

## Accredited Registers Programme

### Accreditation Panel's Decision

Application for renewal from: Society of Homeopaths ('the Society')  
Panel meeting: 30 January 2018 (**accreditation renewed with one Condition**)  
Accreditation valid from: 9 September 2017 – 9 September 2018

The [Professional Standards Authority](#) accredits registers of people working in a variety of health and social care occupations not regulated by law. To be accredited, organisations holding such registers must prove that they meet our demanding [Standards for Accredited Registers](#) (the Standards). Accreditation is reviewed every twelve months.

The Accreditation Panel reviewed the accreditation of the register held by the Society. Panel members reviewed the annual review application form, an updated risk matrix, and a summary report from the Accreditation team. The Panel had to review the Society's compliance with the Standards and decide whether or not to **renew accreditation, renew accreditation with conditions, suspend accreditation** or **remove accreditation**. The Panel could make recommendations in the form of:

- **Conditions** – changes that must be made to maintain accreditation. If Conditions are not met within the timeframe specified, accreditation may be removed.
- **Instructions** – actions that would improve practice but do not affect compliance with the Standards and that the Panel requires to be implemented and be satisfied of appropriate implementation within a given timeframe
- **Learning Points** – actions that would benefit the operation of the register, the implementation of which would be verified during the annual review of accreditation.

The Panel considered the range of options available to it when making its decision.

The Panel noted the assessment carried out by the Accreditation team for the annual review included:

- Documentary review (annual review form, query sheet response and risk matrix)
- Due Diligence checks and Patient/Service User journey
- Interviews with Society staff
- Review of Share Your Experience responses and concerns received during the year of accreditation.

The Panel was provided with a summary report prepared by the Accreditation team. The draft summary report had been provided to the Society prior to the meeting and its comments were incorporated into the report provided to the Panel.

There were no declarations of interest from members of the Panel. A summary of matters considered by the Panel is set out in the Annex. The summary is not intended to reflect all of the matters discussed by the Panel, but to record those that were most important in forming its decision.

## Outcome

The Panel decided to **renew accreditation with one Condition**. The renewed accreditation is valid from **9 September 2017 to 9 September 2018**.

## Conditions, Instructions and Learning Points

The Panel provided the following **Condition** to be implemented by the timeframes specified:

1. The Society must:
  - a. Develop and submit to the Panel for review its position statement on the use of CEASE therapy by registrants, including advertising this. This must be submitted to the Panel for review and published within three months
  - b. Develop mechanisms to ensure that registrants who use and advertise CEASE therapy follow the Society's position and do not breach its Code of Ethics and Practice. An action plan outlining how this will be achieved must be submitted to the Panel within one month
  - c. Review risks related to CEASE and other therapies additional to registrants' regular scope of practice, as part of its ongoing risk assessments. This must be incorporated into the Society's risk matrix within three months.

The Panel provided the following **Instructions** to be implemented by the timeframe stated or by annual review of accreditation as specified below:

1. The Society is to publish its exceptional circumstances policy regarding registrants who are not displayed on the public register, within six months.
2. The Society is to submit the outcomes of its website audits, including websites checked and all actions taken.
3. The Society is to provide clearer information to complainants on the actions it takes in relation to concerns raised when these are resolved outside of the formal complaints process.
4. The Society is to develop and publish its persistent or vexatious complaints policy to make clear where it considers contact from people or organisations to be unreasonably persistent or vexatious and the approach it will take.

The Panel provided the following **Learning Points** to be verified at the next annual review of accreditation:

1. The Society should consider making improvements to its openness and transparency by, for example, publishing its Board meeting minutes and other information previously available to the public on its website as soon as possible.
2. The Society should consider submitting its web page on 'The evidence base for homeopathy' to the Advertising Standards Authority's Copy Advice team for independent review.

