

Accreditation Commission for Homeopathic Education
in North America



ACCREDITATION STANDARDS
FOR THE
DOCTORAL DEGREE IN HOMEOPATHY

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ACHENA
19400 Turkey Road
Rockville, VA 23146
Website: www.achena.org
Email: info@achena.org

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Preface

1 Accreditation within American higher education involves an external peer review process in
2 which a private, non-governmental agency, formed by the educational institutions and/or the
3 profession that it serves, grants public recognition to an institution or program that meets
4 certain established and nationally accepted criteria of quality. To participate in an accreditation
5 process, an educational program or institution voluntarily undertakes a comprehensive self-
6 assessment of its purpose and of the structures that support that purpose, according to the
7 criteria developed by the accrediting agency.

8
9 The higher education community recognizes the following purposes of accreditation:

- 10 1) To foster excellence in postsecondary education through the development of criteria and
11 guidelines for assuring educational effectiveness;
 - 12 2) To encourage institutional and programmatic self-improvement through continuous self-
13 study and assessment;
 - 14 3) To assure the higher education community, the general public, and other agencies or
15 organizations that an institution or program has clearly defined and appropriate
16 objectives, has the resources for reasonable assurance of the attainment of stated
17 objectives, and is making a continuous effort to produce evidence of the attainment of its
18 objectives;
 - 19 4) To provide counsel and assistance to developing institutions and programs;
 - 20 5) To encourage diversity, experimentation, and innovation within the boundaries of
21 generally accepted standards and guidelines of academic quality; and,
 - 22 6) To protect institutions against encroachment that might jeopardize educational
23 effectiveness or academic freedom.
- 24

1.0 Accreditation Standards for the Doctoral Degree in Homeopathy

Doctoral Degree in Homeopathy

25
26
27
28
29 The doctoral program in homeopathy shall follow at least three years of accredited
30 postsecondary education. The length of study for a full time program shall be at least eight 15-
31 week academic semesters and the length of study for a full time program shall be a minimum
32 of four academic years. In cases of advance standing, this would be a minimum of two years.
33 The minimum prerequisite is a bachelor's degree with prerequisites in biology, chemistry and
34 physics.

- 35
36 a. The Doctor of Homeopathy shall be a clinically based, professional degree program. The
37 doctoral program shall provide advanced graduate studies in core, clinical, and specialty
38 areas and will require advanced training in research and leadership. The program must
39 ensure that the sequencing, duration, nature, and content of all didactic, practical, and

- 40 clinical training courses are appropriately integrated and consistent with the program's
41 goals and objectives.
42
- 43 b. The doctoral program will provide advanced training in homeopathy at a doctoral level
44 for the purpose of developing knowledge, skills and competencies in core, specialty and
45 clinical areas, particularly in the areas of clinical assessment, diagnosis, and
46 intervention.
47
- 48 c. The doctoral program shall impart an ability to practice homeopathic medicine and
49 knowledge of other integrative approaches.
50
- 51 d. The doctoral program shall provide opportunities for specialization.
52
- 53 e. The doctoral program will provide knowledge and skills with which to engage in
54 collaborative interactions among homeopathic practitioners, with other health care
55 practitioners, and with patients.
56
- 57 f. The doctoral program will develop students' abilities to synthesize knowledge, engage
58 in scientific and scholarly inquiry, and to think critically and creatively.
59
- 60 g. The doctoral program shall encourage the academic discourse between faculty and
61 students which results in the development of an academic community that will enrich
62 and advance the profession, and contribute to the development of future generations
63 of practitioners, faculty, researchers, clinical supervisors, and leaders of the profession.
64
- 65 h. The doctoral program will provide critical thinking and phenomenological competencies
66 necessary to expand continually the borders of homeopathic knowledge, and skill, so as
67 to inculcate its practitioners with the values of life-long questioning and discovery.
68

69 **Standard 1-- Purpose**

70 The institution or program shall have a mission statement that provides clear direction for the
71 institution and its programs. This shall include a formally adopted statement of purpose that
72 includes the training of Homeopathic Doctors of classical¹ homeopathy.
73

74 **Criterion 1.1 -- Content**

75 The statement of purpose must include a brief description of the program's goals.
76

77 **Requirement:** The statement of purpose and goals should reflect the purpose
78 for which the program was founded, the philosophies it represents, the

¹ ACHENA is qualified and directed to accredit only programs which teach the art and science of Hahnemannian homeopathy as set out in the Organon. These practices are generally termed "classical" by the homeopathic community at large and include the principles of prescribing a single homeopathic remedy in a minimum dose according to the law of similars and based on a totality of symptoms. These teachings must be evidenced in the curriculum as well as in the clinical applications of the curriculum.

79 community in which it is located, the constituencies it serves, the needs-social,
80 cultural and material- of its community and clientele, and the institution's
81 resources-human, physical, and financial.
82

83 **Criterion 1.2 -- Educational Objectives**

84 The program must maintain clearly specified and measurable educational objectives
85 which reflect the effects the educational program is designed to have on students and
86 is consistent both with its purpose and with the degree, certificate or diploma it
87 awards.
88

89 **Requirement:** Educational objectives should provide the parameters within
90 which the institution/program's instructional activities can be verified.
91

92 **Criterion 1.3 -- Relationship**

93 The program must demonstrate that its resources and its current or projected
94 programs, services and activities are consistent with its statement of purpose and
95 educational objectives, and that the institution is currently achieving its purposes and
96 objectives.
97

98 **Requirement:** The statement of purpose should guide the adoption of priorities
99 in allocating resources, and should ensure consistency in the conduct of the
100 institution's activities.
101

102 **Criterion 1.4 -- Review**

103 The mission, statement of purpose and educational objectives must be reviewed
104 periodically by the institution's relevant communities of interest, and revised when
105 necessary to ensure their relevance and accuracy.
106

107 **Requirement:** The reexamination of the statement of purpose demonstrates
108 that the program's objectives continue to be relevant to its stated purposes, and
109 whether these objectives are being fulfilled. The review process should be
110 undertaken by representatives of the student body, faculty, administration,
111 alumni, practicing homeopaths in the community, and the governing board.
112

113 **Standard 2 -- Legal Organization**

114 The program shall be in a legally organized institution and authorized to conduct its operation
115 under the laws of its own state and community as far as the state and community provide for
116 such authorization, and shall be in compliance with all local, state and federal (including OSHA)
117 regulations applicable to it.
118

119 **Criterion 2.1 -- Off-campus control**

120 The institution must have ultimate responsibility for all of its off-campus educational
121 activities, regardless of whether the activity has been arranged by agreement with

122 other organizations or individuals.

123

124 **Criterion 2.2 -- Organizational types eligible for accreditation**

125 To be eligible for accreditation, the institution must be one of the following: a public or
126 private non-profit educational institution, a proprietary institution of higher education,
127 or a public or private non-profit post-secondary vocational institution.

128

129 **Standard 3 -- Governance**

130 The institution shall have a clearly defined governance structure that must exercise ultimate
131 and general control over the institution's affairs.

132

133 **Criterion 3.1 -- Membership**

134 The membership of the governing body should be clearly delineated and appropriate to
135 the organizational type of the institution.

136

137 **Requirement:** There shall be a clearly defined process which ensures a
138 reasonable degree of faculty and student participation in governance of the
139 institution.

140

141 **Requirement:** Governance input may come from advisory boards of faculty,
142 students or the general public.

143

144 **Criterion 3.2 -- Role**

145 The governance structure must include responsibility for establishing broad policy and
146 long-range planning, appointing and evaluating leadership as appropriate to the
147 organizational type, ensuring financial stability, reviewing and approving the annual
148 budget, approving major program changes and playing a major role in the development
149 of external relations.

150

151 **Criterion 3.3 -- Bylaws or policies**

152 The governing/advisory board must have bylaws or clearly defined policies that explain
153 the power, duties, meeting schedule, membership requirements, terms of office, and
154 responsibilities of the governing body.

155

156 **Criterion 3.4 -- Meetings**

157 The governance meetings must be held at regularly stated times and be of sufficient
158 length for the governance structure to fulfill competently its responsibilities to the
159 institution. Agendas of the meetings must be prepared and accurate minutes of the
160 meetings kept and filed.

161

162 **Criterion 3.5--Faculty and Student Involvement for Doctoral Programs**

163 Faculty should have input into the governance of the doctoral program. Any admissions
164 criteria specific to the doctoral program, and admission decisions, reflect ongoing
165 involvement by the doctoral faculty. Any graduation or progression criteria specific to

166 the doctoral program reflect ongoing involvement by the doctoral faculty. Governance
167 of the educational program includes faculty and student input into curricular and
168 academic decisions.
169

170 **Standard 4 -- Administration**

171 The program shall have a qualified chief administrator and qualified administrative staff of a
172 size and organizational structure that is appropriate to the size and purpose of the program.
173

174 **Criterion 4.1 -- Chief Administrator**

175 The chief administrative officer must be responsible for the entire operation of the
176 institution or program, and must be directly responsible for the administration of the
177 policies and procedures as set forth by the governing body.
178

- 179 a. The chief administrator shall have a clearly defined, written job
180 description. The job description should be reviewed periodically and any
181 time the institution or program undergoes a significant change in
182 operations, mission, scope or size.
183
- 184 b. The chief administrator or a designated person from the administrative
185 team shall serve as a liaison between the governing body and the
186 program staff. S/he should delegate responsibilities and authority to the
187 administrative staff and provide for regular evaluation of the
188 administrative staff.
189
- 190 c. The chief administrator shall provide leadership for the development and
191 operation of all institutional or program functions, shall ensure the
192 development and use of appropriate procedures of plan maintenance
193 and fiscal management, shall maintain a sound administrative structure
194 for the orderly operation of the institution or program, and shall be
195 responsible for the communications between the institution and its
196 community.
197

198 **Requirement:** The chief administrator shall possess a higher education degree,
199 and have substantial experience in higher education administration.
200

201 **Criterion 4.2 -- Organization of staff**

202 The administrative staff must demonstrate stability, be qualified, and be well organized
203 with clearly defined roles and responsibilities.
204

205 **Requirement:** All administrative staff shall have clearly defined, written job
206 descriptions and these job descriptions should be reviewed periodically and
207 whenever the institution or program undergoes a significant change in
208 operations, mission or scope.
209

210 **Criterion 4.3 -- Academic Leadership**
211 The program must have a clearly defined and effective structure for academic
212 leadership. The academic leadership structure must effectively facilitate curriculum
213 development and the ongoing assessment of the program. The individuals responsible
214 for the academic leadership of the program must be qualified for those positions.

215
216 **Criterion 4.4 -- Integrity**
217 The program must conduct its operation with honesty and integrity.

218
219 **Standard 5 -- Records**
220 The program shall have complete record keeping systems.

221
222 **Criterion 5.1 -- Permanent Records**
223 Observing the requirements of right-to-privacy legislation, the program must maintain
224 and safeguard accurate permanent academic records that reasonably document the
225 satisfaction of program requirements.

226
227 **Requirement:** The institution/program should have a written plan for storage of
228 permanent student records in the event that the institution closes.

229
230 **Requirement:** The institution/program should ensure convenient access by
231 students to all student records, including academic, attendance, and financial
232 records. If records are not stored on-site, the institution/ program must ensure
233 secure on-line access to student records.

234
235 **Requirement:** Institutions and programs may maintain records in electronic
236 format but must establish robust policies and procedures to protect the security
237 of these records and provide for regular file back-up.

238
239 **5.2 -- Clinical Records**
240 The program must maintain clinical records of clients currently being seen by the
241 students which are accurate, secured, complete, and are kept confidential with respect
242 to the generally accepted standards of health care practice.

243
244 **Requirement:** To maintain the highest level of homeopathic care through
245 accessibility to client records by all current and future caregivers, the program
246 should have provisions for translating into English, if needed, case records that
247 are recorded in a foreign language. All records shall be maintained for at least
248 seven years.

249
250 **Requirement:** Clinical charts should be signed by the student and supervisor
251 whether electronic or by conventional paper signature.

252 **Criterion 5.3 -- Data**
253 The program must maintain data that will facilitate the compilation of the following
254 records and statistics: student profiles showing number of students enrolled graduated
255 and readmitted; licensure statistics for doctoral degree programs; admissions data
256 showing the number of applications received and accepted; ages, sex, educational
257 backgrounds, and racial origins (optional) of the student body.

258
259 **Standard 6 -- Admissions**

260
261 Admission into a doctoral program requires the satisfactory completion of a bachelor's degree
262 from an institution accredited by an agency recognized by the U.S. Secretary of Education. The
263 four academic years at the baccalaureate must include biology, chemistry and physics.

264
265 **Criterion 6.1 -- Assessment of prior learning**

266 A maximum of 60 semester credits (or 50%) for the doctoral program, of the
267 prerequisite three-year education requirement may be earned through prior learning
268 assessment using either or a combination of the following assessment techniques: (1)
269 credit by examination through the use of standardized tests and/or (2) assignment of
270 credit for military and corporate training based on recommendations established by the
271 American Council on Education.

272
273 **Requirement:** Credit by examination can be earned through successful testing and
274 the recommended college credit equivalencies of the College Scholarship
275 Service's AP (Advanced Placement) examinations, the College Scholarship
276 Service's CLEP (College Level Examination Program) examinations, the American
277 College Testing PEP (Proficiency Examination Program) examinations,
278 PONSIS (N.Y. State Department of Education Program on Non-collegiate Sponsored
279 Instruction), the USAFI (U.S. Armed Forces Institute) program, and the
280 DANTES (Defense Activity for Non-Traditional Education Support) tests.

281
282 **Requirement:** Credit for military and corporate training may be assigned according
283 to the recommendations established by the American Council on Education in
284 The National Guide to Educational Credit for Training Programs and the Guide
285 to the Evaluation of Educational Experience in the Armed Services.

286
287 **Requirement:** The program should inform students who are awarded credit
288 through prior learning assessment, that some state licensing agencies and
289 some institutions may not accept prior learning assessment credits that have
290 been awarded by a non-regionally accredited institution.

