



FACING THE FUTURE –  
THE CHALLENGE FOR  
THE HOMEOPATHY PROFESSION

*A consultation document*

# CORH

Council of Organisations Registering Homeopaths

SECRETARIAT

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# FACING THE FUTURE – THE CHALLENGE FOR THE HOMEOPATHY PROFESSION

## SECTION 1: INTRODUCTION

### **1.1 *What is this consultation document about?***

This document is about the future self-regulation of the homeopathy profession. In particular, it is about the establishment of a voluntary single UK register for homeopaths and the regulatory structures and processes that will support it. It is not about regulating the practice of homeopathy as a therapy.

Please read this document and please reply – it is important that we know your views on the future of your profession.

### **1.2 *Who has prepared this consultation document?***

The Council of Organisations Registering Homeopaths (*CORH*) has prepared this document. *CORH* was set up to establish a single register and regulatory body for all those calling themselves homeopaths and who meet the entry criteria to the new register. It is also required to make proposals for the new structures and processes necessary for the new body to work effectively.

The Council consists of representatives from:

- Alliance of Registered Homeopaths (*ARH*)
- Association of Natural Medicine (*ANM*)
- British Register of Complementary Practitioners (*BRCPP*)
- Council for Homeopathic Colleges (*CHC*)
- Fellowship of Homeopaths (*FelHom*)
- Homeopathic Medical Association (*HMA*)
- International Guild of Professional Practitioners (*IGPP*)
- International Register of Consultant Herbalists and Homeopaths (*IRCHH*)
- International Society for Homeopathy (*ISHom*)
- National Association of Homeopathic Groups (*NAHG*)
- Scottish Association of Professional Homeopaths (*SAPH*)
- Society of Homeopaths (*SoH*)

### **1.3 *How can you respond?***

Please answer the questions set out in the paper. To assist you in providing a response we have included a separate questionnaire. Responses are welcome from individuals or groups.

Please send your completed questionnaire to:

CORH Administration, 11 Wingle Tye Road, Burgess Hill, RH15 9HR

or via the online questionnaire at [www.corh.org.uk](http://www.corh.org.uk)

### **1.4 *What is the deadline for responses?***

Your response must reach us by 11 March 2005

### **1.5 *What will happen after that?***

Responses will be analysed by CORH Council representatives and the CORH Chair, with advice from an external consultant. The results will be presented to Council in April 2005, so that a definitive way forward can be presented at the CORH Annual General Meeting on 10 June 2005. Regular updates on the CORH website at [www.corh.org.uk](http://www.corh.org.uk) will keep you fully informed of our progress. CORH's work can then move forward, informed by the views of the profession.

### **1.6 *Why has this consultation document been produced?***

This document is designed to give you the opportunity to contribute to the decision making process about the future of your profession. It identifies all the key issues currently facing the homeopathy profession in relation to the establishment of a new single register and regulatory body.

Do please read and comment- your views are vital.

### **1.7 *What do the key words mean?***

A Glossary of Terms is included at the back of this document (*Annex B*) to assist you in understanding some of the terminology used in the document. Please use the glossary, rather than make your own assumptions about what the words mean. For example, 'grand-parenting' and 'regulation' create considerable misunderstanding and concern – please check out how they are being used here. This will help to ensure that we are all considering the issues from the same baseline.

### **1.8 *What will the future look like?***

From an agreed date, once all the necessary standards and processes are in place, there will be a single voluntary register for all those who want to be registered as homeopaths, together with a new regulatory body to manage that register and its associated functions; a proposed time line is included at Annex A. The registration role of all the existing registering bodies will then cease. The single register will be maintained as an electronic, up-to-date database, containing the names of all those who have met the criteria for entry onto the register. All registrants will be required to apply individually, 'sign-up' to a Code of Ethics and Practice (*See Section 5 - Code of Ethics and Practice*) and commit to Continuing Professional Development (*CPD*) as an integral part of initial and continuing registration.

The single register will be managed by a Council of Members (*including homeopaths and others*) and a small executive team. This body will be referred to in this document as the New Registering and Regulatory Body (*NRRB*)(*See Section 7- NRRB*) as a convenient shorthand, until a name has been agreed. The NRRB will establish a set of standards and procedures (*based on the work already done by CORH*) relating to professional ethics and associated professional conduct procedures; accreditation of courses; CPD; and registration (*both initial registration and maintaining registration*). CORH as a body will eventually cease to exist, having been replaced by the NRRB. The NRRB will implement the standards and procedures set and agreed as a result of the consultation process and introduce a process and time scale for regular review of these standards. The existing registration bodies will continue to exist as professional organisations, supporting members in a variety of ways, but not operating registers.

## **CONSULTATION QUESTIONS**

**It has been suggested that the NRRB might be called the UK Council of Homeopaths or the National Register of Homeopaths. You may well have other ideas.**

**Q 1 *What name do you think would be appropriate for the new registering body?***

## SECTION 2: BACKGROUND

### 2.1 Introduction

This section of the document describes how CORH was established, its purpose and the way it works.

### 2.2 Where did this work start?

In 1997 a group representing associations registering homeopaths, together with the Faculty of Homeopathy, worked to establish National Occupational Standards (NOS) for homeopathy. This activity led to the setting up of a body known as JMORPH (*Joint Meeting of Organisations Registering Professional Homeopaths*) which evolved into CORH in 2000. CORH was established ‘...in the public interest, to represent the interests of those practitioners for whom homeopathy is their primary therapeutic practice and who wish to be identified as homeopaths.’