## Annex – Accreditation Panel’s Decision – application for renewal of accreditation

<b>Organisation:</b>	<a href="#">Society of Homeopaths</a> ('the Society')	<b>Outcome:</b>
<b>Accreditation Period:</b>	9 September 2016 – 9 September 2017	<b>Accreditation Renewed with one Condition</b>
<b>Update on Conditions issued in the previous year</b>		
There were no <b>Conditions</b> issued as part of the last annual review.		
<b>Update on Instructions issued in the previous year</b>		
There were no <b>Instructions</b> issued as part of the last annual review.		
<b>Update on Learning Points issued in the previous year</b>		
There were no <b>Learning Points</b> issued as part of the last annual review.		
<b>Standard 1: holds a voluntary register for people in health and/or social care occupations</b>		
<p>The Society provided an update on plans to admit overseas practitioners to its register. The team checked the proposed membership categories and privileges depending on types of membership: normal registrants have voting rights, may use the Accredited Registers quality mark and must be insured. International registrants will not be required to hold indemnity insurance (as noted for other registers, some countries do not allow for this) and will not be able to use the quality mark.</p> <p>The team checked the Society’s amended Articles of Association and noted:</p> <p><i>‘24) A Registered Member may withdraw their contact details from the published Register of Homeopaths, for reasons agreed with the Board, while retaining Registered Membership and continuing in practice. The member’s name shall subsequently be returned to the published Register upon request to the Registrar at any time.’</i></p>		<p>The Panel found this Standard was met.</p> <p>The Panel noted that a register should display sufficient information to identify a registrant and their status on the register. The register may allow for the display or removal of secondary details, for example contact information or clinic hours.</p>

<p>The Society advised this had been its policy and that, in the last 12 months, one registrant had requested to be removed from the public register for personal reasons of an exceptional nature. The team advised of a precedent decision by the Panel stating that an organisation must make every registrant who meets its standards publicly available on its register (online and printed), unless there were exceptional circumstances involving the safety of the registrant. An organisation's exceptional circumstances policy should be clearly published on the register website. It is good practice to clearly state that all registrants are visible, except where exceptional circumstances apply (and to link to that policy).</p>	<p>Previous Panels noted that a registrant may have genuine safety concerns regarding publication of their name, leading to the precedent decision.</p> <p>The Panel issued the following instruction: The Society is to publish its exceptional circumstances policy regarding registrants who are not displayed on the public register within six months</p>
<p><b>Standard 2: committed to protecting the public and promoting public confidence</b></p>	
<p>There were no significant changes reported or noted since last year. The Society advised that 30 registrant websites are reviewed every six months and recommendations sent to registrants to ensure content is in line with relevant standards such as the Committee of Advertising Practice (CAP) Code. The Society advised its last check was completed in November 2017 and one registrant was contacted by the Professional Conduct Officer with suggested changes to their website.</p> <p>The Society highlighted its redesigned register website and advised of its continuing programme to make the public and service users aware of its register, through the website and other media.</p>	<p>The Panel found this Standard was met, subject to fulfilment of the Condition set out under Standard 5.</p> <p>The Panel discussed the Society's audits of registrants' websites against its Code of Ethics and Practice, and associated guidance. Following receipt of concerns through the Share Your experience process, and to better assure that its mechanisms to protect the public are robust, the Panel issued the</p>

	<p>following Instruction: The Society is to submit the outcomes of its website audits, including websites checked and all actions taken.</p>
<p><b>Standard 3: risks</b></p>	
<p>The Society adjusted several scores on its risk matrix, for example a risk that patients may not be properly informed of experiencing ‘a slight temporary worsening’ of symptoms, or new symptoms, following treatment was reduced due to the requirements for clinical education, supervision and Continuing Professional Development (CPD).</p> <p>The Society noted a new risk regarding ‘ransomware’ attacks on computers that may cause personal information to be stolen or otherwise compromised. The Society has marked this as a static risk, noting that registrants are required to comply with the Data Protection Act, that the topic should be covered in training and that public awareness in this area is increasing. The Society advised that in March 2018, computer virus protection will be covered through e-learning courses for registrants.</p>	<p>The Panel found this Standard was met, subject to fulfilment of the Condition set out under Standard 5.</p> <p>The Panel noted that risks relating to registrants’ use of ‘CEASE therapy’ (discussed under Standard 5) had been identified as part of the team’s assessment, for example that practitioners could recommend treatments noted to be harmful by the NHS. As part of the Condition outlined within Standard 5, the Panel stated that: The Society must consider risks related to CEASE and other therapies additional to registrants’ regular scope of practice, as part of its ongoing risk assessments.</p>

