



**UPGRADED CREDENTIALING PROCESS  
FOR HOMŒOPATHY PRACTITIONERS  
IN AUSTRALIA**

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## AN AUSTRALIAN REGISTER of HOMŒOPATHY (ARoH) INITIATIVE

### INTRODUCTION

Homœopathy in Australia is currently not regulated by the Australian Health Practitioner Regulation Agency (AHPRA). Taking on the title of 'homœopath / homœopathic practitioner' and practising homœopathy does not mandatorily require a minimum educational qualification for practice. There is also no legal requirement for homœopaths to register with ARoH, or join any association. (However, Health Funds that rebate homœopathy services require practitioners to be members of certain associations or to be registered with ARoH before rebates will be provided to their clients). Currently, several Australian States have introduced a process of negative licensing for health practitioners unregulated by AHPRA. This process requires practitioners to abide by a Code of Conduct, and their right to practice can be removed by a legal process if a complaint is made and upheld regarding a failure to abide by the Code.

ARoH ensures the safety, in as much as is practicable, of members of the public seeking the services of registered homœopathic practitioners. This is done through a registration process that ensures a minimum standard of education and maintenance of professional currency through ongoing professional development. The public can be assured that, as much as is possible, ARoH registered practitioners have attained and maintained these minimum standards, and are competent to call themselves homœopaths and offer their services, in accordance with recognised scope of practice. All registrants of ARoH are required to abide by the ARoH Code of Conduct and offer their services, in accordance with recognised scope of practice.

The role of ARoH since its inception in 1999, is to distinguish practitioners of homœopathy who have

- undertaken the minimum standard of homœopathic education and training as set by ARoH,
- practise within their scope of practice,
- practice in a professional manner as set out in ARoH's Constitution, Code of Professional Conduct and Standards of Practice documents, as well as Australian laws and regulations,

from those practitioners with no formal education and training in homœopathy or do not meet the minimum educational or professional standards set by ARoH.

### DEFINITION

'Credentialing' refers to the formal process used to verify the qualifications, experience, professional training, and other relevant professional attributes of practitioners for the purpose of forming a view about their competence and professional suitability to provide competent, high quality health care services within specific healthcare environments. This risk-management system is designed to primarily protect the public by ensuring high standards of education, training and professionalism of

the practitioners of homœopathy. (Australian Commission on Safety and Quality in Health Care, 2017).

Due to the substantial changes in the Complementary and Alternative Medicine (CAM) health industry, an upgraded credentialing process is being adopted by ARoH. This upgraded process will provide criteria for professional self-regulation, set minimum standards for educational training and competency and provide pathways for professional and academic progression. It acts as a model to ensure that practitioners practise within their level of training and competency and thereby improve patient safety.

## **BACKGROUND**

In 2015, the Community Services & Health Industry Skills Council (CSHISC) in consultation with professional associations, industry and other stakeholders, reviewed the Advanced Diploma qualifications and determined that minimum qualifications should be re-aligned at Bachelor Degree level. This decision was taken as it was determined that the knowledge and level of competence required for practice was more suited to an Australian Qualification Framework (AQF) standards level 7 than AQF level 6 of the Advanced Diploma. (For further information on AQF Levels criteria and AQF Qualification Type Descriptors, refer to the government website, <https://www.aqf.edu.au/aqf-levels>

The time frame for removing the Advanced Diploma (Homœopathy) health training package, HLT60612, is December 2018 when Bachelor Degree programs will become the new minimum educational qualification in Australia for new graduates of homœopathy.

ARoH, as a self-regulatory body for the homœopathic community in Australia, with an overarching focus on public & client safety, is responsible for the determination and maintenance of standards comprising the elements of education and clinical and professional behaviour.

The ramifications of CSHISC's changes to minimum homœopathic qualifications for practice have resulted in ARoH proposing a new inclusive and progressive registration system.

Feedback and comments was requested and received from ARoH's member associations, most Australian training organisations providing homœopathic education, select registrants and notable homœopathic practitioners in Australia. This document will be reviewed periodically and feedback from registrants and other interested parties are invited.

## PURPOSE OF DOCUMENT

This document has been created to provide clarification of workplace standards and practices for the homœopathic profession in Australia to the homœopathic and wider community. This includes training/educational organisations, government and administrative bodies, and public.