2.3 At the same time, impetus was given to this work by a report of the House of Lords Select Committee on Science and Technology on complementary and alternative medicine (CAM). Three broad groupings of CAMs were identified, based mainly on the Select Committee’s judgement about the available evidence for each therapy. Homeopathy falls into Group 1, together with acupuncture, chiropractic, herbal medicine, and osteopathy. Together this group has become known colloquially as ‘the big 5’. The professions in Group 1 are described as ‘professionally organised disciplines, with their own diagnostic approach. They have some scientific evidence of effectiveness and recognised systems of training for practitioners.’ (HL Paper 123 2000).

2.4 In relation to the public interest, the Select Committee concluded that better regulation was essential across the whole of CAM. The report specifies that in the first instance this means the development of a single voluntary regulatory body for each therapy. For herbal medicine and acupuncture, statutory regulation on a similar basis to chiropractic and osteopathy was recommended. The report goes on to say ‘we do not at present make any formal recommendation about the homeopathic profession, but, nevertheless, feel that statutory regulation may ultimately be appropriate’ HoL Chapter 5 Regulation 5.5. The Department of Health is currently analysing responses to a formal consultation on proposals for the statutory regulation of acupuncture and herbal medicine, and in addition, options for a new regulatory process will be published in early 2005.

2.5 The Government has made it quite clear that it does not wish to pursue statutory regulation for other complementary therapies at this time. In due course, however, once an effective system of voluntary regulation is established, the homeopathy profession may wish to explore further the issue of statutory regulation, a route currently favoured by patient representatives on CORH Council. CORH has not yet explored these issues in any detail.

**Q 2** Do you have an opinion on whether, once the NRRB is established, the profession should further explore the issue of statutory self-regulation? YES  NO

**Q 3** Please elaborate on your answer to Q 2

### 2.6 Where are we now?

CORH has been working on each of the key policy issues over the past four years and substantial progress has been made. Progress has been achieved in conjunction with the homeopathy profession, by means of personal contact, speaking engagements, newsletters, the CORH website and the series of consultation events held during Spring 2004. Active support from the CORH

Council membership, which consists of representation from the existing registering bodies, has been essential in reaching our present position.

## **2.7 *Introduction to the four key policy areas***

The following four sections describe what policy decisions have been made over the last three years and the areas on which we are seeking your views. It highlights the key policy issues associated with the single register and the setting up of the NRRB which will manage the single register and associated regulatory functions.

## **2.8 *What are the key areas of policy for consideration?***

There are four main areas of policy to be considered:

- Registration
- Continuing Professional Development, CPD
- Code of Ethics and Practice
- Accreditation

We now want to return to you, the individual members of the profession – as we said we would during the earlier phases of our consultation process – to seek your views on some of the remaining issues. In each case, we have taken account of the views expressed previously.

## SECTION 3: REGISTRATION

### **3.1 *What are the key issues?***

The four major issues are:

- Defining a registerable homeopath
- The entry of registered practitioners of current CORH member organisations on to the new register
- The acceptance of first-time applicants on to the register (*who are not already registered with CORH member organisations*)
- Renewal of registration

### **3.2 *How does CORH define a registerable homeopath?***

A registerable homeopath will be someone who is eligible for registration on the single register. CORH proposes that the benchmark for registration on the single register should be that an individual meets the requirements of the UK National Occupational Standards for homeopathy – HM1 and HM2 (*including the description of knowledge, understanding and skills*) and signs up to the NRRB's Code of Ethics and Practice and CORH's CPD requirements. Additional requirements regarding payment of registration fees will also be established.

### **3.3 *Applying for Registration***

All applicants to the new single register will be required to apply individually for registration with the NRRB.

Applicants will come through one of the following routes, which are discussed in more detail in this document:

- as a result of being registered with one of the CORH member organisations
- by applying for initial registration, not having been registered before (*AP(E)L*)
- via an accredited course

### **3.4 *How will existing homeopaths get on the register if they are already registered with one of the CORH member organisations?***

How to deal with the registration of members of existing CORH registers on the single register has generated considerable discussion and debate over the past three years. The following approach has now been agreed:

- There will be no automatic transfer of members from the existing registers to the single register. The main reason for this is that patients and the public need to know that there has been a meaningful process undertaken to ensure that all those on the new register have met broadly comparable training and professional standards.
- All existing members of CORH member organisations will make an individual application to join the single register. In doing this, once accepted on to the register, individual homeopaths will be entering into an agreement with the NRRB and committing themselves to the new body, its standards and procedures.

- Each applicant from a CORH member registering organisation will be required to:
  - confirm, in a personal statement (< 200 words), that they have read and understood the UK National Occupational Standards (NOS) for homeopathy as set out in HM1 and HM2, including the description of knowledge, understanding and skills section (available on the CORH website), and that they consider that their education/training and professional homeopathic experience enables them to meet those standards.
  - having read the NRRB Code of Ethics and Practice that they commit themselves to practise in accordance with it.
  - having read the NRRB CPD requirements, that they commit themselves to fulfilling them.

This approach significantly advantages individuals who are already registered with a CORH member organisation. It does, however, clearly place the responsibility with the individual homeopath to confirm to the NRRB that they meet the necessary standards and requirements for entry to the register.

