

Annual review of accreditation 2019/20

Society of Homeopaths

February 2020
(updated June 2020)

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About the Society of Homeopaths

The Society of Homeopaths ('the Society') registers:

- Homeopaths

Its work includes:

- Setting and maintaining standards of practice and conduct
- Maintaining a register of qualified professionals
- Assuring the quality of education and training
- Requiring registrants to keep their skills up to date through continuing professional development
- Handling complaints and concerns raised against registrants and issuing sanctions where appropriate.

As of November 2019, there were 974 registrants on the Society's register.

The Society was first accredited on 9 September 2014. This is the Society's fifth annual review and covers 9 January 2019 to 9 January 2020.

Background

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 [Standards for Accredited Registers](#) (the Standards). Accreditation is reviewed every 12 months.

Accreditation can be renewed by a Moderator in cases where all Standards are evidenced to be met. A Moderator can issue Recommendations and note Achievements.

Where concerns do exist, or information is not clear, a targeted review will be initiated by a Moderator. The outcome of this review is assessed by an Accreditation Panel, who can decide to renew accreditation, renew accreditation with conditions, suspend accreditation or remove accreditation. Panels may also issue Recommendations and note Achievements.

- **Condition** – Changes that must be made within a specified timeframe to maintain accreditation
- **Recommendation** – Actions that would improve practice and benefit the operation of the register, but do not need to be completed for compliance with the Standards to be maintained. Implementation of recommendations will be reviewed at annual renewal
- **Achievement** – Areas where a register has demonstrated a positive impact on one of the four pillars of the programme; protection, choice, confidence and quality.

Outcome

Accreditation for the Society was renewed with conditions for the period of 9 January 2020 to 9 January 2021.

Accreditation was renewed by a Panel following a targeted review of Standards 2, 3, 5. The Moderator determined that this may impact on Standards 10 and 11b, but found that all other Standards were met following a review of evidence gathered by the Accreditation team and supplied by the Society.

The following **Condition of Accreditation** was issued to be implemented by the timeframe as specified, or by the following annual review of accreditation:

1. The Society of Homeopaths must:
 - a. make its position statements clear that registrants must not practise or advertise adjunctive therapies that are incompatible with Society registration. Specific reference must be made to the Society's position forbidding the practice of CEASE, and dietary/nutritional supplements. This must be submitted to the Authority for review and published within three months. (paragraph 2.13)
 - b. make its position statements clear that registrants' scope of practice does not allow registrants, whether acting in a professional or public capacity, to provide advice on vaccination or offer or provide homeopathy as an alternative to vaccination for the prevention of serious infectious diseases. Registrants should direct service users to NHS and other public health sources, for example, their GP or public health departments. Revised statements must be submitted to the Authority for review and published within three months. (paragraph 2.19)¹
 - c. provide quarterly reports of its monitoring to ensure that within the following 12 months all registrant websites comply with its updated position statements (as referred to in part a above) (paragraph 5.10)
 - d. complete and make available to the public its guidance on adjunctive/supplementary therapies and inform the Authority how it will promote compliance with that guidance. (paragraph 2.24)

The following **Recommendations** were issued to be implemented by the annual renewal documentation:

1. The Society should communicate its updated position statements and guidance and consider how it will ensure that members of the public are aware they can contact the Society should they require further information. (paragraph 2.26)

¹ The Society provided its statement to the Authority within the required timeframe. The Panel considered the statement and found that parts a and b of the Condition were met. The updated statement is online at <https://homeopathy-soh.org/about-us/position-statement/>.

2. The Society should consider including a statement within its annual declarations to ensure registrants are made aware of all documentation comprising the Society's professional standards. (paragraph 3.12)
3. The Society should provide its social media guidance to the Authority and advise how it will promote compliance with that guidance (paragraph 5.20)
4. The Society should commission an appropriate external review, conducted by a person who does not practise homeopathy, of the information presented on its website relating to the evidence base for homeopathy, to ensure that the information is not misleading and complies with ASA guidance (paragraph 6.5)
5. The Society should provide an update on the review of its CPD e-learning module on advertising, and its engagement by registrants, at the following annual review of accreditation. (paragraph 7.12)
6. The Society should consider how it can ensure that its CPD modules reflect and emphasise its position statements. (paragraph 7.13)
7. The Society should review distinctions between the use of 'should', 'must' and 'will' within its Code of Ethics and amend where necessary. (paragraph 8.8)
8. The Society should consider publishing information about its approach to informal resolution and how it will escalate concerns that are not resolved in a timely manner. (paragraph 11.11)

The following report provides detail supporting the outcome.

