidence that distance learning programs produce learning outcomes that are equivalent to classroom-based learning outcomes</li> <li>• Improvements in distance learning technologies now provide for high levels of interactivity between faculty and students</li> <li>• Distance learning is responsive to the needs of adult students who may have competing life responsibilities</li> <li>• Distance learning programs are increasingly popular throughout higher education</li> <li>• Given the relatively small number of homeopathy schools and large geographic area of the US and Canada, distance learning is needed to provide access to homeopathic education</li> <li>• Accreditation of distance learning programs is needed to support continued growth of the profession.</li> </ul>	<p>ACHENA has revised its existing accreditation standards to remove the requirement for in-person clinical training.</p> <p>ACHENA’s accreditation standards have been revised such that accreditation is now open to eligible schools that offer:</p> <ul style="list-style-type: none"> <li>• In-person, classroom-based education</li> <li>• Blended learning programs that include in-person education along with a distance learning component</li> <li>• Distance learning only programs</li> </ul> <p>ACHENA conducted a comprehensive review of its 2012 Accreditation Manual. Revisions were made throughout and an updated <a href="#">2015 Accreditation Manual</a> has been issued. Existing standards have been revised and additional language was added to ensure schools offering blended learning and distance learning only programs have policies and procedures in place to maximize use of distance learning technology to provide clinical mentoring and assess student clinical skills.</p> <p>It must be noted that while the Accreditation Manual was updated to allow for accreditation of distance learning only programs, the standards regarding program of study, clinical competencies, level of rigor of clinical training and learning outcomes remain unchanged and apply to all schools, regardless of educational methods used.</p>

<b>COMMENT RECEIVED</b>	<b>ACHENA DELIBERATION</b>
<p>One commenter urged ACHENA to establish additional standards to ensure that distance learning programs address the following:</p> <ul style="list-style-type: none"> <li>• Schools should policies in place to ensure academic integrity, verify student identity and prevent cheating</li> <li>• Schools should have policies and procedures in place to ensure faculty and students are well versed in use of all distance learning technologies being employed</li> <li>• Schools take steps to fully engage all students in a learning community, whether classroom or virtual.</li> </ul>	<p>Existing ACHENA standards found in section 8.6 of the Accreditation Manual address each of these areas.</p>
<p>A verbal comment presented during the Community Discussion suggested that ACHENA Doctoral Standards retain the requirement for in-person clinical training</p>	<p>This public comment period focused on the Professional Practitioner, Master’s Level program. ACHENA has not come to a conclusion regarding accreditation of distance learning only programs at the doctoral level. Additional review and deliberation on this topic is required.</p>
<p>An issue raised during the Community Discussion is that, in the absence of a school-based clinic, distance learning students are left responsible for identifying individuals to be clients for case taking and clinical practice. It was suggested that schools should have policies and procedures to guide distance learning students with selection of clients for clinical practice. These policies and procedures should ensure that student clinical practice would truly prepare students for the full range of cases they would expect to see in their practice as a professional homeopath.</p>	<p>ACHENA has developed additional standards to address this important issue. These standards can be found in the Accreditation Manual under section 8.10.</p>
<p>Written comments and verbal comments made during the Community Discussion emphasized that all programs, whether distance learning, blended or in-person, should be held to the same standards with regards to evaluating student learning</p>	<p>Edits were made in several sections of the 2015 Accreditation Manual to emphasize the importance of evaluating student outcomes and evaluating the extent to which schools are meeting their stated objectives.</p>

<b>COMMENT RECEIVED</b>	<b>ACHENA DELIBERATION</b>
outcomes and evaluating the extent to which a school is meeting its stated objectives.	
One commenter sought clarification about the extent to which ACHENA standards ensure that schools teach and assess each student’s ability to prepare written cases in a standard and comprehensive manner.	Revisions were made to the Accreditation Manual to emphasize the importance of schools teaching and assessing student’s ability to prepare written cases in a standard and comprehensive manner.
Commenters expressed the importance of ensuring appropriate levels of clinical supervision and clinical mentoring for all students, including distance learning students. It was emphasized that the latest technologies and digital recording offer opportunities to provider supervision and mentoring consistent with what can be provided in-person.	Criterion 7.5 outlines specific guidance to ensure that clinical supervisors directly observe student clinical work in order to provide effective mentoring and ensure students are achieving the intended competencies. Observation must be of sufficient intensity and frequency to ensure that upon graduation students have attained competency in the full range of clinical skills required for successful practice.