The document will provide safety guidelines to:

- Maintain and improve quality of homœopathic healthcare.
- Ensure that registrants are aware of AROH's Code of Professional Conduct and their duty towards client safety outcomes.
- Define and oversee a minimum standard of education
- Define and oversee continuing education for credentialed registrants
- Provide guidelines for training programs to gain the title of an accredited provider.
- Provide a safe practice model based on educational standards, experience and limitations.
- Provide the basis for 'Scope of Practice' documents
- A framework for forging partnerships with other CAM registration bodies, professional organisations and Registered Training Organisation (RTO) and other groups and societies, nationally and internationally.
- Provide fair and transparent processes in implementing these goals.

We propose that a review process be regularly carried out to ensure currency and relevance is maintained.

## PROPOSED CHANGES TO AROH REGISTRATION

1. Introduction of a tiered registration system (See Table 1) with clear pathways for progression between tiers. (See Table 2)

### Advantages:

- a. Flexibility to recognise different levels of training and scholarship.
  - b. Ability to adapt to changes (e.g. set by CSHISC) to minimum educational standard requirements for practice.
  - c. Ability to provide guidelines for professional progression for registrants
  - d. Allows flexibility for registered educational providers (RTO) regarding course offerings
  - e. Provides guidelines for assessment of prospective registrants who have undertaken their training outside Australia.
2. Those successfully completing the Advanced Diploma in homœopathy (or equivalent) will be eligible for admission as registrants until December 2018. In accordance to CSHISC guidelines, from January 2019, only those practitioners with a Bachelor degree in Homœopathy or higher, will be considered for tier one registration.

- **Grandfathering of all current registrants:**

- It is proposed that all current registrants, irrespective of their level of highest educational qualification, will be eligible for tier one registration.
- Practitioners who have held an AROH registration in the past, but are not currently registered, can apply for registration. The 'grandfathering' clause will cease to exist from December 30, 2018.
- **Current students:**
  - Those students who successfully complete their Advanced Diploma course, HLT60612, or equivalent as assessed by AROH, by December 30, 2018, will be eligible for tier one registration.
- **Lapsed Registration**
  - Lapsed registrations for practitioners availing of the "grandfathering" clause: Tier one status will cease if there is a lapse in registration, from January 2019. Once past the deadline for grandfathering, that clause will no longer be applicable for future registration and re-registration.
  - Re-entry as a tier one registrant by a lapsed registrant will be possible only
    - if the registrant possesses an educational standard equivalent to a Bachelor's degree (= equivalent to Australian qualifications framework (AQF) level 7 or above) in homœopathy OR
    - sits the appropriate Recognition of Current Competencies (RCC) examination OR
    - in extenuating circumstances (e.g. death in family) – a review will be undertaken and a decision will be taken by the Registrar in consultation with AROH board on a case-by-case basis.
  - If the highest educational qualification of the re-entry registrant is assessed to be lower than AQF7, the said registrant will be registered, based on their highest educational qualification and experience into the appropriate lower level, irrespective of his/her earlier status.
- **Leave of Absence**
  - The current leave of absence policy will apply to all tiers.
- **Tier 3 registrants**
  - Registrants assessed to be tier 3 will ONLY be awarded "Conditional Registration". Conditional registration involves the practice under supervision until competency is gained. Please refer to AROH's Conditional Registration document.

### PROGRESSION BETWEEN TIERS

Applicants from a lower tier can, at any given time, may apply to move into a higher level of registration on submission of their proof of completion of the required additional education from a government registered training organisation or AROH accredited provider. Applications for change in tiers will incur a fee.

Any registrant with a conditional registration or a tier 3 registrant can sit the RCC exam and on successful completion may practice independently.

### ASSESSMENTS

- Evaluation of applicants will be undertaken by the Registrar of AROH and/or its contractors.

- The Registrar may advise any applicant to take the Recognition of Current Competencies (RCC) exam, in addition to the educational qualifications and clinical experience presented by the new registrant.
- ARoH reserves its rights to undertake a random audit check of applicant’s formal qualification, including any graduate from an ARoH accredited provider, to assess competency, irrespective of accreditation status of the Training organisation. The check may entail sitting for the RCC exam.
- Outcomes of assessment may be Registration, Conditional Registration or Unsuitable for Registration.
- Assessments for accreditation of RTOs will be undertaken by ARoH.

**IN CASE OF ANY DISPUTES BETWEEN AN APPLICANT AND THE REGISTRAR:**

- **A moderation policy will be applied where an ARoH assessor or external assessor, as deemed appropriate by the ARoH board, will moderate the exam.**

**THE DECISION TAKEN BY THE BOARD OF ARoH WILL BE FINAL.**

Currently all professional registrants of ARoH have recognition by most health funds.