**Q 4** *Is there anything else you think should be required for application from an individual who is already registered with one of the CORH member organisations?* YES  NO

**Q 5** *If you have answered yes to Q4 please elaborate.*

### **3.5** *What would the registration application form look like?*

Individual application forms for all registrants would require the following information:

- Basic information: name, address, date of birth, practice details etc.
- Evidence of existing registration and length of registration.
- Evidence of training undertaken.
- Personal statement confirming that the NOS and associated documents have been read, understood and that the applicant's practice meets those standards.
- Commitment to undertake ongoing CPD (*see Section 4 - CPD*).
- Completed questionnaire regarding understanding of Code of Ethics and Practice (*see Section 5 and CORH website*) and the applicant's commitment to comply with the Code.
- A self declaration regarding criminal convictions, a declaration that there have been no substantiated complaints against the applicant, together with an agreement that the applicant's name be checked with existing CORH member organisation's Professional Conduct departments.

**Q 6** *Do you think professional indemnity insurance should be a requirement for registration?* YES  NO

**Q 7** *Do you think any other information should be included on the application form?* YES  NO

**Q 8** *If you have answered YES to Q 7, please elaborate*

### **3.6** *What would the procedures be for first time applicants who are not already registered with a CORH member organisation?*

First time applicants will come from a range of experiences and different educational backgrounds. They may just have completed their initial training; they may have trained overseas; or they may

### Section 3: Registration

have been practising for years but never registered. In the future, there would always be two routes to registration:

- through the accredited course route or
- through the individual route

#### 3.7 *What is the accredited course route?*

After completion of an NRRB accredited course, applicants would need to complete a standard application form, but to all intents and purposes their entry onto the register would be automatic providing they agree to honour the Code of Ethics and Practice, meet the CPD commitment and pay the fee. (See Section 6 - Accreditation).

#### 3.8 *What is the individual route?*

An AP(E)L process would be developed which would assess competence against the NOS.

#### 3.9 *What is AP(E)L?*

AP(E)L is the Assessment of Prior (*Experiential*) Learning and this method will be used as a way of assisting individuals who have not undertaken formal, subject specific courses in homeopathy accredited by the NRRB, to demonstrate that they have met the requirements for entry to the register (see Section 3.5 above). Individuals who fit into this category will apply by means of an AP(E)L application form, which will require, for example, details of:

- basic personal information (eg name, address etc)
- academic background
- employment and work history
- any professional complaints or criminal prosecutions history
- theoretical knowledge
- case and patient management skills
- professional skills
- any additional requirements

#### 3.10 *How would AP(E)L applications be assessed?*

Assessment could be undertaken in a number of ways – for example, by means of an application and paper assessment only or an application form supported by personal interview. Applications for registration will be considered against an agreed protocol by the professional staff of the NRRB and, if necessary, taken to the relevant committee of members for a final decision. Assessors would, of course, need appropriate training and experience in undertaking such assessments.

#### **Q 9** *Which method of assessment do you think is most appropriate?*

- |          |   |                              |                             |
|----------|---|------------------------------|-----------------------------|
| <i>a</i> | <i>Based on application form only</i>     | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>b</i> | <i>Based on application and interview</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>c</i> | <i>Something else</i>                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

*Please expand your answer if necessary*

**Q 10** *Do you think the assessment should be:*

- |            |  |                              |                             |
|------------|--|------------------------------|-----------------------------|
| <i>i</i>   | <i>undertaken by NRRB officers (ie paid staff)</i>   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>ii</i>  | <i>undertaken by NRRB members (ie practitioner members of Council)</i>   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>iii</i> | <i>undertaken by representatives of accredited course providers</i>  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>iv</i>  | <i>devolved elsewhere - eg practitioner panel drawn from the profession (experienced homeopaths with training in assessment)</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>v</i>   | <i>any combination of the above, please elaborate</i>  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>vi</i>  | <i>other – please specify</i>  |                              |                             |

**3.11** *How often would you have to renew your registration?*

Registration would be renewable annually on payment of a fee. Evidence of CPD activity would form part of the renewal process (*see Section 4 - CPD*). Individuals would be able to let their registration lapse at any time, for any reason (*other than to avoid professional conduct enquiries*), but re-application would be necessary against agreed criteria.

## SECTION 4: CONTINUING PROFESSIONAL DEVELOPMENT, CPD

### 4.1 ***How is Continuing Professional Development, CPD, defined?***

CORH has defined CPD for homeopaths as a *'dynamic process of lifelong learning, which purposefully reflects and develops the homeopath's individual strengths, supports an appraisal of all areas so as to focus improvement and expands personal and professional growth to meet full potential. CPD means an investment in quality to meet the needs and care for the interests of clients, colleagues, individual practitioners and the profession of homeopathy'*. There has been unanimous agreement within CORH that CPD is a good thing, an integral part of professional practice and is to be encouraged.

### 4.2 ***What CPD will be acceptable?***

The diversity of homeopathic approaches is recognised, as is the need to work to a model, which is not prescriptive, but which maintains standards within the profession, accepts the importance of individuality and contributes to patient safety. A list of possible activities which would be accepted as CPD is set out below. The list is by no means exclusive and further guidance will be available shortly.

- Attendance at courses, classes, seminars, conferences.
- Preparation of teaching materials.
- Preparation of information for patients.
- Writing articles/books.
- Relevant study.
- Participation in a proving.
- Conducting research, including internet research.
- Teaching evening classes, tutorials.
- Personal development, which may be useful in your professional role.
- Personal homeopathic treatment.
- Work on other practice-related skills (*such as counselling, computing, accounts*).
- Reflection on practice through a personal journal or within peer support groups.
- Supervision of other homeopaths.
- Review of cases.
- Focused discussions with colleagues.