<p><b>Standard 4: Financial sustainability</b></p>	
<p>The Society highlighted a deficit in its 2017 budget due to recent investment in a membership review and new website, however stated this would not have a major impact on its reserves. The Society advised its recruitment and retention plans, such as plans to admit international registrants. As part of its due diligence the Accreditation team reviewed public records from Companies House and noted that the Society appeared to continue to be financially sustainable.</p>	<p>The Panel found this Standard was met.</p>
<p><b>Standard 5: capacity to inspire confidence</b></p>	
<p>The Society's annual review form highlighted changes to personnel throughout the organisation. The Society appointed lay Chairs to its Board and to its restructured Professional Standards Committee. The Society has recruited a new Professional Standards Manager.</p> <p>Information about the Society's directors may be found on the Society's website. The team noted that Board meeting minutes had previously been made available to the public, but were now published in restricted, members' only, sections of the website. The team discussed this with the Society, noting that previous Panel decisions had stated that publishing minutes or excerpts of discussions from Board meetings relevant to public protection and the public interest assist transparency and registers' ability to inspire confidence. The Society responded that it would make these links available.</p> <p>The Society had previously provided information on its website regarding the supply and sourcing of homeopathic remedies by pharmacies from both the UK and overseas. It had, for example, advised people purchasing remedies from overseas to ensure that the remedies are of good quality and to check that the pharmacy is regulated by the relevant medicines agency in that country. The Society has updated the 'Find a pharmacy' section of its website with revised information about sourcing homeopathic remedies from overseas.</p> <p>The Society highlighted that it has revised its Articles of Association which now provide for equal terms of appointment for both lay and professional directors.</p>	<p>The Panel found this Standard was met, subject to fulfilment of one Condition.</p> <p>The Panel noted the Society had provided a timeframe for publishing Board meeting minutes, and other information on its website, to the team. The Panel issued the following Learning Point: The Society should consider making improvements to its openness and transparency by, for example, publishing its Board meeting minutes and other information previously available to the public on its website as soon as possible.</p>

## CEASE Therapy

The Authority received concerns about Society registrants practising 'CEASE (Complete Elimination of Autistic Spectrum Expression) therapy'. CEASE Therapy (as per <http://www.cease-therapy.com/cease-therapy/>) suggests that there is a direct link from vaccination, and other conventional medicine, to the causes of autism and other serious health conditions and that these can be treated using homeopathic remedies. CEASE therapy uses homoeopathically prepared solutions of 'causative factors', to '*clear out the energetic field of the patient from the imprint of toxic substances or diseases*'. Case studies on the site linked above make claims such as '*the major part of the autism has been cured with the detoxification of the MMR shot.*'

The team noted the [Advertising Standards Authority \(ASA\)'s Ruling on Teddington Homeopathy](#) which found that CEASE therapy appears to imply an intention and ability to treat autism. CEASE's supporters suggest that it is also being applied to treat other 'modern chronic diseases', for example: '*In addition to offering this approach to my clients with Autism Spectrum Disorder, I have used it for patients with Asperger's, ADHD, Polymyalgia and symptoms resulting from IVF treatment.*' The team noted examples of Society registrants making similar statements about CEASE therapy on their websites.

