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8 **STANDARDS FOR HOMEOPATHIC EDUCATION**
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10 **AND COMPETENCIES FOR THE PROFESSIONAL**
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12 **HOMEOPATHIC PRACTITIONER**
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14 **IN NORTH AMERICA**
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34 **FINAL DRAFT**

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36 **SEPTEMBER, 2013**

Table of Contents

37		
38		
39	INTRODUCTION	4
40	Organization of This Document	4
41	History of This Document	4
42	Future Revisions and Updates	5
43	Purposes of This Document	5
44	Educational Standards and Professional Competencies.....	6
45	Terminology Used in This Document	7
46	Designing an Educational Curriculum.....	8
47	HOMEOPATHY AND HOMEOPATHIC PRACTICE.....	9
48	Homeopathy	9
49	Homeopathic Practice	10
50	Homeopathic Accreditation and Certification Organizations.....	11
51	PART I: HOMEOPATHIC EDUCATION.....	11
52	A. Basic Health Sciences	11
53	B. History & Development of Homeopathy.....	14
54	C. Homeopathic Philosophy, Principles, and Methodology	15
55	D. Homeopathic Materia Medica	18
56	E. Homeopathic Provings and Research	24
57	F. Homeopathic Repertory	26
58	G. Posology.....	29
59	H. Homeopathic Case Taking	30
60	I. Homeopathic Case Analysis.....	33
61	J. Homeopathic Case Management.....	35
62	K. Intersection of Homeopathy with the Conventional Health Care System and CAM	42
63	L. Ethical and Professional Considerations for Homeopathic Practice	46
64	PART II: PERSONAL & PROFESSIONAL DEVELOPMENT.....	49
65	PART III: CLINICAL TRAINING	54
66	PART IV: ELECTRONIC AND DISTANCE LEARNING	60
67	APPENDICES	64
68	Appendix 1 - Initial CHE-sponsored Summit in 2000.....	64

69	<i>Appendix 2 - Canadian & US Homeopathic Standards Summit in 2010.....</i>	<i>69</i>
70	<i>Appendix 3 - Details of Current Political-Legal Environment for Homeopathy in North America.....</i>	<i>70</i>
71	<i>Appendix 4 - List of Homeopathic Remedies.....</i>	<i>73</i>
72	<i>Appendix 5 - Specific Skills for Homeopathic Case Taking</i>	<i>75</i>
73	<i>Appendix 6 - Particulars of Homeopathic Case Analysis.....</i>	<i>80</i>
74	<i>Appendix 7 - Homeopathic Case Management Guidelines</i>	<i>81</i>
75	<i>Appendix 8 - Guidelines for Signs and Symptoms That May Suggest That a Referral Is Appropriate</i>	<i>86</i>
76	<i>A F T E R W O R D - Possible Topics for Consideration During the Next Round of Revisions</i>	
77	<i>and Updates of this Document.....</i>	<i>96</i>
78	<i>A. Study Levels.....</i>	<i>96</i>
79	<i>B. Curriculum Additions.....</i>	<i>96</i>
80	<i>C. Provings / Research</i>	<i>97</i>
81	<i>D. Future Goals for Competencies & Standards in Medical Knowledge</i>	<i>98</i>
82	<i>E. Herbal Medicines and Dietary Supplements.....</i>	<i>98</i>
83	<i>F. Recommended Hours of Homeopathic Study.....</i>	<i>99</i>
84	<i>G. Teacher Competency & Development</i>	<i>101</i>
85	<i>H. Guidelines for Electronic & Distance Learning</i>	<i>106</i>
86	<i>I. Competencies for Practice in Integrated Environments.....</i>	<i>108</i>
87	<i>J. Remedy Study List Additions.....</i>	<i>111</i>
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		
101		

INTRODUCTION

Organization of This Document

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

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

History of This Document

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

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

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

The contributors to this current version of the document include homeopathic educators, homeopathic professional and specialty organizations and associations, the National

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

Future Revisions and Updates

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

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

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

Purposes of This Document

Homeopathy is a well established profession in many parts of the world with profound teachers, educational opportunities, and research literature from many countries including North America. In the US alone, in the early 1900s there were 22 homeopathic medical schools, more than 100 homeopathic hospitals, over 60 orphan asylums and old people's homes, and 1,000+ homeopathic pharmacies. However homeopathy in North America experienced a decline in the first half of the 20th century due to the dominant focus and utilization of allopathic conventional medicine in the US. In the past three decades there has been a resurgence of the use of homeopathy because Americans are returning to the use of integrative and holistic medicine and complementary and alternative medicine (CAM). Homeopathy is one of the main CAM professions.

This document presents the consensus within the profession reached among those attending a meeting in 2010 on the standards and competencies by which the public, other healthcare professions and other professional organizations can judge the standing of homeopathy as a profession. The ways in which this document may be used include:

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

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

Educational Standards and Professional Competencies

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

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

However, it was apparent that completely separating these two categories as if they existed in a vacuum would be senseless. One informs the other. Thus our intention in each section is to first state a competency for the educator/practitioner and then to

identify the areas of study or the standards for education needed to deliver training that would produce an educator/practitioner with the given competencies.

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

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

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

Terminology Used in This Document

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

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

The practice of homeopathy as a healing art can take many forms depending on the education and training of the practitioners, on how providing homeopathic services fits within the laws of a state or province, and on the circumstances created by the setting in which the homeopathic services are provided.

Homeopathic medicines are listed in the *Homœopathic Pharmacopœia of the United States* (HPUS) which was first published in 1897 and is now available as an on-line reference at www.hpus.com (by subscription). The HPUS is recognized as an official compendium in the Federal Food Drug and Cosmetic Act of 1938 as well as in numerous state laws and/or regulations. Homeopathic medicines are regulated by the FDA and must adhere to the requirements of the HPUS as well as certain provisions of the Code of Federal Regulations.

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

Designing an Educational Curriculum

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

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

Objectives

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

Learning activities and opportunities in the course, and the assessment of student progress, are designed in such a way that all the study topics are covered, and students can show evidence that:

- they *know* at a basic understanding level,
- they *comprehend* through understanding relationships of ideas in concepts and procedures, and
- they can *apply* the material in a practitioner role, integrating understanding and refining knowledge.

In addition, throughout the course students are encouraged to develop independence and autonomy, showing evidence that:

- they are able to analyze existing information or situations,
- they can synthesize new ideas themselves from their individual experience, and
- they can evaluate their progress through use of reflective practice.

The course provider will develop the curriculum in ways that guide the teaching, learning and assessment towards these objectives.

HOMEOPATHY AND HOMEOPATHIC PRACTICE

Homeopathy

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

Homeopathy is based on natural laws and practices of health and healing as described by Doctor Samuel Hahnemann and others, including:

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

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

Homeopathic Practice

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

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

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

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

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

Overview of the Current Political-Legal Environment for Homeopathy

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

[This topic is discussed in Appendix 3 – Details of Current Political-Legal Environment for Homeopathy in North America.](#)

Homeopathic Accreditation and Certification Organizations

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

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

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

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

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

PART I: HOMEOPATHIC EDUCATION

A. Basic Health Sciences

COMPETENCIES

Homeopaths demonstrate the knowledge, skills and attitudes necessary to make recommendations that will be safe and effective. A professional homeopath views his or her work through the distinct paradigm of homeopathy while being able to dialogue effectively with clients and health care practitioners who may view and communicate about the case through the paradigm and language of conventional medicine.

A professional homeopath cultivates the attitude of fascination with the human organism at its dynamic and material levels. Homeopaths engage in a lifelong study of the process by which mistunements in the dynamic plane result in pathology and disease at the material plane and, similarly, engage in the study of how outward manifestations of pathology and disease provide the homeopath with a view into the state of the inner dynamis of the organism.

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

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

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

EDUCATIONAL STANDARDS

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

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

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

1. Discern dynamic and material mistunements and correctly assess the level of imbalance or pathology present in a case;
2. Correctly match the mistunement of the human organism, as expressed in outward physical symptoms, to the realm of action of a well indicated homeopathic remedy;
3. Identify various stages of mental, emotional and physical development throughout life and use this information for case analysis;
4. Define anatomical and other medical terms as required for appropriate repertorization of client symptoms;
5. Recall illnesses and conventional medical diagnoses likely to be seen in a homeopathic practice as needed to promote effective communication with clients and health care providers;
6. Dialogue with his or her clients and their non-homeopathic health care providers about conventional medical treatments for major diagnostic categories;
7. Differentiate between common and individualizing symptoms in a client's case (especially characteristic and strange, rare, and peculiar symptoms);

8. Identify resources for obtaining health sciences information as needed to ensure safe practice;
9. Identify realistic expectations regarding the outcome of homeopathic care, given a client's health status;
10. Identify cases where it is appropriate to refer a client to a more experienced homeopath;
11. Identify appropriate times to refer the client to a conventional medical care provider;
12. Identify situations where a client may be in need of emergency services.

B. History & Development of Homeopathy

COMPETENCIES

The homeopathic practitioner:

1. Cite the development of homeopathy and the social forces that have influenced its practice over its 200-year history.
2. List the philosophers and authors who have had major influences on homeopathic thought and be able to place them in context.
3. Demonstrate awareness of homeopathy's current place in the healthcare landscape both in terms of trends of practice of the discipline and the current legal and political climate.

EDUCATIONAL STANDARDS

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

importance of both practice promotion and profession promotion and, if desired, how they may contribute as leaders in the profession.

Curriculum includes:

1. History of Medicine: Hippocrates to Galen and Paracelsus
2. History of Vitalism: Paracelsus to Hahnemann
3. History of Homeopathy
 - a. Hahnemann and his contemporaries
 - b. Familiarity with the Organon and its different editions
 - c. Familiarity with early generations of homeopathic authors
4. World History of Homeopathy
 - a. The spread of homeopathy and its proponents
5. History of Homeopathy in North America
 - a. The spread of homeopathy to NA, and its proponents
 - b. Familiarity with philosophers, and authors that have had major influences on the homeopathic discipline and profession as it developed
6. Summary Overview of the history of other forms of holistic medicine: Naturopathy, traditional oriental medicine (acupuncture and herbal), and Ayurveda.

C. Homeopathic Philosophy, Principles, and Methodology

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

COMPETENCIES

Homeopathic practitioners:

1. Relate the principles of and mechanisms behind homeopathy that guide its theories and implementation in clinical practice;
2. Identify that principles and philosophy of homeopathy are based on foundations that are over 200 years old;
3. Demonstrate familiarity with currently emerging mechanisms behind homeopathy;
4. Possess knowledge of the natural world and the human body sufficient to understand homeopathic philosophy and homeopathic therapeutics
5. Demonstrate a thorough understanding of the principles, dynamics and nature of health and disease from a homeopathic perspective.
6. Illustrate the ways the homeopathic view differs from the allopathic view, and other views of health and disease, both current and historical;
7. Demonstrate knowledge and understanding of the theories, principles, and methods put forth by Hahnemann and other respected homeopaths in their various writings including:
 - a. Requirements of the homeopathic practitioner, as enumerated in Aphorism # 3¹ of *The Organon*
 - b. Principles of cure, as taught by Hahnemann
 - c. Understanding disease
 - d. Taking the case

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

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

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

In this way, recovery must result.

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

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

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

[If the physician has this insight, discernment, knowledge and awareness] then he understands how they act expediently and thoroughly, and he is a genuine practitioner of the medical art.

- e. Acquiring knowledge of remedies
 - f. Homeopathic management of disease (on all levels)
 - g. Intermittent diseases
 - h. Case management
 - i. Differences among the concepts of homeopathy, isopathy and allopathy
 - j. Primary and secondary actions of homeopathic and allopathic medicines
 - k. The action of potentized remedies
 - l. Preparation/manufacture of homeopathic remedies
 - m. Different potency scales, including: X, C, D, K, LM, and Q
 - n. Administration of homeopathic remedies, including the forms in which they can be given (i.e. liquid, powder, tablet, globules, inhalation, or others)
 - o. Possible responses to remedies, including models put forward by respected teachers and clinicians in homeopathy
8. Demonstrate the ability to discern the direction of case progress and related aspects of homeopathic philosophy as enumerated by authors recognized by the global homeopathic community.

EDUCATIONAL STANDARDS

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

Fundamental Concepts of Homeopathy

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

Symptoms

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

Classification of diseases

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

Theory of Case Management

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

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

D. Homeopathic Materia Medica

The direct sources of homeopathic remedies include extracts from plants, minerals, animal materials, and other substances. Descriptive information about the recognized homeopathic remedies is referred to as the “materia medica” (the collected body of knowledge about the therapeutic properties of substances used in homeopathy.) A practitioner decides which homeopathic remedy is most likely to relieve the suffering of an individual by matching the symptoms of that particular person to symptoms of one

of the remedies as described in the materia medica and other writings. The matching process used in homeopathy follows the “Law of Similars,” i.e. like cures like. By this matching of individual symptoms, a homeopathic practitioner seeks to remove the true (underlying) cause of the person’s illness-which may be unobservable, and possibly unknowable in our era.

The traditional means by which substances are added to the materia medica is controlled experiments called “provings”. (See *Section E – Homeopathic Provings and Research* for a description of how provings are conducted and reported.) The first provings were conducted by the originator of homeopathy, Dr. Samuel Hahnemann, over 200 years ago. The provings and other information from the materia medica are part of the process by which substances become recognized medicines in the Homeopathic Pharmacopeia of the United States (HPUS) which has been part of the US Food, Drug, and Cosmetic Act since 1938.