4.3 It is likely that the existing professional membership organisations would continue to offer a range of CPD support, such as regional CPD meetings and other activity.

### 4.4 ***When would you need to provide evidence of CPD?***

CPD is an ongoing process and you will be actively engaged in the process throughout your career, as an integral part of good professional practice. There would, however, be specific times when evidence of CPD activity would be required, for example on initial registration with the NRRB and when you are renewing your registration.

### 4.5 ***How much CPD should you do?***

Although we have previously tried to avoid the specification of hours as a way of measuring CPD

activity, we believe that you may welcome some guidance on the NRRB's expectations. We propose therefore that a guideline of an annual minimum of thirty hours of CPD is reasonable. We are aware that many homeopaths regularly engage in more than this amount each year.

#### **4.6 How would CPD be confirmed?**

Each individual homeopath would have the personal responsibility for confirming to the NRRB that CPD has been undertaken. Third party involvement in the process would not be required by the NRRB.

#### **4.7 What CPD commitment would be needed for initial registration?**

All applicants who are currently registered with CORH member organisations would need to complete option A only.

##### OPTION A

A signed declaration giving an undertaking and commitment to engage in CPD as part of their registration with the NRRB.

For applicants for initial registration not registered with a CORH member organisation it is proposed that they should be asked to complete option A with the possible addition of either option B or option C as the CPD part of their application package.

##### OPTION B

A brief questionnaire giving a review of previous CPD and an outline of future intentions.

##### OPTION C

A statement of 500 words giving a personal account of their approach to CPD, an evaluation of present needs and an outline of future intentions.

**Q 11 Which of these options do you consider to be best suited to initial registration for those not currently registered with a CORH member organisation?**

A       A & B       A & C

*Other, please specify*

#### **4.8 What support is required for newly registered homeopaths?**

It is generally agreed that support is important in the early stages of practice. It has been accepted by CORH that there would be no distinction in status on the register for newly qualified registrants but they may need additional support through CPD (*see below*). It is envisaged that the NRRB would seek to work with the professional organisations to encourage the provision of support for homeopaths throughout their career, as an integral part of responsible professional practice. This may be particularly relevant for newly registered homeopaths.

**Q 12 Is it appropriate for the NRRB to require specific CPD for newly qualified registrants in the first year(s) of their practice?**

YES     NO

**Q 13 If you have answered YES to Q 12, how do you think this should this be done?**

#### **4.9 What CPD evidence would you need to provide in order to renew your registration?**

On an annual basis you would be asked to complete a short form (*no longer than two sides of A4*)

Section 4: Continuing Professional Development, CPD

which requires a summary and review of your activity during the year in order to renew your registration (see CPD Record Document below). You would be asked to answer questions that offer you the opportunity to reflect on the individual benefits of your CPD activity and your plans for meeting future needs. By signing the declaration at the end of the form, you would formally confirm your activity and endorse your commitment to continued learning and growth. You are encouraged to keep your own record of CPD activity in your own individual way, in case you need it for future reference. All information given on the form will be confidential between you and the NRRB.

**4.10 What would the CPD Record Document for the renewal of registration require?**

It is envisaged that the CPD Record Document would include the information requirements set out below. It is envisaged that this approach would respect the diversity of each homeopath's practice, reassure the public and serve as an economic, realistic and effective way of prompting review and reflection which is supportive of the patient, the practitioner and the profession.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Website (if appropriate) \_\_\_\_\_

**Please give a concise response to the following questions. You are encouraged to write on this form only and not to attach extra pages.**

During the last year, the focus of my CPD activity has been on the following areas; please name one or two main areas:

An example of something I have learned, which has contributed to improvements in my practice during the year is:

Three particularly useful CPD activities/events that I have completed over the past year were:

Having reviewed my professional practice, I plan to work on developing the following areas over the next year:

I confirm that the information on this form is a true record and further confirm my commitment to CPD for the year 2.....

Signed \_\_\_\_\_

Dated \_\_\_\_\_

Please return to: *address of registering body*

**4.11 Would CPD be assessed?**

The renewal of registration would involve no assessment of the quality of the CPD activity undertaken. This is something that the NRRB may want to explore at some point in the future, following further consultation with the profession. However, the process would be audited to allow the NRRB to gain a clearer idea of the type of activity that people are choosing to complete. Such an audit would not adversely affect the registration of any individual.

- Q 14** *Are there any changes you would like to see made to the CPD document?* YES  NO
- Q 15** *If you have answered YES to Q 14 please elaborate*
- Q 16** *Do you think that a formal assessment of each individual's CPD documentation is necessary?* YES  NO
- Q 17** *Do you think that 30 hours annually as a guideline minimum figure for CPD is realistic?* YES  NO
- Q 18** *If you answered NO to Q 17, please clarify*
- Q 19** *What information would you find helpful in guidance for completing such a document?*
- Q 20** *Do you have any other comments on these CPD proposals?* YES  NO   
*Please elaborate.*

## SECTION 5: CODE OF ETHICS AND PRACTICE

### **5.1 Introduction**

The work on the CORH Code of Ethics and Practice began in early 2000 when common elements from each of the existing registering organisations' codes were identified as the basis for the CORH Code. This early draft has been refined and expanded through a variety of means over the past four years, incorporating the responses from the profession following consultation and informal legal advice. The disciplinary procedures have been updated and also renamed, The Fitness to Practise Procedures. With these changes the Code is now in Draft 8 and it is this draft that the questions in this document are referring to.