The team noted that the CEASE website, which appears to be the primary source of information about CEASE, makes claims that conflict with the advice of the NHS and have potential to cause harm, if followed:

- '*One of the important factors in the development of autism is without a doubt the administration of many vaccines at a very early age.*' (the NHS, states that there is [no evidence](#) that the MMR vaccine causes autism')
- '*Autistic children should never again be vaccinated!*' (against the advice of [the NHS](#))
- Children should be given 1000mg of Vitamin C per year of age daily (the NHS states that more than 1000mg of vitamin C per day can cause: [stomach pain, diarrhoea or flatulence](#))
- Children should be given 10-30mg of zinc per day depending on age (the NHS states that more than 25mg per day risks [anaemia and weakening of the bones.](#))

The CEASE therapy website is not operated by or associated with the Society, but lists Society registrants who have undertaken CEASE training and opted to appear on the CEASE therapy website's public directory. The team noted many of those registrants highlighted the practice of CEASE therapy on

The Panel was concerned by the potential severe health risks posed by practitioners of CEASE therapy. The Panel noted the Society's comments that it did not support all practices related to CEASE, such as discouraging vaccinations and encouraging high doses of vitamin C and zinc.

The Panel issued the Society with one Condition of Accreditation:

The Society must:

- a. Develop and submit to the Panel for review its position statement on the use of CEASE therapy by registrants, including advertising this. This must be submitted to the Panel for review and published within three months
- b. Develop mechanisms to ensure that registrants who use and advertise CEASE therapy follow the Society's position and do not breach its Code of Ethics and Practice. An action plan outlining how this will be achieved must be submitted to the Panel within one month
- c. Review risks related to CEASE and other therapies

their own websites. The Society had noted in its 2016 annual report that CEASE therapy is a 'popular CPD topic' among registrants and it had previously linked to CEASE training provided by a Society registrant. The team suggested that this could imply the Society's endorsement for CEASE therapy.

The team asked the Society whether CEASE therapy was in line with its stated positions on vaccinations: *'It is therefore unethical for a homeopath to advise a patient against the use of conventional vaccines or anti-malarial drugs'*. The Society stated that CEASE protocol is not 'homeoprophylaxis'. This did not allay the team's concerns that vaccination may be actively discouraged by CEASE practitioners, against the Society's Advertising Guidance for registrants:

*'You can state that homeopathy is safe to use alongside conventional treatments, whilst being careful not to suggest or imply that it is safe to use instead of essential conventional medical treatment'*

and Section 41 of the Society's Code of Ethics and Practice:

*'Professional advertising must be factual and not seek to mislead or deceive, or make unrealistic or extravagant claims. Advertising may indicate special interests but must not make claims of superiority or disparage professional colleagues or other professionals. No promise of cure, either implicit or explicit, should be made of any named disease. All research should be presented clearly honestly and without distortion; all speculative theories will be stated as such and clearly distinguished.'*

The Society stated that undertaking CEASE training does not imply that a practitioner will claim to completely 'eliminate autistic spectrum expression', apply the entirety of CEASE methods within their practice, or undertake any action that would breach the Society's Codes. However, there did not appear to be any supporting evidence for this, such as mitigating statements, on registrants' websites or on the Society's website or other public materials. The team suggests that the main sources of information for CEASE therapy would inform the public that its purpose is to treat autism (and other disorders and diseases) and to steer clients away from conventional medicine.

The team suggested that from the information available, the Society would need to provide significant assurance to the Panel that it continues to meet the Standards for Accredited Registers. The Society

additional to registrants' regular scope of practice, as part of its ongoing risk assessments. This must be incorporated into the Society's risk matrix within three months