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

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

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

These categories can be used in several ways:

1. Remedies for which many well-substantiated symptoms have been recorded (e.g. *Sulphur*) versus ones for which we have few well-substantiated symptoms

2. Remedies that are frequently used for common illnesses (e.g. *Lycopodium* or *Calcarea carbonica*) versus ones that are used less frequently (e.g. *Equisetum*)

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

COMPETENCIES

The professional homeopath is able to:

1. Cite the various sources of information for materia medica. Identify major writers, from Hahnemann to the present.
2. Demonstrate ability to make effective, efficient, and critical use of relevant source materials to study remedies;
3. Demonstrate that which is curative in particular remedies;
4. Make effective differentiation between the curative action of one remedy and another seemingly similar remedy;
5. Conduct thorough and accurate research in a wide range of materia medica sources - not only standard materia medica reference works but also provings, homeopathic software, and the internet.
6. Using information gained from biology, botany, chemistry, physics, mythology, folklore, herbology and culture, identify and utilize the various attributes of remedies including (as applicable):
 - a. The history, culture and behavior of the substance in the natural world.
 - b. The Doctrine of Signatures
 - c. Toxicological history
 - d. Proving symptoms
 - e. Sensation and function
 - f. Mental / Emotional symptoms (including delusions, fears and dreams)
 - g. SRP (strange, rare and peculiar symptoms)
 - h. Generalities
 - i. Modalities
 - j. Clinical symptoms/pathology
 - k. Etiology
 - l. Local symptoms
 - m. Organ and system affinities
 - n. Keynote and confirmatory symptoms

- o. Concomitant symptoms
 - p. Miasmatic relationships
 - q. Remedy relationships
 - r. Relationships within the materia medica
 - s. Relationships of substances
 - i. Periodic table relationships, animal, botanical, fungi and bacterial groupings
 - ii. Antidotes, affinities, inimicals, complementaries, remedies that follow well
 - t. Acute / first aid uses
 - u. Comparative and differential study
 - v. Progressive stages of pathology of remedies
 - w. Chemistry/biology of the substance
 - x. The differences among polychrests, so-called 'small remedies', nosodes, sarcodes, isopathics, tautopathics, gemmotheraputics, tissue salts, flower essences and imponderables
 - y. The use of case studies (live, paper and video)
 - z. The use of journals and electronic sources in the study of materia medica
 - aa. The use of repertory comparisons
 - bb. Remedy indications for different stages of human development/stages of life
7. Demonstrate a variety of ways to learn and understand remedies. Endeavor to continually expand knowledge of remedies. Demonstrate several techniques to most easily access information about remedies with which not familiar - particularly to enable identification of "small" remedies that may better fit the symptoms of the case or to find a similar remedy to ones being considered when those remedies do not adequately cover the case.
8. Consider remedies in various ways, and be able to categorize them in groupings like:
- a. Remedies that are often used in differentials when a client's key symptoms are difficult to match to a single remedy;
 - b. Remedies that can be expected to apply to numerous cases in clinical practice;
 - c. Essential remedies for first aid, crisis management, and prophylaxis.

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

The first list of 154 remedies (Study List of Homeopathic Remedies) has been used as a guide for many years by the Council for Homeopathic Certification. It was the consensus of the 2010 homeopathic summit that practitioners will demonstrate familiarity with the remedies on this list. Some of the remedies on this list are often used

and need to be studied in detail. Others are less frequently used or have little information available about them. Those in the former category need to be studied thoroughly, from many aspects. Those in the latter group should primarily be studied for symptoms that distinguish them (“keynotes”), especially symptoms that would be used in performing a differential between remedies, or for remedies that are best known for specific uses (e.g. right-sided sore throat).

[\(See Appendix 4 – List of Homeopathic Remedies\)](#)

EDUCATIONAL STANDARDS

Educational programs provide students with a thorough appreciation of the homeopathic materia medica. The programs should adequately cover the subject matter in HOMEOPATHIC MATERIA MEDICA COMPETENCIES (above), including:

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

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

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

915	3.	Repertory rubrics
916		
917	4.	Etiology
918		
919	5.	Different approaches to symptomatology
920	a.	Totality of symptoms
921	b.	Individualizing symptoms ('strange, rare, and peculiar')
922	c.	Mental/emotional (including delusions, fears and dreams)
923	d.	Concomitant symptoms
924	e.	Symptoms suggestive of miasmatic influence
925	f.	Organ affinities
926	g.	Pathognomonic symptoms
927	h.	Modalities
928	i.	Sensation and function
929	j.	Acute and first aid uses
930	k.	Remedy relationships (family groupings)
931	i.	Mineral groupings and relationships, animal and botanical groupings
932	ii.	Chemistry/biology of the substance
933	iii.	Antidotes, affinities, inimicals, complementaries, remedies that follow well
934	iv.	Polychrests, so-called 'small remedies', nosodes, sarcodes, isopathics,
935		bacteria and fungi, and 'imponderables'
936	v.	Tautopathics and tissue salts
937		
938	6.	How materia medica applies to other approaches or aspects of remedy study -
939	a.	Constitutional types
940	b.	Essences
941	c.	Core elements
942	d.	Central delusion
943	e.	Central disturbance
944	f.	Developmental stages in remedies from the picture in health through to deep
945		pathology
946	g.	Remedy indications for different stages of human development/stages of life
947	h.	Miasmatic influences, and newer methods
948		
949	7.	Clinical application
950	a.	Remedy relationships
951	b.	Comparative Materia Medica
952	c.	Differential Materia Medica
953	d.	Successful cases
954		
955	8.	Awareness of how Materia Medica is constantly evolving
956		
957		
958		

E. Homeopathic Provings and Research

Provings

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

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

COMPETENCIES

1. Homeopathic practitioners demonstrate an understanding of the basic purpose of conducting provings, types of provings and their importance to the evolution of the homeopathic “materia medica”.
2. Homeopathic practitioners are familiar with national and international standards for conducting homeopathic proving—including the standards used by the HPUS and the ECCH guidelines.
3. Homeopaths demonstrate understanding of the importance of supporting research efforts to conduct provings, including conducting or voluntarily participating in provings themselves, according to strict protocols established by respected homeopathic research organizations and appropriate informed consent procedures.

EDUCATIONAL STANDARDS

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

1. Fundamental knowledge of homeopathic proving method

- 1004 2. The purpose of provings.
1005
1006 3. The history of provings (Hahnemann through modern methodologies
1007
1008 4. Types of provings (informal/partial through Hahnemannian).
1009
1010 5. Provings in relation to allopathic drug trials.
1011

1012 Programs will impart information covering:
1013

- 1014 1. Guidelines and Protocols for Provings
1015 a. The substance
1016 i. Natural History of a Substance
1017 b. Preparation of the substance to be proven
1018 c. The structure of a proving group
1019 d. Posology
1020 e. Record keeping
1021 f. Supervisor or prover contact and frequency
1022 g. Data Management
1023 i. Extraction of data, including primary and secondary distinctions
1024 ii. Collation of data
1025 iii. Statistical evaluation of data
1026 iv. Converting data into old and new repertory language and materia medica
1027 v. Publishing the results
1028 h. Ethical and legal issues related to provings
1029 i. Informed consent and blind studies
1030 j. Knowledge of use of placebos in provings
1031
1032

1033 ***Research***

1034
1035

1036 ***COMPETENCIES***

1037

1038 Homeopaths demonstrate familiarity and understanding of current homeopaths and
1039 health sciences research as well as research in the field of physics as it pertains to
1040 homeopathy and its guiding theories and mechanism. Homeopathic practitioners
1041 demonstrate a fundamental understanding of how to evaluate research in homeopathy
1042 and are able to weigh the value of research they are reading. This includes:
1043

- 1044 1. Basic Science Research - Peer reviewed, published research papers on provings
1045 and other relevant research
1046
1047 2. Trade articles and journals - especially as they relate to research in the field of
1048 homeopathy

EDUCATIONAL STANDARDS

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

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

F. Homeopathic Repertory

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

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

COMPETENCIES

1. The homeopathic practitioner demonstrates knowledge of the structure, purpose, and limitations of the various repertories and demonstrates competent use of a range of repertories in case analysis.
2. The homeopathic practitioner demonstrates knowledge of ways of analyzing a case other than by repertorization.

EDUCATIONAL STANDARDS

General areas of study:

1. Introduction to repertory:
 - a. Purpose, history, additions and organization of repertories
 - b. Boenninghausen's repertory (the first repertory)
 - c. Kent through modern repertories, including computerized repertories
2. The general layout of repertories and limitations of various repertories:
 - a. Grading of symptoms/rubrics in each
 - b. Organization: Kent's through newer organizing techniques
 - c. Strengths and limitations of older repertories, especially Kent's
 - d. Structure of Kent's repertory
 - e. Using Kent's repertory in homeopathic case analysis
 - f. Understanding the basic organization of each section of the repertory
 - g. Understand the structure of computerized repertories including their strengths and limitations
3. Purpose of rubrics and sub-rubrics and how they are developed and organized:
 - a. Common and confusing rubrics
 - b. Cross referencing important rubrics
 - c. How to choose the best rubrics for a case
 - d. Combining rubrics
 - e. Errors in rubric indenting
4. Terminology and abbreviations used in the repertories, including contemporary and anachronistic medical terminology
5. Ways to translate contemporary language and meaning into the language of a repertory (or the materia medica) and ways to interpret the language of a repertory (or the materia medica)—within its historical and social context—into contemporary language and meaning
6. Various tabulation tools—their strengths, limitations and uses:

- 1139 a. Paper graphs, computers, and other techniques
1140 b. Their use in modern practice
1141
1142 7. Different roles of repertorization in selecting a remedy:
1143 a. How to use the repertory effectively
1144 b. Different types of repertory analysis
1145 c. Limitations of repertories—not 100% inclusive
1146
1147 8. Gaining familiarity with a range of current computer programs and the repertories
1148 available in that program and being able to select and use a well-matched
1149 repertory for a given case.
1150 a. Examples of computer programs include Isis/Cara, MacRepertory,
1151 Opus/Radar, Reference Works, Similia, and others
1152 b. Specific repertories that may be functional with a given computer program or
1153 in book form include *Schroyens: Synthesis*, *Van Zandvoorts: Complete*
1154 *Repertory*, *Boennighausen*, *Boger*, *Knerr*, *Kunzli: Repertorium Generale*,
1155 *Barthel: Klunker*, *Synthetic Repertory*, *Murphy*
1156
1157 9. Awareness of methods other than repertorization to review and study materia
1158 medica
1159

1160 Specific areas of study:
1161

1162 Structure (schema of Kent's Repertory, using the Final General edition)
1163

- 1164 1. Rubrics, sub-rubrics, grading of symptoms
1165 2. Construction of symptom arrangement:
1166 a. Timings
1167 b. Sides
1168 c. Sensation
1169 d. Location
1170 e. Modalities
1171 f. Extension
1172 3. Content of the main sections
1173 4. Detailed examination of specific general sections of the repertories with definition
1174 of pathological terms in historical context:
1175 a. Generalities
1176 b. Chill
1177 c. Fever
1178 d. Perspiration
1179 e. Others
1180 5. Content and modern use of the Mind section
1181 6. Rubric groupings and foundations for rubric definition—differentiating between
1182 similar rubrics.
1183 7. Problems and mistakes in Kent and other repertories

- 1184 8. Omissions—Kent’s repertory does not include all information available to him
1185 9. Additions
1186

1187 Different Approaches and techniques of repertorization:
1188

1189 Combination and elimination

- 1190 1. Instruction on the use of repertory grid
1191 2. Others
1192

1193 ***G. Posology***
1194

1195 Posology refers to the dosage {and methods of administration} of remedies. In
1196 homeopathy, while the selection of the correct remedy is of paramount concern, in
1197 some cases the homeopathic strength of the remedy and how often and in what manner
1198 it is administered may be equally important. In homeopathy, these issues are generally
1199 considered under the topic of posology.
1200

1201
1202 **COMPETENCIES**
1203

1204 Homeopathic practitioners demonstrate the ability to adeptly choose a remedy in the
1205 correct potency and in the dosage and method of administration most suited to each
1206 case, including consideration of the client’s vitality and age, and the onset, duration and
1207 intensity/severity of symptoms. For case management, the homeopathic practitioner is
1208 able to define the expectations for the selected potency and dosage, evaluate the
1209 progress of the case accordingly, and alter the potency and dosage if appropriate.
1210

1211
1212 **EDUCATIONAL STANDARDS**
1213

1214 Homeopaths develop an understanding of the principles and possible effects of:
1215

- 1216 1. The scales of dilution—starting with mother tincture
1217 2. The model of potentization through succussion
1218 3. The application of the concepts of dilution and succussion in the choice of
1219 homeopathic remedy potency and dosage as it pertains to the sensitivity of the
1220 individual and to his or her vital force
1221 4. The circumstances of the client’s vitality and age, and the onset, duration and
1222 intensity/severity of symptoms
1223 5. The methods of administration of a remedy, including dry dose, wet dose, split
1224 dose, topical, inhalation, suppository
1225 6. The frequency of dosing
1226 7. Remedy potency and frequency of administration in acute versus chronic (and
1227 acute in the course of chronic)

8. Appropriate circumstances for the use of lower or higher potencies, including exact match in chronic cases (simillimum), young otherwise healthy person with acute symptoms, etc.

H. Homeopathic Case Taking

Taking a homeopathic case requires special skills. These skills should grow with experience.

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

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

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

COMPETENCIES

The professional homeopathic practitioner:

1. Demonstrates her or his ability to assess the suitability of the case to homeopathic care and independently conduct a comprehensive homeopathic interview.
2. Demonstrates taking a case in a confidential, efficient, non-judgmental, accurate, and complete manner; listens, elicits and records information in sufficient detail that will lead to the successful analysis of each individual client's case; differentiate types of cases (acute, chronic) and, determines a relevant case taking strategy.
3. Demonstrates consultation skills. Specifically, the practitioner shows:
 - a. Clarity of perception: homeopaths should have sufficient knowledge of health on the mental, emotional and physical levels, to be able to perceive what needs to be healed in others.