### **5.2 Fitness to Practise Procedures**

The Fitness to Practise procedures are incorporated as Section 7 of draft 8 of the Code. This is presented as a framework that will be expanded by CORH after the feedback from this consultation is received. This framework has been written drawing on CORH member organisations' current procedures and the procedures being used by some other organisations in the health regulatory framework. The objective has been to produce a modern streamlined effective procedure appropriate to the new register.

### **5.3 Legal Advice**

The CORH Code, draft 8, will be subject to formal legal advice once the Fitness to Practise procedures are finalised.

### **5.4 The Guiding Principles**

Only Section One, The Guiding Principles, are detailed in this document. To be able to participate in the consultation process the full version of the CORH Code of Ethics and Practice will need to be consulted. The full version is available on the CORH website, [www.corh.org.uk](http://www.corh.org.uk), or for a paper copy contact CORH Admin 01444 239494, [admin@corh.org.uk](mailto:admin@corh.org.uk) or by post to 11, Wingle Tye Road, Burgess Hill, West Sussex, RH15 9HR.

### **5.5 Key Principles for Practice**

These principles are for guidance and are not intended to be exhaustive. Every homeopath registered with the NRRB is expected to:

- Put the individual needs of the patient first.
- Respect the privacy and dignity of patients.
- Treat everyone fairly, respectfully, sensitively and appropriately without discrimination.
- Act honestly and with professional integrity.
- Work to foster and maintain the trust of individual patients and the public.
- Listen actively and respect the individual patient's views and their right to personal choice.
- Provide comprehensive and understandable information to allow patients to make an informed choice.
- Respect and protect patient confidentiality.
- Disclose confidential information only in clearly defined circumstances.
- Maintain and develop professional knowledge and skills.

*Facing the future – the challenge for the homeopathy profession*

- Practise only within the boundaries of their own competence.
- Respond promptly and constructively to concerns, criticisms and complaints.
- Respect the skills of other health care professionals and where possible work in cooperation with them.
- Comply with the current legislation of the country, state or territory where they are practising.

- Q 21** *Bearing in mind that final legal advice needs to be taken on the detailed ultimate contents of the Code is the CORH Code, Draft 8, acceptable to you?* YES  NO   
*If NO please detail.*
- Q 22** *Have you any comments to make on Section 1, Key Principles for Practice?* YES  NO   
*If YES please detail.*
- Q 23** *Have you any comments to make on Section 2, paragraphs 1-14, The Patient/Practitioner Relationship?* YES  NO   
*If YES please detail.*
- Q 24** *Have you any comments to make on Section 3, paragraphs 15-28, Professional Obligations?* YES  NO   
*If YES please detail.*
- Q 25** *Have you any comments to make on Section 4, paragraphs 29-42, Legal Obligations?* YES  NO   
*If YES please detail.*
- Q 26** *Have you any comments to make on Section 5, paragraphs 43-45, Organisational Issues?* YES  NO   
*If YES please detail.*
- Q 27** *Have you any comments to make on Section 6, paragraphs 46-55, If Things Go Wrong?* YES  NO   
*If YES please detail.*
- Q 28** *Have you any comments to make on Section 7, The Fitness to Practise Procedure?* YES  NO   
*If YES please detail.*

## SECTION 6: ACCREDITATION

### **6.1 Introduction**

A more detailed document on accreditation is available on the CORH website, [www.corh.org.uk](http://www.corh.org.uk), for access by any interested parties, from whom comments are welcomed. This document will form the basis of a separate consultation with homeopathy course providers. The following pages within this section highlight the key issues.

### **6.2 What is the purpose of accreditation?**

The purpose of accreditation is to create a process through which the quality of homeopathic education can be evaluated against agreed criteria. Accreditation aims to stimulate the development of learning programmes that are in keeping with the ethos of homeopathy and its diversity and ensure that the programmes are likely to produce safe and competent practitioners. Accreditation is not intended to produce standardised programmes across the UK.

### **6.3 On what principles is accreditation based?**

Accreditation is based on a number of principles of which the key ones are:

- The accreditation process should have the support of course providers.
- The criteria for accreditation should reflect the nature and diversity of the homeopathy profession.
- The accreditation process should be seen as a developmental process, able to be adapted over time as requirements change.
- Clarity, transparency and stability of criteria for course providers as they go through the process.

### **6.4 Who decides on the criteria and process for accreditation?**

The criteria on which educational programmes should be evaluated, the process to be used and who should be involved in accreditation will be a subject for debate by the homeopathy profession – educators, practitioners, and students – as well as patients and others. This consultation is one stage in the process of development.

### **6.5 What would accreditation mean for an individual wishing to be a registered homeopath?**

When the accreditation system is in place, an individual who wishes to become a registered homeopath would be able to identify which programmes can, on successful completion, lead to registration on the single register.

### **6.6 What would accreditation mean for course providers?**

CORH is seeking to develop an accreditation process that reflects the diversity of the course providers whilst promoting the development of education within the profession. CORH is seeking to ensure that the accreditation process is valued by course providers and is supportive of course development. Graduates of NRRB accredited courses will have the automatic right to apply for entry to the single register.