<p>committed to developing public guidance outlining the scope of CEASE therapy that is acceptable to incorporate into registrants' practice. The Society would then develop a mechanism to assure that registrants who do apply aspects of CEASE in their practice do not contravene relevant standards. The team suggested that the Society had an opportunity to enhance public protection by publishing an industry-leading resource highlighting risks associated with CEASE therapy and appropriate standards and advertising guidance for practitioners.</p>	
<p><b>Standard 6: knowledge base</b></p>	
<p>The Society advised how it continues to develop its knowledge base and make this explicit to the public. The Society provided examples of research published in the last year and confirmed that it disseminates information about this research to registrants in its bulletins and published journal. The Society highlighted examples where homeopathic remedies were suggested to perform better than placebos, however noted the limitations of studies that may have tested a small sample size, or were not conducted as double-blind trials.</p> <p>The Society highlighted the revision to its Research Policy, following consultation with its registrants, that the Society's public or promotional materials will not refer to research in homeopathy that may have caused harm to animals.</p> <p>The team checked the Research/Evidence base section of the Society's website and noted some concerns about the wording on this page. The team suggested to the Panel that the ASA is best placed to determine whether a website meets its guidelines and codes, and that the ASA does not generally provide advice on this to third parties. The ASA does, however, have a Copy Advice service that provides free advice to organisations on the likely acceptability of their communications under the CAP Code.</p>	<p>The Panel found this Standard was met.</p> <p>The Panel considered that wording on the Society's page for 'The evidence base for homeopathy' (<a href="https://homeopathy-soh.org/all-resources-2/evidence-base/">https://homeopathy-soh.org/all-resources-2/evidence-base/</a>) may give the impression that homeopathy was scientifically proven. The Panel issued the following Learning Point: The Society should consider submitting its web page on 'The evidence base for homeopathy' to the Advertising Standards Authority's Copy Advice team for independent review</p>

Standard 7: governance	
<p>The Society highlighted changes to its governance and how it maintained the ‘firewall’ between its professional body and public protection work. The Society had reviewed the functions of its Professional Standards Committee which include to:</p> <ul style="list-style-type: none"> <li>• Ensure professional standards are adhered to in education, registration, professional conduct, CPD and research</li> <li>• Implement and monitor procedures for the regulation and registration of Society members</li> <li>• Provide guidance and support in maintaining the highest level of professional conduct</li> <li>• Receive, discuss and, as appropriate, either agree proposals from the Education Committee, Professional Conduct Committee and Research Committee or recommend them to the Board</li> <li>• Review existing regulatory policies and, where appropriate, prepare recommendations for changes to policies for discussion by the Board</li> <li>• Be the appellant body for decisions of the Professional Conduct Committee.</li> </ul> <p>The team asked the Society how the Professional Standards Committee maintains a ‘firewall’ between support it will provide to registrants regarding conduct matters and its other functions, for example as the appellant body for decisions of the Professional Conduct Committee. The Society responded that it has a pool of registrant-guides to help and support registrants through complaints processes. Registrants who volunteer to take on this role are not members of either committee and play no other part in the professional conduct process. The Society also confirmed that a panel member cannot sit on an appeals panel for a decision they have previously been involved in.</p> <p>The Society states that its <i>‘patient representative and the lay Chair on the Professional Standards Committee both serve to ensure that the ‘patient’ and the ‘public’ voice is represented in the discussion relating to strategic and operational standards.’</i></p> <p>As part of its patient journey, the team checked for features on the new website that were present on earlier versions of the site, and highlighted some missing material (as described earlier in the report).</p>	<p>The Panel found this Standard was met, subject to fulfilment of the Condition set in Standard 5.</p> <p>The Panel spoke with the Society regarding the firewall it maintains between public protection and professional representation, and about participation of lay members on its Board and committees.</p> <p>As noted within Standard 5, the Panel issued Learning Point for the Society to update the information it publishes on its website.</p>