- 1272 b. The ability to recognize obstacles to cure, including:
1273 i. The relationship between the physical, social, emotional and economic
1274 contexts in which people live and their health and wellbeing
1275 ii. The implications for health and disease of personal and family health
1276 history, life events and environmental factors.
1277 iii. The potential effect of lifestyle (for example, diet, smoking, alcohol
1278 consumption) on an individual's health and social wellbeing.
1279 iv. The resources available to individuals to make changes in their
1280 circumstances and lifestyles.
1281 v. How personal beliefs and preferences affect individuals' lives and the
1282 choices they make, the context in which they live and their health and
1283 wellbeing.
1284 vi. How drugging results in masking, suppressing and/or alteration of
1285 individualizing characteristic symptoms of the original disease
1286 symptoms.
1287
1288 4. Demonstrates effective and sensitive interviewing attitudes and techniques that
1289 will enable individuals to reveal and talk through relevant issues in their physical,
1290 mental and emotional health.
1291 a. The ability to recognize and interpret significant aspects of a client's
1292 appearance, body language, speech and behavior.
1293 b. The ability to explain to clients the nature and depth of homeopathic case
1294 taking, and sensitivity to concerns and difficulties that can arise during this
1295 process.
1296 c. The ability to take clear and coherent notes according to the standards
1297 and conventions of the healing professions
1298 d. Knowledge of when it may be necessary or useful to involve someone
1299 besides the client in consultation (for example, when treating children).
1300 This includes recognizing the potential for reticence, misrepresentation
1301 and misunderstanding when others are involved in these discussions, and
1302 being able to minimize those risks.
1303 e. Awareness of the dangers of imposing one's own beliefs, values and
1304 attitudes on individuals and of the importance of respect for the client's
1305 beliefs, values and attitudes, both personal and cultural.
1306
1307

1308 **EDUCATIONAL STANDARDS**

1309

1310 Taking a homeopathic case requires special skills. These skills should grow with
1311 experience. A well taken case is the basis for sound analysis, repertorization,
1312 prognosis, and follow-up; however, in actual practice a great deal more acumen and
1313 artistry is required for its application.
1314

The program provides the student the opportunity to observe and take cases with a wide range of pathology and stages of disease in both children and adults so that the student is prepared for real life practice. The program ensures that:

1. The student is familiar with case taking from a diverse range of respected homeopathic authors and teachers.
2. The student examines the ways in which various analysis approaches can require the gathering of different kinds of information.
3. The student has sufficient opportunity to observe several experienced homeopaths taking cases, ideally in person as well as from cases on video (always subject to the permission of the client). In this aspect of the student's education, the mentoring homeopath should elucidate the strengths and weaknesses of the way in which each case was taken, the ways in which the case-taking methods were adapted to the situation of the individual client, and other learning points.
4. The student, alone or in a group of students, has sufficient opportunity to take cases in a setting mentored by an experienced homeopath that provides direct feedback on the art and techniques in a manner that enables the student to hone his or her case-taking skills.
5. The student, through reading and experience, acquires a thorough understanding of the way in which case taking over a series of visits forms a fabric by which the success of a course of homeopathic care can be managed, and the course adjusted as necessary.
6. Although the types of records to be kept will vary depending on the practice style or licensing requirements for each homeopath, the student understands how case records shall make appropriate references to medical information that is provided by or mentioned by the client.
7. The student, by reading and observation, acquires sufficient understanding of the nature, individualization, sensitivity, confidentiality, and accurate recording of information that together form the setting in which cases should be taken.
8. The student reads numerous well-respected homeopathic journals to observe the manner in which cases are recorded, learning the highest standards of accuracy, specificity and comprehensiveness.
9. The student will observe a sufficient and wide range of cases that exemplify varying pathologies, etiologies, severity, and stages of illness (acute versus chronic) in children and adults.

For additional details on this subject (at a higher level than may be taught presently):

[\(See Appendix 5 – Specific Skills for Homeopathic Case Taking\)](#)

I. Homeopathic Case Analysis

COMPETENCIES

1. Analyze gathered data, identify essential features of the case and their relationships, assesses the relative value of all the information, and determine what information, if any, is missing that is needed for a proper homeopathic analysis.
2. Demonstrate ability to synthesize disparate information into a homeopathically meaningful totality and understanding of disease categories and from that develop a case management strategy based on sound homeopathic principles.
3. Analyze what needs to be addressed in a case; identify the central disturbance or center of gravity and themes of the case; identify what is distinguishing and characteristic within the "totality" of symptoms in the mental, emotional and physical spheres -combined. Determine and record the effect on the case analysis of any information that is judged to be missing, incomplete, or contradictory.
4. Assess previous and current therapeutic history/treatment, including homeopathy, allopathy, and other therapeutic modalities.
5. Describe the sensations and functioning of the individual and evaluate the vitality and health of the person (in homeopathic terms, the "vital force"). Record and evaluate the client's personal and family history; miasmatic history; susceptibility; suppression; organ affinities and systemic effects. Prioritize symptoms and explain the hierarchy of symptoms according to homeopathic principles. Demonstrate knowledge and utilization of modalities (such as: time of day, side of the body, and aggravation or amelioration) that are striking for a particular individual. Apply in analysis the circumstances and timing of the onset of symptoms, aspects of causation and etiology, and their duration and intensity or severity. Identify and isolate "concomitant" symptoms that may have been present at the same time but are due to separate (usually transitory or extraneous) causes.
6. Differentiate between strange, rare, and peculiar symptoms and common symptoms. In distinguishing common from characteristic (individualizing) symptoms, consider the client's apparent pathology based on allopathic

1403 diagnosis and recognize symptoms common to that pathology. Evaluate the
1404 effect of any etiological, exciting, or maintaining causes, as well as any
1405 underlying susceptibilities.
1406

- 1407 7. Present case analysis in a manner that can be readily understood by other
1408 homeopathic and health care professionals. Demonstrate diversity of case
1409 analysis strategies.
1410
- 1411 8. Translate the client's symptoms into repertory language, and repertorize the case
1412 in a manner appropriate to the case presented. Convert observed symptoms into
1413 repertory language. Employ research, evaluate and ultimately apply information
1414 gathered through various sources – including: materia medica, provings,
1415 journals, databases, and the internet. Demonstrate use of other resources to
1416 determine how issues of physiology and pathophysiology may influence the
1417 case. Illustrate the value, limitations, and use of medical reports in homeopathic
1418 case analysis.
1419
- 1420 9. Produce a differential analysis of the main remedies considered, noting the key
1421 points for and against each choice. Distinguish and articulate other case
1422 management and analysis strategies, and apply them as appropriate. Identify
1423 various types of computer analysis techniques and differentiate their strengths
1424 and weaknesses.
1425
- 1426 10. Examine the effects of different potencies and their relevance to a case. Select
1427 the appropriate frequency and method of administering remedies (posology).
1428
- 1429 11. Document and evaluate identified obstacles such as antidoting, environmental
1430 interference, and iatrogenic influences. Identify possible means to overcome
1431 identified obstacles and discuss options with the client.
1432
- 1433 12. Order and evaluate the resources available to clients in assessing whether they
1434 are able to make important changes in their lives that may be beneficial.
1435
- 1436 13. Determine a reasonable prognosis. Identify an appropriate case management
1437 strategy and where appropriate determine both short-range and long-range
1438 goals.
1439
- 1440 14. Record all pertinent information for the case at the time of the client's visit.
1441 Record research and analysis appropriately into case records.
1442

1443 For a discussion of potency and administration issues: see Section G – Posology
1444

1445 *For a list of information that a case analysis includes - as the circumstances of the case*
1446 *dictate:* [See Appendix 6 – Particulars of Homeopathic Case Analysis](#)
1447

EDUCATIONAL STANDARDS

Educational programs impart the ability to:

1. Demonstrate how to assess the strength of the vital force, center of gravity, and susceptibility of the client;
2. Evaluate the onset, duration, and intensity/severity of symptoms;
3. Determine the nature of the illness in terms of acute or chronic and analyze accordingly
4. Assess previous and current therapeutic history/treatment, including homeopathy, allopathy, and other therapeutic modalities;
5. Demonstrate diversity of case analysis strategies;
6. Translate the client's symptoms into repertory language, and repertorize the case in a manner appropriate to the case presented;
7. Employ research, evaluate and ultimately apply information gathered through various sources – including: materia medica, provings, journals, databases, and the Internet;
8. Examine the effects of different potencies and their relevance to a case as well as selecting the appropriate frequency and method of administering remedies (posology);
9. Distinguish and articulate other case management and analysis strategies, and apply them as appropriate;
10. Identify various types of computer analysis techniques and differentiate their strengths and weaknesses;
11. Illustrate the value, limitations, and use of medical reports in homeopathic case analysis; and
12. Order and evaluate the resources available to clients in assessing whether they are able to make important changes in their lives that may be beneficial.

J. Homeopathic Case Management

Effective management of homeopathic cases in clinical practice can be a highly complex issue. Individualization is the key to homeopathic case management since

each person will express his or her symptoms in his or her own way, especially those that lead to the “simillimum” of a case. The simillimum is the remedy that most closely fits the person and that addresses the broadest and most fundamental aspects of the case.

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

Effective case management requires proper interpersonal skills for:

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

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

COMPETENCIES

The competencies that a homeopathic practitioner demonstrates in his or her management of cases include:

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

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

SCOPE OF CASE MANAGEMENT

For the homeopathic practitioner, case management has several aspects:

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

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

attempt to address in detail any additional requirements that various practitioners may need to consider in addition to the homeopathic aspects.

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

[Appendix 7 – Homeopathic Case Management Guidelines](#)

Management of the practitioner-client relationship

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

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

Homeopathic management of the evolution of the case

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

[See Appendix 7 – Homeopathic Case Management Guidelines – *management of the evolution of the case*](#)

Homeopathic management of the dynamics of the case includes:

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

[See Appendix 7–Homeopathic Case Management - dynamics of the case for details.](#)

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

Management of case records

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

[Appendix 7 – Homeopathic Case Management – Management of case records](#)

Demonstrate appropriate management of case records:

1. Confidentiality– Written case records (and any videos or other media) are maintained in a safe and secure manner that precludes viewing or access by anyone other than the practitioner (and, on a need to know basis, colleagues who will be bound by duties of confidentiality).
2. Accuracy – Case records written in a chronological manner that fully and understandably records all salient homeopathic information for each visit or

1671 conversation with a client as well as any other pertinent information or paperwork
1672 provided by the client.

- 1673
- 1674 3. Objective and Subjective Information – The homeopathic “data” for the case is
1675 adequately recorded in a manner that is consistent with the way in which it is
1676 expected that the case will be analyzed. The analysis is clear to a well informed
1677 reader what homeopathic process was being followed. Ideally, information
1678 relevant to other possible approaches to analyzing a case would be noted.
1679 Case clearly differentiates subjective elements (personal observations and
1680 perspectives) and objective elements (data collected by the homeopath or
1681 others).
- 1682
- 1683 4. Assessment and Plan – Assessment includes both the likely homeopathic
1684 prognosis for the case, and, as appropriate, other considerations for the case.
1685 The assessment includes a differential for several key homeopathic remedies
1686 that were considered. The plan records which homeopathic remedy was chosen,
1687 the potency, and the frequency for taking it. Plan includes any instructions,
1688 cautions, requests, or other instructions given to the client. Plan includes an
1689 interval after which a follow-up visit or report should be made by the client.
1690 Longer term strategy for the case recorded (and subsequently updated) to
1691 provide a means of tracking progress over time.
- 1692
- 1693 5. Periodic review (audit) of case records conducted to ensure his or her personal
1694 progress in maintaining good records and improving case management skills.
1695

1696 **EDUCATIONAL STANDARDS**

1697
1698
1699 Standards for education in case management may vary according to the teaching styles
1700 and clinical mentoring styles of various homeopathic programs. However, the
1701 educational standards below are met in an appropriate manner.
1702

- 1703 1. The student shall read numerous well-respected homeopathic journals to
1704 observe the manner in which cases are recorded, noting the highest standards of
1705 accuracy, specificity, and comprehensiveness and the manner in which cases
1706 are managed.
- 1707
- 1708 2. During clinical training, the student shall receive mentoring that improves her or
1709 his skills in case management. This includes client interactions, keeping
1710 appropriate case records, managing the progress of cases, and ways to find
1711 necessary information or assistance to achieve the best possible outcomes for
1712 the client.
- 1713
- 1714 3. The student shall have access to guidance on case management from respected
1715 homeopathic authors and teachers.

- 1716 4. The education of the student examines the ways in which various analysis and
1717 case management approaches can require the gathering of different kinds of
1718 information.
1719
- 1720 5. The student must have sufficient opportunity to observe several experienced
1721 homeopaths managing cases, ideally in person as well as from cases on video
1722 (always subject to the permission of the client). In this aspect of the student's
1723 education, the mentoring homeopath shall elucidate the strengths and
1724 weaknesses of the way in which each case was managed, the ways in which the
1725 case management methods were adapted to the situation of the individual client,
1726 and other learning points.
1727
- 1728 6. Through reading and experience the student acquires a thorough understanding
1729 of the way in which case taking over a series of visits forms a fabric by which the
1730 success of a course of homeopathic care can be managed, and the course
1731 adjusted as necessary.
1732
- 1733 7. Although the types of records to be kept will vary depending on the practice style
1734 or licensing status for each individual, the student shall understand how a case
1735 should document appropriate references to medical information that is provided
1736 by or mentioned by the client.
1737

1738 By reading and observation, the student shall acquire sufficient understanding of the
1739 nature, individualization, sensitivity, confidentiality, and accurate recording of
1740 information that together form the basis for case management and, if appropriate,
1741 discussion of the case with other health-care professionals.
1742

1743 Programs will teach interpersonal skills necessary for case management:
1744

- 1745 1. Exercising perceptiveness in taking and following cases
1746 2. Practicing effective and attentive listening skills
1747 3. Practicing good observation skills
1748 4. Displaying open-mindedness
1749 5. Maintaining unconditional positive regard
1750 6. Employing appropriate, effective, and sensitive communication
1751 7. Managing the understandable concerns of a client who is not experiencing the
1752 level of results she or he had hoped for
1753 8. Maintaining appropriate aspects of the client confidentiality relationship in
1754 situations where consideration must be given to contacting outside parties (e.g.
1755 child protective services)
1756 9. Managing situational issues, such as forgetting to follow through on a task for
1757 which a commitment had been made to a client
1758 10. Collaborating with others including, health care professionals, clients, and
1759 families
1760 11. Displaying adeptness in dealing with clients who are unable or unwilling to pay.