### **6.7 Is accreditation just for courses providing initial education as a homeopath?**

Yes. These proposals only relate to the education process that enables individuals to develop themselves to become registered homeopaths. It is, however, recognised that this initial professional education should equip individuals to continue to develop throughout their professional and personal life.

**6.8 Would it be possible to enter onto the new register without going through an accredited course?**

Yes. These proposals only relate to the accredited course route for entry to the new register. There would also be an individual route using an AP(E)L process (see Section 3 - Registration) which would use the basic criteria for entry agreed as a result of this consultation. The development of this individual route to entry would be completed once this consultation process has been completed.

**6.9 What are the criteria for accreditation?**

It is proposed that the National Occupational Standards for Homeopathy (HM1 and HM2 including the description of knowledge, understanding and skills section) and the Code of Ethics and Practice (see Section 5 - Code of Ethics and Practice) would form the criteria against which the outcomes of individual homeopathy programmes would be evaluated.

Draft criteria have been developed for four different aspects of learning programmes – curriculum content, education level, teaching and learning approaches and assessment approaches – and for two areas relating to the institutional base – the nature of the institution and student support and guidance.

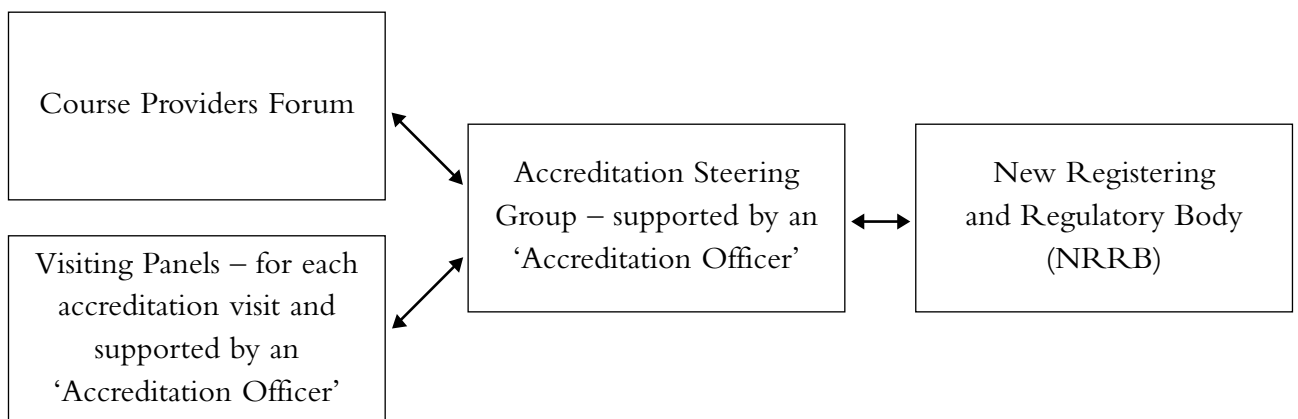
Draft criteria for each of these aspects have been proposed and are available on the CORH website at [www.corh.org.uk](http://www.corh.org.uk) if you wish to see them and make a detailed response.

**Q 29** Do you feel that the areas identified above are those for which criteria should be set for accreditation? YES  NO

**Q 30** If you have answered NO to Q 29, please explain why.

**6.10 How is the accreditation process to be organised?**

The following structure illustrates the process which has been identified as being potentially suitable for accreditation.



The Course Providers Forum would be open to all providers of homeopathy courses that are designed to develop competent homeopaths. Visiting Panels would be appointed to carry out an accreditation visit, with members drawn from a pool of people (eg homeopaths and representatives of the public interest). The purpose of the accreditation visit is to provide an opportunity for the Visiting Panel to carry out an external peer review of the course and its providing organisation against the

agreed accreditation criteria. The Accreditation Steering Group would be responsible for overseeing all matters to do with accreditation, including the ongoing evaluation and review of the accreditation system itself. Individual course providers would have the right of appeal against any decision made.

**Q 31** *Is this an appropriate structure for the accreditation process?* YES  NO

**Q 32** *If you have answered NO to Q 31, please explain what you would like to see changed and why?*

### **6.11** *What are the stages of the accreditation process?*

It is proposed that the process of accreditation for course providers should consist of three stages:

- Application
- External peer review – by a Visiting Panel
- Accreditation outcomes

### **6.12** *What are the forms of accreditation status?*

It is proposed that there should be three related forms of accreditation status.

**APPLICANT** status is essentially what it says: the course provider has committed to developing a course for accreditation and is in an active relationship with NRRB. A time limit for this process would be set. Students graduating from such courses would apply to enter the new register through the individual route.

**ACCREDITATION** would be awarded when a course has gone through an external peer review by a Visiting Panel and is found to meet sufficient of the agreed accreditation criteria to be accredited. It is anticipated that all accreditations are likely to include some conditions in the sense that there are actions to which a course provider commits to undertake to improve the programme. All would have a timescale attached to them and this would vary dependent on the conditions. Students graduating from such courses would be eligible for registration through the accredited course route.

**ACCREDITATION NOT GRANTED** would apply to those courses which do not satisfy sufficient of the criteria for accreditation to be awarded. Course providers could decide at this point not to continue in the process or could go back through the loop of becoming an applicant. Students graduating from such courses could apply to enter the new register through the individual route.