Assessment against the Standards for Accredited Registers

Standard 1: the organisation holds a voluntary register of people in health and/or social care occupations

- 1.1 There were no significant changes reported or noted in the past year. The Society reported a small net decrease in registrant numbers over the past year, noting these reflected current trends within the sector. The Society also reported some registrants had resigned or not renewed their registration following publication of its updated position statements. Those statements are discussed in later Standards.
- 1.2 The Authority noted that at initial accreditation, it was required to assess whether homeopathy falls under the remit of the Accredited Registers programme. At that time, one of the factors noted in this assessment was that homeopathy was provided by the NHS. The Authority considered that the NHS no longer routinely funds or recommends homeopathy. The Authority noted that the other factors considered at that time still remain, that homeopathy is legal, that homeopathic remedies prescribed by Society registrants are regulated by the Medicines and Healthcare Products Regulatory Agency (MHRA) or manufactured by pharmacies within the remit of the General Pharmaceutical Council (GPhC). The Authority also noted that the core practice of homeopathy has not changed (adjunctive therapies not being a part of core practice), and concluded that the Society continued to hold a voluntary register of people in health and/or social care occupations and found that this Standard continued to be met.

Standard 2: the organisation demonstrates that it is committed to protecting the public and promoting public confidence in the occupation it registers

- 2.1 The two previous annual reviews considered the Society's approach to registrants that had trained in, advertised or offered 'CEASE therapy'. CEASE stands for 'Complete Elimination of Autistic Spectrum Expression'. CEASE therapy is founded on the hypothesis that there is a link between vaccination, and other medicines, to autism and other serious health conditions. CEASE therapy is promoted to treat such conditions using a variety of interventions, including homeopathic remedies.
- 2.2 The Authority had noted that the CEASE website, which appeared to be the primary source of information about CEASE, made claims that conflict with the advice of the NHS and had 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.](#))
- 2.3 In the 2017-2018 annual review, the Authority issued a Condition to the Society in relation to CEASE.
- 2.4 A part of that Condition required the Society to:
- 'Develop and submit to the Panel for review its position statement on the use of CEASE therapy by registrants, including advertising this.'
- 2.5 In response the Society published a position statement, published in May 2018, which stated:
- 'The Society does not endorse any aspects of CEASE therapy contrary to NHS guidance and nor should RSHoms, in particular on vaccination, homeopathic prophylaxis, and the use of dietary supplements. It is beyond standard homeopathic practice to provide advice on the use of supplements and therefore any guidance given should be in line with the NHS Guidelines'
- 2.6 The Authority had been satisfied that this part of the Condition was met.
- 2.7 During the 2018-2019 annual review the Authority had regard to the Advertising Standards Authority (ASA)'s statements about CEASE therapy, including its Enforcement Notice to CEASE practitioners. The Authority considered the Society's work to ensure that registrants did not use the CEASE title or work outside of the Society's standards. The Authority noted an ongoing risk that CEASE practitioners may seek to treat or cure autism or promote harmful practices. The Authority issued the following Recommendation:
- 'Although presently a distinction is being made between use of the CEASE acronym and its full title, this distinction may not be meaningful. The Authority is concerned that the suggestion that autism can or should be eliminated may be wrong and is potentially discriminatory. The Authority notes that the CEASE acronym is readily linked to the words of the acronym. The Authority recommend that the Society consider banning the use of the acronym. If the Society does not do this, the Authority would need to be satisfied that the use of the word by registrants is not misleading or discriminatory and the Society should provide its report on this to the Authority.'
- 2.8 This year, the Society advised that following consultation with registrants representing CEASE practitioners and its wider membership, it had developed and published a revised position statement regarding CEASE:
- 'The Society does not endorse the use of protocols dedicated to specific named conditions. RSHoms [Society registrants] must not suggest that they are capable of a complete cure, or promote such

protocols for **named conditions** including, for example, CEASE therapy.'