291
292 **Requirement:** The program may accept credit toward its admissions requirement
293 that has been awarded by portfolio assessment or may accept >50% of credit
294 toward its admission requirement earned through Credit By Examination if that

295 assessment was performed and credit was awarded by an institution (other
296 than the institution itself) accredited by an institutional agency recognized by
297 the Secretary of Education.

298
299 **Criterion 6.2 -- Transfer Credit and Advanced Standing Process**

300 The program may accept transfer credit toward the doctoral program that the program
301 judges to be equivalent to its requirements for graduation. However, at least two
302 academic years must be taken in the program granting the doctoral program.

303
304 **Requirement:** Admissions standards should reflect that only those applicants
305 who can achieve the educational objectives of the program should be accepted
306 into the program.

307
308 **Criterion 6.3 -- Policy publication**

309 The program's admissions policy, including policies for evaluating transfer credit and
310 prior learning, must be clearly stated in institutional publications. Published transfer
311 policies must include a statement established by the institution regarding transfer of
312 credit earned at another institution of higher education.

313
314 **Criterion 6.4 - Policy planning**

315 The admissions policy must involve careful planning to determine whether it is serving
316 the needs and interests of its students, and how it could be doing so more effectively.

317
318 **Requirement:** In situations beyond the control of a foreign applicant, when
319 transcripts and documents are not available to confirm completion of prior
320 postsecondary education, a special admissions procedure may be employed, on
321 a case by case basis, to determine the level of education earned and/or what
322 additional preparation will be required in order to meet the admissions
323 standard.

324
325 **Criterion 6.5 -- Advanced standing**

326 The program must demonstrate an acceptable process for assuring equivalent
327 competence in the acceptance of transfer and prior learning credits.

328
329 **Requirement:** A statement of the applicant's prior experience, which may be
330 considered as an equivalency to part of the entrance requirement or to the
331 program's requirements, should be articulated and filed, along with the
332 applicant's materials, when the applicant is accepted, and before any classes are
333 commenced.

334
335 **Requirement:** All prior learning and transfer equivalencies should be
336 established, and credit granted, by the end of the first year of enrollment in the
337 doctoral program.

338

339 **Requirement:** Assessment of prior learning and transfer credits should be
340 completed by persons qualified to make such assessments.

341
342 **Requirement:** In considering the acceptance of education and training obtained
343 in foreign countries, the program should obtain advisory assistance from a
344 reputable foreign credentials assistance agency for the interpretation of foreign
345 educational credentials to assist with approximating comparable levels of
346 educational achievement in the U.S.

347
348 **Criterion 6.6 -- Prerequisites**

349 The program must show evidence that it has developed appropriate course sequencing
350 and course prerequisites and that students enrolled in a course have completed all
351 prerequisites.

352
353 **Criterion 6.7 -- Recruitment**

354 The program must observe honest, ethical, and legal recruiting practices.

355
356 **Criterion 6.8 -- English language competency**

357 (a) English language competency must be required of all students seeking admission to
358 the program taught in English. This may be satisfied by scoring at least 500 on the Test
359 of English as a Foreign Language (TOEFL) and at least the currently reported mean score
360 on the Test of Spoken English (TSE); (b) for those who shall complete the program in
361 another language, a TOEFL score of at least 450 must be obtained and a mean score on
362 the TSE, or the student must have completed a two-year (60 semester credits or 90
363 quarter credits) baccalaureate level education in an institution accredited by an agency
364 recognized by the U.S. Secretary of Education or from an equivalent English language
365 institution in another country. Applicants who do not satisfy this requirement may be
366 considered for admission with English as a second language, but they must satisfy the
367 proficiency requirement in English before beginning the clinical experience.

368
369 **Criterion 6.9 -- Enrollment**

370 Participation in courses in homeopathy for the doctoral degree program, presumes
371 graduation from an accredited baccalaureate program, EQUIVALENT TO the minimum
372 of four years of undergraduate education, prior to enrollment in such courses. Non-
373 matriculated students must meet all entry requirements and course prerequisite
374 requirements for participation in particular courses with the exception of courses which
375 may be open to the general public. Programs must have clearly defined policies with
376 respect to allowing non-matriculated students to take courses and must ensure that
377 their participation does not adversely affect the quality of instruction.

378
379 **Criterion 6.10 -- Retention and Graduation Rates**

380 If the program's student retention rate falls below sixty-five percent (65%) or if the
381 program's graduation rate falls below fifty percent (50%), ACHENA shall review the

382 program to determine if it remains in compliance with the accreditation criteria (in trial
383 status).

384 **Criterion 6.11—Challenge Examinations**

385 Any procedures for challenge examinations which are available for didactic course work
386 must be clearly articulated and must ensure that students have acquired the relevant
387 knowledge and skills required by the challenged course(s).

388

389 **Standard 7 -- Assessment**

390 The program shall demonstrate a commitment to excellence through assessment, which
391 assures that its goals and objectives are met, enhances the quality of professional education
392 and training obtained by its students, and contributes to the fulfillment of its institution's
393 mission and program educational objectives and competencies. The program shall
394 demonstrate and document an assessment system that provides accurate information to the
395 student and to the program of the student's educational progress regarding relevant
396 knowledge, skills, clinical skills and competencies and attitudes.

397

398 **Criterion 7.1 -- Programmatic Review**

399

- 400 1. The program, with appropriate involvement from all program constituencies,
401 engages in regular, ongoing assessment, which addresses:
- 402 a. Its effectiveness in achieving program goals and objectives (i.e., its
403 outcomes);
 - 404 b. How its goals and objectives are met (i.e., its processes); and
 - 405 c. Its procedures to make program changes as necessary (i.e., feedback
406 loop for improvement).
- 407
- 408 2. The program demonstrates commitment to excellence through periodic,
409 systematic reviews of its goals and educational objectives, training model,
410 teaching methodologies, use of distance learning technologies and curriculum to
411 ensure their appropriateness in relation to:
- 412 a. The program's mission and goals;
 - 413 b. Local, regional and national needs for homeopathic services;
 - 414 c. National standards of professional competency and practice;
 - 415 d. The evolving body of scientific and professional knowledge;
 - 416 e. Its graduates' job placements and career paths.
- 417
- 418 3. The program must assess the effectiveness of its training and the
419 accomplishment of its stated objectives by measuring and documenting
420 achievements of a sufficient number of students and graduates in verifiable and
421 internally consistent ways.
- 422

423 **Criterion 7.2 -- Measurement of Student Achievement**
424 The program must establish principles and methods for the ongoing assessment of
425 student achievement. A variety of assessment measures must be systematically and
426 sequentially applied throughout the program in homeopathy. Assessment processes
427 must measure rates of student drop out, course completion and student performance
428 in the professional competencies as outlined in Standard 8 and the achievement of
429 program educational objectives.

430
431 **Criterion 7.3 -- Assessment of Graduates' Success**
432 The program must maintain appropriate records of the professional career
433 development of its graduates including, rates of students taking and passing national
434 certification exams, rates of graduate employment in the field of homeopathy and
435 other measures which may include publications, teaching, further study or other
436 contributions to the field.

437
438 **Criterion 7.4 -- Standard Measurement**
439 Equivalent methods and standards of student assessment must be applied at all
440 institutional sites, including externships.

441
442 **Criterion 7.5 -- Assessment Practices for Distance Learning Students**
443 The program must have policies and procedures to verify the authenticity of distance
444 learning student's work on exams, papers and casework. Programs that meet this
445 standard would likely employ methods such as a secure login and pass code, proctored
446 examinations, and use of new or other technologies and practices that are effective in
447 verifying student identity.

448
449 **Requirement:** Assessment practices for distance learning students must be of
450 comparable intensity and comprehensiveness as assessment practices in place
451 for on-campus students.

452
453 **Requirement:** Institutions and programs that employ distance learning must
454 have a process for direct observation and assessment of the clinical skills of
455 distance learning students.

456 **Criterion 7.6--Curriculum Review**
457 There is regular curriculum review which evaluates and revises as needed the content
458 and instructional methodology of the program to ensure that required competencies
459 and expected outcomes are achieved; the review process takes into account findings
460 identified by the program's or institution's outcomes assessment processes and
461 advances in medical sciences. This process includes faculty input.

462 **Criterion 7.7-Assessment of Faculty Competence**
463 There is an ongoing evaluation plan of faculty competence.
464

465 **Standard 8 -- Program of Study**

466 The Doctoral degree in Homeopathy shall meet or exceed the following minimum standards:

467

- 468 1. Meet or exceed the minimum length of Program of Study for a part time or full time
469 program as described in Criterion 8.1;
470 2. Meet or exceed all professional competencies listed in Criterion 8.12;
471 3. Include an adequate clinical training component; and,
472 4. Include the following minimum core curriculum (A - N) designed to train students to
473 achieve the competencies of an independent Homeopathic Doctor.

474

475 The program must ensure that the sequencing, duration, nature and content of all didactic,
476 practical, and clinical training courses are appropriately integrated and consistent with the
477 program's purposes and educational objectives.

478

479 **Requirement-Course Content for the Doctoral Program in Homeopathy:** The academic
480 component provides in-depth instruction in a variety of therapeutic and clinical subject
481 areas relevant to the practice of homeopathic medicine. The following subject
482 matter/courses are included (minimum 1060 total hours):

483

- 484 • **Philosophy (100 hours)**
- 485 • **History (20 hours)**
- 486 • **Materia Medica (360 hours)**
- 487 • **Repertory (80 hours)**
- 488 • **Case Taking (120 hours)**
- 489 • **Case Analysis (120 hours)**
- 490 • **Case Management and Posology (120 hours)**
- 491 • **Research (40 hours)**
- 492 • **Ethics and Jurisprudence (40 hours)**
- 493 • **Leadership (20 hours)**
- 494 • **Personal and Professional Development (40 hours)**

495

496 **Requirement-Course Content for Medical Courses:** The academic component provides
497 an in-depth study of the human body, as well as instruction in a variety of therapeutic
498 and clinical subject areas relevant to the practice of homeopathic medicine; where
499 appropriate, instruction includes related experiences in laboratory settings designed to
500 reinforce and augment students' classroom learning. The following subject
501 matter/courses are included (minimum 1440 hours):

502

- 503 • **Basic Sciences (Total 770 hours)**
 - 504 ○ Anatomy (160 hours)
 - 505 ○ Biochemistry (80 hours)
 - 506 ○ Embryology (20 hours)
 - 507 ○ Endocrinology (20 hours)

- 508 ○ Genetics (20 hours)
- 509 ○ Immunology (20 hours)
- 510 ○ Microbiology (30 hours)
- 511 ○ Neuroanatomy (40 hours)
- 512 ○ Pathophysiology (160 hours)
- 513 ○ Pharmacology (80 hours)
- 514 ○ Physiology (160 hours)
- 515
- 516 ● **Clinical Medicine (440 hours)**
- 517 ○ Addictionology (20 hours)
- 518 ○ Allergies (20 hours)
- 519 ○ Cardiology (20 hours)
- 520 ○ Counseling/coaching (20 hours)
- 521 ○ Dermatology (20 hours)
- 522 ○ Emergency Medicine (20 hours)
- 523 ○ Endocrinology (20 hours)
- 524 ○ ENT (20 hours)
- 525 ○ Family Medicine (20 hours)
- 526 ○ Gastroenterology (20 hours)
- 527 ○ Geriatrics (20 hours)
- 528 ○ Gynecology (30 hours)
- 529 ○ Hematology (20 hours)
- 530 ○ Neurology (20 hours)
- 531 ○ Obstetrics (20 hours)
- 532 ○ Oncology (30 hours)
- 533 ○ Pediatrics (20 hours)
- 534 ○ Pulmonology (20 hours)
- 535 ○ Psychiatry (20 hours)
- 536 ○ Rheumatology (20 hours)
- 537 ○ Urology (20 hours)
- 538
- 539 ● **Community Medicine (40 hours)**
- 540 ○ Epidemiology (20 hours)
- 541 ○ Public Health (20 hours)
- 542
- 543 ● **Diagnostics (170 hours)**
- 544 ○ Clinical Assessment (Diagnosis and Differential Diagnosis) (60 hours)
- 545 ○ Laboratory Assessment (30 hours)
- 546 ○ Physical Assessment (60 hours)
- 547 ○ Radiological Assessment (20 hours)
- 548
- 549 ● **Integrative Medicine (20 hours)**
- 550 ○ Introduction to Integrative Medicine
- 551

552 **Requirement-Core Curriculum:** The core curriculum must include instruction necessary
553 to provide knowledge and skill development in critical thinking, problem solving, and
554 communication skills that transmit the essence of Homeopathic medicine and prepare
555 graduates for leadership roles within the field. The need for lifelong learning must be
556 reflected as an integral theme of the curriculum. The core curriculum must emphasize
557 knowledge and skill development that reflects the changing roles and responsibilities of
558 the practitioner and the dynamic nature of the profession.

559
560 The doctoral program must provide a curriculum covering the competencies in the
561 following core areas:

- 562
- 563 1. Advanced patient assessment and diagnosis;
 - 564 2. Advanced clinical intervention and treatment;
 - 565 3. Consultation and collaboration;
 - 566 4. Clinical supervision and practice management;
 - 567 5. Research;
 - 568 6. Community involvement;
 - 569 7. Leadership.

570
571 **Requirement-National Standards:** The curriculum is congruent with national standards
572 for doctoral level homeopathic education that are now being established.

573 **A. History, Development & Current Affairs of Homeopathy**

574 The programs must familiarize students with the history and development of homeopathy and
575 the social, economic, and political forces that have influenced its practice over the past 200-
576 years, up to and including, present day. Programs must introduce and place in context the
577 philosophers, authors, activists, and the social, political and economic forces that have had
578 major influences on the homeopathic discipline and profession. Programs must address
579 homeopathy's current place in the national and state by state healthcare landscape, both in
580 terms of trends of practice of the discipline and the current legal and political climate.
581 Students must be taught the importance and practicalities of engaging with the profession.
582 Programs must inform about how, and require students to, engage with the community so that
583 they understand the importance of both practice promotion and profession promotion and
584 how they shall contribute as leaders of the emerging profession.