From 2019 onwards,

- If health funds accept the ‘grandfathering’, then all registrants on ARoH records, as of December 31, 2018, will be eligible for recognition.
- If health funds require upgraded qualification, for provider recognition to Bachelor Degree, the proposed tier system is expected to provide the progression for registrants into the required level.

**Table 1: PROPOSED TIERED REGISTRATION SYSTEM (from January 2019).**

A fundamental component of professional self-governance comprises of the elements of education, clinical training and professional behaviour.

<b>TIER</b>	<b>MINIMUM EDUCATIONAL STANDARD</b>	<b>Additional clinical requirements</b>	<b>Additional professional requirements</b>	<b>PRIVILEGES</b>
ONE	Bachelor (Homœopathy) or higher (equivalent to AQF level 7 or higher)	current senior first aid and CPR certificate  ‘Working with children’ certificate or equivalent ( e.g.	professional indemnity insurance (minimum two million dollars for each claim)	Health insurance rebates  Public recognition of the high standard of expertise in homœopathic practice

		blue card) Maintain CPD of 20 hours per annum relating to homœopathy		
TWO	Advanced Diploma (equivalent to AQF 6)	current senior first aid certificate  'Working with children' certificate or equivalent  Maintain CPD of 20 hours per annum in total, of which a minimum of 10 hours must be relating to homœopathy	professional indemnity insurance (minimum two million dollars each claim)	Health insurance rebates  Public recognition of competency in homœopathic practice
THREE	Diploma & non accredited training (equivalent to AQF 5 or below)	current senior first aid certificate  'Working with children' certificate or equivalent  Maintain CPD of 20 hours per annum in total, of which a minimum of 5 hours must be relating to homœopathy	professional indemnity insurance (minimum two million dollars each claim)	CONDITIONAL REGISTRANT  Public recognition of adequacy in homœopathic practice

**Table 2:**

The following table has been formulated based on benchmarking of qualifications offered by Australian and international teaching institutions.

The quality of materials studied and assessments undertaken by the prospective registrant should reflect the appropriate AQF level and be comparable to the tier into which the applicant is seeking entry. A guideline of the number of teaching hours required through benchmarking is given below as a guide for prospective students and RTOs.

Benchmarking was determined against the following professional organisations/ institutions:

- i. Durban University of Technology, South Africa; Central Council of Homœopathy, India
- ii. Endeavour College of Natural Therapies;
- iii. Paramount College of Natural Medicine;
- iv. Council for Homeopathic Certification, MA;
- v. School of Homœopathy, UK;
- vi. Cyberjaya University College of Medical Sciences, Malaysia;
- vii. Ontario College of Homeopathic Medicine, Canada)

Please see Appendix 1 for detailed explanation of the terms used in Table 2.

	<b>Tier Three (AQF 5 and below) Hours</b>	<b>Tier Two (AQF 6 )</b>	<b>Tier One (AQF 7 and above)</b>
Criteria for application of knowledge and skills	Theoretical and technical knowledge of the content. Ability to apply knowledge to demonstrate autonomy and judgement and defined responsibility within established parameters.	A broad theoretical and technical knowledge of the content. Ability to apply knowledge to demonstrate autonomy and judgement to their application to clinical practice within broad parameters to provide advice.	An advanced and coherent theoretical and technical knowledge with depth in one (1) or more homeopathic methodologies. Ability to critically analyse and demonstrate autonomy and well developed judgement to their application to clinical practice within broad parameters to provide expert advice.
Assessment of each component	Assessments should reflect the AQF level 5	Assessments should reflect the AQF level 6	Assessments should reflect the AQF level 7
<b>Homœopathy Core Components</b>			
	<b><u>Guidelines</u></b> for number of hours required		
Homœopathic	60 hours	180 hours	390 hours