- 2.9 The Society confirmed to the Authority, in its responses to the Authority's queries, that it intended its updated position on CEASE to mean that registrants were not permitted to practise CEASE or otherwise promote it.
- 2.10 The Authority considered whether this new position statement effectively communicated to the public the Society's revised approach to CEASE. The Authority noted that the statement referenced CEASE but that it was broadly worded. The Authority noted that the broad position on named protocols could enable the statement to effectively cover practices with elements similar to CEASE, such as Homeopathic Detox Therapy or Human Chemistry (which are discussed in more detail below) as well as any similar practices which may develop over time.
- 2.11 The Authority however also considered whether the updated position statements were compatible with the previous Condition issued by the Authority, and whether the updated position statements were sufficiently clear for both registrants and members of the public. The Authority considered that the position statements' use of the phrase 'the Society does not endorse or promote such protocols for named conditions' may not make clear to the public and registrants that such practices were prohibited for Society registrants (as advised by the Society in its responses to the Authority's queries) and therefore that the wording should be strengthened.
- 2.12 The Authority noted that these risks also related to other adjunctive therapies. Further adjunctive therapies are also discussed under Standard 3, below. The Authority noted that the Society was developing guidance on supplementary therapies and considered that this would link to the position statements referred to above.
- 2.13 The Authority noted that the Society's revised position statement had removed specific mention of the use of dietary supplements. The Authority asked the Society to confirm its current position regarding these. The Society responded that dietary supplements are not homeopathic remedies and as such homeopaths' scope of practice does not involve prescribing them. The Society highlighted its Code of Ethics requirements for registrants to remain within the limits of their professional competence and where appropriate refer to other practitioners. The Society advised that its evidence suggested that registrants formerly involved in CEASE therapy had prescribed homeopathic alternatives to the dietary supplements recommended under those protocols. The Authority noted the Society's position and the requirements set out in the Code of Ethics but considered that the Society's position on dietary supplements should be made clearer and included in its position statements. (Condition 1a)
- 2.14 The Authority also considered the Society's new position statement relating to vaccination and contrasted it to the previous version:
- 'The Society does not endorse the use of homeopathic medicines as an alternative to **vaccination** for the prevention of serious infectious diseases. RSHoms must not offer homeoprophylaxis, provide advice

on, or actively participate in a patient's decisions regarding vaccination.'

'Homeopaths are not able to offer advice on vaccination and the Society recommends that members of the public seek the advice of their GP and/or relevant Department of Health guidelines concerning vaccination and protection against disease when travelling'

2.15 The previous version stated:

'The Society ... does not endorse the use of homeopathic medicines as an alternative to vaccination for the prevention of serious infectious diseases' and;

'The Society supports informed decision making in regard to vaccination. We recommend that patients seek advice from their GP, as well as organisations that specialise in providing information about this complex issue, so they can make an informed choice for themselves and their children.'

2.16 The Society highlighted collaboration with other organisations working in homeopathy and complementary medicine to produce a public statement on homeopathy and vaccination, stating that 'questions about vaccination from the public to a registered homeopath should be deferred to those medically trained to answer them, such as GPs'.

2.17 The Authority considered that CEASE, and other practices such as 'Homeopathic Detox Therapy (HDT)' or 'Human Chemistry', aimed to 'cleanse' the patient of toxic substances. The Authority noted that proponents of 'anti-vaccination' had claimed that vaccines may contain harmful components that could be treated through those protocols and asked the Society for its position.

2.18 The Society stated that it considered that its new position statements regarding generic protocols and on vaccination addressed these matters. The Society confirmed that discussing arguments (such as that vaccinations contain 'toxins') to promote anti-vaccination sentiments, which might influence a patient's decision to vaccinate, could be in breach of its position statements and wider standards.

2.19 The Authority noted that the updated position statement confirmed that registrants 'must not offer homeoprophylaxis, provide advice on, or actively participate in a patient's decisions regarding vaccination' but that the phrase 'the Society does not endorse the use of homeopathic medicine as an alternative to vaccination for the prevention of serious infectious diseases' was not sufficiently strongly worded, as the Society should make clear that its registrants must not use or offer homeopathic medicines for this purpose. The Authority considered that as it had queried the Society's use of the term 'endorse' regarding CEASE therapy and required the Society to make its expectations clearer, the same Condition should be applied to its policy on vaccinations. The Society's position statements should make it clear that registrants' scope of practice does not allow registrants, whether acting in a professional or public capacity, to provide advice on vaccination or offer or provide homeopathy as an alternative to vaccination for the prevention of serious infectious diseases. Registrants should direct service users to