K. Intersection of Homeopathy with the Conventional Health Care System and CAM

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

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

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

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

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

SPECIFIC COMPETENCIES

The professional homeopath has the capacity to:

1. Recognize the signs and symptoms of common diseases encountered in his or her practice with an emphasis on assessing the depth of mistunement present in the case;
2. Distinguish between common symptoms of a given illness and those that are most useful for homeopathic prescribing;
3. Apply knowledge of conventional medical diagnoses to make safe decisions about the range of individuals he or she will accept as clients and identify when it would be appropriate to refer the client to a more experienced homeopath or conventional medical provider;
4. Identify signs and symptoms that may suggest a referral to emergency services or a conventional health care provider is needed; (See Signs and Symptoms Chart - Appendix 8)
5. Dialogue with clients and other practitioners about a client's conventional diagnosis and symptoms while maintaining a focus on viewing his or her work through the distinct paradigm of homeopathy;
6. Educate clients about the unique paradigm of homeopathy as needed to facilitate gathering information about the full range of the client's symptoms, explain the rationale for decisions regarding case management and assist the client in understanding the range and timeline of potential outcomes of homeopathic services;
7. Engage in case conferencing with conventional or CAM providers to the extent authorized by the client;
8. Gather reliable information about prescription medications, supplements and herbal medicines with an emphasis on applying this information to homeopathic analysis or management of the case;
9. Demonstrate familiarity with the purpose of common diagnostic and laboratory tests and be able to research other tests that a client undergoes in order to help guide homeopathic analysis and case management;
10. Recall the dangers and consequences of an individual's withdrawing from drugs and substances, both prescribed and self-administered and recognize the danger of interfering with regimes of prescribed medications;

11. Refer a client with a question about a conventional medication or treatment back to the provider who prescribed the medication or treatment or to an equally qualified health care practitioner whom the client trusts;
12. Discern when it is appropriate to make referrals to other CAM providers including massage, body work, acupuncture, osteopathic, chiropractic care and other fields present in the communities within which he or she practices;
13. Demonstrate knowledge of the psychological and emotional functioning of individuals and how this may affect their health and wellbeing, including:
- a. Familiarity with the normal stages of child and adult development.
 - b. Familiarity with the normal stages of response to stressful life events (e.g., death and dying, child and adult responses to trauma).
 - c. An appreciation of the dynamics of family and other relationships and their impact on the client's life circumstances and mental and physical health; and
 - d. Observe appropriate steps to comply with the legal status of homeopathic practice in his or her jurisdiction and place of practice;
14. Demonstrate knowledge of the structure and opportunities within Integrative Health Care Practice. Demonstrate community service and leadership and organizational and policy awareness to promote homeopathy as part of the national healthcare landscape.

[See Appendix 8 – Guidelines for Signs and Symptoms That May Suggest That a Referral Is Appropriate](#)

EDUCATIONAL STANDARDS

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

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

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

The curriculum provides the student with ample opportunities to:

- 1895 1. Reflect upon and define professional goals with regard to site of practice and
1896 foster the ability to make responsible decisions about the range of clients and
1897 presenting problems he or she will serve;
1898
- 1899 2. Develop the observational and clinical judgment skills required to identify signs
1900 and symptoms requiring referral to emergency medical services, a conventional
1901 health care professional, to a more experienced homeopath or an appropriate
1902 CAM provider;
1903
- 1904 3. Observe the work of experienced practitioners and develop their ability to Identify
1905 functional disorders and pathological processes of the human being with
1906 reference to disorders of the following systems:
1907 a. integumentary (skin and connective tissues)
1908 b. musculo-skeletal
1909 c. gastrointestinal
1910 d. respiratory
1911 e. cardiovascular and hematological
1912 f. immunological
1913 g. reproductive (including obstetrics)
1914 h. urinary
1915 i. endocrine
1916 j. neurological
1917 k. special senses
1918 l. mental and emotional
1919
- 1920 4. Gather reliable information about prescription medications, supplements and
1921 herbal medicines with an emphasis on applying this information to homeopathic
1922 analysis or management of the case;
1923
- 1924 5. Demonstrate the capacity to distinguish between common symptoms of disease
1925 and those symptoms that are most useful for identifying the homeopathic
1926 simillimum;
1927
- 1928 6. Recognize significant deviations from normal psychological functioning and
1929 normal human development with an emphasis on recognizing symptoms most
1930 useful for identifying an effective homeopathic remedy and assessing client
1931 progress toward a greater sense of wellness;
1932
- 1933 7. Effectively dialogue with conventional or CAM professionals engaged in the
1934 client's care, as authorized by the client;
1935
- 1936 8. Practice educating clients about the unique paradigm of homeopathy especially
1937 as required to gather the full range of the client's symptoms, explain the rationale
1938 for decisions regarding case management and assisting the client in

- 1939 understanding the range and timeline of potential outcomes of homeopathic
1940 services;
1941
1942 9. Identify credible resources for learning about conventional medical diagnoses or
1943 treatments that a client reports, as needed to maximize communication with the
1944 client and make safe and appropriate decisions related to case management;
1945
1946 10. Practice responding appropriately to client questions or concerns about
1947 prescription medication of conventional treatments by referring the client back to
1948 the prescribing provider or a similarly qualified conventional health care provider;
1949
1950 11. Observe, refine and practice making sound case management decisions
1951 consistent with professional practice standards and the legal realities of the
1952 jurisdiction in which he or she is practicing.
1953

1954 ***L. Ethical and Professional Considerations for Homeopathic Practice***
1955

1956 Homeopathic practitioners demonstrate sufficient knowledge of, and act in accordance
1957 with a comprehensive code of ethics. Professional homeopaths are aware of national,
1958 provincial, state and local regulatory and legal oversight of their mode of practice and
1959 conduct their services in a manner that is within the regulatory framework.
1960

1961
1962 **COMPETENCIES**
1963

1964 The homeopathic practitioner demonstrates the ability to:
1965

- 1966 1. Practice with integrity and responsibility;;
1967 2. Promote the well being of clients;
1968 3. Obtain informed consent of the client, as appropriate;
1969 4. Encourage and participate in the development of understanding between
1970 colleagues;
1971 5. Distinguish between ethical and legal issues in a given case and use skill in working
1972 with both when these conflict.
1973

1974 The homeopathic practitioner demonstrates the ability to adhere to professional standards
1975 by:
1976

- 1977 1. Maintaining freedom from bias in all areas in order to ethically take cases;
1978
1979 2. Being alert to recognize when to refer to a different homeopathic practitioner
1980 when one cannot be unbiased;
1981
1982 3. Maintaining healthy senses and astute observation;

- 1983 4. Maintaining a well developed sense of professionalism;
1984
1985 5. Demonstrating ongoing professional, ethical interactions with clients, and
1986 collaboration with fellow homeopaths and other practitioners;
1987
1988 6. Maintaining awareness of state/provincial and national laws and regulations that
1989 apply to his/her mode of practice and taking steps to comply with them (to the
1990 greatest extent possible);
1991
1992 7. Refraining from misleading or false advertising to clients, including “guaranteeing
1993 a cure”;
1994
1995 8. Refraining from making medical diagnoses, unless licensed to do so.
1996
1997

1998 **EDUCATIONAL STANDARDS**

1999
2000 The educational process prepares students to:

- 2001
2002 1. Explore, define and promote professional integrity
2003
2004 2. Understand how their personal ethical values can limit or support the successful
2005 practice of homeopathy
2006
2007 3. Establish their own personal code of ethics compatible with the code of ethics of
2008 the homeopathic profession and that of healthcare professions in general
2009
2010 4. Be able to set appropriate boundaries with clients that establish standards of
2011 behavior for the practitioner and for the client including, but not limited to,
2012 avoiding any form of sexual misconduct.
2013
2014 5. Establish appropriate ways to react to the awareness that a colleague may be
2015 impaired by alcohol, by substance abuse, or by inappropriate self-treatment,
2016 including appropriate ways to report such concerns
2017
2018 6. Establish appropriate ways to react to the apparent incompetence of a colleague
2019 or situations where a colleague may be practicing outside the scope of his or her
2020 legitimate scope of practice, including appropriate ways to report such concerns
2021
2022 7. Establish an understanding of how to distinguish between the professional and
2023 ethical aspects of a situation, when that is necessary
2024
2025 8. Develop a clear and objective understanding of the laws and regulations affecting
2026 homeopathic practice – including a historical perspective, the nature of medical
2027 practice statutes, the scope of practice for other healthcare professions, and

- 2028 specific national, state/provincial laws or regulations that either provide a basis
2029 for homeopathic practice (including “health freedom” provisions) or that limit (or
2030 even prohibit) homeopathic practice.
2031
- 2032 9. Safeguard client information including confidentiality and teaching use of cases
2033
- 2034 10. Appreciate and cultivate professional & collegial relationships and the boundaries
2035 implicit in these.
2036
- 2037 11. Understand conflict of interest in terms of financial gain and appropriate
2038 disclosure to clients, students, conferences and peers
2039
- 2040 12. Refraining from misleading or false advertising to clients, including “guaranteeing
2041 a cure”
2042
- 2043 13. Refraining from making medical diagnoses, unless licensed to do so.
2044
- 2045 **General Topics:**
2046 Prejudices
2047 Confidentiality versus social and legal responsibility
2048 Respect for life
2049 Life and death issues
2050 Client’s right of choice
2051 Ethical conflicts
2052 National and state/provincial legal issues
2053 Ethical dilemmas regarding medical interventions: vaccination, abortion, organ transplants
2054
2055
2056

PART II: PERSONAL & PROFESSIONAL DEVELOPMENT

Practitioner and practice development are essential components of a homeopathy course curriculum. Their inclusion facilitates students in establishing and managing a successful practice capable of meeting the diverse needs of their clients.

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

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

Students come to study homeopathy from a variety of personal and professional backgrounds. In order to become a competent and successful homeopath, the student needs to be prepared to combine studying, including clinical experience, with their personal and professional development. Personal development is integral to an effective homeopathy curriculum, and is also a lifelong process that fosters expertise in identifying a client's individual healthcare needs. Students should also be aware of their own emotional and physical needs, and be prepared to develop their reflective and interpersonal communication skills. Ongoing supervision and an in-depth comprehension of the importance of ethical practice are essential components of the student's professional development. The following broad areas should form part of an effective homeopathy curriculum.

Reflective skills, that include:

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

Interpersonal and communication skills, that include:

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

Personal development that includes:

1. Listening skills

- 2102 2. Empathy
- 2103 3. Trust
- 2104 4. Intuition
- 2105 5. Self-awareness
- 2106 6. Self-confidence
- 2107 7. Personal belief systems: e.g. awareness of attitude towards finances, failure,
- 2108 success
- 2109 8. Ethics

2110

2111 **Personal health management, that includes:**

- 2112 1. Skills for practitioners preserving and promoting their own health, development
- 2113 and well-being
- 2114 2. Evaluating work / life balance
- 2115 3. Stress management
- 2116 4. Assertiveness
- 2117 5. Boundary setting, e.g. client-practitioner relationship, work hours, when to
- 2118 answer phone calls
- 2119 6. Identifying and developing individual and ongoing personal and professional
- 2120 support systems

2121

2122 Students should be encouraged to identify their individual strengths, weaknesses, and
2123 needs in relation to the above areas. They should also be required to prepare an action
2124 plan during the first year of study, which allows them to monitor and assess their own
2125 progress throughout their homeopathic education. Students need to be encouraged to
2126 consider and develop their own individuality as practitioners.

2127

2128 Approaching personal and professional development in a structured way enables the
2129 student to take on continuing personal and professional development (CPD) after
2130 graduation. This includes such issues as academic work, clinical supervision, multi-
2131 disciplinary collaboration, developing a private practice and mastery of homeopathy
2132 skills.

2133

2134 **Practice management and running a business**

2135 Managing a practice well is an essential component for the foundation of a successful
2136 career in homeopathy. Homeopathy courses should enable students to develop those
2137 skills that will result in the establishment of a professional, effective and financially
2138 viable practice. To ensure the necessary skills for building and maintaining a successful
2139 practice, the following areas need to be considered.

2140

2141 **Regulatory issues that include:**

- 2142 1. National and local legislation relating to the practice of a healthcare profession
- 2143 2. Tax reports / returns, obligatory taxes and V.A.T (Value Added Tax)
- 2144 3. Recording income and expenses, and managing bank accounts
- 2145 4. National and local insurance requirements for a practitioner and health insurance
- 2146 schemes for clients

- 2147 5. Registering with a professional association: For many potential clients a
2148 professional association is the first point of contact in looking for a competent
2149 homeopath
2150 6. Confidentiality issues and awareness of disclosure legislation; i.e. situations in
2151 which client information must be passed on to another party
2152 7. National requirements for the maintenance, retention and destruction of client
2153 records
2154 8. Awareness of the national requirements for pension contributions and the
2155 personal implications of planning for retirement provision
2156 9. Awareness of national legislation
2157

2158 **Practice management and business development that includes:**

- 2159 1. Choosing suitable premises with regard to the physical design of the practice
2160 (e.g. with regard to access for the disabled)
2161 2. Awareness of confidentiality issues
2162 3. Deciding hours, availability and appropriate coverage during times of
2163 unavailability (A homeopath should specify the hours when she/he is available
2164 and maintain a healthy balance between work and free time.)
2165 4. Managing phone calls, answer phone messages, etc.
2166 5. Setting fees appropriate to local conditions and making it clear which services
2167 are covered by the fees. There should be clarity regarding the costs for an initial
2168 consultation and for subsequent appointments, including discounts where
2169 appropriate
2170 6. The preparation of a business plan (regularly monitored) including the amount of
2171 client fees, costs, salary expectations, etc. This will help students to better
2172 understand the functioning of a small business
2173 7. Record keeping including case notes, remedies considered and selected,
2174 appointments, etc.
2175 8. Create client referrals and a network for reciprocal referrals: other homeopaths,
2176 therapists, doctors, healthcare professionals, homeopathic pharmacies
2177 9. Clinical audit / practice audit: Clinic and practice audit skills enable the
2178 homeopath to evaluate the effectiveness of their practice. This also helps to build
2179 a body of knowledge that can be used for research purposes and for sharing
2180 information with peers
2181 10. Advertising, including business cards and targeted advertising, flyers, listings in
2182 printed or web based directories, local radio stations and newspapers, personal
2183 website, social media, and other web based promotion
2184

2185 **Time management and working hours, including:**

- 2186 1. Planning a weekly schedule: planning time for clients and case analysis, setting
2187 client telephone times, sending out remedies, personal supervision, case
2188 support, etc.
2189 2. Ability to differentiate clients' demands on time, to give priority where appropriate
2190 and to have clear professional boundaries.
2191

2192 **Electronic and Data Management, including:**

- 2193 1. Data protection legal requirements
2194 (Homeopaths need to be aware of national and international legislation
2195 concerning the electronic filing of information.)
2196 2. Homeopathic software
2197 (Schools should provide the opportunity for students to become familiar with the
2198 various homeopathic software programs available.)
2199 3. Backing up data
2200 (It is good risk management to do regular backups and to consider alternatives
2201 for safe storage [especially off-site].)
2202

2203 **Practitioner and Client Relationship**

2204 Homeopathic courses should develop the student's professionalism by providing
2205 opportunities to discuss and rehearse the following:

- 2206 1. Booking the appointment.
2207 2. Managing the first contact (either through the practitioner or a receptionist).
2208 Clients should feel safe and motivated to commit to a course of homeopathic
2209 care.
2210 3. The practitioner needs to succinctly describe the framework of their practice such
2211 as when they see people for follow-ups, how they stay in touch in between
2212 appointments, costs, a description of the homeopathic interview, and clarification
2213 of the client's current understanding of the homeopathic process.
2214 4. Discuss ways to encourage clients to follow through with homeopathic care.
2215 5. Explore ways in which to advise and support clients with changing a maintaining
2216 cause that is a significant aspect of their current lifestyle.
2217 6. Determine when and how to involve other persons, such as family or other
2218 healthcare professionals.
2219 7. Explain to clients that homeopathy is a holistic system of medicine which may be
2220 an appropriate option for future complaints.
2221 8. Encourage accurate evaluation of progress from the client's perspective.
2222 9. Clients may look for advice for a variety of concerns. Homeopaths need to
2223 provide clients with information in order to help them make their own informed
2224 decisions on wider healthcare and personal welfare issues.
2225

2226 **Practice Promotion**

2227 Practice promotion is a crucial skill for the newly qualified homeopath to develop. It is an
2228 ongoing process that should be commenced during study years, and then applied while
2229 working as a homeopath. Homeopaths do not practice in isolation; they are part of a
2230 wider professional community, and many client referrals come as a result of personal
2231 recommendation. It is therefore important to help each student to define how they want
2232 to promote themselves and their practice.
2233

2234 It is recommended that students consider the following in order to identify their practice
2235 preferences:
2236

1. What are your individual characteristics as a homeopath? What makes you special?
2. What motivates you to be a homeopath?
3. Would you like to work as a sole practitioner or be part of a group practice or multi disciplinary practice?
4. Would you like to specialize and work with a specific group of clients?
5. What kind of homeopath would you like to be for your clients?