<p>The Society states that it provides support to registrants with queries about ASA and that it retains a positive working relationship with the ASA.</p>	
<p><b>Standard 8: setting standards for registrants</b></p>	
<p>The Society has previously advised that if a registrant is identified as being in potential breach of its Code of Ethics and Practice regarding advertising, it will first try to work with the registrant to improve the information provided. Should the registrant fail to cooperate, the Society will initiate its Professional Conduct Procedures and may refer the registrant to Trading Standards.</p> <p>At the previous annual review, the Society had highlighted that it was content to work with the ASA and CAP to ensure registrants were compliant with codes and guidelines. The Society had published Advertising Guidance to assist registrants to comply with ASA and CAP requirements. The team noted this was now restricted to members' only section of the site</p>	<p>The Panel found this Standard was met.</p> <p>The Panel asked whether the Advertising Guidance could again be made publicly available to highlight the Society's approach to advertising standards, but noted the Society's response that this was a resource created to assist its registrants.</p>
<p><b>Standard 9: education and training</b></p>	
<p>The Society stated that its new website will ensure that information is easily accessible to the public about its accredited courses and will continue to provide explicit information on education levels.</p> <p>The team checked the 'Become a homeopath' and 'Find a Course' sections of the Society's updated website, which states that <i>'The academic level of our recognised courses is equivalent to that of a first degree – Higher Education Level 6'</i> and that courses <i>'reflect the Complementary and Natural Healthcare National Occupational Standards for Homeopathy and the Society's course framework.'</i></p> <p>The team noted that some information provided on the older website, for example 'What do homeopathy students learn', and the Society's Framework for Professional Homeopathy Course Content which provides <i>'core content and benchmarking for courses designed to educate professional homeopaths'</i> were not available. The Society advised these would be uploaded to the new website.</p>	<p>The Panel found this Standard was met.</p> <p>The Panel noted the Society's assurance that it will upload updated documentation that would enhance the information available in support of Standard 9e.</p>

<p>The Society advised of its consultation on Clinical Education Standards, which will feed into a larger education review, being carried out by two education consultants, and two independent education reviewers. The Society advised that its education review team has written a draft of a new process and guidelines. This has been sent to its Accredited Colleges for consultation and following update will be presented to the Society's Board meeting in February, with a plan for implementation from April 2018.</p>	
<p><b>Standard 10: the register</b></p>	
<p>Under Standard 1 the Society highlighted changes to routes of entry to the register. Following its review, those applying to the register, effective 31 July 2017, may now apply:</p> <ul style="list-style-type: none"> <li>a) After completing a course from a recognised college accredited by the Society or</li> <li>b) Through the Society's 'Independent Route Policy'</li> </ul> <p>Applicants from both routes must be able to demonstrate meeting the Society's Core Criteria for Homeopathic Practice and be capable of demonstrating each competence of the relevant National Occupational Standards (NOS).</p> <p>The team noted that the Society's 'Independent Route process', previously known as the 'Individual Route' states that '<i>the educational standard required is equivalent to Higher Education Level 6.</i>'</p> <p>Those applying through the independent route are not required to have an initial level 6-equivalent qualification but, if they do not, they are expected to demonstrate level 6 equivalence through their CPD and experience in practice.</p> <p>New Society registrants had previously been required to submit a portfolio after their first year of practise that was reviewed to ensure competence and compliance with Society standards. While it is recommended that registrants maintain a CPD portfolio, and half of the membership is asked to submit evidence of CPD each year, this is no longer a requirement. The Registrant Agreement continues to mandate that registrants participate in the Society's CPD programme. The requirement of maintaining a</p>	<p>The Panel found this Standard was met.</p>

<p>portfolio for the first year of registration was removed as the Society noted duplication with the requirements for application to the register for those entering through the Independent Route.</p> <p>The Society highlighted plans to provide a wider range of CPD tools within the members' section of its new website, and is developing tools to assist Society staff responsible for assessing quality of registrants' CPD submissions.</p>	
<p><b>Standard 11: complaints and concerns</b></p>	
<p>This year the team is focusing on complaints handling, both against registrants and against the organisation. The team reviewed the Society's complaints handling policies and interviewed the Professional Conduct Officer and Professional Standards Manager.</p> <p>The Society highlighted that it aims to resolve complaints with mediation where appropriate, as reflected in the Professional Conduct Procedures. The Society reported two complaints resolved by mediation, to the satisfaction of all parties, in the past year and confirmed these did not require further formal investigation.</p> <p>The Society received one complaint that progressed to an Adjudication Panel hearing. The team could not observe the hearing (it has not yet done so for the Society) as consent was not provided by all parties. The Society confirmed that its Adjudication Panel comprised both lay and professional members.</p> <p>The Panel noted that a registrant has been removed from the register following an Adjudication Panel and that this is posted on the Society's website. The team reviewed redacted communications to the complainant and registrant and noted that the Society's communications appeared to be balanced and informative.</p> <p>The Society's 'Find a Homeopath' webpage provides a link to decisions by its Adjudication Panels. The team noted that the Society has added descriptive text to that link to assist the public.</p>	<p>The Panel found this Standard was met.</p>