585
586 Curriculum includes:

- 587 1. History of Medicine: Hippocrates to Galen and Paracelsus
- 588 2. History of Vitalism: Paracelsus to Hahnemann
- 589 3. History of Homeopathy
 - 590 a. Hahnemann and his contemporaries
 - 591 b. Familiarity with the Organon and its different editions
 - 592 c. Familiarity with early generations of homeopathic authors
- 593 4. World History of Homeopathy
 - 594 a. The spread of homeopathy and its proponents

- 595 5. History of Homeopathy in North America
596 a. The spread of homeopathy to North America and its proponents
597 b. Familiarity with philosophers, authors, activists, and social, political and
598 economic forces that have had major influences on the homeopathic discipline
599 and profession as it developed
600 6. Current Affairs in Homeopathy in the US and Canada
601 a. Familiarity with homeopathic organizations, associations and leaders
602 b. Familiarity with philosophers, authors, activists, and social, political and
603 economic forces currently influencing the homeopathic profession today.
604 7. Current Legal & Political Affairs: US
605 a. Affordable Health Care Act and Rules
606 b. Legality of Practice
607 c. Categories of Practice
608 8. Current Legal & Political Affairs: International
609 a. Provincial Regulation
610 9. Awareness of other forms of Holistic Medicine
611 a. Naturopathy, Traditional Chinese Medicine, Ayurveda and Herbology.
612 10. National Healthcare Landscape
613 a. CAM
614 b. Integrative Medicine
615 c. Homeopathy's place in Integrative Healthcare
616 11. Contemporary Emerging Thought In Homeopathy
617 12. Homeopathy's Role in Western Science

618 **B. Homeopathic Philosophy, Principles and Methodology**

619 Programs must impart a thorough understanding of the principles of homeopathy that guide
620 its theories and implementation in clinical practice. Homeopathic educational programs must
621 familiarize students with a variety of approaches to attain the competencies stated in section
622 8.11, spanning a spectrum from the writings of Hahnemann to the writings and teachings of
623 contemporary respected homeopaths. Each educational organization may select a manner in
624 which to accomplish this. However, all students of homeopathy will be able to weigh the
625 benefits and limitations of many different approaches to understanding homeopathic
626 philosophy, principles, and methodology.
627

628 Fundamental Concepts

- 629 • Concept of health, disease and healing.
630 • Differences between homeopathic, isopathic, allopathic, antipathic and organopathic.
631 • Requirements of the Homeopathic Doctor, as enumerated in Aphorism # 3 of *The*
632 *Organon*.
633 • Concept of susceptibility and causative factors.
634 • Concept of the Vital Force.
635 • Case management according to the Law of Similars.
636 • Principles of homeopathy.
637 • Definition of fundamental homeopathic terms.

- 638 • Concept of the core dose.
- 639 • The single remedy.
- 640 • Potency scales, including: X, C, D, K, LM, Q, and Fibonacci.

641
642 Symptoms

- 643 • Strange, rare and peculiar symptoms.
- 644 • Common and uncommon symptoms.
- 645 • Hierarchy of symptoms.
- 646 • Classification of symptoms.
- 647 • Suppression of symptoms.

648
649 Classification of Diseases

- 650 • Miasms.
- 651 • Natural and Artificial.
- 652 • Acute and Chronic.
- 653 • Etiologies.
- 654 • Suppressed
- 655 • One-sided
- 656 • Stages of disease process.
- 657 • Epidemics and Genus of Epidemics.
- 658 • Mental and Emotional.
- 659 • Intermittent Diseases.

660
661 Theory of Case Management

- 662 • Primary and secondary action.
- 663 • Evaluation of client response to remedy.
- 664 • Second remedy recommendation.
- 665 • Herring’s teachings on “direction of cure”.
- 666 • Hahnemann’s teachings on “obstacles to cure”.
- 667 • Management of case on all levels.
- 668 • Posology-including the forms in which remedies can be given (i.e. liquid, powder, tablet, globules, inhalation, or others)

670
671 *(REFERENCE: European Guidelines for Homeopathic Education, 2nd Edition, June 2000)*

672 **C. Homeopathic Case-Taking**

673 Taking a homeopathic case requires special skills. These skills should grow with experience. A
674 well taken case is the basis for sound analysis, repertorization, prognosis, and follow-up. The
675 program of study should provide students with a strong foundation for meeting the real-life
676 challenges that arise in case-taking in professional practice, including the following:

677
678
679 Subjective and Objective Data

- 680 1. The student must be familiar with guidance on case taking from a diverse range of
681 respected homeopathic authors and teachers.
- 682 2. The education of the student must examine the ways in which various analysis approaches
683 can require the gathering of different kinds of information.
- 684 3. The student must have sufficient opportunity to observe several experienced homeopaths
685 taking cases, ideally in person as well as from cases on video (always subject to the
686 permission of the client). In this aspect of the student's education, the mentoring
687 homeopath should elucidate the strengths and weaknesses of the way in which each case
688 was taken, the ways in which the case-taking methods were adapted to the situation of the
689 individual client, and other learning points.
- 690 4. The student, alone or in a group of students, must have adequate opportunity to take cases
691 in a setting mentored by an experienced homeopath that provides direct feedback on the
692 art and techniques in a manner that enables the student to hone his or her case-taking
693 skills.
- 694 5. Through reading and experience the student must acquire a thorough understanding of the
695 way in which case taking over a series of visits forms a fabric by which the success of a
696 course of homeopathic care can be managed, and the course adjusted as necessary.
- 697 6. Although the types of records to be kept will vary depending on the practice style or
698 licensing requirements for each homeopath, the student must understand how case
699 records must make appropriate references to medical information that is provided by or
700 mentioned by the client.
- 701 7. By reading and observation, the student must acquire sufficient understanding of the
702 nature, individualization, sensitivity, confidentiality, and accurate recording of information
703 that together form the setting in which cases should be taken.
- 704 8. The student must read numerous well-respected homeopathic journals to observe the
705 manner in which cases are recorded, learning the highest standards of accuracy, specificity,
706 and comprehensiveness.
- 707 9. The student will observe a sufficient and wide range of cases that exemplify varying
708 pathologies, etiologies, severity, and stages of illness (acute versus chronic) in children and
709 adults.
- 710 10. Case taking should include the capacity to make a physical examination and obtain
711 necessary laboratory and radiological studies.

712 **D. Case Analysis**

713 Programs must impart the cognitive skills required for effective case analysis and emphasize
714 the importance of a thorough recording of that analysis. Programs must teach a variety of case
715 analysis strategies that range from historic to current practice. The program must impart the
716 ability to:

- 717
- 718 1. Assess the strength of the client's vital force, center of gravity of the case, and
719 susceptibility;
- 720 2. Evaluate the onset, duration, and intensity/severity of symptoms;

- 721 3. Distinguish characteristic from common symptoms, recall the importance of
722 strange, rare and peculiar symptoms and identify complete symptoms (location,
723 sensation, modality, and concomitant)
- 724 4. Perceive the totality of symptoms required for effective remedy selection;
- 725 5. Determine the nature of the illness in terms of acute or chronic and analyze accordingly
- 726 6. Assess previous and current therapeutic history/treatment;
- 727 7. Demonstrate diversity of case analysis strategies, including the ability to distinguish and
728 articulate other various management and analysis strategies, and apply them as
729 appropriate;
- 730 8. Translate the client's symptoms into repertory language, and repertorize the case in a
731 manner appropriate to the case presented;
- 732 9. Employ research, evaluate and ultimately apply information gathered through various
733 sources – including: materia medica, provings, journals, databases, and the Internet;
- 734 10. Examine the effects of different potencies and their relevance to a case as well as selecting
735 the appropriate frequency and method of administering remedies (posology);
- 736 11. Utilize various types of computer analysis techniques and differentiate their strengths and
737 weaknesses;
- 738 12. Recognize the value, limitations, and use of medical reports in homeopathic case analysis
739 and obtain medical records when necessary;
- 740 13. Help patients identify resources that will help them remove maintaining causes or
741 impediments to cure; and
- 742 14. Case analysis shall include the formation of a medical diagnosis and the interpretation of
743 diagnostic testing results.

744 **E. Case Management**

745 Programs must elucidate and expand upon the multi-faceted nature of case management:

746

747 A. Management of the practitioner-client relationship

748 B. Homeopathic management of the case as it evolves dynamically over time, including
749 but not limited to remedy selection, posology, repetition of dose, change of remedy,
750 change of symptom picture, proving symptoms, aggravations and ameliorations,
751 antidoting, Hering's Law, return of old symptoms, intercurrent remedies, intercurrent
752 illness, indispositions, miasmatic layers, etc.

753 C. Management of the case records

754

755 How the doctor-patient relationship and the case records are managed will be influenced by
756 the license or regulations, if any, under which each individual practices.

757

758 Standards for education in case management may vary according to the teaching style and
759 clinical mentoring style of various homeopathic programs. However, the educational standards
760 below must be met in an appropriate manner.

761

- 762 1. The program must expose the students to numerous well-respected homeopathic
763 journals in order that students observe the manner in which cases are recorded, noting

764 the highest standards of accuracy, specificity, and comprehensiveness and the manner
765 in which cases are managed.

- 766 2. During clinical training, the student must receive mentoring to develop and refine her
767 or his skills in case management. This must include patient interactions, keeping
768 appropriate case records, managing the progress of cases, and ways to find necessary
769 information or assistance to achieve the best possible outcomes for the patient.
- 770 3. The student must acquire knowledge and skills of the following:
 - 771 a) Remedy and potency selection
 - 772 b) Administration of remedies (low and/or high potencies, frequency)
 - 773 i. First aid
 - 774 ii. Acute diseases
 - 775 iii. Chronic diseases
 - 776 c) Follow-up evaluation
 - 777 i. Reaction to the remedy
 - 778 ii. Aggravation
 - 779 iii. Disruption
 - 780 iv. Suppression
 - 781 v. Palliation
 - 782 vi. Antidoting
 - 783 vii. No effect, etc.
 - 784 d) Identifying changes in the vital force
 - 785 e) Apply the concept of Herings Law or direction of cure
 - 786 f) Removal of obstacles to cure
 - 787 g) Remedy selection, dose and repetition.
- 788 4. The education of the student must examine various analysis and case management
789 approaches illustrating how varying strategies can require the gathering of different
790 kinds of information.
- 791 5. The student must have sufficient opportunity to observe several experienced
792 homeopaths managing cases, ideally in person as well as from cases on video (always
793 subject to the permission of the patient). In this aspect of the student's education, the
794 mentoring homeopath must elucidate the strengths and weaknesses of the way in
795 which each case was managed, the ways in which the case management methods were
796 adapted to the situation of the individual patient, and other learning points.
- 797 6. By reading and experience the student must acquire a thorough understanding of the
798 way in which case taking over a series of visits forms a fabric by which the success of a
799 course of homeopathic care can be followed and adjusted as necessary.
- 800 7. Although the types of records to be kept will vary depending on the practice style or
801 licensing requirements for each individual, the student must document appropriate
802 references to medical information that is provided by the patient or mentioned by the
803 patient.

804

805 Programs will teach interpersonal skills necessary for case management, including:

- 806 1. Exercising perceptiveness in taking and following cases.
- 807 2. Practicing effective and attentive listening skills.

- 808 3. Practicing good observation skills.
809 4. Displaying open-mindedness.
810 5. Maintaining unconditional positive regard.
811 6. Employing appropriate, effective, and sensitive communication.
812 7. Managing the understandable concerns of a patient who is not experiencing the level of
813 results she or he had hoped for.
814 8. Maintaining appropriate aspects of the client confidentiality relationship in situations
815 where consideration must be given to contacting outside parties (e.g. child protective
816 services).
817 9. Managing situational issues, such as forgetting to follow through on a task for which a
818 commitment had been made to a patient.
819 10. Collaborating with others including health-care professionals, patients, and their
820 families.
821 11. Displaying adeptness in dealing with patients who are unable or unwilling to pay.
822 12. Students will learn to integrate homeopathic management with conventional and
823 alternative medical therapies.
824 13. Referral to other health care providers, when appropriate.
825 14. Presenting balanced evidence and counseling patients regarding vaccination issues.

826 **F. Repertory**

827 General areas of study:

- 828
829 1. Introduction to repertory.
830 a. Purpose, history, additions and organization of repertories.
831 b. Boenninghausen's repertory (the first repertory).
832 c. Kent through modern repertories, including computerized repertories.
833 2. The general layout of repertories and limitations of various repertories.
834 a. Grading of symptoms/rubrics in each.
835 b. Organization- Kent's through newer organizing techniques.
836 c. Strengths and limitations of older repertories, especially Kent's.
837 d. Structure of Kent's repertory.
838 e. Using Kent's repertory in homeopathic case analysis.
839 f. Understanding the basic organization of each section of the repertory.
840 g. Understand the structure of computerized repertories including their strengths and
841 limitations.
842 3. Purpose of rubrics and sub-rubrics and how they are developed and organized.
843 a. Common and confusing rubrics.
844 b. Cross referencing important rubrics.
845 c. How to choose the best rubrics for a case.
846 d. Combining rubrics.
847 e. Errors in rubric indenting.
848 4. Terminology and abbreviations used in the repertories, including contemporary and
849 anachronistic medical terminology.