principles & philosophy (Including Organon study)			
Homœopathic materia medica	50 hours	200 hours	300 hours
Homœopathic prescribing principles (Including Repertory)	60 hours	180 hours	260 hours
Homœopathic therapeutics	60 hours	75 hours	200 hours
History of homœopathy (including comparison to other health modalities)	15 hours	30 hours	65 hours
Homœopathic case management principles	60 hours	240 hours	455 hours
Homœopathic pharmacology	15 hours	30 hours	65 hours
Homœopathic miasms – history & application of principles; advances in miasmatic theories	60 hours	90 hours	130 hours
Homœopathic research	30 hours	80 hours	195 hours
Homœopathic clinical practicum (see Appendix 1 for further clarification)	240 hours (including proof of having undertaken 20 consultations {10 initial consultations and 10 subsequent consultations with a maximum of 2 follow-ups per patient })	300 hours (including proof of having undertaken 40 consultations {20 initial consultations and 20 subsequent consultations with a maximum of 2 follow-ups per patient })	720 hours (including proof of having undertaken 80 consultations {40 initial consultations and 40 subsequent consultations with a maximum of 2 follow-ups per patient })
<b>TOTAL HOURS</b>	<b>650 hours</b>	<b>1405 hours</b>	<b>2780 hours</b>
Non-homœopathy Core components			
Human Anatomy and Physiology	60 hours	120 hours	260 hours
Biochemistry	30 hours	70 hours	130 hours
Human Pathology	60 hours	120 hours	260 hours
Human clinical examination	30 hours	60 hours	120 hours
Human Pharmacology	nil	30 hours	65 hours
Critical enquiry	nil	nil	65 hours

Microbiology	nil	nil	65 hours
Counselling	30 hours	60 hours	130 hours
Human nutrition	30 hours	60 hours	130 hours
Clinical diagnostic tests & results interpretation	20 hours	30 hours	65 hours
Scope of practice, Ethics & national + local laws governing practice	20 hours	30 hours	65 hours
Non-homœopathy Optional components			
Psychology	nil	nil	65 hours
Business skills	30 hours	60 hours	60 hours
<b>TOTAL HOURS</b>	<b>310 hours</b>	<b>640 hours</b>	<b>2130 hours</b>

### SCOPE OF PRACTICE

It is the responsibility of each registrant to practice within their scope of practice and employ best practices regarding their own limitations and undertake referrals to other appropriate health professionals.

### RECOGNITION OF PRIOR LEARNING (RPL)

In special circumstances, RPL may be applied for a prospective registrant. The criteria are given in Table 3.

“Recognition including recognition of prior learning (RPL), is a process for giving candidates credit for skills, knowledge and experience gained through working and learning. It can be gained at any stage of their lives, through formal and informal learning, in Australia or overseas, through work or other activities such as volunteering.”

(NSW Government, Department of Industry.

[https://www.training.nsw.gov.au/training\\_providers/resources/skillsonline/rpl\\_resources.html](https://www.training.nsw.gov.au/training_providers/resources/skillsonline/rpl_resources.html) )

### TABLE 3: Criteria for RPL applications

Interested new applicants fulfilling the criteria below will be eligible to apply for registration with AROH via RPL.

Criteria
Studied homœopathy more than ten years ago (prior to 2000 AD) and can provide evidence of educational qualification mapped to the appropriate AQF level or equivalent.
Has studied homœopathy in a teaching institution recognised by the local government or association.
Can demonstrate knowledge, skills and competency equivalent to the appropriate tier of registration.
Has been in practice a minimum of two days per week for a minimum of 5 years and provide proof of competency of patient management.
Can demonstrate competency in safe work practices and physical examination appropriate to the tier level.
In addition, the candidate maybe requested to undertake AROH's Domestic RCC assessment.

## Appendix 1:

### Homœopathic clinical practicum:

This refers to supervised clinical training. 70% of the clinical practicum training must be conducted face-to-face and 30 % maybe via virtual supervision e.g. Skype. 80% of the clinic hours MUST BE acquired by actively treating patients under the supervision of an ARoH accredited supervisor. (List of ARoH accredited supervisor/ mentor is present on the ARoH website. For details on qualification of a supervisor and/or becoming an accredited supervisor, please refer to ARoH document). The remaining 20% may include acquisition of business skills, reception or pharmacy duties.

80% of clinical hours must include proof of being the primary person undertaking assessment and treatment (including case history, physical examination, health assessment, diagnosis, homœopathic treatment and case management) of a set number of consultations, dependent on the tier level.