Providing excellent service and getting consistently good clinical results is the single most important factor in generating referrals. With this in mind, course providers should include the following subjects that are valuable in practice promotion:

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

STANDARDS FOR CONTINUING PROFESSIONAL DEVELOPMENT

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

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

1. Attending conferences, courses, seminars, and workshops including:
 - a. (e-learning, distance learning)
 - b. Videoconferencing

- 2282 2. Self –directed learning
2283 3. Peer learning/development groups
2284 4. Working groups/Collaboration
2285 5. Supervision/mentoring
2286 6. Clinical Audit
2287 7. Teaching, Coaching
2288 8. Research
2289 9. Case studies and presentations
2290 10. Publication of professional articles
2291 11. Investigating numerous approaches to homeopathic care
2292 12. Reflection
2293 13. Awareness of the importance of lifelong learning in the service of one’s practice
2294 and the homeopathic community.
2295 14. Building a well developed sense of professionalism.

2296

2297 Professional Involvement

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

2301

2302 Statutory and regulatory requirements to maintain membership with professional
2303 organizations differ. At a minimum, professional homeopaths complete sufficient
2304 continuing professional development activities to meet the requirements of
2305 organizations that have granted them certification or of associations to which they
2306 belong.

2307

2308 Source: ECCH Guidelines, 2011: Practitioner and Practice Development

2309

2310

2311 **PART III: CLINICAL TRAINING**

2312

2313 Comprehensive clinical education and training is an essential requirement in the
2314 education of homeopaths. While much homeopathic theory, history and materia medica
2315 can be learned from books, it is only possible to gain clinical competence with practical
2316 clinical training and experience.

2317

2318 Clinical training is an essential requirement of homeopathic education and should be
2319 included as an integral part of a homeopathic teaching program, ideally running
2320 concurrently with theoretical studies at appropriate stages. In order to gain competence
2321 and confidence, the student takes part in the practical experience of clinical case taking
2322 and case management.

2323 Clinical training should include the art of listening without prejudice or interpretation of
2324 the client’s words, as well as observation and gaining an understanding of the client as
2325 a whole. The skills and attitudes needed in order to be a proficient homeopath are
2326 acquired by practicing them rigorously over time.

COMPETENCIES

1. Demonstrate adherence to the theories, principles, and methods put forth by Hahnemann and other respected homeopaths in their various writings.
2. Demonstrate the ability to discern the direction of case progress and related aspects of homeopathic philosophy as enumerated by authors recognized by the global homeopathic community.
3. Recognize the importance of undergoing a qualified homeopathic care in order to appreciate the role of the client, understand the action of remedies and to have direct experience of case taking.
4. Understand and adhere to the current National Occupational Standards (where available) and the professional association's Code of Ethics. Adheres to standards and ethics in the management of live cases.
5. Perform homeopathic case taking, case analysis, and case management as outlined in relevant sections above.
6. Conduct oneself in a professional and respectful manner; create and establish an atmosphere that is conducive to mutual respect and open communication.
7. Maintain confidentiality / demonstrate knowledge of confidentiality standards
8. Employ personal coping strategies to cope with unexpected/uncomfortable events

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

Necessary competencies include:

1. Demonstration of appropriate use of referrals for emergency care, medical evaluation, acupuncture, osteopathic or chiropractic care and other types of evaluation and treatment.
2. Demonstration of appropriate use of supervision and homeopathic consultation.
3. The ability to use feedback from others, including clients and colleagues.
4. Recognition of maintaining effective collaborative relationships.
5. The ability to engage in self-evaluation.

6. The ability to access and integrate new information to assist in decision-making.
7. The ability to use research, including provings, audits and case studies, to plan implement and critically evaluate concepts and strategies leading to improvements in care.
8. The ability to critically evaluate professional knowledge, legislation, policy and research in order to refine clinical practice.
9. The ability to predict the development and limit the effect of difficult situations in clinical practice.

EDUCATIONAL STANDARDS

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

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

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

1. Follow standards for ethics, collegiality, client relations
2. Maintain a professional demeanor – conducts oneself in a professional manner while performing duties as homeopath
3. Maintain consistent, clear, closed records
4. Follow a clear process for clients regarding intake, contacting people and ongoing contact
5. Follow a standard process to obtain informed consent
6. Have a clear understanding of the following roles – student, administrator, supervisor

- 2417 7. Maintain a productive relationship between student and supervisor –
2418 clear/appropriate expectations, boundaries
2419
2420 8. Follow established grievance processes (students and clients)
2421
2422 9. Be involved in entire process of cases (continuity of care)
2423
2424 10. Move through stages from observation through groups to independent work
2425
2426 11. Ensure cases are screened appropriately for the school clinic setting
2427
2428 12. Ensure students have a variety of cases – age, condition, etc.
2429
2430 13. Conduct a clinical audit of cases
2431

2432 Preferably, a training course should be able to offer 2 main strands:
2433

- 2434 1. Clinical training in class - giving students opportunities to observe an
2435 experienced clinician carrying out consultations with clients, including
2436 opportunities to discuss any central and arising issues
2437
2438 2. Clinical training in smaller groups and one-on-one with a clinical training
2439 supervisor, where the student is in the clinician role.
2440

2441 Many courses include video cases and/or live cases from the beginning of the
2442 education. Practitioners are required to practice various aspects of case taking,
2443 analysis, and management on a regular basis with increasing levels of complexity and
2444 increasing degrees of autonomy. Reflective processes and regular supervision with
2445 appropriate feedback are important tools to ensure continuous honing of these skills.
2446

2447 While providing the best learning opportunities for students, it is imperative that course
2448 providers carefully consider the responsibility to the clients throughout any and all
2449 stages of clinical training. This includes client confidentiality issues, continuity of case
2450 management, and ensuring that high-quality care is given at all times.
2451

2452 **Objectives**

- 2453 1. To acquire the knowledge, practical skills and professional ethics and attitudes
2454 essential to clinical practice
2455 2. To gain experience in the application and integration of all course components
2456 3. To acquire the knowledge and skills needed in order to consider different
2457 approaches and strategies adopted by experienced homeopaths
2458 4. To establish an individual, flexible framework within which to develop a personal
2459 but effective approach to case work
2460 5. To learn how to record clinical data and participate in clinical research and audit

6. To devise personal coping strategies in response to unexpected reactions, demands and expectations of clients
7. To provide a pool of professional experiences to be shared with future professional colleagues or to be used as teaching material
8. To learn how to respond in practice to ethical issues, both during and after the clinical intervention

Clinical settings

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

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

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

It is essential that students have the opportunity to *practice* independent case taking repeatedly in order to develop their own skills and attitudes. While video cases provide a tool which allows students to observe the dynamics between practitioner and client, they cannot replace actual experience with clients.

Students should submit comprehensive case studies (case analysis, rubrics and repertorization, remedy differentiation, remedies selected and response thereto) each including at least two, follow-up visits for each individual client.

Where possible, it is advisable that student and supervisor be in the same room as the client so that the supervisor can observe the dynamics of case taking by the student and provide guidance as necessary. Another option is to follow the practitioner's case taking via close circuit TV or one-way mirror, etc.

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

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PART IV: ELECTRONIC AND DISTANCE LEARNING

Introduction

The development of information technology (IT) has made it possible to deliver education from anywhere in the world, and has opened the way for a variety of possible teaching methods to be employed (Biggs 2003, Garrison & Anderson 2003). This flexibility of teaching approaches can also be applied to the education of homeopaths. The terms e-learning, distance learning, web-based learning and online learning have different definitions, and are often confused with each other.

In order to establish adequate and appropriate learning approaches in e-learning and distance learning programs, it is important to thoroughly understand the distinctive characteristics of each individual concept. This includes exploring and evaluating alternative approaches, selecting the best solutions, and promoting effective learning practices (Tsai S. et al. 2008). E-learning is usually associated with web-based learning which uses web-browser technology, normally delivered via the internet or intranets (Collison et al. 2000, Driscoll 2002, Hall 1997, Horton 2000, Khan 2001, Rosenberg 2000). According to Schank (2001) "Learning activities involving computer networks are usually referred to as 'e-learning', however e-learning is not exclusive to distance learning."

The concept of online learning pre-dates the appearance of the World Wide Web, but in current times online learning usually refers to materials delivered over the internet or intranets (Malopinsky et al. 2000, Schank 2001, PBS 2001.) Learning focus has now moved from how teachers teach, to an emphasis on how students learn. This commonly involves the development of different learning methods such as problem-based learning, resource-based learning, student centered learning and e-learning (Gibbs 2003). It is important to be aware that the quality of teaching and learning may be affected by a "virtual learning environment" (Biggs 2003)

The primary characteristic of the learning activity differentiates between each of the following concepts: Web-based learning, online learning and distance learning. Intensive use of the defining feature is required. Incidental or occasional use of a characteristic feature is not sufficient to qualify for a certain type of learning. Ideally concepts and methods are merged to facilitate broader learning and accommodate ethical concerns.

E-Learning – Technology/Resources and Pedagogies

E-learning assists in the positive development of project-orientated problem based learning (PBL) as well as developing flexible learning formats (Bienzle 2008). E-learning contributes to the development of quality learning by enabling process orientated

2573 teaching methods. The interests and motives students bring with them from their spare
2574 time, study and/or work life may become the building blocks for teaching and learning
2575 processes applied in virtual project and group work (Biggs 2003, Georgsen &
2576 Bennedsen 2004, Palloff & Pratt 1999).

2577
2578 Because an e-learning course is based on open learning processes, the student takes
2579 primary responsibility for their own learning. Online tutorials can serve as an aid to keep
2580 track of the learning process, and the student is expected to study written material and
2581 keep up to date with the material published on the teaching site (Georgsen &
2582 Bennedsen 2004). The student should be supported in their ongoing learning process,
2583 with the aim of encouraging continuation of learning and a sense of belonging.

2584
2585 Whenever possible, the choice of e-learning tools should reflect, rather than determine,
2586 the pedagogy of a course. However, as a general rule, how the student uses the
2587 technology is more important than which technology they use (Nichols 2008).

2588
2589 E-learning is a means to education, and can be applied to varying pedagogies. (Thorpe
2590 2002). Weller (2002) lists the following pedagogies:

- 2591
2592 1. constructivism
2593 2. resource-based learning
2594 3. collaborative learning
2595 4. problem-based learning
2596 5. narrative-based teaching
2597 6. situated learning

2598
2599 Technology is a neutral learning tool because it can support any and all of the
2600 pedagogies listed above. Educational technology (ET) and information technology (IT)
2601 are different approaches to virtual learning. ET has great potential in helping achieve
2602 educational aims and objectives: in managing learning, in engaging students in
2603 appropriate learning activities, in assessing learning and in enabling off-campus learning
2604 (Biggs 2003).

2605
2606 The benefit of e-learning requires significant up-front investment. However, substantial
2607 gains in student outcomes and efficiency can result directly from e-learning
2608 interventions. These interventions have varying degrees of the following six key
2609 characteristics (Twigg 2003):

- 2610
2611 1. Whole course/program redesign (to remove duplication of effort and to ensure
2612 consistency).
2613 2. Active learning (focusing students on doing).
2614 3. Computer-based learning resources (including online exercises and low stakes
2615 quizzes).
2616 4. Mastery learning (modular, self-paced course design with clear learning
2617 objectives).

- 2618 5. On-demand help (crucial for student satisfaction).
2619 6. Alternative staffing (through specialization, freeing academics to concentrate on
2620 teaching).

2621
2622 Training in homeopathy taught via an e-learning model must facilitate basic training in
2623 the subjects advised elsewhere in these guidelines, Students can attain encouraging
2624 evidential benefits from learning via an e-learning model, but ethical issues in relation to
2625 clinical training and live cases, must be considered. Much technology provided by
2626 professionals does have features which support confidentiality. However, emphasis on
2627 engagement with the client-practitioner relationship, and development of personal and
2628 professional skills, will require live clinics and supervision where practical, so that
2629 students can obtain the objectives and learning outcomes of clinical training.

2630
2631 Although these skills are more usually associated with classroom teaching, they can
2632 also be achieved in an e-learning setting. The virtual teaching room is well suited for
2633 student engagement, and part of the teaching strategy are to have group presentations,
2634 which is weighed with a considerable percentage of the assessment strategy.

2635
2636 E-learning is project oriented and resembles varieties of problem-based learning. It is
2637 easy for students to access resources and build on each others' online resources.
2638 Students develop easily and become more critical, more active and more constructive.
2639 Because the students are more active, the quality of learning becomes much higher,
2640 (Georgsen & Bennedsen 2004).