**Q 33** *Do you think that this is an appropriate process for accreditation?* YES  NO

**Q 34** *If you have answered NO to Q 33, please explain what you would like to see changed and why.*

**Q 35** *Are these three different forms of accreditation status appropriate?* YES  NO

*Please explain your answer.*



## SECTION 7: THE NEW REGISTERING AND REGULATORY BODY, NRRB

### 7.1 *What would the NRRB look like?*

Although it is not possible at this stage to agree definitive structures for the NRRB, certain elements would need to be put in place for its successful functioning. For example, the executive structure (*that is, the paid staff*) is likely to include staff with the following functions:

- Chief Executive
- Education/Registration Officer
- Professional adviser – for general and conduct queries
- Support staff

Members of the new Council would, in due course, be a mixture of elected homeopaths and appointed lay members.

The associated committee structure (*of members*) would need to reflect the NRRB's main roles and functions, for example the NRRB is likely to need:

- An Education Committee – to set standards for education, CPD, and course accreditation
- A Registration Committee – to deal with registration applications
- An Investigating Committee – to oversee the preliminary investigation of complaints
- A Fitness to Practise Committee – to deal with fitness to practise issues

### 7.2 *Transition to the NRRB*

CORH is a transitional body on the journey to better regulation, and changes would need to be made as we move forward. Membership of CORH currently consists of representation from existing registering bodies (*2 representatives per organisation*); the National Association of Homeopathic Groups (*2 representatives*) and The Council for Homeopathic Colleges (*2 representatives*). There is an independent Chair, an elected homeopath Vice Chair, an elected homeopath Treasurer and a part-time, paid Administrator. Given the amount of knowledge and expertise that now lies within CORH, a pragmatic approach would be for this body to continue to be used to implement this work, in the form of a Shadow Body, at least for a limited period.

### 7.3 *The Shadow NRRB*

It is therefore proposed that CORH becomes the Shadow NRRB from a date to be agreed, with some changes to membership to increase public participation. If there is support for this approach, the changes to the constitution could be formally agreed at the 2005 Annual General Meeting. The life of the shadow body would need to be time-limited. The shadow body would be charged with establishing the financial base, structure and function of the NRRB, looking at details such as Council Membership (*eg elected or appointed*) and the necessary executive staff and committees to support its function. Such issues would be subject to further consultation with the profession at a later stage.

**Q 36** *Do you agree that there should be a shadow NRRB?* YES  NO

**Q 37** *Do you agree that CORH should become The Shadow NRRB from a date to be agreed?* YES  NO

**Q 38** *If you do not agree to CORH being The Shadow NRRB, what alternative do you propose?*

**Q 39** *What percentage of the NRRB should be made up of lay representatives?*

0%       25%       51%       Other

**Q 40** *What other interest groups should be represented?*

**Q 41** *Do you have any further comments?* YES  NO

#### **7.4 NRRB Principles**

To be clear about its role and functions, the NRRB would need to be guided by a set of agreed principles. For example, that the processes should be:

- patient centred
- transparent
- visible
- clear and unambiguous
- cost effective
- flexible
- unprejudiced
- representative
- accessible
- integrated and congruent
- inclusive
- clearly focused
- respectful
- supportive
- rigorous
- professional
- based on clear lines of accountability

**Q 42** *If you would like to include additional principles, please give details.*

## SECTION 8: LOOKING AHEAD

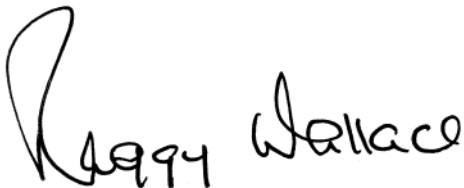
### 8.1 *How much is this going to cost?*

Understandably, this is the issue which concerns many people – given that, in the future, homeopaths will be paying for registration on a single register, as well as having the additional choice of belonging to a membership organisation. Detailed work on costings is currently underway and will be made available by the AGM in 2005.

### 8.2 *What next?*

The responses to this consultation document will be analysed and presented to the CORH Council in Spring 2005. The Council's response will be available at the CORH Annual General Meeting on 10 June 2005.

Thank you for taking time to consider this important document and we look forward to hearing from you.



Maggy Wallace  
CHAIR



Stephen Gordon  
VICE CHAIR





## GLOSSARY, Annex B

This glossary refers to the definitions used in this consultation document. We recognise that there may be other ways of defining similar words.

**Accreditation** The process of official recognition of a course by a specified body, having satisfied certain criteria. It is a process through which the quality of homeopathic education can be evaluated whilst also stimulating its development. This means that people are alerted to organisations that provide homeopathy education which enable individuals to meet set standards.

**Accredited course** A course approved by a recognised body, as the result of a visible and specific process of accreditation. *(Once the single register is in place, those satisfactorily completing an accredited/approved course will be eligible to apply for registration).*

**AP(E)L/APL** Assessment of Prior (*Experiential*) Learning. The learning can be either certificated in some way (*APL*) or from experience (*hence experiential*) (*AP(E)L*). It is the route whereby an individual, in pursuit of a specific qualification, wishes to have prior learning taken into account, to avoid repetition and duplication.