- 850 5. Ways to translate contemporary language and meaning into the language of a repertory
851 (or the materia medica) and ways to interpret the language of a repertory (or the
852 materia medica) – in its historical and social context - into contemporary language and
853 meaning.
- 854 6. Various tabulation tools—their strengths, limitations and uses.
855 a. Paper graphs, computers, and other techniques.
856 b. Their use in modern practice.
- 857 7. Different roles of repertorization in selecting a remedy:
858 a. How to use the repertory effectively.
859 b. Different types of repertory analysis.
860 c. Limitations of repertories – not 100% inclusive.
- 861 8. Awareness of other methods (than repertorization) to review and study materia
862 medica.
- 863

864 Specific areas of study:

865 Structure (schema of Kent’s Repertory, using the 4th edition or later)

- 866 1. Rubrics, sub-rubrics, grading of symptoms.
867 2. Construction of symptom arrangement:
868 a. Timings
869 b. Sides
870 c. Sensation
871 d. Location
872 e. Modalities
873 f. Extension
- 874 3. Content of the main sections.
875 4. Detailed examination of specific general sections of the repertories with definition of
876 pathological terms in historical context:
877 a. Generalities
878 b. Chill
879 c. Fever
880 d. Perspiration
881 e. Others
- 882 5. Content and modern use of the Mind section.
883 6. Rubric groupings and foundations for rubric definition - differentiating between similar
884 rubrics.
885 7. Problems and mistakes in Kent and other repertories.
886 8. Omissions – Kent’s repertory does not include all of the information available to him.
887 9. Additions.
- 888

889 Different Approaches and techniques of repertorization.

- 890 1. Combination and elimination.
891 2. Instruction on the use of repertory grid.
892 3. Others.
893

- 894 Computer repertorization
895 1. Possibilities and limitations, strategies for effective use:
896 • Understand the possibilities and limitations of modern computer repertories and
897 data bases, and learn strategies for their effective use.

898 **G. Materia Medica**

899 Educational programs must provide students with a thorough comprehension of the following
900 aspects of homeopathic materia medica:

- 901 1. Knowledge of the major writers and books: from Hahnemann to the present day.
902 2. How to compare and contrast information about remedies to appreciate what is similar
903 and what is different about them. Methods for this include:
904 a. Using categories such as “families” (remedies grouped according to plant or mineral
905 constituents) to bring into consideration a less used or less familiar remedy by
906 referencing its similarities to another remedy
907 b. Performing a “differential” by identifying aspects of the materia medica that are
908 different among several remedies that may otherwise seem to match the symptoms
909 of an individual.
910 3. How to evaluate materia medica sources. (thoroughly proven, partially proven, and
911 unproven data; data collection, editing, short cuts, etc.)
912

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

- 916 1. Sources for homeopathic remedies - using aspects like biology, botany, chemistry,
917 physics, doctrine of signatures, mythology, folklore, culture, applications, and use in
918 other forms of healing
919 a. The history, culture and behavior of the substance in the natural world.
920 b. Toxicology.
921 c. Pathogenesis.
922 d. Pharmacology.
923 e. Nomenclature.
924 f. Homeopathic proving -Authors and methodology.
925 2. Clinically confirmed symptom.s
926 3. Repertory rubrics.
927 4. Etiology.
928 5. Different approaches to symptomatology.
929 a. Totality of symptoms.
930 b. Individualizing symptoms (‘strange, rare, and peculiar’).
931 c. Mental/emotional (including delusions, fears and dreams).
932 d. Concomitant symptoms.
933 e. Symptoms suggestive of miasmatic influence.
934 f. Organ affinities.
935 g. Pathognomonic symptoms.
936 h. Modalities.

- 937 i. Sensation and function.
938 j. Acute and first aid uses.
939 k. Remedy relationships (family groupings).
940 i. Mineral groupings and relationships, animal and botanical groupings,
941 ii. Chemistry/biology of the substance.
942 iii. Antidotes, affinities, inimicals, complementaries, remedies that follow well.
943 iv. Polychrests, so-called 'small remedies', nosodes, sarcodes, isopathics, bacteria
944 and fungi, and 'imponderables'.
945 v. Tautopathics, gemmotherapeutics, tissue salts, organopathy and flower essence.
946 6. How materia medica applies to other approaches or aspects of remedy study -
947 a. Constitutional types.
948 b. Essences.
949 c. Core elements.
950 d. Central delusion.
951 e. Central disturbance.
952 f. Developmental stages in remedies from the picture in health through to deep
953 pathology.
954 g. Remedy indications for different stages of human development/stages of life.
955 h. Miasmatic influences, and newer methods.
956 7. Clinical application
957 a. Remedy relationships.
958 b. Comparative and Differential Materia Medica.
959 8. Awareness of how Materia Medica is constantly evolving.

960 **H. Posology**

961 Homeopathic Doctors must demonstrate an understanding of the principles and possible
962 effects of using the full range of homeopathic potencies, including:

- 963
964 1. Recall the scales of dilution - starting with mother tincture.
965 2. Describe the model of potentization through succussion.
966 3. Apply the above foundational concepts in choice of homeopathic remedy, potency and
967 dosage as it pertains to the sensitivity of the individual, acute versus chronic cases,
968 client's level of vitality, age, and onset/duration of symptoms.
969 4. Demonstrate the methods of administration of a remedy, including dry dose, wet dose,
970 split dose, LM in water, ointment, solution, topical, inhalation, suppository and other
971 methods in common usage.
972 5. Apply sound principles regarding frequency of dosing.
973 6. Identify appropriate circumstances for use of higher potencies such as exact match in
974 chronic cases, young otherwise healthy persons with acute symptoms, etc.
975 7. Awareness of Homeopathic Pharmacopeias including the Homeopathic Pharmacopeia
976 of the United States.
977 8. Familiarity with the major homeopathic pharmaceutical manufacturers and the
978 production methods they commonly employ.

I. Required remedies:**980 List of Required Homeopathic Remedies for the Doctoral Degree Programs**

981 *Abelmoschus, Abies Canadensis, Abies nigra, Abroma augusta, Abrotanum, Absinthium, Acalypha indica, Acetic*
 982 *acid, Aconitum napellus, Actea racemosa (Cimicifuga), Actea spicata, Adamas, Adonis vernalis, Aesculus*
 983 *hippocastanum, Aethusa cynapium, Agaricus muscarius, Agnus castus, Agraphis mutans, Aleteris farinosa, Alfalfa*
 984 *Ailanthus glandulosa, Allium cepa, Allium sativa, Aloe socotrina, Alstonia scholaris, Alumen, Alumina, Alumina*
 985 *silicata, Ambra grisea, Ammonium bromatum, Ammonium carbonicum, Ammonium iodatum, Ammonium*
 986 *phosphoricum, Ammonium muriaticum, Amyl nitrosus, Anacardium orientale, Angustra vera, Anthracinum*
 987 *Antimonium crudum, Antimonium tartaricum, Apis mellifica, Apium graveolens, Apocynum cannabinum, Aralia*
 988 *racemosa, Aranea diadema, Argentum metallicum, Argentum nitricum, Arnica Montana, Arsenicum album*
 989 *Arsenicum bromatum, Arsenicum hydrogenisatum, Arsenicum iodatum, Arsenicum sulphur flavum, Artemesia*
 990 *vulgaris, Arum triphyllum, Asafoetida, Asarum europium, Asterias rubens, Aurum arsenicum, Aurum iodatum,*
 991 *Aurum metallicum, Aurum muriaticum, Aurum muriaticum natronitum, Avena sativa, Bacillinum, Badiaga, Baptisia*
 992 *tinctora, Baryta acetica, Baryta carbonicum, Baryta iodata, Baryta muriaticum, Baryta phosphoricum, Baryta*
 993 *sulfuricum, Belladonna, Bellis perennis, Benzinum, Benzoicum acidum, Berberis aquifolium, Berberis vulgaris,*
 994 *Berbin, Bismuthum, Blatta orientalis, Borax, Boricum acidum, Boron, Bothrops lanciolatus, Bovista, Bromium,*
 995 *Bryonia album, Bufo rana, Bursa pastoris, Cactus grandiflorus, Cadmium sulphuricum, Caladium seguinum,*
 996 *Calcarea acetica, Calcarea arsenicosa, Calcarea carbonica, Calcarea fluorica, Calcarea iodata, Calcarea phosphorica*
 997 *Calcarea silicata, Calcarea sulphurica, Calendula officianalis, Camphora, Cannabis indicus, Cannabis sativa,*
 998 *Cantharis, Capsicum, Carbo animalis, Carbo vegetabilis, Carbolicum acidum, Carcinosinum, Carduus marianus,*
 999 *Cascara sagrada, Cascarilla, Castanea vesca, Castoreum, Caulophyllum, Causticum, Ceanothus americanus, Cedron*
 1000 *Chamomilla, Chelidonium majusk, Chelone, Chemopodium Anthelminticum, Chelaopodim Anthelminticum,*
 1001 *Chimaphilla umbellata, Chininum arsenicosum, Chininum sulphuricum, Chionanthus, Cholesterinum, Chromicum*
 1002 *acidum, Chryso-robinum Cicutu virosa, Cina, Cinnabaris, Cinchonia officianalis, Cinnamonum, Cistus Canadensis,*
 1003 *Clematis erecta, Cobaltum, Coca, Cocaineae, Coccinella septempunctata, Coccus cacti, Coffea*
 1004 *cruda, Colchicum autumnale, Collinsonia Canadensis, Colocynthis, Comocledia dentata, Condurango, Conium*
 1005 *maculatum, Convallaria majallis, Copaiva, Corallium rubrum, Cornus circinata, Crataegus, Crocus sativa, Croton*
 1006 *tiglium, Crotalus horridus, Cubeba, Culex musca, Cuprum aceticum, Cuprum arsenicum, Cuprum metallicum,*
 1007 *Curare, Cyclamen, Daphne indica, Dioscorea villosa, Digitalis purpurea, Diphtherinum, Dolichos pruriens, Drosera*
 1008 *rotundifolia, Dulcamara, Echinacea, Elaps corallinus, Elaterium ecbalium, Epiphegus. Equisetum arvense,*
 1009 *Equisetum hyemale, Erigeron canadensis, Eucalyptus, Euonymus stropurea, Eupatorium perfoliatum, Eupatorium*
 1010 *pupureum, Euphorbium, Euphorvia lathyrus, Euphrasia officianalis, Eupion, Fagopyrum, Fallicum acidum, Ferrum*
 1011 *arsenicum, Ferrum iodatum, Ferrum metallicum, Ferrum phosphoricum, Ferrum picricum, Ficus religiosa, Filix*
 1012 *mas (Aspidum), Fluoricum acidum, Formica rufa, Fraxinus Americana, Fumaria officianalis, Gadolinium*
 1013 *phosphoricum, Gallic acid, Gambogia, Gelsemium, Ginseng, Glonoine, Gnaphallium, Gossypium, Granatum,*
 1014 *Graphites, Gratiola, Grindelia, Guaiacum, Hamammelis virginica, Hekla lava, Helleborus niger, Heloderma, Helonias*
 1015 *dioica, Hepar sulphuris calcareum, Hydrocyamine hydrobromate, Hydrophobinum, Hura braziliensis, Hydrangea*
 1016 *arborescens, Hydrastis Canadensis, Hydrocynicum acidum, Hydrocotyle asiatica, Hyoscyamus niger, Hypericum*
 1017 *perforatum, Iberis, Ignatia amara, Indigo, Indoformum, Insulin, Iodum, Ipecacuanha, Iris versicolor, Jaborandi,*
 1018 *Justicia, Jatropha, Kali arsenicosum, Kali bichromicum, Kali bromatum, Kali carbonicum, Kali chloricum, Kali*
 1019 *cyanatum, Kali iodatum, Kali muriaticum, Kali nitricum, Kali phosphoricum, Kali sulphuricum, Kalmia iatifolia, Kola*
 1020 *nut, Kreosotum, Lac caninum, Lac defloratum, Lac felinum, Lac leoninum, Lachesis, Lacticum acidum, Lactuca*
 1021 *virosa, Lamprohiza splendidula, Lapis albus, Lathyrus sativus, Latrodectus mactans, Laurocerasus, Lecithinum,*
 1022 *Ledum palustre, Lemna minora, Leptandra, Lilium tigrinum, Lithium carbonicum, Lobelia, Lycopodium,*
 1023 *Lycopersicum virginicus, Lyssin, Magnesium carbonica, Magnesium muriaticum, Magnesium phosphoricum,*
 1024 *Magnesium sulphuricum, Magnetis polus australis, Malandrinum, Mancinella, Manganum aceticum, Mangifera*
 1025 *indica, Medorrhinum, Melilotus alba, Menyanthes trifoliata, Mephites putorius, Mercurius corrosivus, Mercurius*
 1026 *cyanatus, Mercurius dulcis, Mercurius iodatus flavus, Mercurius iodatus rubber, Mercurius solubilis, Mezereum,*
 1027 *Millefolium, Morphinum, Moschus, Murex purpurea,, Muriaticum acidum, Mygale lasiodora, Myrica cerifera,*
 1028 *Myristica sabifaera, Naja tripudians, Naphthaline, Natrum arsenicosum, Natrum carbonicum, Natrum muriaticum,*
 1029 *Natrum phosphoricum, Natrum sulphuricum, Niccolum, Nitricum acidum, Nitrogen, Nux moschata, Nux vomica,*
 1030 *Ocimum canum, Oenantha crocata, Oleander, Oleum animale, Onosmodium, Oophorinum, Opium, Organum,*

1031 *Ornithogalum umbelatum, Osmium, Oxalicum acidum, Paeonia officianalis, Palladium, Pareira brava, Paris*
 1032 *quadrifolia, Passiflora incarnata, Pertussinum, Petroleum, Phasco-cin, Phellandrinum, Phosphoricum acidum,*
 1033 *Phosphorus, Physostigma, Phytolacca decandra, Picricum acidum, Pilocarpus microphyllus, Pix liquida, Plantago*
 1034 *majora, Platinum metallicum, Plumbum metallicum, Podophyllum, Polygonum, Pothos foetidus, Prunus spinosa,*
 1035 *Psorinum, Ptelea trifoliata, Pulex, Pulsatilla nigrans, Pylocarpus, Pyrogenium, Quercus, Radium bromatum,*
 1036 *Ranunculus bulbosa, Ranunculus scleratus, Raphanus, Ratanhia, Rheum, Rhododendron, Rhus aromatica, Rhus*
 1037 *toxicodendron, Rhus venata, Robinia, Rosa arkanansas, Rumex crispus, Ruta graveolens, Sabadilla, Sabal serrata,*
 1038 *Sabina, Saccharum officianale, Sambucus nigra, Samarium metallicum, Sanguinaria Canadensis, Sanicula,*
 1039 *Sarsaparilla, Secale cornutum, Selenium, Senega, Senecio aureus, Senna, Sepia officianalis, Silica, Solanum*
 1040 *lycopersicum, Solanum tuberosum aegrotans, Solidago virgo*
 1041 *Spartium scoparium, Spigelia, Spongia tosta, Squilla maritima, Stannum mettalicum, Staphysagria, Sternum*
 1042 *metallicum, Sticta pulmonalis, Stramonium, Strontium carbonicum, Strophanthus hispidus, Strychninum, Succinum*
 1043 *Sulphur, Sulphur iodatum, Sulphuricum acidum, Sumbul, Symphoricarpus racemosa, Symphytum, Syphilinum,*
 1044 *Syzgium jambolanum, Tabacum, Taraxacum, Tarentula Hispanica, Tarentula Cubensis, Taxus baccata, Tellurium,*
 1045 *Terebinthina, Teucrium marum verum, Thallium, Theridion, Thiosinaminum, Thlapsi bursa pastori, Thuja*
 1046 *occidentalis, Thymol, Thyroidinum, Tilia europa, Trifolium pratense, Trillium pendulum, Trombidium, Tuberculinum,*
 1047 *Uranium nitricum, Urtica urens, Ustilago maydis, Utricularia gibba, Vaccinum, Valeriana, Vanadium, Variolinum,*
 1048 *Veratrum album, Veratrum viride, Verbascum, Vespa crabro, Viburnum opulus, Vinca minor, Viola odorata, Viola*
 1049 *tricolor, Vipera, Viscum album, Wyethia, Xanthoxylum, X-ray, Yucca, Zinc arsenite, Zinc chromate, Zinc iodide*
 1050 *Zincum metallicum, Zincum phosphate, Zincum sulphate, Zincum valerianate, Zingiber*

1051 **J. Homeopathic Provings & Research**

1052 *Provings*

1053 Homeopathic educational programs must provide students with a basic understanding of the
 1054 principles of and purposes for homeopathic provings.