- appropriate sources, for example, their GP. This must be submitted to the Authority for review and published within three months. (Condition 1b)
- 2.20 The Society reported challenges faced over the past year of accreditation resulting from the ongoing judicial review of the Authority's previous accreditation decision, and the associated media attention. The Society had also reported challenges due to the departure of its Chief Executive and Professional Standards Manager.
- 2.21 The Society noted that some practitioners were 'not comfortable with [the] increasing degree of regulation' apparent from recent policy directives (relating to its actions on CEASE therapy and similar) and identified a risk that 'more homeopaths are opting to practise without formal registration' accordingly. Although the Authority recognised that a goal of the Accredited Register programme was to bring practitioners within the regulatory assurance of an accredited register, the fact that some practitioners might leave a register rather than accept the requirements was not a reason to reduce necessary safeguards.
- 2.22 The Society advised it was committed to working collaboratively with registrants, and the Authority, to ensure that its participation within the Accredited Registers programme promoted patient choice and the benefits of choosing to see practitioners on Accredited Registers. The Society advised of recent and planned work to 'support and encourage professionalism in every aspect of homeopathic practice'.
- 2.23 The Society advised that it ratified a formal Scope of Practice in September 2019. The Scope sets out what all registered members of the Society of Homeopaths can do, and what registrants may be able to offer as a result of achieving qualifications in other areas. Where they are outside of the main scope of homeopathy, registrants must make clear to the public they are separate practices and provide relevant evidence of qualifications held for those practices. The Scope of Practice would be formally issued to registrants and published online in January 2020. The Authority will follow this up with the Society in due course to ensure it has been done.
- 2.24 The Society advised that its newly revised Scope of Practice will be supported by guidance on *Professional Homeopathy Promotion* 'which will outline how members of the Society can communicate their adjunctive therapies alongside their homeopathic practice and what evidence of certification they are required to demonstrate. This piece of work will take place in the first half of 2020 following the review and update of the Society risk register.'
- 2.25 As part of the Condition issued the Authority required the Society to complete and make available to the public its guidance on adjunctive/supplementary therapies and advise the Authority how it will promote compliance with that guidance. (Condition 1d)
- 2.26 The Authority considered that the Society's updated standards and guidance should be able to be understood by patients and service users as well as registrants. The Society should communicate its updated position statements and guidance and consider how it will ensure that members of the public are aware they can contact the Society should they require further information (Recommendation 1)

- 2.27 The Authority noted the actions taken by the Society and its ongoing willingness to make changes in order to protect the public and promote public confidence and found that this Standard continued to be met, subject to fulfilment of the Conditions set out above.

Standard 3: risk management

- 3.1 The Society's new Chief Executive advised that a complete review of its risk matrix would be undertaken in 2020. The Society's present matrix was updated to state 'there have been no professional conduct complaints or enquiries by patients' regarding risks related to anti-vaccination, homeoprophylaxis, or CEASE therapy.
- 3.2 Following the proposed review of its risk matrix, the Society advised that its Professional Standards Committee would give greater consideration to forecasting potential risks, and ensuring these are recorded. The Committee would consider specific risks, to inform operational plans and assist in better risk forecasting. The Society's Board would receive and review such risk assessments to identify opportunities to improve its overall governance.
- 3.3 At the previous annual review, the Authority had notified the Society that concerns had been raised about Society registrants offering therapies such as the 'Asyra bio-energetic screening system' and 'Vega Machine'. The Society had previously advised that it did not review or regulate additional therapies offered by members and would refer to registration bodies covering a broader range of therapies. The Society stated that it considered that such devices were diagnostic tests and not therapies.
- 3.4 The Authority noted that as devices such as the above informed registrants' homeopathic practices the Society could investigate related allegations. The Authority had issued a Recommendation for the Society to consider what risks any adjunctive therapies or practices it becomes aware of may pose to the public, what controls may be needed to protect the public, and whether the practices are compatible with registration.
- 3.5 The Authority noted that the Society's risk matrix demonstrated identification and mitigation for risks regarding adjunctive therapies. These included: 'provision of supplementary advice', 'Homeopathic Detox Therapy (HDT) or Human Chemistry' and 'Radionics'.
- 3.6 The Authority observed that risks related to HDT were similar to those present in CEASE therapy. The Authority asked the Society about how such risks, including the risk of a patient being overdosed with vitamin or other nutritional supplement, were mitigated.
- 3.7 The Society confirmed that it could consider any complaint against a registrant using sections of its Codes related to bringing the Society into disrepute and maintaining public trust.
- 3.8 The Society advised that new controls implemented for risks included its updated position statements (discussed under Standard 2), and its work to ensure compliance with these (discussed under Standard 5) would be monitored throughout 2020. The Society had, for example, noted the effectiveness of individual phone calls to registrants to communicate its new

policies and address compliance matters. The Society advised that its communications over the next year would reinforce those efforts.