<p>The team noted that the Society’s amended Articles of Association allow its complaints panels to issue fines to registrants. The Society advised this sanction is not used and was removed from its professional conduct procedures.</p> <p>The Society highlighted an example of a concern raised that it determined was outside of its remit to investigate. In this situation, the Society members were ‘Honorary Fellows’ resident outside of the UK and not registrants. The complaint appeared to raise grievances relating to employment with the practitioners. The concerns were reported to and discussed by the Society’s Board. The Society’s Chief Executive wrote to the complainants to explain why the Society could not investigate.</p> <p>The Society has produced guidance on Expressing Concerns, Resolving Complaints which <i>‘is intended to help any patient, homeopathic student, practitioner or member of the public approach the Professional Conduct Department of The Society of Homeopaths for advice or help. It addresses some common concerns about how to do this.’</i> It explains the approach that the Society aims to take when concerns are raised; resolving through informal discussion where possible, or handled through the Society’s formal complaints process.</p> <p>The team checked that informal guidance on making a complaint, and the formal complaints procedure are available for download, as is information for raising complaints against the Society.</p> <p>The team noted that the Society’s website states <i>‘If you wish to raise a complaint regarding a registered member of the Society of Homeopaths, you must write to the Professional Conduct Officer’</i>. The Society advised that it can assist those who have difficulty doing so.</p>	
<p><b>Share Your Experience and concerns about the Accredited Register received in the previous year of accreditation</b></p>	
<p>The team received 3 concerns about the Society which were accepted under the Share Your Experience process. The team also reviewed information provided through social media, as discussed under Standard 5.</p>	<p>The issues raised through the Share Your Experience process were considered by the Panel when determining whether the Standards continued to be met.</p>

1. The team received a report from an organisation that had contacted the Society to report concerns regarding widespread misleading advertising among its registrants. The organisation stated that it considered that ten (of a check of ten) Society registrants' advertising breached the CAP Code and the Society's Code of Ethics. The organisation stated the Society had refused to engage with it, and had stated that it would not consider complaints brought by third parties, unless they have directly been affected by the actions of the practitioner, making it difficult to bring alleged breaches to the Society's attention.

The team checked the organisation's report, which argued that many of the registrants' websites included in the check implied that homeopathy is effective to treat many unspecified acute and chronic medical conditions in contravention of the CAP Guidance for Advertisers of Homeopathy Services that *'marketers of homeopathy services should not state or imply that conditions or symptoms can be relieved or cured by homeopathy.'*

The team checked the registrant websites listed and noted that where there were allegations that websites directly contravened the Society's stated position, these had since been removed from the live website, for example where provision of homeopathic vaccines was implied to be *'effective as a form of vaccination, or as an alternative to vaccination'*.

Other examples alleged that testimonials were in breach of the CAP Guidance, which states *'Genuine client testimonials can be used, but must not imply efficacy'* for example *'She has successfully treated the whole family for a whole range of different ailments such as eczema, digestive problems, Achilles tendon, chicken pox and adverse reactions to childhood immunizations to name a few.'*

The Society noted that its member websites tend to refer to treating people who have previously been diagnosed with a condition, and where a practitioner has evidence to prove that people with these conditions have been to see them. They also have evidence to support the testimonials written by patients.