1055
 1056 Fundamental knowledge of homeopathic proving methods:

- 1057 a. The purpose of provings.
- 1058 b. The history of provings (Hahnemann through modern methodologies).
- 1059 c. Types of provings (informal/partial through Hahnemannian).
- 1060 d. Provings in relation to allopathic drug trials.
- 1061 e. Awareness of standards for homeopathic provings.

1062
 1063 *Research*

1064 Homeopathic educational programs must provide students with a basic understanding of the
 1065 principles of how to conduct and interpret research – homeopathic, medical, and other.

1066
 1067 *Philosophy*

- 1068 a. Methodology
- 1069 b. Historical Research
- 1070 c. Current Research
 - 1071 i. Clinic trials
 - 1072 ii. Basic science research documenting the action of high dilutions
 - 1073 iii. Basic science research into the mechanism of action of remedies
 - 1074 iv. Provings
 - 1075 v. Surveys of practice patterns

1076 vi. Literature research regarding the completeness of the Repertory as a
1077 reflection of provings and clinical experience.

1078

1079 **Conduction of Research**

1080 i. Students will participate in both gathering and analyzing data for a homeopathic
1081 research project.

1082 ii. Students will be able to compare, contrast and analyze contemporary homeopathic
1083 research.

1084 iii. Students will be able to analyze homeopathic research for its quality and
1085 reproducibility.

1086 iv. Students will be able to communicate effectively homeopathic research with other
1087 communities.

1088 **K. Clinical Training**

1089 Academic and clinical education components are carefully coordinated, integrated, and are
1090 mutually reinforcing. The program allows for a graduated progression in the student's
1091 development of knowledge, skills, attitudes and behaviors, and fosters the student's
1092 consequent ability to manage increasingly complex clinical knowledge and patient cases.
1093 Throughout the entire program, homeopathic principles, philosophy, and clinical theory and
1094 practice are integrated into the academic and clinical education components of the program.

1095

1096 Clinical training requirements for Doctoral Programs include the following;

1097

1098 a. The doctoral program shall provide an in-depth level of practical and clinical training
1099 and experience in specific specialty areas that will distinguish the candidate as having
1100 advanced expertise in homeopathic medicine.

1101 b. The program must provide in-depth didactic and practical training in the area(s) of
1102 clinical specialty sufficient to support the clinical experience. Clinical training for the
1103 doctoral program shall be characterized by a broader and more in- depth clinical
1104 experience than what is offered at the master's level. Clinical training in the doctoral
1105 program is focused in the training of a doctor as a primary care provider.

1106 c. Both didactic and clinical components of clinical training may be completed through
1107 joint arrangements with other institutions. The program must closely and systematically
1108 monitor the structure, setting, organization, comprehensiveness, and the general
1109 quality of the specialty program provided to its students and to be responsible for the
1110 learned competencies and outcomes.

1111 d. The primary clinical experience must be in an internship, although the program may
1112 also offer externship experiences. Clinical training must place students in internship
1113 settings with an adequate number of professional supervisors and provide a wide range
1114 of educational experiences.

1115 e. The program must provide opportunities for interns to engage in collaborative
1116 interactions with other medical providers in appropriate clinical settings.

1117 f. The clinical curriculum of the doctoral program shall provide the student with the
1118 opportunity for assuming in-depth professional responsibilities and demonstrating

1119 professional role modeling. This may include supervised: teaching assignments,
1120 participation in administration of services, quality assurance activities, clinical research
1121 activities, and supervision responsibilities. The clinical program must promote the
1122 integration of practice and scholarly inquiry.
1123

1124 **K, 1 - Competency Based:** The clinical education component of the program is competency
1125 based and is carefully integrated with the academic component of the program of study. It
1126 provides an opportunity for students to develop competence in integrating homeopathic
1127 principles, philosophy and clinical theory into clinical practice, as well as for further
1128 development and application of the knowledge, attitudes, behaviors and values introduced in
1129 the academic component.
1130

1131 **K, 2 - Successful Practice:** The clinical educational component enables students to develop the
1132 clinical competence, professionalism and confidence necessary for successful clinical practice.
1133 The clinical component also teaches students to be an integral member of the health care
1134 profession and an active participant in the community, to collaborate effectively with providers
1135 in other health care fields, and to work in an integrative health care setting.
1136

1137 **K, 3 - Increasing Responsibility:** Student achievement standards, competencies, policies, and
1138 evaluation procedures in the clinical education component are consistent with the principle of
1139 gradually ascending student responsibility: the level of clinical responsibility accorded student
1140 clinicians is gradually increased in accordance with their level of competence.
1141

1142 **K, 4 - General Content:** The following are among the elements that characterize the clinical
1143 education component:
1144

- 1145 a. A clinical experience that integrates homeopathic principles, philosophy, clinical theory
1146 and clinical practice into every clinical interaction;
- 1147 b. A clinical experience that provides students with the opportunities to develop the
1148 clinical knowledge, skills and critical judgment necessary for safe and effective practice
1149 as a primary care/general practice homeopathic physician/doctor, including patient
1150 counseling/coaching on health promotion and disease prevention, patient assessment,
1151 diagnosis, treatment, prognosis and management, and referral as appropriate;
- 1152 c. Opportunities to demonstrate competence as set forth in this standard;
- 1153 d. Opportunities to develop the skills, attitudes and behaviors necessary to establish
1154 effective professional relationships with patients, faculty, colleagues, other health care
1155 practitioners and the public.
- 1156 e. Opportunities to treat patients of all ages, to treat a wide variety of conditions and
1157 diseases, and to develop case management skills;
- 1158 f. Opportunities to interact with other healthcare providers;
- 1159 g. Group forums for discussion among clinical faculty and students on a variety of clinical
1160 subjects and case analyses, with the inclusion of homeopathic principles, philosophy
1161 and clinical theory in all relevant aspects of the forum;

- 1162 h. Opportunities to develop cultural/ethnic competence including socio-sexual and gender
1163 sensitivity, as well as an understanding of medical ethics and the medical consequences
1164 of common societal and environmental problems;
1165 i. Develop a thorough knowledge and the necessary skills of charting practices and
1166 patient record maintenance, including applicable legal requirements; and
1167 j. Skills in homeopathic practice management (e.g., attracting and retaining patients, time
1168 management, charging and collecting fees, etc.).
1169 k. Skills in conducting a comprehensive sexual history and counseling patients about
1170 sexual health issues in a culturally appropriate manner.
1171

1172 **K, 5 - Hours:** The program's clinical education component provides at least 1,000 clock hours
1173 of clinical training involving patient contact in a clinical setting. The following requirements
1174 pertain to the clinical education component:
1175

- 1176 a. Of the 1,000 hours, student clinicians must spend a minimum of 700 hours involved in
1177 direct patient care—in either a primary or secondary capacity—under supervision of
1178 clinical faculty members, in a homeopathic clinic where clinical competencies are
1179 evaluated by the program. For most clinical education settings, the faculty-to-student
1180 clinician ratio should be 1 to 6 or better.
1181 b. The program must have a written policy covering externships that ensures a consistent
1182 and worthwhile educational experience, and must have a formal relationship with each
1183 clinical supervisor based on its written policy.
1184

1185 **K, 6 - Clinical Education Administration, Resources and Facilities:**

- 1186 a. Clinical education is overseen by an appropriately qualified senior academic
1187 administrator who is involved in (i) curriculum design and implementation, (ii) oversight
1188 of clinical faculty, and (iii) the development of standards, policies and procedures
1189 pertaining to clinical education.
1190 b. Clinical education takes place in healthcare clinics and/or hospitals that provide patient
1191 care in accordance with applicable local, state/provincial and federal requirements
1192 governing health and safety.
1193 c. Clinical education is conducted in accordance with published policies on ethical
1194 behavior for students, clinical faculty, administrators and staff, and in accordance with
1195 policies and procedures on quality assurance and conflict-of-interest. Sufficient
1196 resources are allocated to the clinical education component of the program to achieve
1197 its educational goals and objectives. There is sufficient patient volume for the number
1198 of student clinicians, and the clinical facilities are adequate in size and equipped as
1199 needed to provide experience in all aspects of homeopathic assessment, diagnosis and
1200 treatment covered in the program curriculum.
1201 d. Administrative staffing of the clinical education component is sufficient to meet its
1202 needs, patient-care rooms are appropriately equipped, physical medicine facilities and
1203 equipment are adequate, the clinical laboratory is appropriately equipped, and a
1204 homeopathic dispensary fully serves the needs of patients, faculty and students.

- 1205 e. There are record-keeping procedures in place that fully document completion of clinical
1206 education requirements.
- 1207 f. The program must maintain clinical records of patients that are accurate, secured,
1208 backed up, complete and are kept confidential in accordance with applicable legal
1209 requirements. Clinical record keeping practices must conform to generally accepted
1210 standards of healthcare practice. Clinical charts must be signed by both the student
1211 and the supervisor.
- 1212 g. The following requirements pertain to affiliated clinical training sites at which students
1213 may fulfill a portion of the 700 hours clinical education requirement stated above:
1214
- 1215 • A written affiliation agreement must be in place whenever an affiliated clinical
1216 training site is not under the direct administration of the program. The agreement
1217 must clearly state the educational goals for the training site and the role of the
1218 student clinicians.
 - 1219 • The program’s standards, policies and procedures must be consistently applied to
1220 student clinicians regardless of the training site, and student clinicians must receive
1221 comparable educational opportunities and experiences at all sites;
 - 1222 • The program must employ student evaluation procedures at affiliated training sites
1223 comparable to those used at the principal teaching clinic, including procedures for
1224 evaluation of clinical competencies and student achievement;
 - 1225 • Instructors at affiliated sites must have a formal written arrangement with the
1226 program, and must have qualifications comparable to the program’s clinical faculty
1227 and perform the same function.
1228

1229 **K, 7 - Clinical Supervisors:** Doctoral faculty may share the clinical teaching of students with
1230 qualified supervisors. A supervisor must have authorization by the appropriate state
1231 authorities to practice legally in their jurisdiction. A supervisor must have educational
1232 preparation appropriate to his/her area(s) of supervisory responsibility and at least two years
1233 of clinical experience.
1234

1235 **K, 8 - Clinical Supervisor Orientation:** Clinical supervisors should be oriented so they
1236 understand the learning goals of the clinical experience and the level of progression that the
1237 student has attained. The faculty should interface closely with supervisors to assure
1238 appropriate clinical experiences for students.

1239 **L. Ethics & Legality**

1240 The educational process must prepare students to:

- 1241 1. Develop a clear and objective understanding of the national, state and local laws and
1242 regulations affecting the scope of practice of a professional homeopath and be able to
1243 define a clear scope of professional practice within which he or she will work.
- 1244 2. Explore and become conscious of their personal values, moral standards, and integrity.
- 1245 3. Understand how their personal ethical values can limit or support healing.
1246

- 1247 4. Establish their own personal code of ethics compatible with the code of ethics of the
1248 homeopathic profession and that of health care professions in general.
- 1249 5. Be able to set appropriate boundaries with clients that establish standards of behavior
1250 for the practitioner and for the client including, but not limited to, avoiding any form of
1251 sexual misconduct.
- 1252 6. Establish appropriate ways to react to the awareness that a colleague may be impaired
1253 by alcohol, by substance abuse, or by inappropriate self-treatment, including
1254 appropriate ways to report such concerns.
- 1255 7. Establish appropriate ways to react to the apparent incompetence of a colleague or
1256 situations where a colleague may be practicing outside the scope of his or her
1257 legitimate scope of practice, including appropriate ways to report such concerns.
- 1258 8. Establish an understanding of how to distinguish between the legal and ethical aspects
1259 of a situation, when that is necessary
- 1260 9. Safeguard client information including confidentiality and teaching use of cases
- 1261 10. Set fees, determine refund and cancellation policies
- 1262 11. Appreciate and cultivate professional & collegial relationships and the boundaries
1263 implicit in these
- 1264 12. Understand conflict of interest and appropriate disclosure to clients, students,
1265 conference organizers and peers.
- 1266 13. Represent the profession and pave the way for the Homeopathic Doctor as a primary
1267 care modality.
- 1268 14. Developing awareness and knowledge of malpractice issues, and licensure as primary
1269 care providers.
- 1270 15. Acquiring the ability to advocate on behalf of the profession the growth of
1271 homeopathy.
- 1272 16. Integrating understanding and awareness of health policy as it effects the homeopathic
1273 profession.