- 3.9 The Society also confirmed that registrants' scope of practice mitigates risks around adjunctive therapies and that publication of the new, formal, Scope of Practice would reinforce this. The Society would also develop guidance on *Professional Homeopathy Promotion* 'which will outline how members of the Society can communicate their adjunctive therapies alongside their homeopathic practice and what evidence of certification they are required to demonstrate.'
- 3.10 With regards to the specific risks around CEASE, HDT and Human Chemistry, the Society confirmed that it was not made aware of any registrants prescribing dietary supplements, or a patient reporting related harm or raising concerns following such treatment by a registrant. The Society advised that its evidence suggested registrants practising such therapies prescribed homeopathic alternatives to nutritional supplements or referred patients on to nutritional therapists if such treatments were explicitly requested.
- 3.11 The Authority noted that registrants' Annual Declarations confirm they are subject to the Society's Code of Ethics and Practice. The Society had also recently produced other standards for members, including its Scope of Practice Statement and Position Statements. The Society confirmed to the Authority that it could apply its Professional Conduct Procedures to potential breaches of its formal Scope of Practice, Position Statements, and other guidance. The Society Code of Ethics had been worded to allow for the incorporation of other policies.
- 3.12 The Authority issued a Recommendation for the Society to consider including a statement within its annual declarations to ensure registrants were aware of all documentation comprising the Society's professional standards. (Recommendation 2)
- 3.13 The Authority received a concern asking if the Society required registrants' indemnity cover to cover all therapies offered. The Society confirmed that registrants must have appropriate insurance for the therapies they practise, whether added to any insurance held through the Society, or obtained independently.
- 3.14 The Society stated that registration provides access to medical malpractice and public/products liability insurance for homeopathy, that may be extended to therapies with a similar insurance risk to homeopathy, if appropriate training is evidenced. Higher risk therapies may be insured if registrants hold appropriate training and registration with an appropriate body.
- 3.15 A concern was raised about a registrant's advertised practice of 'Gerson Therapy'. The Authority considered a risk that practitioners may steer service users away from medical treatments. The Authority noted the Society's response that risks related to Gerson therapy were similar to those regarding other therapies involving nutritional supplements and its existing standards, including those within its position statements, would apply. The Society highlighted that it aimed to conduct further work on adjunctive therapies to determine appropriate mitigating actions. The Society stated that the registrant highlighted was a medical doctor regulated by the General Medical

Council and that their website did not make claims that would not comply with the Society's updated requirements. The Authority noted that existing mitigating actions appeared to be sufficient in that example.

- 3.16 The Authority considered that the Society had demonstrated how it acts to understand and mitigate risks related to adjunctive therapies, when it became aware of these. The Authority found that the Recommendation had been considered. The Society had outlined how it aimed to further improve its approach.
- 3.17 The Society noted risks that a service user may not be aware they are being provided with an adjunctive therapy, that there is a risk of contamination when preparing remedies not sourced from homeopathic pharmacies, and that inadequate training may result in ineffective treatment. The Society advised of mitigating controls in place, for example the requirements stated within its Code of Ethics and Practice which require registrants to act within the limits of their competence, to provide the name of prescribed remedies, and observe health and safety requirements. The Society advised that as a newly identified risk work was required to understand the effectiveness of its mitigation.
- 3.18 The Society outlined further work it would undertake in 2020 to improve its approach to adjunctive therapies, for example by formalising its 'adjunctive therapy best practice course list and minimum requirements for courses' by the Society Registration Panel. It would liaise with other Accredited Registers to benchmark best practice for such therapies and reinforce its position that adequate insurance for any therapy practised is required by the Society.
- 3.19 This year the Authority is also considering Accredited Registers' approach to safeguarding issues; how registers are prepared to protect children, young and vulnerable people from abuse and neglect. At the previous annual review, the Authority noted that the Society's Board had aimed to ensure its registrants were aware of safeguarding issues and its policies. The Society had appointed a Safeguarding Officer, published its *Safeguarding Children & Vulnerable Adults Policy 2018* (available for download by registrants but provided to non-registrants on request), launched an e-learning module, and published articles on its website.
- 3.20 The Society reported that its policies have been designed to support members with identifying appropriate reporting channels or actions when working with young people or vulnerable adults who may be at risk of harm.' The policy links registrants with concerns to its Safeguarding Officer for support but makes clear that urgent enquiries should be made immediately to relevant authorities such as the Local Safeguarding Children Board or Care Quality Commission.
- 3.21 The Society stated that all registrants are required to confirm they have read and understood the safeguarding policy as part of their annual declaration.
- 3.22 The Society confirmed that training courses it accredits must cover safeguarding within their curricula. The team checked the Society's *Course Curriculum Framework* and noted the requirement for practitioners to be aware of their duty of care to safeguard.
- 3.23 The Society confirmed that it had checked that its safeguarding policies were compliant with the General Data Protection Regulation (GDPR).