2641
2642 There are high expectations of the quality of student presentation material. Because of
2643 the high standard expected, it can be justified that group work covers 25 percent of the
2644 total assessment. All learners in a group are able to profit from the tabling of similar or
2645 thoughtfully contrasting examples, which had been encountered by their peers, which is
2646 why the students can be asked to make presentations on the same topic (Cowan 2006).

2647
2648 Kolb's expanded learning cycle (1984) of Concrete Experience, Reflective Observation,
2649 Abstract Conceptualisation and Active Experimentation is suited for homeopathy
2650 teaching, especially clinical training, as it forms itself around these concepts and is
2651 easily applied using the e-learning model.

2652 2653 **Assessment for E-learning**

2654
2655 Educational technology can be used for designing both summative and formative
2656 assessment. The assessments equivalent of a bachelor degree level, and a variety of
2657 other assessment methods, are available to be used by course providers according to
2658 preference (Biggs 2003).

2659
2660 The European Credit Transfer and Accumulation System (ECTS) is a standard for
2661 comparing the study attainment and performance of students of higher education across
2662 the European Union and other collaborating European countries. The ECTS point

2663 system, as recommended by the Bologna Declaration, is the most appropriate
2664 framework for assessing the quality of the student's learned skills. The old system of
2665 accrediting learning according to contact hours is not applicable with e-learning as very
2666 few contact hours are needed to obtain quality learning. The main objective is to assess
2667 the student's progress, skills and standard attained, all of which should reflect the topics
2668 of the guided learning for each module.

2669
2670 **Source:** ECCH document; E-Learning section

APPENDICES

Appendix 1 - Initial CHE-sponsored Summit in 2000

[Return to See Appendix 1 in text](#)

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

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

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

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

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

2713 LIST OF ATTENDEES
2714
2715 Edward Chapman, MD, DHt, Summit Chair
2716 President, CHE; Treasurer, HCC; Trustee, AIH; Primary Care Coordinator, ABHT
2717 Peggy Chipkin, FNP, CCH
2718 Board, CHC; Board, HCC; Member, HNA
2719 Jane Chicchetti, RSHom (NA)
2720 Member, NASH Schools Committee; Board, CHE (representing NASH)
2721 (Resigned prior to draft of final documents)
2722 Joyce Frye, DO, MBA
2723 President, NCH; First Vice President, AIH
2724 Kathy Lukas
2725 Secretary, CHE
2726 Christopher Phillips, CCH
2727 Board, CHE (representing CHC)
2728 Richard Pitt, RSHom, CCH
2729 President, CHC
2730 Josette Polzella
2731 Treasurer, CHE
2732 Iris Hagen Ratowsky, RSHom (NA), CCH
2733 Registrar, NASH; Board, CCH
2734 Caroline Rider, JD
2735 Associate Professor of Management and Chair of the Department of
2736 Management, School of Management, Marist College, Poughkeepsie, N.Y.
2737 Todd Rowe, MD, MD(H), CCH, DHt
2738 Vice President, NCH; Board, CHC; Board, CHE
2739

2740 “INTRODUCTION” FROM THE ORIGINAL SUMMIT DOCUMENT

2741
2742 The Council for Homeopathic Education (CHE), with the support of the Homeopathic
2743 Community Council (HCC), held a Summit Meeting of invited representatives of key
2744 homeopathic organizations on January 28-30, 2000. The intention of this Summit was to
2745 achieve consensus on the homeopathic and medical competencies and standards
2746 necessary for the practice of homeopathy in North America. The draft document was
2747 circulated to the North American homeopathic community for comment and review. This
2748 document represents the final version of these competencies and standards.

2749
2750 The Council for Homeopathic Education was founded in 1982 with the mission to
2751 accredit homeopathic schools and educational programs. In 1999, the CHE identified
2752 the establishment of consensus on standards and competencies as a priority necessary
2753 to achieve its mission. Accreditation of educational institutions is a function vital to the
2754 development and recognition of homeopathy as a healthcare profession.

2755
2756 Homeopathy is currently utilized by a wide variety of healthcare practitioners in the
2757 United States and Canada. The political-legal environment in which homeopathy is
2758 practiced is in a state of evolution. This complexity makes the job of the CHE a
2759 complicated task – one of identifying the core competencies and standards to which
2760 schools prepare students. It is a task that must be undertaken with sensitivity to many
2761 perspectives and awareness that healthcare in the North America is heading rapidly
2762 toward new potentials.

2763
2764 The Summit group outlined homeopathic and medical standards and competencies. We
2765 recognize that the means of acquiring these competencies will vary from formal
2766 instruction, to self-study, to clinical supervision. Actually the ideal training process
2767 includes all three of these elements. The important thing is that the instruction be based
2768 on definable standards and that homeopaths are capable of demonstrating these
2769 competencies and proficiencies by the standardized measurements utilized by
2770 certification boards.

2771
2772 This document (*the original standards and competencies document*) was distributed to
2773 the North American homeopathic community for public comment in the winter of 2000. It
2774 has been through a series of revisions and reflects commentary from many
2775 organizations, schools and individuals within the homeopathic community. We wish to
2776 thank all of the individuals and organizations that participated in the public commentary.

2777
2778 One positive outcome of the Summit process was the high degree of consensus among
2779 participants representing diverse segments of the homeopathic community, including
2780 practitioners with and without medical licenses. We believe this heartening outcome is a
2781 good omen of a future of creative harmony within the homeopathic profession.

2782
2783 Statements presented in these documents represent consensus, unless otherwise
2784 indicated. For those points on which we were unable to agree, we have set forth the

arguments for and against so that the larger homeopathic community can make its decision. In fact there were only two such points.

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

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

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

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

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

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

(*Now ACHENA)

BIBLIOGRAPHY OF REFERENCE DOCUMENTS FOR INITIAL STANDARDS & COMPETENCIES DOCUMENT

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2. European and International Councils for Homeopathy, "Guidelines for Homeopathic Education"; first edition (January 1993) and second edition (March 1999).
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LIST OF APPENDED DOCUMENTS FOR INITIAL STANDARDS & COMPETENCIES DOCUMENT

1. Commission on Accreditation of Allied Health Education Programs, "Standards and Guidelines for an Accredited Program for the Physician Assistant," revised, 1997.
2. European and International Councils for Homeopathy, "Guidelines for Homeopathic Education"; second edition, March 1999.
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4. North American Society of Homeopaths, "Record-Keeping Guidelines," Appendix C
5. Olsen, Steve, CCH, ND, DHANP, "The Homeopathic Code of Professional Ethics and Ethical Standards of Practice," January 15, 2000, version 1.3b.
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7. Society of Homoeopaths, "Critique of Consultation Document Developing National Occupational Standards for Homeopathy."
8. United Kingdom, "National Occupational Standards for Homeopathy," Draft 25, August 1998.

[*Return to See Appendix 1 in text*](#)

2870 **Appendix 2 - Canadian & US Homeopathic Standards Summit in 2010**

2871 [Return to See Appendix 2 in text](#)

2872 **LIST OF VOTING ORGANIZATIONS AND ATTENDEES**

2873	Academy of Veterinary Homeopathy (AVH)	Betsy Harrison, President
2874	American Board of Homeopathic Diplomates (ABHt)	Todd Hoover
2875	American Institute of Homeopathy (AIH)	Todd Hoover, President
2876	Council for Homeopathic Certification (CHC)	Harry Swope, Treasurer
2877	(ACHENA)	Heidi Schor, President
2878	Homeopathic Academy of Naturopathic Physicians (HANP)	Nadia Bakir, Board
2879	Homeopathic Nurses Association (HNA)	Ann McKay, Past President
2880	North American Network of Homeopathic Educators (NANHE)	Deb Trotta, Chair
2881	North American Society of Homeopaths (NASH)	Allyson Burden, Int. Liaison
2882	National Center for Homeopathy (NCH)	Ann Jerome, Board
2883	National United Professional Association of Trained	
2884	Homeopaths (NUPATH)	Karen Wehrstein, President
2885	Florida Homeopathic Society (FHS)	Kim Purcell, President
2886	Arizona Homeopathic and Integrative Medical	
2887	Association (AHIMA)	Todd Rowe
2888	West Coast Society of Homeopaths (WCHS)	
2889	Syndicate Professional of Homeopaths of Quebec (SPHQ)	Carla Marcelis
2890	Homeopathic Medical Association of Canada	Iman Navab
2891	British Columbia Society of Homeopaths (BCSH)	Marie Lamey, President

2892
2893 **LIST OF OBSERVER ORGANIZATIONS AND ATTENDEES**

2894	National United Professional Association of Trained	
2895	Homeopaths (NUPATH)	Sushila Lalsingh
2896	Syndicat professionnel des homéopathes du Québec	Joyce Edge
2897		Lisa DeCandia
2898		Kashka Kril-Atkins
2899		Adriana Volpato
2900		Ginette Beaulieu
2901		Judyanne MacNamara
2902	Homeopathic Medical Educational Ctr of Canada (HMECC)	Taraneh Refahiyat, Faculty
2903	North Toronto Homeopathic Medicine & Welless Clinic	Mario Ringo
2904		Martine Tardife
2905	Canadian Representative School of Homeopathy	Christine Jambrosic
2906	Transitional Council-College of Homeopaths of Ontario (TC-CHO)	Basil Ziv, Registrar
2907		Bhupinder Sharma
2908		John Curran
2909		Whitney Collins
2910		Katharine McEachern
2911		Janet Blanchard

2912 . [Return to See Appendix 2 in text](#)

Appendix 3 - Details of Current Political-Legal Environment for Homeopathy in North America

[Return to See Appendix 3 in text](#)

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

United States

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

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

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

Canada

Canada’s tradition of access to homeopathic medicine dates back to Dr. J. O. Rosenstein, who is recorded as practicing homeopathy in 1845 in Montreal, Quebec. In 1859, the bill known as "An Act Respecting Homeopathy" was passed in what is currently the province of Ontario. In western Canada, the British Columbia Homeopathic Act, 1889, permitted homeopathic doctors to register as practitioners in B.C. without

being subject to the jurisdiction of the Provincial Medical Council. By 1925, only 40 homeopaths were practicing in Canada.

Currently the practice of homeopathy by a professional homeopath charging a fee for service is fully legal in every province except Quebec. Homeopathy is popular in Quebec, with a large community of practitioners who take measures to publicly distance what they do from practicing medicine.

The directories of professional homeopaths posted by Canadian Society of Homeopaths (CSH), North American Society of Homeopaths (NASH), and The National United Association of Trained Homeopaths (NUPATH) list practitioners working in the provinces of Alberta, British Columbia, Nova Scotia, Ontario, and Quebec.

The only province undertaking to regulate homeopathy so far is Ontario, where health practice is governed by legislation that is designed to protect the public, and so sets out specific health-care procedures. Health professionals are permitted to perform these health-care procedures.

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

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

Mexico

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

Mexico is a Republic of States, and associations operating in each state need state approval. There are schools in the state of Jalisco that teach lay people, and they have spurred the Government to re-examine the classification of homeopathic practice. The outcome is not known at this time. Legally, only MDs are allowed to practice, but there are many other people, many of them in pharmacies, who are prescribing. There are probably about 1,500-2,000 practitioners in Mexico.

3002 Homeopathic medicine has been recognized in Mexico since 1896. In Mexico there are
3003 two schools that grant the MD degree, five post graduate schools, and two homeopathic
3004 hospitals.

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[Return to See Appendix 3 in text](#)

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Appendix 4 - List of Homeopathic Remedies

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

Study List of Homeopathic Remedies

Aconitum napellus	Aethusa	Agaricus
Allium cepa	Aloe	Alumina
Anacardium	Antimonium crudum	Antimonium tart.
Apis	Argentum metallicum	Argentum nitricum
Arnica	Arsenicum album	Arsenicum iodatum
Asafoetida	Asarum	Aurum
Badiaga	Baptisia	Baryta carbonica
Belladonna	Bellis perennis	Berberis
Borax	Bromium	Bryonia
Cactus	Calcarea carb.	Calcarea flour.
Calcarea phos.	Calcarea sulph.	Calendula
Camphora	Cannibus indica	Cantharis
Capsicum	Carbo animalis	Carbo vegetabilis
Carcinosin	Caulophyllum	Causticum
Chamomilla	Chelidonium	China officinalis
Cicuta	Cimicifuga	Cocculus
Coccus cacti	Coffea	Colchicum
Colocynthis	Conium	Crocus sativus
Crotalus horridus	Cuprum	Cyclamen
Digitalis	Drosera	Dulcamara
Elaps	Equisetum	Eupatorium perf.
Euphrasia	Ferrum met.	Ferrum phos.
Flouricum acid.	Gambogia	Gelsemium
Glonoinum	Graphites	Hamamelis
Helleborus	Hepar sulph	Hyoscyamus
Hypericum	Ignatia	Iodum

Ipecacuanha	Iris versicolor	Kali bichromicum
Kali bromatum	Kali carbonicum	Kali phosphoricum
Kali sulphuricum	Kreosotum	Lac caninum
Lachesis	Latrodectus mactans	Laurocerasus
Ledum	Lillium tigrinum	Lobelia inflata
Lycopodium	Lyssin	Magnesia carbonica
Magnesia muriatica	Magnesia phosphorica	Mancinella
Medorrhinum	Mercurius corr	Mercurius iod flavus
Mercurius iod ruber	Mercurius vivus	Mezereum
Naja	Natrum arsenicum	Natrum carbonicum
Natrum muriaticum	Natrum phos.	Natrum sulphuricum
Nitricum acidum	Nux moschata	Nux vomica
Opium	Palladium	Petroleum
Phosphoric acid	Phosphorus	Phytolacca
Platina	Plumbum	Podophyllum
Psorinum	Pulsatilla	Pyrogenium
Ranunculus bulbosa	Rhus toxicodendron	Rumex crispus
Ruta graveolens	Sabadilla	Sabina
Sambucus nigra	Sanguinaria	Sarsaparilla
Sepia	Silica	Spigelia
Spongia tosta	Stannum	Staphysagria
Stramonium	Sulphur	Sulphuric acid
Symphytum	Syphilinum	Tabacum
Tarentula hispanica	Tarentula cubensis	Thuja
Tuberculinum	Urtica urens	Veratrum album
Viburnum	Zincum metallicum	

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[Return to See Appendix 4 in text](#)

Appendix 5 - Specific Skills for Homeopathic Case Taking

[Return to See Appendix 5 in text](#)

PRELIMINARY CONSIDERATIONS

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

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

ABILITY TO DIFFERENTIATE TYPES OF CASES

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

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

ABILITY TO BE NON-JUDGMENTAL

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

LISTENING AND ELICITING NECESSARY DETAILS

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

Homeopaths are keenly aware of the effect they have on the client when they ask the client a question. In general, the homeopath asks questions in a manner that is non-

judgmental, open-ended (not expecting either a yes or a no answer), and phrased in an empathetic, supportive and non-invasive manner.