**Alternative** Another way.

**Apprenticeship** A pathway to becoming a professional practitioner based largely on one to one contact with an experienced practitioner or practitioners, which results in professional competence. *(Post NRRB such an individual would apply through the individual AP(E)L route).*

**Assessment** A consideration and evaluation of all the relevant information.

**Assessor** Someone who assesses a person or thing against agreed criteria.

**Audit** A systematic examination of a process to assess its outcomes in terms of its objectives.

**Code of Ethics and Practice** The ethical and professional behaviour expected of members of a profession.

**College** An organisation offering a course(s) in homeopathy but not necessarily within the national higher education system – one form of course provider (*op cit*).

**Complementary** Completing or supporting other approaches.

**Consultation** Seeking the views of others.

**Core curriculum** The basic content of a course, setting out minimum requirements.

**Course providers** Those people and organisations which provide homeopathy professional practitioner courses resulting in some form of qualification confirming their competence to practise professionally.

**Courses of homeopathy** Any course providing professional homeopathic practitioner education and clinical training resulting in a certificate indicating competence to practise professionally. This will exclude short courses for the public to enhance their homeopathy skills etc. They may receive a certificate of completion for such courses but this does not confirm competence to practise as a professional homeopath.

**CPD Continuing Professional Development** CPD is a dynamic process of lifelong learning, which purposefully reflects and develops the homeopath's individual strengths, supports an appraisal of all areas so as to focus improvement and expands personal and professional growth to meet full potential. CPD means an investment in quality to meet the needs and care for the interests of clients, colleagues, individual practitioners and the profession of homeopathy.

**CPD commitment** Agreeing to meet the CPD requirements of the NRRB.

**CPD plan** A written plan outlining CPD needs and objectives for a given period.

**CPD portfolio** The format in which CPD activity is recorded – likely to contain details of CPD needs analysis, activity, reflection on activity and ideas for the future.

**Criteria** A principle or standard against which something is evaluated.

**Evaluation** An assessment or appraisal.

**Existing registering bodies** The term used to describe the organisations which currently register homeopaths. *(Will need to be replaced by another term once the NRRB comes into play – for example, 'professional organisation' (op cit)).*

**Grandparenting** A shorthand term used for automatic entrance to the new register from anyone calling themselves a homeopath. 'Grandfathering' and 'grandmothering' are also used.

**Governance** The system of checks and balances put in place to self-regulate an organisation or field of practice.

**Guideline** That which is given for information and guidance, not compulsory.

**Mentor/mentoring** Mentoring in the traditional sense involves a confidential relationship between one person who is more experienced, the mentor and one who is less experienced the protégé or mentee. The mentor offers guidance and support, whilst the overall purpose is to promote learning and development.

**NOS National Occupational Standards**

A specification, agreed nationally, of good practice at work. The national occupational standard consists of the outcome which needs to be achieved, the performance criteria and range.

**NRRB** New Registering & Regulatory Body. A shorthand used internally within CORH to indicate the new body which will manage the single register and associated functions.

**Peer assessment** Being assessed by those of equal standing/experience within a profession.

**Peer group** A group of like-minded/experienced professional colleagues.

**Peer support** Informal support mechanisms provided by those with similar professional experience.

**Principle** A fundamental truth or law as the basis of reasoning or argument. (*In principle: as regards fundamentals rather than detail*).

**Professional competence** What an individual practitioner is able to do effectively given the scope and limits of their knowledge, understanding and skills and their level of expertise.

**Professional conduct procedures** A phrase used to describe the processes whereby allegations of misconduct against an individual practitioner are considered.

**Professional organisation** The term suggested for the organisations now known as registering bodies, once the NRRB is established.

**Professional regulation** A system of checks and balances through which homeopaths are able to demonstrate accountability to the public.

**Qualification** A qualification is the award given on satisfactory completion of a course, by a course provider who considers that the individual has sufficient knowledge, skill and clinical experience to practise independently, safely and competently. (*NB A qualification, once awarded, is for life*).

**Reflective practice** The process of systematic reflection on practice carried out in a way which enables and encourages review and contemplation.

**Register** An official list, record or roll of practitioners.

**Registration** Registration is the process of satisfying the entry criteria on to the NRRB register (*whatever those criteria may be*).

**Renewal of registration** Refers to the periodic (*annual/biennial etc*) payment of a fee to extend registration, which may involve meeting specified CPD requirements.

**Registration application package** The term used for the information needed for initial registration.

**Robust voluntary self-regulation** The term used in The House of Lords Report on the regulation of complementary therapies.

**Self-regulation** The process whereby a profession sets its own standards and procedures relating to professional education, registration and conduct.

**Shadow Body** A common term used within formal board/committee work, to indicate a transitional body preparing for the substantive body to come.

**Single register** A database providing a single source of information about all those who wish to be known as (registered) homeopaths.

**Standard** In relation to regulation it is a minimum acceptable requirement.

**Statutory self regulation** A regulatory system which is established in law (*statute*). Standards for registration, education, practice and professional conduct are set down in legislation. Use of a specified title is then restricted to practitioners who are included on the register.

**Supervision** In relation to homeopathy usually refers to a supportive, external and impartial look at an individual's practice (*see also support*).

**Support** In relation to the practice of homeopathy, it is the process of seeking and obtaining assistance with specific phases or aspect of one's work, from sources of one's choosing. A clear distinction needs to be made between supervision and support.

**Values** The worth, desirability or utility of a thing; relates to one's principles and standards.

**Voluntary self regulation** A system of self regulation that is not established by law (*statute*). If agreed by all relevant parties, it can be rigorous and effective in terms of setting standards for registration, education, practice and conduct but it does not have the power of law behind it. Protection of title is not therefore possible.



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