- 3.24 At the previous annual review, a concern was raised with the Authority about the Society's mental health campaign, where the Society sought to raise 'awareness of the potential of homeopathy in promoting mental and emotional wellbeing, as well as addressing mental health issues, among other organisations, including funding and regulatory bodies.' The complainant stated that offering talking therapies was outside of the scope of practice of homeopathy. The Authority noted that there was no evidence that practitioners were encouraged to work outside their scope of competence, for example by offering talking therapies. The Authority noted that practitioners treating patients and service users with mental health problems should have the tools to make appropriate referrals and issued a Recommendation for the Society to ensure it has regard for this in the information and tools it publishes.
- 3.25 The Society detailed the activities it had undertaken to promote professional development in mental health and safeguarding. This included its mental health symposium held in September 2019, where psychotherapists from the UK Council for Psychotherapy (UKCP) advised on relevant considerations for good practice, including safeguarding. The Society highlighted that its Safeguarding Officer was available on weekdays to take calls from registrants with safeguarding queries. The Society had also signposted registrants to relevant external events.
- 3.26 The Society advised that it intended to review all its communications to registrants over the next year and aimed to advise on how to signpost to relevant agencies. The Society advised that it had received safeguarding queries from registrants relating to the mental health of patients. The Society confirmed that it had checked that registrants were acting in line with its policy by referring on as appropriate and recording actions in their patient notes.
- 3.27 The Authority team will check on development of this work, including the Society's consideration of risks relating to adjunctive therapies, and will ask the Society to keep it updated on its work.
- 3.28 The Authority noted Society standards requiring registrants to refer to other practitioners where appropriate and found that this Recommendation had been considered.
- 3.29 The Authority noted the emphasis placed on the identification and management of risk during the assessment period and the Society's plans to develop its risk management processes further. The Authority noted that the Society had implemented new controls for risks including its updated position statements (discussed under Standard 2) and its work to ensure compliance with these (discussed under Standard 5). The Authority noted the Condition issued around the position statements and monitoring of compliance, discussed under Standards 2 and 5, but concluded that the Society's risk management processes were sufficient, and that this Standard continued to be met.

Standard 4: the organisation demonstrates that it has sufficient finance to enable it to fulfil its voluntary register functions effectively including setting standards, education, registration, complaints and removal from the register

- 4.1 There were no significant changes reported or noted in the past year of accreditation.
- 4.2 As part of its due diligence, the Authority reviewed financial information including records from Companies House and found that this Standard continued to be met.

Standard 5: the organisation demonstrates that it has the capacity to inspire confidence in its ability to manage the register effectively

- 5.1 The Authority had received a letter from Simon Stevens, NHS England Chief Executive, and NHS England National Medical Director, Stephen Powis. The letter explained that 'the NHS, the Chief Medical Officer and the National Institute for Health and Care Excellence take the evidence-based position that homeopathic remedies are not scientifically validated and recommended to treat any health conditions'. The letter stated that it was 'difficult to see how the Society of Homeopaths can inspire public confidence when the position of both the NHS and NICE, whose statutory duty it is to protect patients and the public by ensuring treatments are effective, have a firm and evidence-based position that homeopathy should not be recommended to the public'.
- 5.2 The letter acknowledged that it is not within the remit of the Authority to consider efficacy, a position which the Authority strives to make clear to the public. The Authority noted that homeopathy is legal and that members of the public choose to use this therapy.
- 5.3 The Authority recognised the significant concerns raised by the letter, but considered that these concerns should be addressed in wider policy debates about the Accredited Registers, and in the research which the Authority was already undertaking into patient perceptions of the Accredited Registers. The purpose of the annual review of accreditation was to determine whether or not the Society of Homeopaths met the existing standards: the accreditation process could not be used to consider wider policy issues.
- 5.4 The Authority had received concerns about the efficacy of homeopathy and suggesting registrants could not diagnose or treat any condition. The concern argued that the practice of CEASE therapy was 'harmful to and discriminates against autistic children' irrespective of controls on advertising and marketing the therapy. As noted in Standard 2 above, the Society has updated its position on CEASE and the Authority has issued a Condition to the Society to make further changes to its position statements.
- 5.5 The Authority asked the Society how it would monitor compliance with its updated position statements. In order to ensure that registrants comply both with the revised policy positions reported under Standard 2, and the revised position on the use of the term 'CEASE', the Society advised that it has:
 - Issued guidance to registrants instructing them to review all social media pages, websites and other promotional material and remove

references to the 'cure of named conditions' and protocols such as CEASE

- Issued guidance on how registrants may promote their interests and expertise in a transparent way, including specific training undertaken
- Begun speaking individually to known registrants who were known to have received training or offered CEASE in the past, to assist understanding of the new position statements
- Undertaken to ensure that within the following 12 months all registrant websites would be checked for compliance

5.6 The Society confirmed that concerns about registrants identified as CEASE practitioners had been acted on and monitored. The steps taken by the Society in this regard are discussed below in relation to compliance with Standard 10.