1274 **M. Practice Development and Personal Development**

1275 Doctor/Physician and Practice Development are essential components of a homeopathy course
1276 curriculum. Their inclusion facilitates students in establishing and managing a successful
1277 practice capable of meeting the diverse needs of their clients.

1278

1279 **Important areas to be covered as part of the curriculum are:**

- 1280 1. Personal and professional development
- 1281 2. Practice management and running a business
- 1282 3. Doctor and patient relationship
- 1283 4. Practice promotion

1284

1285 The following broad areas should form part of an effective homeopathy curriculum.

- 1286 1. Reflective skills
- 1287 2. Interpersonal and communication skills
- 1288 3. Personal development
- 1289 4. Personal health management

1290 In the ever evolving and developing world of homeopathy it is important that doctors continue
1291 to nourish and be responsible for their continued professional and personal development.
1292 Continued professional development is an ongoing process of reinforcing, enhancing and
1293 extending one's existing understanding, knowledge, skills and competencies. Also, a
1294 homeopathic doctor should support the importance and value of taking leadership roles in the
1295 socio-political dimensions of the homeopathic profession as an integral part of professional
1296 responsibility.

1297

1298 Professional Involvement

- 1299 1. Participation in professional association organizing
- 1300 2. Advocacy for homeopathy
- 1301 3. Volunteer work in homeopathy

1302

1303 Statutory and regulatory requirements to maintain membership with professional
1304 organizations differ. At a minimum, professional homeopaths must complete sufficient
1305 continuing professional development activities to meet the requirements of organizations that
1306 have granted them certification or of associations to which they belong.

1307

1308 **N. Biomedical Clinical Sciences & Complementary Medicine**

1309 The curriculum for homeopathic medicine provides the student with a model of the human
1310 being in health and disease, including:

- 1311 • Basic sciences relevant to the practice of homeopathy and conducting homeopathic
1312 interviews
- 1313 • Human anatomy and physiology
- 1314 • The nature of the conventional medical model which emphasizes history taking,
1315 diagnosis, treatment and follow-up
- 1316 • Purpose and significance of commonly administered diagnostic tests
- 1317 • Major categories of pharmaceutical medications, including their major effects and side-
1318 effects
- 1319 • The potential for pharmaceutical, herb and nutritional supplement reactions,
1320 interactions, contraindications and side effects and how to access this information
- 1321 • The basis and need for referral and/or consultation
- 1322 • The range of biomedical referral resources and the modalities they employ
- 1323 • Various stages of mental, emotional and physical development throughout life
- 1324 • Functional disorders and pathological processes related to body systems:
 - 1325 – Integumentary (skin and connective tissues)
 - 1326 – Musculo-skeletal
 - 1327 – Gastrointestinal
 - 1328 – Respiratory
 - 1329 – Cardiovascular and hematological
 - 1330 – Immunological
 - 1331 – Reproductive (including obstetrics)

- 1332 – Urinary
- 1333 – Endocrine
- 1334 – Neurological
- 1335 – Special senses
- 1336 – Mental and emotional
- 1337 • Pathognomonic and individualizing symptoms
- 1338 • Basic first aid techniques for effective emergency intervention
- 1339 • Disorders due to physical agents
 - 1340 – Sunburn
 - 1341 – Heat stroke
 - 1342 – Electric shock
 - 1343 – Radiation
 - 1344 – High altitude
 - 1345 – Environmental pollution
 - 1346 – Others
- 1347 • Poisoning and influence of crude medicinal substances and comparable therapeutic interventions
- 1348
- 1349 • Drug abuse, nutrition, lifestyle diseases

1350

1351 A. Biomedical sciences reflect the knowledge, skills and attitudes necessary to educate a
 1352 doctor at a primary level of care. Competence is related to ambulatory primary health care
 1353 services to patients who present in healthy states and those who present with common acute
 1354 and stable chronic conditions, across the life cycle. This includes the following:

1355

- 1356 • Evaluate patient backgrounds genetic profile, and developmental stages to formulate
 1357 plans for health promotion and disease prevention.
- 1358 • Evaluate individual health risk utilizing principles of disease susceptibility, epidemiology
 1359 and clinical prevention.
- 1360 • Appraise acuity and complexity of patient condition and determine the need to consult
 1361 or refer patients to other health professionals or health care settings in an appropriate
 1362 time frame.
- 1363 • Integrate homeopathic, complementary, alternative and conventional medical
 1364 therapies into the comprehensive plan of care based on patient preferences and
 1365 diagnosis.
- 1366 • Use advanced health assessment skills to differentiate between normal, variations of
 1367 normal and abnormal findings.
- 1368 • Provide the full spectrum of health care services across the life cycle to include health
 1369 promotion, disease prevention, health protection, anticipatory guidance,
 1370 coaching/counseling, disease management, patient education, conducting or referring
 1371 patients for appropriate screenings and preventive services, palliative, and end of life
 1372 care.

1373

1374 **B.** The academic component provides in-depth study of the human body, as well as
1375 instruction in a variety of therapeutic and clinical subject areas relevant to the practice of
1376 homeopathic medicine; where appropriate, instruction includes related experiences in
1377 laboratory settings designed to reinforce and augment students' classroom learning. The
1378 following subject matter/courses are included:
1379

1380 • **Basic Sciences (Total 770 hours)**

- 1381 ○ Anatomy (160 hours)
- 1382 ○ Biochemistry (80 hours)
- 1383 ○ Embryology (20 hours)
- 1384 ○ Endocrinology (20 hours)
- 1385 ○ Genetics (20 hours)
- 1386 ○ Immunology (20 hours)
- 1387 ○ Microbiology (30 hours)
- 1388 ○ Neuroanatomy (40 hours)
- 1389 ○ Pathophysiology (160 hours)
- 1390 ○ Pharmacology (80 hours)
- 1391 ○ Physiology (160 hours)

1392

1393 • **Clinical Medicine (440 hours)**

- 1394 ○ Addictionology (20 hours)
- 1395 ○ Allergies (20 hours)
- 1396 ○ Cardiology (20 hours)
- 1397 ○ Counseling/coaching (20 hours)
- 1398 ○ Dermatology (20 hours)
- 1399 ○ Emergency Medicine (20 hours)
- 1400 ○ Endocrinology (20 hours)
- 1401 ○ ENT (20 hours)
- 1402 ○ Family Medicine (20 hours)
- 1403 ○ Gastroenterology (20 hours)
- 1404 ○ Geriatrics (20 hours)
- 1405 ○ Gynecology (30 hours)
- 1406 ○ Hematology (20 hours)
- 1407 ○ Neurology (20 hours)
- 1408 ○ Obstetrics (20 hours)
- 1409 ○ Oncology (30 hours)
- 1410 ○ Pediatrics (20 hours)
- 1411 ○ Pulmonology (20 hours)
- 1412 ○ Psychiatry (20 hours)
- 1413 ○ Rheumatology (20 hours)
- 1414 ○ Urology (20 hours)

1415

1416 • **Community Medicine (40 hours)**

- 1417 ○ Epidemiology (20 hours)

- 1418 ○ Public Health (20 hours)
- 1419
- 1420 ● **Diagnostics (170 hours)**
- 1421 ○ Clinical Assessment (Diagnosis and Differential Diagnosis) (60 hours)
- 1422 ○ Laboratory Assessment (30 hours)
- 1423 ○ Physical Assessment (60 hours)
- 1424 ○ Radiological Assessment (20 hours)
- 1425
- 1426 ● **Integrative Medicine (20 hours)**
- 1427 ○ Introduction to Integrative Medicine

1428 **Standard 8 -- Specific Criterion Related to the Homeopathy Program**

1429

1430 **Criterion 8.1 - Program length/ Minimum time frame for Doctoral Degree Programs**

1431 A homeopathic medicine program consists of a minimum of four academic years. It

1432 is typically presented in a quarter, trimester or semester format. Including clinical

1433 education, a doctorate of homeopathy program requires a minimum of 4000 clock

1434 hours, 1000 hours of which must be in clinical training. Assignment of credits to

1435 individual courses is consistent with accepted practices in higher education.

1436

1437 **Requirement:** The minimum length of a full time program should be eight,

1438 fifteen week academic semesters or equivalent.

1439

1440 **Criterion 8.1 -- (b) Maximum time frame**

1441 The maximum time frame for a full time Doctoral Program should be no more than 6

1442 academic years.

1443

1444 **Criterion 8.1 -- (c) Clock to credit hour conversion**

1445 One semester credit is granted: for each 15 hours of classroom contact plus

1446 appropriate outside preparation or the equivalent; for each 30 hours of supervised

1447 laboratory or clinical instruction plus appropriate outside preparation; and for each

1448 45 hours of clinical externship or independent study. One quarter credit is granted:

1449 for each 10 hours of classroom contact plus appropriate outside preparation or the

1450 equivalent; for each 20 hours of supervised laboratory or clinical instruction plus

1451 appropriate outside preparation; and for 30 hours of clinical externship or independent

1452 study.

1453

1454 **Requirement:** An academic year is defined as at least 30 instructional weeks.

1455

1456 **Requirement:** If translation is provided for a class taught by an instructor who is

1457 not fluent in the language of the students, the program should take into account

1458 an adjustment to the class-to-credit-hour-ratio to allow for the extra time

1459 needed for translation.

1460

1461 **Requirement:** The program should regularly assess the impact of its academic
1462 load on students. While the maximum load that can be taken in one semester
1463 is left up to the program, it should have a policy in place so that the public is
1464 aware of how an academic load is authorized.

1465
1466 **Requirement:** Program length in terms of clock or credit hours and the number
1467 of courses per semester should be sufficient to enable the student to achieve
1468 the program's educational objectives and should be in accordance with
1469 acceptable educational practices.

1470
1471 **Requirement:** The program is expected to articulate its curriculum for each
1472 academic year, identifying semesters, courses and precise clock or credit hours.
1473 A credit hour is 50 minutes of instruction per week for a specified term or
1474 semester.

1475
1476 **Criterion 8.2 -- Completion Designation**
1477 To each person successfully completing the doctoral program, the program must award
1478 a certificate, diploma, or degree following both the general practices of higher
1479 education and the requirements of individual state jurisdictions.

1480
1481 **Requirement:** To each person successfully completing a doctoral degree
1482 program, the Doctor of Homeopathy ("DH") degree or Homeopathic Doctor
1483 ("HD") is awarded.

1484
1485 **Criterion 8.3 -- Consistent with purpose:**
1486 The doctor of homeopathy program must offer a program of study that is consistent
1487 with, and clearly related to, its statement of purpose and educational objectives.

1488
1489 **Criterion 8.4 -- Appropriate Level of Instruction**
1490 The program must be appropriate to an institution of higher education offering a
1491 professional doctoral level homeopathy program. The program must be sufficiently
1492 rigorous in breadth and depth and appropriate to the education and training of
1493 independent practitioners in the field of homeopathy. For a program taught in multiple
1494 languages or locations, the level of instruction must be consistent.

1495
1496 **Criterion 8.5 -- Off-Campus Training**
1497 If components of the program are conducted at sites geographically separated from the
1498 main campus, the academic leadership of the program must ensure that all educational
1499 components and services of the program are sufficient in quality. The academic
1500 leadership shall be responsible for the conduct and maintenance of quality of the
1501 educational experiences offered at the geographically separated sites and for
1502 identification of faculty at all sites.

1503
1504

1505 **Criterion 8.6 -- Use of Distance Education**

1506 ACHENA accredited institutions and programs that employ distance education
1507 technologies as part of their program of study should clearly delineate those areas in
1508 the course of study that are appropriate for delivery via distance education and clearly
1509 delineate the type of distance learning technology to be employed.

1510 **Note:** Teaching clinics that use a camera in one room and have students observe via
1511 video transmission or that employ a one way mirror are not considered to be employing
1512 distance education.

1513
1514 **Requirement:** Institutions and programs that employ distance learning
1515 technologies should take steps to ensure that the faculty is proficient in, and
1516 comfortable with, the use of the technology for teaching purposes.

1517
1518 **Requirement:** Institutions and programs that employ distance learning
1519 technologies should take steps to ensure that students are proficient in, and
1520 comfortable with, the use of the technology.

1521
1522 **Requirement:** Institutions and programs that employ distance learning
1523 technologies that are synchronous should establish policies and procedures to
1524 ensure meaningful participation by distant students in all classroom activities,
1525 including: opportunities to ask questions, participate in discussion and benefit
1526 from the full range of methods of teaching employed in the classroom.

1527
1528 **Requirement:** Institutions and programs employing distance learning
1529 technologies that are asynchronous should establish policies and procedures to
1530 ensure that the faculty monitor student progress, be accessible to respond to
1531 student questions and maintain regular contact with students via phone, email
1532 or on-line.

1533
1534 **Requirement:** Institutions and programs that employ distance learning
1535 technologies must gather feedback about the impact of the use of such
1536 technologies on campus-based students and the physical classroom
1537 environment.

1538
1539 **Requirement:** Use of distance learning technologies should not be employed
1540 sporadically solely for the convenience of students but should be used as part of
1541 an overall planned curriculum and course of study.

1542
1543 **Requirement:** Institutions and programs employing distance learning
1544 technologies should routinely evaluate student achievement and should
1545 compare levels of achievement attained through use of distance education with
1546 the level of achievement attained through traditional classroom instruction.

1547

1548 **Requirement:** Institutions and programs which employ distance learning
1549 technologies should develop systems to ensure that students attending via
1550 distance learning can notify the instructor immediately of any malfunction in the
1551 technology. There should be a process in place to periodically monitor that
1552 distance learning technologies are operating as intended without technical
1553 malfunction or interruption.

1554
1555 **Requirement:** Institutions and programs which employ distance learning
1556 technologies should engage in community building activities to promote a
1557 unified school community. All students, whether they are distance learning or
1558 campus based students, should have ample opportunities to build meaningful
1559 relationships with each other, faculty, administrators and student services staff.