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

RECORDING INFORMATION

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

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

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

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

COMPREHENSIVE COMPETENCIES

NOTE: The foundation for the skills and abilities listed here should be included in all homeopathic education, but the future state would require a higher level of skills and abilities that would reflect more training and experience than is typically provided currently.

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

11. Assessing, based on information collected during the taking of the case, when it may be appropriate to consider referring the client to another practitioner – homeopathic or other
12. Alertness to case characteristics that suggest exposure to epidemic disease (and how to explore the relevance of a homeopathic “genus epidemicus”)
13. Ability to elicit relevant aspects of personal and family history (health and general)
14. Understanding in homeopathic case taking the potential value, limitations and use of medical information provided by the client and of information provided on intake forms
15. Knowing when it may be necessary or useful to involve someone besides the client in a consultation (for example, when working with children) or to obtain collateral information from other sources. This includes recognizing the potential for reticence, bias, misrepresentation, and misunderstanding when others are involved in these discussions, and being able to minimize those risks

The personal skills and knowledge the homeopath shall develop includes:

1. The capacity to clearly perceive, including:
 - a. Recognizing and interpreting significant aspects of a client’s appearance, body language, speech and behavior.
 - b. Understanding patterns of health on the mental, emotional and physical levels in a way that assists in perceiving what needs to be healed in others.
 - c. Assessing the “vital force” of the client.
2. Observing with accuracy and astuteness and developing healthy senses that assist in observing
3. Refining listening skills based on patience and openness, including a facility in effective and sensitive interviewing attitudes and techniques that will enable individuals to reveal and talk through relevant issues in their physical, mental and emotional health
4. Freedom from bias, with the ability to empathetically listen and communicate, including an appreciation for aspects of religious, ethnic or cultural diversity and respect for a client’s personal life choices
5. Awareness of the dangers of imposing one’s own beliefs, values, and attitudes on individuals and of the importance of respect for the client’s beliefs, values and attitudes both personal and cultural
6. Asking questions effectively (in an authentic and open manner), without bias or judgment, and without undue embarrassment to the client
7. Knowledge of concepts of energy, vital force, disease, and wellness as well as

3208 the unity of mind, body, emotion, spirit, and environment and how to apply these
3209 concepts in taking and assessing individual cases

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Appendix 6 - Particulars of Homeopathic Case Analysis

[Return to See Appendix 6 in text](#)

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

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

[Return to See Appendix 6 in text](#)

Appendix 7 - Homeopathic Case Management Guidelines

[Return to initial reference to See Appendix 7 in text](#)

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

Management of the practitioner-client relationship

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

1. The typical course of events during homeopathic care – timing of visits, the typical course of care for cases of the type and severity experienced by the client, contacting the homeopath between follow-ups if certain circumstances occur, the need for the client to note and be able to report changes, and other matters appropriate to the case – including circumstances that should alert the client to seek urgent care either by the homeopath or by a licensed medical professional.
2. The problems posed by the use of self-prescribed remedies, as well as by other changes that may make interpretation of the client's progress more difficult.
3. The homeopathic practitioner's ethical obligations, including confidentiality.
4. Each homeopathic practitioner, in a manner appropriate to his or her practice shall determine the type and content of an informed consent form that clients (or their parents or guardians) should sign to acknowledge that they understand and consent to homeopathic care. (As appropriate, this information and consent should conform to applicable aspects of HIPPA regulations and/or state or provincial legal requirements.)

Homeopathic management of the evolution of the case

[Return to - Homeopathic management of the evolution of the case in text](#)

Additional goals for homeopathic management of each case would include:

1. Setting reasonable initial expectations – balancing hopes and aspirations with realistic pragmatism
2. Ensuring that case information is properly taken at each client contact – (See Section H – Homeopathic Case Taking)
3. Ensuring that there is a proper assessment and plan at each client contact – (See this under Management of case records, below)

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

Homeopathic management of the dynamics of the case

[Return to See - Homeopathic management of the dynamics of the case in text](#)

1. Maintaining appropriate communication to clients both during and between follow-ups
2. The homeopathic practitioner demonstrates appropriate communication with clients both during and between follow-ups. This would include, as appropriate:
 - a. Discussion of the client’s progress, including an assessment of how homeopathic care is addressing the level of disturbance in the health of the client, based on homeopathic evidence from observed results in similar cases
 - b. Timely and ethical communication expected to ensure a client understands the appropriate options during the course of homeopathic care
 - c. Maintaining ongoing communication with the client after the initial case taking about the nature of his or her homeopathic care including discussion of possible aggravations and of limitations, if any, in this particular case for homeopathy.
3. Maintaining appropriate scheduling of follow-ups based on a strategy of anticipated remedy action, prognosis, and the client’s needs

The scheduling should consider the supervision required to assess homeopathic, mental-emotional, and physical aspects of each case.
4. Ensuring, at each client contact, a thoughtful assessment of remedy action
 - a. Recording the individual’s experience, while being able to assess the accuracy and validity of his or her reporting.
 - b. Evaluating the extent to which the client’s aims and goals have been achieved.
 - c. Evaluating results according to changes in the vital force, the homeopathic definition of cure, as taught by Hahnemann and other homeopathic philosophers, versus palliation or suppression and other influences affecting the case - using Herring’s Law and other fundamentals of homeopathic

- 3333 philosophy and theory.
- 3334 d. Applying models of remedy actions described by respected homeopathic
- 3335 authors including Kent, Herring, and others.
- 3336 e. Knowing how to recognize and manage the possible challenging influences
- 3337 on case progress of:
- 3338 i. Homeopathic aggravation
- 3339 ii. Antidoting
- 3340 iii. Placebo and nocebo (harmful, unpleasant, or undesirable) effects
- 3341 iv. Return of old symptoms – recognizing this situation, whether to act
- 3342 or wait and deciding what, if anything to do
- 3343 f. Knowing how to evaluate and manage possible obstacles to cure, as taught
- 3344 by Hahnemann and other homeopathic philosophers, including:
- 3345 i. Previous evolution of the client's pathology
- 3346 ii. Prognosis – in homeopathic terms
- 3347 iii. Environmental considerations, poor health habits, and other lifestyle
- 3348 issues
- 3349 iv. Iatrogenic factors
- 3350 v. Possible limitations of homeopathic care
- 3351 g. Knowing when to wait, when to repeat, and when to change remedies
- 3352 and/or potencies.
- 3353 h. Knowing when to retake the case.
- 3354 i. Recognizing proving symptoms.
- 3355 j. Knowing when to refer the case to another homeopath or a practitioner
- 3356 of another modality and how to do it effectively, for the client's benefit.
- 3357
- 3358 5. Demonstrating knowledge of how to apply case evaluation concepts that
- 3359 include: simillimum, similar, miasms, layers, remedy families, "essences", cycles
- 3360 and segments, and zigzagging.
- 3361
- 3362 6. Demonstrating comprehension of each individual's motivation and commitment
- 3363 to homeopathic care and other factors which may affect client compliance and
- 3364 the outcome.
- 3365
- 3366 7. Demonstrating management of acute health problems that arise during chronic
- 3367 cases.
- 3368
- 3369 8. Demonstrating use of intercurrent remedies (if appropriate to a case).
- 3370
- 3371 9. Demonstrating appropriate use of medical reports in homeopathic case
- 3372 management with assessment of their value and limitations in each case.
- 3373
- 3374 10. Demonstrating the ability to manage the cases of clients taking medications
- 3375 (prescription or other):
- 3376 a. By identifying what may be possible side effects
- 3377 b. By taking appropriate steps to combine homeopathic care with the client's

- 3378 use of prescription medicines
3379 c. By identifying when this may not be advisable
3380
3381 11. Demonstrating familiarity with resources available to individuals to make
3382 changes in their circumstances and lifestyles.
3383
3384 12. Demonstrating familiarity with appropriate ways to bring closure after a case
3385 taking session to help the client and the practitioner to regain balance -
3386 especially after an intensive interview.
3387
3388 13. Demonstrating proper therapeutic closure if a client is being referred to another
3389 practitioner or there is termination of care, including a re-cap of what progress
3390 has been made and clear recommendations to the client for further care.
3391

3392 **Management of case records**

3393 [Return to - See Appendix 7 - Management of case records - in text](#)
3394

3395 How case records are managed will be influenced by the license or regulations, if any,
3396 under which each individual practices. For schools seeking accreditation most
3397 accrediting bodies stipulate record management practices and requirements as
3398 determined by the Secretary of Education. The list below presents general issues with
3399 the recognition that the competencies are not fully defined.
3400

3401 **Guidelines:**

- 3402
3403 1. Confidentiality
3404 2. Accuracy
3405 3. Subjective information
3406 4. Objective information
3407 5. Assessment (including key differentials)
3408 6. Plan (including follow-up)
3409 7. Periodic review (audit) of case records
3410 8. Other general case management issues, including:
3411 a. Video recording skills
3412 b. Skills in providing client education
3413 c. Skills in developing client self-responsibility in client care and diminishing
3414 dependency
3415 d. Skills in assessing and removing obstacles to cure, as taught by Hahnemann
3416 and other homeopathic philosophers, in all dimensions of
3417 our clients' health
3418 e. Skills in supporting client empowerment
3419 f. Skills in relationship centered healing

- 3420 g. Skills in utilizing and applying ethical decisions in practice
3421
3422 9. Other advanced case management issues:
3423 a. The homeopath demonstrates competency in the safe use of homeopathic
3424 remedies, including the safety of both the client and the homeopath. The
3425 practitioner also has the ability to manage the clinical case using appropriate
3426 clinical skills. Necessary areas of knowledge include:
3427 i. Appropriate use of referrals for emergency care, medical evaluation,
3428 complementary and alternative medicine (CAM), and other types of
3429 evaluation and treatment
3430 ii. Appropriate use of supervision and homeopathic consultation
3431 iii. The ability to use feedback from others, including clients and
3432 colleagues
3433 iv. Maintaining effective collaborative relationships
3434 v. The ability to engage in self-evaluation
3435 vi. The ability to access and integrate new information to assist in
3436 decision-making
3437 vii. The ability to use research, including provings, audits and case
3438 studies, to plan, implement, and critically evaluate concepts and
3439 strategies leading to improvements in care
3440 viii. The ability to critically evaluate professional knowledge, methodology,
3441 legislation, policy and research in order to refine clinical practice
3442 ix. The ability to predict when difficult situations may develop in clinical
3443 practice and to limit their negative effects
3444
3445
3446

**Appendix 8 - Guidelines for Signs and Symptoms That May Suggest
That a Referral Is Appropriate**

[Return to See Appendix 8 in text](#)

Introduction

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

Newborns (0-6 Weeks)

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

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

Suggest seeking additional medical advice

Eye Discharge
Umbilical Inflammation / Discharge
Cough

Vomiting < 4 oz
No Bowel Movement > 48 hours
Difficulty Nursing / Feeding
Skin Rash

Failure to move a Limb
Unusual or Prolonged Crying

3461
3462
3463
3464
3465

Infants (6 Weeks – 24 Months)

Suggest that client seek additional medical advice without delay

Fever >102
Neck Stiffness
Passing Out / Loss of Consciousness
Redness of Eye or around Eye
Ear Discharge

Nose Bleeding

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

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

3466

Suggest that client seek additional medical advice

Prolonged Fever <102, > 2 days
Mis-shaped Head
Eye Discharge
Eyes not aligned
Ear Pain or Pulling
Hearing loss or concerns
Nose Discharge prolonged (>3 days)
Nose Discharge with odor, or color other than white / clear

Sore Throat
Cough > 2 days
Recurring cough
Recurring Vomiting
Diarrhea <4 episodes in 24 hours
Bowel Movements less than once every other day

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

3467

3468

3469

Children (2years – 10 years)

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

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

Ear Discharge
Nose Bleeding

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

Balance or Coordination Troubles
Fainting Spells
Shaking Spells
Passing Out / Loss of Consciousness

Sudden Skin Rash (< 48 hours)

Suspected Child Abuse or Neglect

Suicidal thoughts or attempts

Suggest that client seek additional medical advice

Prolonged Fever <102, > 2 days

Prolonged or recurring headaches

Eye Discharge

Eyes not aligned

Ear Pain

Nose Discharge prolonged (>3 days)

Nose Discharge with odor, or color other than white / clear

Sore Throat

Cough > 2 days

Recurring cough

Recurring Vomiting

Diarrhea <5 episodes in 24 hours

Bowel Movements less than once every other day

Persistent or Recurring Abdominal Pain

Foul smelling Urine

Bed Wetting age 5 yrs age or after becoming continent
through the night

Pain with Urination

Joint or Limb Swelling

Refusal or Failure to move or use a limb

Lump on Skin or Bone or other Tissue

Swelling of Joint(s)

Maternal or Practitioner Concerns about speed of
development

Slow growth or loss of weight

Skin Rash

Tick Bites

Excessive Fears

Prolonged Temper Tantrums or Breath holding

3470

3471

3472

Adolescent (10 years – 18 years)

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

Fever >102
Neck Stiffness
Sudden or Severe headaches

Ear Discharge

Nose Bleeding

Throat or Tongue Swelling

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

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

Sudden Skin Rash (< 48 hours)

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

3473

Suggest that client seek additional medical advice

Prolonged Fever <102, > 2 days

Prolonged or recurring headaches
Eye Discharge

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

Foul smelling Urine
Pain with Urination
Premenstrual Difficulties

Light-headedness

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

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

3474

3475

3476

Adult (18 years – 60 years)

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

Fever >102
Neck Stiffness
Sudden or Severe headaches
Passing Out / Loss of Consciousness
Loss of Vision
Ear Discharge