2. The team received a concern about the Society from an individual who had raised concerns directly with the Society about a practitioner alleged to make misleading claims, namely that they were able

The Panel noted the Society's clarification that it accepts concerns from any source and attempts informal resolution before initiating its complaints procedures. The Panel noted that the Society would, for example, contact a registrant regarding advertising in breach of its Codes and work with them, before initiating complaints procedures or referring to Trading Standards. The Society advised that to manage its workload, its policy was to acknowledge concerns and act on these, but not provide outcomes to the party that raised the concern. The Panel issued the following Instructions: The Society is to provide clearer information to complainants on the actions it takes in relation to concerns raised when these are resolved outside of the formal complaints process. The Society is to develop and publish its persistent or vexatious complaints policy to make clear where it considers contact from people or organisations to be unreasonably persistent or

to treat autism. The complainant was concerned by the Society's response which suggested their concerns would be treated as frivolous, or vexatious without investigating their merit.

The team asked the Society to outline how this concern was handled, including whether it was considered under the Society's complaints procedures. The Society advised that it had contacted the member concerned and provided advice on the content of the website. This did not fall under the Society's official complaints procedure.

The team noted the Society's published Expressing Concerns, Resolving Complaints policy, but suggested to the Society it may not appear that this was being applied. The team suggested it appeared, through the Society's correspondence, that there was resistance to accepting the concerns of complainants and resolving them in accordance with that policy. The Society outlined the action that it has, and would, take in response to such complaints in line with its stated processes: investigating and contacting registrants where necessary, before considering if formal disciplinary action was required to resolve those concerns. The team suggested to the Society that it could raise the profile of this protocol and ensure that it is applied and that its communications reflect this.

3. Another response provided similar concerns, stating that the Society did not act when registrants were in breach of its Code of Ethics and Practice regarding advertising standards, consumer protection legislation and medicines regulation. The response stated registrants were claiming to treat named conditions such as autism, in line with discussion of CEASE therapy, above. The response also stated that the Society did not provide suitable guidance on the supply of unlicensed homeopathic medicines, which must not be obtained or held by practitioners but sourced by clients.

The team asked the Society what information is provided on the supply of unlicensed homeopathic medicines, and how standards relating to these are enforced. The Society referred to the text on its website at <https://homeopathy-soh.org/homeopathy-explained/find-a-pharmacy/>:

***'Homeopathic pharmacies***

*Although homeopaths prescribe remedies, they do not sell them. Only pharmacies regulated by the General Pharmacy Council can sell most of the homeopathic medicines available in the UK.*

vexatious and the approach it will take.

The Panel noted that the Society had produced Advertising Guidance in association with the ASA and made this clear to its registrants. The Society informed the Panel that no registrant website had so far been sanctioned by the ASA.

The Society's monitoring of registrants' websites, including claims of efficacy, will be reviewed by the Accreditation team and the Panel through Instruction 2.

<p><i>These remedies are mostly classified as unlicensed medicines and are prepared in accordance with the standards of official homeopathic pharmacopoeia, which describes the manufacturing procedure and provides assurances of safety and quality.</i></p> <p><i>Pharmacies and pharmacists may legally supply unlicensed remedies to individual patients, and they may be ordered either by telephone or through the internet, or by going to the pharmacy in person.</i></p> <p><i>The official body that regulates the manufacture of unlicensed medicines supplied to doctors and pharmacies is the Medicines and Healthcare products Regulatory Agency (MHRA).'</i></p> <p>The Society further advised that it had sought clarification from the Department of Health in 2012 regarding public access to homeopathic remedies and been informed that existing supply routes could continue.</p> <p>The team noted that the above webpage appeared to make clear that registrants should not sell or provide homeopathic remedies to patients, which must be obtained from GPhC registered homeopathic pharmacies, unless deemed suitable to purchase over-the-counter.</p>	
<p><b>Equality duty under the Equality Act 2010</b></p>	
<p>The Panel must consider the Authority's equality duty under the Equality Act 2010 when considering an application for renewal of accreditation.</p>	<p>The Panel had regard to its duty under the Equality Act 2010 when considering this application for renewal of accreditation.</p>
<p><b>Impact Assessment</b></p>	
<p>There have been no significant changes reported since last year.</p>	<p>The Panel noted and took account of the impact of its decision to renew accreditation</p>