5.7 The Authority noted (as stated above) that registrants who disagreed with the Society's position had resigned their registration. Registrants who remained on the register but did not comply with the Society's position and standards would be subject to its professional conduct procedures. The Society confirmed that registrants who had been identified as CEASE practitioners had been prioritised within its audit schedule. The Society confirmed it would re-review websites of those who had previously been required to make changes, to assure their compliance.

5.8 The Authority asked the Society how it would manage a risk that registrants may not comply with its position in their private communications, such as in advice offered during a consultation. The Society responded:

'In communicating the rationale for the new position statements, the Board of Directors and Society staff engaged in individual conversations with many members. This is important to ensure that the Membership fully understand the rationale for the changes. This dialogue will continue into 2020 during events and general communications. In 2020 educators and colleges will also be engaged in thinking about how best to promote all aspects of professionalism in homeopathic practice to support the implementation of the new position statements and embed them into practice.'

5.9 The Accreditation team conducts spot checks of the Society's registrants, as part of its ongoing assessments. The Authority will also monitor the Society's implementation of the Condition provided within Standard Two to ensure that the risks are being managed and that confidence in the Society's ability to manage the register is maintained.

5.10 As part of the Condition the Authority required the Society to provide quarterly reports of its monitoring to ensure that within the following 12 months all registrant websites are in compliance with its updated position statements. (Condition 1c)

5.11 The Authority noted the work the Society has undertaken with registrants to change their advertising but was concerned that there was currently no evidence as to whether this had influenced the practice of registrants. The team asked the Society to further discuss how it has, or will, assure itself that

its work and position statements in relation to CEASE, and other areas, are resulting in a change in registrants' practice in addition to changes to advertising.

5.12 The Society's Targeted Review response stated:

'The Society has engaged personally with many members during the course of the implementation of the new position statements and has felt that this has encouraged a change of practice, and revealed willingness within the Membership for this change.

The Society will continue to monitor implementation of the new guidelines, which will include;

- Responding to any concerns raised by members of the public and taking action with regards to contacting those Registrants regarding any concerns. Formal procedures will commence where needed.
- Over the course of the year the Society would hope to see a decrease in the number of queries or complaints made by members of the public with regards to matters covered by the new position statements.
- During the course of the year the Society will be preparing and sharing information with Registrants regarding supervision, including how to find and engage with a supervisor and highlighting the benefits. Supervision is a positive way to ensure that Registrants are working within Society standards.'

5.13 During previous annual reviews, the Authority highlighted materials on the Society's website that could appear to have conflicted with the position statements. The team asked if the Society was sure that its online or issued materials were consistent and in line with the Society's updated policies. The Society advised it had audited that material and final checks were being conducted by the Professional Conduct Officer. The Authority would check up on this in due course.

5.14 The Society advised how it would ensure that registrants' websites were in line with its position statements, through ongoing positive engagement and active monitoring. The Society confirmed it would apply its disciplinary procedures when registrants failed to comply with its standards.

5.15 The Authority had received concerns regarding a sample of registrants' public social media posts, that appeared to discourage vaccination and drew this to the Society's attention. The Authority considered an initial response from the Society which appeared to apply different standards between registrants' professional, and personal behaviours on social media. The response suggested the possibility that outside of their homeopathic practice, registrants may act contrary to the Society's standards without risk of disciplinary action.

5.16 The Authority did not agree with the Society's position that personal beliefs, stated in public spaces, could be distinguished from registrants' professional practice. The Authority noted many practitioners were self-employed or

otherwise represented their own practices on social media, and that promoting 'anti-vaccination' messages may conflict with the Society's position statements. The Authority asked if the Society had considered issuing its policy on the use of social media (further to existing statements regarding treatment of cancer) in its position statements (or other guidance) or within its Code of Ethics.