### Underpinning Knowledge

Homœopathic principles & philosophy: underpinning knowledge	Homœopathic principles & Philosophy: Similars, Minimum dose, Single dose, Single medicine, totality of symptoms, individualisation , dynamis, vital force, primary and secondary action, exciting and maintaining cause of disease, aggravation, susceptibility and sensitivity, suppression. Hering's direction of cure, Organon (5th & 6th edition).
Homœopathic materia medica: underpinning knowledge	Sources of materia medica, provings. Psychological, physiological and general symptoms of polycrests. Psychological, physiological and general symptoms of homeopathic medicines, including nosodes, sarcodes and imponderables. Clinical indications and keynotes of homœopathic medicines commonly prescribed in special situations: first aid, injuries, acute infectious diseases, pregnancy, lactation, geriatrics.
Homœopathic prescribing principles: underpinning knowledge	Disease classification in homœopathy, acute prescriptions, local and one sided diseases, totality, keynotes, PQRS, aetiology, essence, sensation, core delusion, organopathics, tautopathy, isopathy, genus epidemicus Concept of Palliation (incurable diseases) Idiosyncrasy and Indisposition. One-sided diseases and their management. Repertory study including electronic version.
History of homœopathy: underpinning knowledge	Paracelsus, Vitalism, Homœopathy, Hahnemann through to present day. Stalwarts of Homœopathy. Scope and limitations of Homœopathy. Different modes of medicines: Antipathy, Allopathy. Different traditional systems of medicine

Homœopathic case management principles: underpinning knowledge	Case taking, Case evaluation, diagnosis, homœopathic prognosis, Potency selection and administration principles. Relationship between homœopathic medicines, interaction between homœopathic medicines and drugs, herbs and other modalities. Obstacles to cure. Diet and Ancillary mode of treatment. Pathology and Homœopathic Prognosis. Scope and limitations of Homœopathy. Evaluation of subsequent prescriptions.
Homœopathic pharmacology: underpinning knowledge	Proving and relationship to drug clinical trials, pharmacopeia, manufacture and dispensing of X, C and Q scales. Drug Proving (human pathogenetic trials) and relation to homœopathic potencies.
Homœopathic miasms – history & application of principles of chronic disease treatment: underpinning knowledge	History of miasms, primary and secondary symptoms of miasms as per Hahnemann's Chronic Diseases. Concept of miasms according to Hahnemann, Kent, modern and post-modern homœopaths. Application of miasms, nosodes, sarcodes in practice.
Homœopathic research: underpinning knowledge	Levels of research, difference in paradigms between conventional research and homœopathic research, recent advances in the fields of ultradilutions and nanopharmacy in relation to homœopathy. Academic writing and critical enquiry and analysis skills. Study of Randomised Controlled Trials in homœopathy. Importance of Record Keeping in Homœopathy

### Non-homœopathy components

Human Biology (Anatomy & physiology)	Cell structure & function, metabolism, tissues, organs and organ-systems anatomy & physiology, homeostasis. Degeneration and Regeneration. Endocrinology and their functions
Biochemistry	Atoms, molecules, compounds, bonding types, solubility, oxidation and reduction, anti-oxidants, organic chemistry, functional groups, structure and role of carbohydrates, proteins and lipids. Enzymes, cellular metabolism, catabolic and anabolic pathways, nucleic acids and protein synthesis, Hormones,
Human nutrition	Human nutrition, vitamins, xenobiotics, detoxification, deficiencies and excess
Critical enquiry	Critical skills development, research methodologies, calculation of 'p' and basic statistics, ethics in research
Microbiology	Bacteria and Viruses, Diseases caused with

	clinical symptomatology
Counselling	Basics of talk-therapy, counselling principles, self-evaluation methods.
Psychology	Scientific study of behaviour, intelligence, cause - effect relation --behaviouristic (Pavlov, Watson, Skinner, Erikson) and dynamics of behaviour (Freud and Neo Freudians). Basic concepts (hallucinations, delusions, sensations, perception and illusion) and developmental psychology. Psycho-somatic connection.
Human Pathology	Pathological changes in disease and ageing relating to body systems. Symptomology and diagnostics of diseases for every organ-system. Prognosis and referrals. Hypersensitivity and Anaphylactic reactions. Immunology and auto-immune disorders.
Human Pharmacology	Principles of western pharmacology, pharmacodynamics, pharmacognosy, pharmacogenomics, agonists and antagonists. Actions of commonly prescribed drugs and interaction with CAM, including outcome for homeopathic treatment.
Human clinical examination	Clinical skills in assessment of vital signs, body systems examination to assist in diagnosis, course of treatment or referral. Good first aid skills.
Clinical diagnostic tests & results interpretation	Ability to interpret common laboratory investigations
Business skills	Establishment and running of a business, operational, marketing, financial and personnel management & strategies, legal and ethical practices, Professional development (PD) and self- assessment and monitoring of skills and practice methods.
Scope of practice & national + local laws governing practice Advertising codes	Hazard identification, risk control, OHS practices, infection control, waste disposal practices. National and local health laws with special awareness of homœopathic practice regulations, TGA. Regulations in Australia regarding advertisement, verbal and print, including e-media.