1560
1561 **Criterion 8.6 -- (a) Verifying student identity**

1562 Institutions and programs which employ distance education technologies as part of
1563 their program of study must have processes in place through which the institution
1564 establishes that the student who registers in a distance education course or program is
1565 the same student who participates in and completes the course or program and
1566 receives the academic credit.

1567
1568 **Requirement:** The institution or program must have policies and procedures in
1569 place to verify the identity of a student who participates in class or coursework
1570 by using methods such as-- (i) A secure login and pass code; (ii) Proctored
1571 examinations; and use of new or other technologies and practices that are
1572 effective in verifying student identity

1573
1574 **Requirement:** The institution or program must make clear in writing its practices
1575 to protect student privacy and notify students of any projected additional
1576 student charges associated with the verification of student identity at the time
1577 of registration or enrollment.

1578
1579 **Criterion 8.6 -- (b) Inform ACHENA of significant increase in student enrollment**

1580 If inclusion of distance learning into the course of study results in an
1581 increase in student enrollment of greater than 50 percent, the institution or program
1582 must report this increase to ACHENA within 10 days of the increased level of student
1583 registration.

1584
1585 **Criterion 8.6 -- (c) Inform students of additional fees for distance education**

1586 Institutions or programs employing distance learning technologies must inform
1587 students during the application process of any required equipment for participating in
1588 distance learning activities, for example, computer, speakers, microphone, internet
1589 access, etc. Any additional fees should also be explained as part of the application
1590 process and in all cases before student enrollment.

1591 **Criterion 8.7 -- Syllabi**
1592 A syllabus must be prepared for each course or major unit of instruction in the program
1593 and must be distributed to each student in the course and must be maintained in the
1594 program's curriculum files. A syllabus must contain at least the following: the purpose
1595 of the course; the objectives of the course in specific terms; the prerequisites of the
1596 course; an outline of the course and laboratory instruction in enough detail to permit
1597 the student's to see its full scope; the method(s) of instruction; the requirements of the
1598 course with the important dates (e.g., papers, projects, examinations); the type of
1599 grading system used; and the required and recommended reading.

1600
1601 **Requirement:** Syllabi should be made available to faculty members so that they
1602 may learn what the various courses in the curriculum include and can relate
1603 their
1604 instruction to other courses.

1605
1606 **Requirement:** Any adaptations to methods of instruction for distance education
1607 should be clearly delineated in the syllabi.
1608

1609 **Criterion 8.8 -- Clinical training**

1610 Clinical education and training must consist of clinical observation and the supervised
1611 care of clients which leads the student through gradually increasing levels of
1612 responsibility for client treatment, resulting in the ability to function independently by
1613 graduation. The program must provide a clinical education program of sufficient length,
1614 variety and quality to fulfill its educational purposes.
1615

1616 **Requirement:** Students must be provided with clinical training in a teaching
1617 clinic. Such a clinic should be operated by the institution or should be placed in
1618 a clinical facility with a formal affiliation with the institution or via externship
1619 where the institution exercises academic oversight substantially equivalent to
1620 the academic oversight exercised for teaching clinics operated by the institution,
1621 where: (1) Clinical instructors' qualifications meet school requirements for
1622 clinical instruction; (2) Regular, systematic evaluation of the clinical experience
1623 takes place; and, (3) Clinical training supervision procedures are substantially
1624 equivalent to those within the teaching clinic operated by the institution.
1625

1626 **Requirement:** The number of clinical supervisors must be sufficient to ensure
1627 effective instruction of, and safe practice by, students. Student must receive
1628 training from a variety of clinical faculty members.
1629

1630 **Criterion 8.9 -- Clinical observation**

1631 The institution or program must assure that each student fulfill an adequate number of
1632 hours of observing clinical practice. This may include a mix of clinical observation via
1633 use of: 1) asynchronous distance learning technologies or video cases of expert
1634 practitioners taking and managing cases, 2) synchronous distance learning technology

1635 to observe experienced practitioners and senior students performing case taking and
1636 managing cases, and 3) live, direct in-person observation of experienced clinicians or
1637 senior students in the school's teaching clinic.

1638
1639 **Requirement:** Programs and institutions should provide ample, meaningful
1640 clinical observation opportunities for all students. Institutions and programs
1641 should ensure that distance learning students have sufficient opportunities for
1642 live, in-person or synchronous clinical observation of experienced clinicians or
1643 senior students taking, analyzing and managing cases in a teaching clinic.

1644
1645 **Requirement:** A clinical setting is defined as a place where patients are regularly
1646 treated. A necessary and educationally justifiable reason must be provided for
1647 any observation conducted outside of a clinical setting.

1648
1649 **Criterion 8.10 -- Supervised clinical practice**
1650 The program must assure that each student participate in an adequate number of hours
1651 in the supervised care of patients. The clinical training should progress in such a manner
1652 that affords students with increasing responsibility for live, in-person individual case-
1653 taking, case analysis and case management with supervision in a school clinic,
1654 externship or comparable setting.

1655
1656 **Requirement:** Student assessment practices should ensure that students are
1657 prepared for independent case taking and analysis before the student enters
1658 this level of training.

1659
1660 **Requirement:** The teaching clinic should provide students with ample live,
1661 direct, in-person experience with case taking, analysis and management to
1662 enable them to successfully manage patients independently upon graduation.

1663
1664 **Requirement:** Any application of distance learning technology in student
1665 supervised clinical practice should be clearly spelled out in the course syllabi,
1666 should have sound educational justification and should be closely monitored
1667 and evaluated.

1668
1669 **Requirement:** Institutions and programs that offer distance education must
1670 establish an on-campus clinical training component for distance learning
1671 students. The on-campus clinical training component must be of sufficient
1672 length and quality to ensure that such student is prepared for clinical practice
1673 upon graduation. It must be of sufficient length to afford an opportunity for the
1674 skills development by the student as well as direct observation and assessment
1675 by faculty of each distance learning student's case taking and clinical skills.

1676

1677 **Criterion 8.11 – Student Participation in Provings**

1678 Institutions and programs should establish clear policies and procedures regarding
1679 student participation in provings conducted by the institution/program.

1680
1681 **Requirement:** Student participation in school sponsored provings should be
1682 voluntary. Student agreement to participate in a proving should be documented
1683 via a written informed consent process that includes a clear description of the
1684 risks and benefits of participating in the proving.

1685
1686 **Requirement:** Schools should have an Institutional Review Board (IRB) or an
1687 arrangement with the IRB of another organization to assure, both in advance
1688 and by periodic review, that appropriate steps are taken to protect the rights
1689 and welfare of humans participating as subjects in a proving.

1690
1691 **Criterion 8.12(b) -- Professional Competencies for the Doctoral Degree Programs**

1692 The Doctor of Homeopathy degree program of study must lead to the following professional
1693 competencies to be attained through learning experiences included in the curriculum or
1694 approved adjunct programs.

1695
1696 **Requirement:** The entire program of study, including the academic and clinical
1697 components, is “competency based.” A homeopathic medicine program clearly
1698 articulates—both for individual courses and for the program in its entirety—the core
1699 competencies and educational objectives necessary for a student to graduate as a
1700 competent doctor of homeopathic medicine. The program also incorporates all
1701 competencies formally adopted by ACHENA.

1702
1703 **Doctoral students in homeopathy will demonstrate competence in the provision of**
1704 **ambulatory primary health care services to patients who present in healthy states and**
1705 **those who present with common acute and stable chronic conditions, across the life cycle.**
1706 **On completion of the Doctor of Homeopathy program, the student will be able to:**

1707
1708 **DOMAIN 1: COMPREHENSIVE CLINICAL CARE**

- 1709 • **Competency 1:** Evaluate patient backgrounds utilizing homeopathic case-taking,
1710 genetic profile, family history, age, and developmental stage to formulate plans for
1711 health promotion and disease prevention.
- 1712 • **Competency 2:** Evaluate individual health risk utilizing principles of disease
1713 susceptibility, epidemiology and clinical prevention.
- 1714 • **Competency 3:** Appraise acuity and complexity of patient condition and determine the
1715 need to consult or refer patients to other health professionals or health care settings in
1716 an appropriate time frame.
- 1717 • **Competency 4:** Integrate homeopathic, complementary, alternative and conventional
1718 medical therapies into the comprehensive plan of care based on patient preferences
1719 and diagnosis.

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- **Competency 5:** Use advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.
 - **Competency 6:** Provide the full spectrum of health care services across the life cycle to include health promotion, disease prevention, health protection, anticipatory guidance, coaching/counseling, disease management, palliative, long term care, and end of life care.
 - **Competency 7:** Expand and utilize a wide range of homeopathic medicines and approaches for treatment of acute and chronic health problems (see list of required homeopathic medicines for a doctoral degree program).

1730

DOMAIN 2: INTERDISCIPLINARY AND PATIENT CENTERED COMMUNICATION

- 1731
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- 1740
- **Competency 1:** Assemble a collaborative interdisciplinary network, refer and consult appropriately across a broad range of complementary and alternative therapies, medical specialties and community resources, while maintaining primary responsibility for comprehensive patient care.
 - **Competency 2:** Translate health information, help in navigation of the health care system, and promote informed choices and shared decision-making in addressing the specific needs of a patient in the context of family and community.
 - **Competency 3:** Establish and maintain high-level therapeutic relationships with patients, while engaging in a process of phenomenological reflective practice.

1741

DOMAIN 3: SYSTEMS AND CONTEXT OF CARE

- 1742
- 1743
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- **Competency 1:** Evaluate gaps in health care access that compromise optimal patient outcomes, and apply current knowledge of the organization and financing of health care systems to advocate for the patient and to ameliorate negative impact of systemic problems on patient care.
 - **Competency 2:** Analyze the principles of legal and ethical decision-making and apply them to dilemmas that arise in patient care, inter- professional relationships, and research.

1750

DOMAIN 4: RESEARCH: ANALYSING, GENERATING, AND USING THEORIES AND EVIDENCE FOR HOMEOPATHIC PRACTICE AND SCHOLARSHIP

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- 1761
- **Competency 1:** Analyze the theoretical and philosophical foundations of homeopathy and related therapeutic and philosophical systems.
 - **Competency 2:** Contribute to the body of homeopathic knowledge through the conduct of drug provings, clinical research, pharmacological research, epidemiological studies, basic research into the biological foundations of homeopathy, and/or other research projects.
 - **Competency 3:** Critically appraise and synthesize research findings and other evidence to achieve optimal patient outcomes.
 - **Competency 4:** Utilize information technologies to identify deficits in the existing body of homeopathic knowledge, facilitate clinical care, and effectively analyze data.

- 1762 • **Competency 5:** Demonstrate a capacity for converting materia medica and
1763 repertorization strategies into state of the art computer based research methods.
1764 • **Competency 6:** Analyze and apply principles of critical thinking to the process of clinical
1765 decision-making and scholarly inquiry.

1766
1767 **DOMAIN 5: LEADERSHIP**

- 1768 • **Competency 1:** Analyze and apply interpersonal, group and/or organizational theories
1769 in the identification of areas for improvement in the delivery of health care in a given
1770 setting.
1771 • **Competency 2:** Demonstrate effective leadership and collaborative skills in planning
1772 and implementing quality improvement in a health care setting.
1773 • **Competency 3:** Demonstrate the ability to apply principles of strategic planning and
1774 budget analysis in a health care setting.
1775 • **Competency 4:** Engage in professional collaboration and leadership activities at the
1776 local, regional, national, and international levels to disseminate new knowledge and
1777 advocate for the profession of homeopathy.

1778 **Criterion 8.12© Compliance with Practices Established by the Profession and Society at Large**

1779
1780 Convey comprehension of the importance of:

- 1781
1782 1. Maintenance of professional development through continuing education.
1783 2. Maintenance of personal development by continued cultivation of character.

1784
1785 **Criterion 8.13 -- Continuing Education**

1786 When continuing education programs and special instructional activities are offered,
1787 provision for such activities must include an adequate administrative structure, a sound
1788 financial base, and appropriate facilities. Continuing education courses cannot be
1789 converted to usable hours that will meet the program's graduation requirements.

1790
1791 **Criterion 8.14 -- Licensure and Certification Exam Rates**

1792 If the program's national certification exam pass-rate falls below seventy percent (70%),
1793 ACHENA shall review the program to determine if it remains in compliance with the
1794 accreditation criteria.

1795
1796 **Standard 9 -- Faculty**

1797 The program should have faculty adequate for the programs offered.

1798
1799 **Criterion 9.1 -- Faculty Size and Qualifications**

1800 The program must maintain a faculty (homeopathic, medical and clinical) that is
1801 academically qualified and numerically sufficient to perform responsibilities assigned to
1802 it.

1803 **Requirement:** Members of the Medical faculty should hold a doctoral degree or
1804 equivalent. Exceptions can be made for exceptionally qualified faculty with
1805 appropriate justification. Clinical faculty should be able to legally practice within
1806 their given jurisdiction. Medical faculty members have expertise in the area in
1807 which they are teaching.
1808

1809 **Criterion 9.2 -- Faculty Background and Experience**

1810 The general education, the professional education, the teaching experience, and the
1811 practical professional experience must be appropriate for the subject area taught. Every
1812 faculty member must demonstrate successful experience and provide continuing
1813 evidence of keeping abreast of developments in his or her field.
1814

1815 **Requirement:** Qualifications for core homeopathic faculty for the doctoral
1816 degree include the following:

- 1817 1. Completion of certification equivalent to that provided by The Council
1818 for Homeopathic Certification.
- 1819 2. Completion of a professional program in homeopathy.
- 1820 3. Five years of full time professional practice.

1821
1822 **Requirement:** The program should verify the appropriate credentials of its
1823 faculty and maintain such in the faculty member's file.
1824

1825 **Criterion 9.3 -- Professional Development and Benefits**

1826 Conditions of service must be both adequate and equitable, and administered ethically,
1827 to provide faculty members with academic freedom, opportunities for professional
1828 growth and development, and adequate preparation time.
1829

1830 **Requirement:** Faculty contracts should clearly specify responsibilities.