Nose Bleeding

Throat or Tongue Swelling

Chest Pain

Left Arm or Jaw Pain

Rapid heartbeat or persisting palpitation

Trouble Breathing

Excessive Vomiting > 4x in 24 hours

Excessive Diarrhea >5 episodes in 24 hours

Blood or Black in Bowel Movement

Sudden or Severe Abdominal Pain

Blood in urine

Prolonged or Excessive Vaginal Bleeding

Red and swollen joint

Sudden Skin Rash (< 48 hours)

Balance or Coordination Troubles

Fainting Spells

Shaking Spells

Sudden Weakness or Numbness of Extremity

Suicidal thoughts or attempts

Suspected Drug Dependency

Suspected Drug or Alcohol intoxication

3477

3478

Suggest that client seek additional medical advice

Prolonged Fever <102, > 2 days

Prolonged or recurring headaches

Eye Discharge

Ear Pain

Hearing loss or concerns

Nose Discharge prolonged (>3 days)

Nose Discharge with odor, or color other than white / clear

Sore Throat

Palpitations
Cough > 3 days
Recurring cough
Recurring Vomiting
Diarrhea <5 episodes in 24 hours
Bowel Movements less than once every other day
Persistent Change in Bowel Movements
Persistent or Recurring Abdominal Pain
Foul smelling Urine
Pain with Urination

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

3479

3480 **Pregnancy**

3481

3482 **Suggest that client seek additional medical advice without delay**

Same List As Adult plus the following:

Loss of Weight
Prolonged Vomiting
Decreased Movement of Baby
Fall or Injury to Abdomen
Vaginal Bleeding
Vaginal Discharge
Abdominal Pains
Sudden onset leg swelling late in Pregnancy

3483

Suggest that client seek additional medical advice

Same List As Adult plus the following:

Unable to Gain Weight

Persistent Nausea

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3485

3486 **Senior (Over age 60 – approx.)**

3487

Suggest that client seek additional medical advice

without delay

Fever >102

Neck Stiffness

Sudden or Severe headaches

Passing Out / Loss of Consciousness

Loss of Vision

Ear Discharge

Nose Bleeding

Throat or Tongue Swelling

Chest Pain

Left Arm or Jaw Pain

Rapid heartbeat or persisting palpitation

Trouble Breathing

Excessive Vomiting > 4x in 24 hours

Excessive Diarrhea >5 episodes in 24 hours

Blood or Black in Bowel Movement

Blood in urine

Prolonged or Excessive Vaginal Bleeding

Red and swollen joint

Sudden Skin Rash (< 48 hours)

Balance or Coordination Troubles

Fainting Spells

Shaking Spells

Sudden Weakness or Numbness of Extremity

Suicidal thoughts or attempts

Suspected Drug Dependency

Suspected Drug or Alcohol intoxication

3488

Suggest that client seek additional medical advice

Prolonged Fever <102, > 2 days

Prolonged or recurring headaches

Eye Discharge

Ear Pain

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

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3490
3491
3492
3493

END of LIST

Return to See Appendix 8 in text

AFTERWORD - Possible Topics for Consideration During the Next Round of Revisions and Updates of this Document

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

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

A. Study Levels

The goals toward which homeopathic educational programs should grow, with specific levels of study recommended by subject area are described in: Appendix 10 – Recommended Hours of Homeopathic Study. The definition of "hours" and the means of accomplishing these goals still need discussion. Also, the options for self-directed study versus formal class instruction should to be considered. Other options, rather than a specified number of hours, could be explored as a way to target appropriate levels of study and relative focus between various subjects.

B. Curriculum Additions

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

5. *History of Homeopathy in North America-*
 - a. *The spread of homeopathy to NA, and its proponents*

b. *Familiarity with philosophers, authors, activists, and social, political and economic forces that have had major influences on the homeopathic discipline and profession as it developed.*

6. Current Affairs in Homeopathy in the US and Canada

a. Familiarity with homeopathic organizations, associations and leaders

b. Familiarity with philosophers, authors, activists, and social, political and economic forces currently influencing the homeopathic discipline and profession today.

7. Current Legal & Political Affairs US

a. Affordable Health Care Act and Rules

b. Legality of Practice

c. Categories of Practice

8. Current Legal & Political Affairs Canada

a. Provincial Regulation

9. *Summary and Overview of the history of other forms of holistic medicine*

a. *Naturopathy, traditional oriental medicine (acupuncture and herbal), and Ayurveda.*

10. National Healthcare Landscape-

a. CAM

b. Integrative Medicine

i. Homeopathy's place in Integrative Healthcare

C. Provings / Research

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

Research

COMPETENCIES

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

In addition:

1. Community Science Research—Evaluating demographics, cost and efficacy of practice within the homeopathic community through surveys and other tools

Homeopathic practitioners demonstrate a fundamental understanding of how to:

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

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

D. Future Goals for Competencies & Standards in Medical Knowledge

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

E. Herbal Medicines and Dietary Supplements

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

OTHER AREAS FOR FUTURE DISCUSSION:

A future discussion might include issues such as:

Ayurvedic, Traditional Chinese Medicine, other body-based practices.

F. Recommended Hours of Homeopathic Study

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

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

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

Table begins on following page ...

Suggested Hours of Instruction – by Topic

<u>HOMEOPATHIC</u>	
Philosophy	100
History	20
Materia Medica	360
Repertory	80
Case Taking (incl. Observation and Perception)	120
Case Analysis (incl. remedy selection)	200
Case Management (incl. Posology)	120
Introduction to Homeopathic Research:	20
Clinical Training	500
Total Homeopathic	<u>1,400</u>
<u>OTHER</u>	
Anatomy - (Lecture 90; Lab 30)	120
Physiology	160
Neuroanatomy & Senses	60
Pathophysiology and Disease Processes	140
Endocrinology	40
Immunology and Allergy	30
Pharmacology / Pharmacognosy	80
Clinical Assessment (Homeopathic & Allopathic)	120
Women's Health	60
Pediatrics	20
Geriatrics	20
Laboratory and Diagnostic Tests	70
Counseling Theories and Practice	40
Interpersonal Dynamics:- self-awareness as a healer	40
Public Health	20
Preparation for Practice	40
Ethics :	20
Jurisprudence	20
Total Other	<u>1,000</u>
COMBINED TOTAL	<u>2,400</u>

G. Teacher Competency & Development

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

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

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

COMPETENCIES

Learning activities and opportunities in the course, and the assessment of student progress, are designed in such a way that all the study topics are covered, and students can show evidence that:

- they know at a basic understanding level,
- they comprehend through understanding relationships of ideas in concepts and procedures,
- they can apply the material in a student role, integrating understanding and refining knowledge.

In addition, throughout the course students are encouraged to develop independence and autonomy, showing evidence that:

- they are able to analyze existing information or situations,
- they can synthesize new ideas themselves from their individual experience,
- they can evaluate their progress through use of reflective practice.

The course provider will develop the curriculum in ways that guide the teaching, learning and assessment towards these objectives.

EDUCATIONAL AND TRAINING STANDARDS

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

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

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

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

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

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

Teachers are capable of identifying and implementing increased levels of teaching and learning as students' needs increase in complexity. The same topics will be approached in a descriptive manner, then through comparative or differentiating work and finally at a level of synthesis and evaluation.

In order to contribute to students' improved learning, the teacher a be able to communicate with students and assist them in communicating with each other.

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

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

1. Qualifications

Teachers may be assessed by the following:

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

2. Teacher Development

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

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

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

3. Assessment

Assessment is a feedback process through which both student and course provider identify learning achievement, needs, and pathways to progress.

It is designed and planned as an integral part of the entire curriculum. The strategy adopted agrees with the stated learning objectives and with teaching and learning methods. An assessment program enhances the students' learning and awareness by using professional self-appraisal and self-assessment techniques and developing their critical faculties. These abilities will play an essential role in responsible homeopathic practice and in also continuing student development.

Assessment or evaluation of learning is achieved by describing learning outcomes that are consistent with the nature of homeopathic principles and practice, i.e. the 'what and how' of learner performance as a response to their learning experience and effort (this allows flexibility of application appropriate to the individuality of ethos of each educational organization). Having defined the learning objectives in a curriculum document, schools are then in a position to develop their own assessment criteria and methods to measure the expected learning outcomes for their students.

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

Assessment can be both formative and summative:

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

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

Objectives:

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

Methods of assessment and moderation:

In order to meet the variety of skills and comprehension in students it is important to have a matrix of assessment modes that is made up of a variety of methods. It is important to recognize that each assessment method is advantageous to some students and disadvantageous to others. Assessment necessarily needs to reflect the subject being taught.

Methods range from traditional written exams, through many kinds of alternative exam formats, to a wide variety of other 'measurables' that can be a product of students' individual or of their collaborative work.

It is important to ensure that the standards of assessment, both within a course and between courses, are themselves assessed and checked. This is called the process of moderation, and it needs to be carried out both internally and externally in order to maintain the standard and integrity of awards.

Examples for different modes of assessment:

- Feedback questionnaires
- Oral feedback
- Self assessment
- Self reflection
- Written tests – more or less open questions, multiple choice, paper cases
- Oral contributions to lectures
- Oral examinations
- Casework
- Paper presentations
- Home assignments
- Practical tests
- Projects
- Supervision
- Tutorial

Source: ECCH, International Guidelines, 2011

H. Guidelines for Electronic & Distance Learning

Introduction

The following is an attempt to outline the basic differences between terms commonly used to describe E and Distance learning programs. It describes both traditional, subject centered, pedagogical learning processes, where the student takes a fundamentally passive role in their learning, and andragogical learning strategies, where the student is encouraged to adopt more independent, self motivated approaches to their learning. This section also makes suggestions in relation to approaches to clinical practice, including raising awareness and understanding of ethical issues within the virtual learning/computer based education environment. Technical information is also provided.

Definitions

E-Learning is mostly associated with activities involving the simultaneous use of computers and interactive networks. The computer does not need to be the central element of the activity or provide learning content. However, the computer and the network must be significantly involved in the learning activity. E-learning has been defined as a “pedagogy empowered by digital technology”. In the United States e-learning is defined as a planned teaching/learning experience which uses a wide spectrum of mainly internet or computer-based technologies, to reach learners. In most universities, e-learning is now used to define a specific method in which a course or study program is delivered. Students study online and therefore rarely, if ever, attend for on-campus access to face-to-face educational facilities.

Web-based learning is associated with learning materials delivered in a Web browser, including when the materials are packaged on a CD-ROM or other media.

Online learning is associated with content readily accessible on a computer. The content may be on the Web, the Internet, the computer’s hard drive, or simply installed on a CD-ROM. The concept of online learning surfaced before the development of the web, and before learning materials were delivered over the internet or networks, so network use is not necessarily required..

Distance learning involves interaction at a distance between teacher and student, and enables the teacher to react and respond to the needs of the student. Simply posting or broadcasting learning materials to students is not distance learning. Instructors must be involved in receiving feedback from learners (Keegan 1986, Garrison & Shale 1987).

Distance learning is a concept older than most of the others discussed here. It does not necessarily require the use of computers or networks. It involves interaction between class members primarily at a distance, and enables the teacher to interact with

students. Distance learning is typically associated with televised broadcasts and correspondence courses, but it also applies to certain E-learning applications.

The primary characteristic of the learning activity differentiates between each of the following concepts: web-based learning, online learning and distance learning. Intensive use of the defining feature is required. Incidental or occasional use of a characteristic feature is not sufficient to qualify for a certain type of learning. Ideally concepts and methods are merged to facilitate broader learning and accommodate ethical concerns.

Source: ECCH, International Guidelines, 2011

[Return to See Appendix 13 in text](#)

I. Competencies for Practice in Integrated Environments

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

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

Healthcare Policy

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

Institutional Healthcare Culture and Practice

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

Inter-Professional Education (IPE)

Describe the various healthcare systems in common practice including both conventional and the licensed complementary and alternative healthcare fields, as well as the emerging fields and traditional world medicines; discuss the emphasis each

places on disease prevention, wellness and the therapeutic strategies engaged for health creation.

Communication and Inter-professional Relationships

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

Evidence-based Health Care and Evidence-informed Practice

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

See table on next page:

484

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

485

486

487

488

J. Remedy Study List Additions

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

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

Abies-nigra	Abrotanum	Absinthium
<i>Agnus castus</i>	Ailanthus	Ambra grisea
<i>Ammonium carbonicum</i>	<i>Ammonium muriaticum</i>	Androctonus amurreuxi hebraeus
Anhalonium lewinii	Anthracinum	Apocynum cannabinum
Aralia racemosa	Aranea diadema	Aristolochia clematidis
Arsenicum bromatum	Arum triphyllum	Asterias rubens
<i>Aurum muriaticum</i>	Aurum muriaticum natronatum	Bacillinum
Baryta muriatica	Bothrops lanceolatus	<i>Bufo rana</i>
Cadmium sulphuratum	Caladium seguinum	<i>Calcarea silicata</i>
<i>Cannibus sativa</i>	Carduus marianus	Cedron
Cenchrus contortrix	Cina	Cinnabaris
Clematis erecta	Corallium rubrum	Crataegus oxyacantha
<i>Croton tiglium</i>	Dioscorea villosa	Echinacea angustifolia
Erigeron canadense	Eupatorium purpureum	Gnaphalium
Gratiola officinalis	Guaiaacum	Helonias dioica
Hura brasilensis	Hydrastis canadensis	Juglans regia
Kali arsenicosum	Kali chloricum	Kali iodatum
Kali-muriaticum	Kali-nitricum	Kali-sillicum
Kalmia latifolia	Lac vaccinum defloratum	Lycopus virginicas
Magnesium sulphuricum	Manganum carbonicum	Melilotus officinalis
Mephitis putorius	Millefolium	Moschus moschiferus

Murriaticum acidum	Murex purpurea	Mygale lasiodora
Niccolinum metallicum	Oenanthe crocata	Oleander
Paeonia officinalis	<i>Petroselinum</i>	<i>Picricum acidum</i>
Radium bromatum	Ranunculus sceleratus	Raphanus
Rheum	Rhododendron	Sanicula aqua
Secale cornutum	<i>Selenium</i>	Senecio aureus
Senega	Squilla hispanica	Sticta pulmonaria
Strontium carbonicum	Strophanthus hispidus	Sulphur iodatum
Taraxacum	Tellurium	Terebinthina
Teucrium marum verum	Thallium metallicum	Thea sinensis
Theridion	Valeriana officinalis	Veratum veride
<i>Verbascum thapsiforme</i>	Vinca minor	Viola tricolor
Vipera	Viscum album	

505
506
507 END OF DOCUMENT