1831
1832 **Requirement:** Provisions for benefits and/or professional development should
1833 be renewed periodically.
1834

1835 **Requirement:** Evaluation of individual faculty performance should be carried out
1836 periodically.
1837

1838 **Criterion 9.4 -- Policies and Procedures**

1839 The recruitment, appointment, promotion and retention of well-qualified faculty
1840 members must be outlined in policies and procedures that are stated clearly in
1841 institutional documents. Due attention must be given to pertinent legal requirements
1842 in areas of non-discrimination, equal opportunity, and affirmative action employment
1843 practices.
1844

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1846

1847 **Criterion 9.5 -- Communication**

1848 Provision must be made for regular and open communication among members of the
1849 faculty and between the faculty and administrative officers of the institution.

1850
1851 **Requirement:** The faculty should hold meetings several times a year to consider
1852 educational policies and issues.

1853
1854 **Requirement:** Minutes of faculty meetings should be taken and should be kept
1855 in a permanent file within the institution.

1856
1857 **Criterion 9.6--Faculty Resources**

1858 Faculty resources support the teaching of the didactic and clinical components of
1859 the doctoral program. There are sufficient faculty members to ensure quality
1860 instruction and clinical experiences for doctoral students.

1861
1862 **Standard 10 -- Student Services**

1863 The program shall provide student services and activities that reflect the program's objectives,
1864 create good student morale, and assist students in the achievement of personal and
1865 professional growth while making progress toward their career goals.

1866
1867 **Criterion 10.1 -- Support fulfillment of objectives**

1868 Student services and activities must fulfill the objectives of the program and meet
1869 public and community service needs.

1870
1871 **Requirement:** The institution or program should assure all students, including
1872 distance learning students, have access to a well-developed program of
1873 counseling, advisement, orientation, financial aid and career development,
1874 placement. The organization of the services, as well as the resources and staffing
1875 provided, should be determined by the institution as long as provision for all of
1876 the above services is made.

1877
1878 **Criterion 10.2 -- Published, fair student policies**

1879 The program must develop a statement of student rights, privileges and responsibilities
1880 of students and of disciplinary proceedings for violations of those responsibilities. This
1881 statement must be made available to students through the catalog, student handbook
1882 other appropriate means.

1883
1884 **Requirement:** There should be a fair and formal process for the faculty or
1885 administration to follow when taking any action that adversely affects the status
1886 of a student. The process should include timely notice of the impending action,
1887 disclosure of the evidence on which the action would be based, and an
1888 opportunity for the student to respond.

1889 **Requirement:** The enrollment, cancellation, and refund policies should comply
1890 with applicable federal and state laws and regulations.

1891
1892 **Criterion 10.3 -- Opportunity to be heard**
1893 Some provision or vehicle must be provided for obtaining student views in the decision-
1894 making process of the institution.

1895 **Requirement:** The interest of students and alumni in institutional development
1896 should be encouraged.

1897
1898 **Requirement:** Student personnel policies should foster associations among
1899 students, faculty, and the administration and provide opportunities for the
1900 development of individual potential.

1901
1902 **Criterion 10.4 -- Grievances**
1903 The program must have fair and efficient procedures for reviewing and responding to
1904 legitimate grievances made by students and must maintain a record of all student
1905 complaints during the preceding three-year period demonstrating that these
1906 complaints were handled in a fair and equitable manner.

1907
1908 The program must disclose the Commission's address in its published policy on
1909 student complaints so that, if upon the program's disposition of a legitimate student
1910 complaint, the student is not satisfied that the program has adhered to its policy or
1911 been fair in its handling of the complaint, the student may contact the Commission.

1912
1913 **Standard 11 -- Physical Facilities**
1914 The program shall provide facilities that are safe, accessible, functional, flexible,
1915 appropriately maintained and sufficient to house the program, to provide for effective
1916 functioning, and to accommodate the staff and the student body. The facilities shall include
1917 a clinic and, if applicable, a homeopathic dispensary; appropriate media and learning
1918 equipment including distance learning technologies adequate for the educational programs
1919 offered; or in lieu of a clinic, have made specific long range written arrangements for
1920 reasonable student access to such resources.

1921
1922 **Criterion 11.1 -- Classroom Size and Equipment**
1923 The program must provide classroom space properly equipped for and appropriate to
1924 its curriculum and size.

1925
1926 **Criterion 11.2 -- Compliance with Standards**
1927 Facilities must meet all federal, state, and local fire, safety, and health standards.

1928
1929 **Criterion 11.3 -- Upkeep**
1930 Provisions for the cleaning, repair and maintenance of buildings and grounds, and
1931 specific responsibilities for the care of grounds, security, fire protection, utilities and
1932 plant upkeep must be maintained appropriately.

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Criterion 11.4 -- Staff and faculty space and equipment

Adequate facilities and appropriate media and learning equipment including distance learning technologies must be available for administrative and faculty support as well as for students.

Requirement: Facilities and equipment should be adequate to maintain and process records.

Criterion 11.5 - Clinic space and equipment

The program must provide clinic space with sufficient equipment and facilities.

Standard 12 -- Financial Resources

The program shall have an adequate financial base for existing program commitments, shall provide evidence of adequate financial planning and shall have an appropriate financial management system. The program must be financially stable, with resources sufficient to carry out its objectives, to complete the instruction of all enrollees, and to support adequately its programs and activities now and in the foreseeable future. In the case of a program in an institution that is a sole-proprietorship, books and bank accounts for the program are required, and those books shall be distinct from the books and accounts for any other enterprise owned by the proprietor.

Criterion 12.1 -- Resources

The program shall have the financial capacity to respond to financial emergencies or unforeseen occurrences. If an accumulated deficit has been recorded, a realistic plan with reasonable and attainable benchmarks to eliminate the deficit must be clearly presented, understood, and approved by the governing entity. If a program has an operating loss for three consecutive years, it will be required to submit a financial plan.

Criterion 12.2 -- Control

The institution must have control of its financial resources and budgetary processes and be free from undue influence or pressure from external funding sources or agencies. In multi-purpose institutions, the program must have sufficient control over its program budget.

Criterion 12.3 -- Expenditure

The income of the program must be expended to provide adequately for instruction, administration, learning resources, student services and activities, maintenance, equipment, supplies, and other specific functions that are consistent with the goals of the program.

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Criterion 12.4 -- Budgetary Process

The process by which the program's annual budget is established, and resources allocated, must be clearly defined and consistently implemented. It must provide a realistic projection of the program's revenue and expenditures. The budget must be reviewed and approved by the institution's governing entity. The program must be able to project its expenditures and revenues for at least a three-year period. The budget shall include notes explaining the assumptions on which the projected figures are based, e.g., the basis for increases or decreases in revenue or expenses.

Criterion 12.5 -- Management

The financial management system must be set up to allow for a full audit by an outside independent certified public accountant. Each year, a minimum of a reviewed financial statement must be prepared. An accrual basis of accounting is required.

Criterion 12.6 -- Audit

For the most recent year prior to submitting an Eligibility Report or seeking reaccreditation, a full audit with a management letter, certified by a licensed CPA, must be available to provide a detailed and accurate picture of the financial status of the program since the preceding year's reviewed financial statement. It must include a balance sheet statement, certified for one year, the statement of revenue and expenditures, and change in fund balance and/or financial position, all certified by an independent auditor with no relation to the institution. This audit must be reviewed by the appropriate individuals or responsible groups within the program.

Requirement: The accountant that conducts the school's audit should be knowledgeable regarding higher education institutions.

Criterion 12.7 -- Indebtedness

Adequate resources must be available to meet debt-service requirements of short-term and long-term indebtedness without adversely impacting the quality of the program.

Criterion 12.8 -- Financial aid operation

If the program utilizes public resources for financial aid, the financial aid operation must be capably administered as documented by reports from the funding source.

Criterion 12.9 -- Default rate

If the program's cohort default rate exceeds 25%, or if it is 15% or higher and has increased 50% over the prior year's rate, the Commission shall review the program to determine if it remains in compliance with the accreditation criteria.

Criterion 12.10 -- Refund Policy

The program must clearly define and uniformly follow a fair and equitable refund policy for unearned tuition that complies with applicable state and federal laws and regulations.

2018 **Requirement:** The pro rata amount may be computed by using the ratio of the
2019 number of weeks of instruction completed to the total number of weeks of
2020 instruction scheduled for the period of enrollment.

2021
2022 **Requirement:** Refund computations should apply to the stated tuition charges
2023 attributable to each school term.

2024
2025 **Standard 13 -- Publication and Advertising**

2026 The institution shall publish, and make available to students and to the general public, a
2027 catalog or comparable official publication that honestly and accurately sets forth its:

- 2028
- 2029 • Current purposes and educational objectives
 - 2030 • Entrance requirements and procedures
 - 2031 • Admissions and transfer credit policies
 - 2032 • Rules and regulations for conduct and attendance
 - 2033 • Opportunities and requirements for financial aid (if applicable)
 - 2034 • Procedures for discipline and or dismissal (for academic and other reasons)
 - 2035 • Grievance procedures for students
 - 2036 • Grading policy
 - 2037 • Fees and equitable refund policies
 - 2038 • Program completion and performance requirements
 - 2039 • Members of the administration
 - 2040 • Professional education and qualifications of full- and part-time faculty (If
2041 degrees are listed, the institution from which the higher degree was issued
2042 must be listed; when indicating an earned doctorate, designation of the
2043 country of origin, other than the U.S., in which the degree is conferred shall
2044 be listed, e.g., Ph.D. (UK), M.D. (China)
 - 2045 • Members of the governing and advisory boards
 - 2046 • Non-discrimination policy
 - 2047 • Curriculum with course descriptions of each course
 - 2048 • Academic calendar
 - 2049 • Course schedule
 - 2050 • Description of each academic program and course of study
 - 2051 • Description of the learning and other physical resources
 - 2052 • Sources from which students and prospective students can obtain the legal
2053 requirements for licensure and entry into the profession in the state in
2054 which the program is located and other states in which the program is explicitly
2055 approved for its graduates to sit for licensure. The program shall also
2056 state whether its graduates are eligible for licensure in the state in which
2057 the program is located.
- 2058

2059 **Criterion 13.1 -- Completeness and Accuracy**
2060 Publications, advertising, and other communications of information concerning the
2061 institution's programs, services, activities, and personnel must fully disclose the
2062 institution's educational offerings and must represent them to students, faculty, staff,
2063 the public and the Commission in language that is accurate, honest, clear, and
2064 unambiguous.

2065
2066 **Requirement:** Degree titles of faculty should reflect the actual degree conferred.
2067

2068 **Criterion 13.2 -- Accurate disclosure**
2069 Programs, courses, services, and personnel not available during a given academic year
2070 must be identified clearly.

2071
2072 **Criterion 13.3 -- Representation of opportunities**
2073 Publications and advertising must not misrepresent employment, career, or licensure
2074 opportunities.

2075
2076 **Criterion 13.4 -- Status with ACHENA**
2077 The program must accurately report its accreditation status and relationship with the
2078 Commission according to the statements provided to it by ACHENA.
2079

2080 **Standard 14 -- Library and Learning Resources**

2081 The program shall have learning resources and equipment adequate for the educational
2082 programs offered, or shall have made specific long-term written arrangements for access to
2083 such resources.

2084
2085 **Criterion 14.1 -- Resources and access**
2086 The institution must have its own library or collection of learning resources, or must
2087 have executed long-term written contracts providing for usage of other specific library
2088 resources for the students if adequate and reasonable accessibility is ensured.

2089
2090 **Requirement:** The library's materials, services, and related equipment should
2091 facilitate and improve learning, foster inquiry and intellectual development, and
2092 support the educational program.

2093
2094 **Requirement:** The library should be housed in a convenient location, be
2095 available to students, faculty, and the community, as appropriate, and it should
2096 contribute sufficiently to the achievement of the educational objectives of the
2097 program.

2098
2099 **Requirement:** Institutions and programs offering distance education must make
2100 reasonable efforts to ensure that distance learning students have access to
2101 materials available in the library. This should include opportunities for students
2102 to learn about the scope of library holdings and opportunities for them to access

2103 these holdings on-line, through homeopathic software programs or through
2104 borrowing hard copies of materials via the mail.

2105
2106 **Requirement:** Expenditures and materials should be consistent with accepted
2107 standards.

2108
2109 **Requirement:** The learning resources are sufficient to support the professional
2110 doctoral program, including support of faculty, student scholarship and research
2111 at a professional doctoral level.

2112
2113 **Criterion 14.2—Library Access**

2114 The library must include adequate space and access time appropriate for the size of the
2115 student body. Access and utilization of library resources by faculty and students in the
2116 core areas including homeopathy, biomedical sciences, research, specialty and clinic
2117 topics must be demonstrated by the institution.

2118 **Criterion 14.3 - Professional Librarian**

2119 The program must have a professional librarian with expertise in issues of library
2120 development, management, and computer on-line research.

2121 **Criterion 14.4 - Library Holdings**

2122 The program's library must have, in print or electronic format:

- 2123
- 2124 1. Suitable and sufficient dictionaries and general reference materials in
2125 homeopathy;
 - 2126 2. Minimum holdings of 1,000 homeopathic volumes, whichever is greater,
2127 accessible to students and faculty;
 - 2128 3. Appropriate number and balance of both homeopathy and biomedicine journals
2129 and texts in the program's specialty area(s);
 - 2130 4. Sufficient holdings, or convenient and ready access to other library resources,
2131 covering subject matter in the curriculum other than homeopathic and
2132 biomedicine, including volumes concerning research, statistics, ethics, natural
2133 history, counseling/coaching skills, and additional foundation areas related to
2134 the program.

2135 **Criterion 14.5 - Computer Resources**

2136 The program must have on-site computer resources sufficient to provide ready access
2137 to biomedical and other databases.

2138
2139 **Criterion 14.6 - Other Resources, Facilities and Services**

2140 Institutional resources, facilities, and services support the development, management,
2141 and evaluation of the doctoral program.