- 5.17 The Society, having further reviewed the social media pages provided, considered they were part of the registrants' practice due to the content and nature of the materials 'posted'. The Society stated it accepted that if registrants' personal social media pages are publicly accessible, members of the public looking for information about homeopaths or homeopathy may be informed or influenced by what they read there.
- 5.18 The Society affirmed that the use of social media blurred boundaries between registrants' personal and professional lives. The Society stated it would develop guidance on the use of social media by registrants and its Board. The Society would draw from existing examples of best practice and engage its membership in development of the guidance. Once issued the Society would check registrants' engagement with the guidance and include social media pages where possible within its regular audit of registrants.
- 5.19 The Society advised that those registrants already highlighted to the Society would be prioritised under its audit schedule. Where necessary the Society would consider disciplinary procedures, applying relevant sections of its Code of Ethics, and its previous communication to registrants requiring them to review all social media pages, websites, and other material.
- 5.20 The Authority noted the Society's recognition that registrants' social media may impact on their professional life and their compliance with the Society's standards. The Authority also noted that the Society had confirmed it could take action regarding registrants' use of social media and considered the Society's approach appeared proportionate. As part of the Condition issued under Standard 2, the Authority required the Society to provide a copy of its guidance to the Accreditation team and set out how it would monitor compliance with that guidance. (Recommendation 3)
- 5.21 The Authority noted the breadth of actions undertaken by the Society's leadership in response to the issues highlighted, within the period of assessment and considered that these would inspire confidence in the Society's ability to manage its register effectively. The Authority found that this Standard continued to be met, noting the link to the issues identified and Conditions set within Standard 2.

Standard 6: the organisation demonstrates that there is a defined knowledge base underpinning the health and social care occupations covered by its register or, alternatively, how it is actively developing one. The organisation makes the defined knowledge base or its development explicit to the public

- 6.1 The Society advised that it had reviewed its Research Sub-Committee, recruited new members, and would set out a revised remit for the committee early in 2020. The Society had published details about the background of

some new committee members, highlighting their experience and that they report to the Society's Public Affairs Committee.

- 6.2 The Society publishes information about the knowledge base for homeopathy on [its website](#). It links to information about clinical trials, observational studies and systematic reviews undertaken.
- 6.3 The Authority had previously considered that wording on the Society's webpage for 'the evidence base for homeopathy' may give the impression that homeopathy was scientifically proven. At the previous annual review the Authority issued a Recommendation that the Society should seek an appropriate external peer review of information presented on its website relating to the evidence base for homeopathy.
- 6.4 The Society advised it had contracted a Research Consultant to review the information presented regarding the knowledge base of homeopathy on the public section of the Society's website. This work will begin in early 2020.
- 6.5 The Authority considered that the Authority's Recommendation may not have been clear, particularly with the use of the term 'external'. The Authority advised that an appropriate external consultant did not need to be a registrant or homeopath in order to review the material presented, and that any homeopath may be considered to have a conflict of interest. Instead the focus should be on the clarity of information about the evidence base for homeopathy and the need for the public to have access to accurate and clear information about homeopathy. The Authority decided to reissue the Recommendation: The Society should seek an appropriate external review of information presented on its website relating to the evidence base for homeopathy. This review should be conducted by a person who does not practise homeopathy. (Recommendation 4)
- 6.6 The Authority found that this Standard continued to be met.

Standard 7: governance

- 7.1 The Society provided an update on its governance. The Board's current chair and lay Vice Chair were appointed in March 2019. The Society had appointed a new Chief Executive Officer in September 2019. The Society's Professional Standards Manager had resigned and recruitment for the role would take place in the Spring of 2020.
- 7.2 A concern was received that statements made by the Society's Board, as recorded within the minutes of its April 2019 meeting, could be perceived as dismissing safeguarding or public health concerns. The Society responded by highlighting its current approach, position statements, and the actions it was taking regarding CEASE therapy as outlined within other Standards.
- 7.3 The Authority considered news articles that had alleged Society Board members held views contrary to the Society's positions on vaccination, as demonstrated by personal social media posts. The Society responded that the concerns had been addressed under its regular complaints processes and that Board members had removed such content. This matter was discussed with the Board and contributed to the development of the Society's new position statements. The Society confirmed that Board members must act in compliance with the Society's standards and position statements.

- 7.4 The Panel noted the positive impact of demonstrating that Society Board members were held to the same standards as its registrants.
- 7.5 One of the ways in which an Accredited Register can demonstrate that it seeks, understands and uses the views of service users and the public to inform key decisions about its register functions, is by having lay members on its Board. The Authority had previously noted that it is good practice for lay people to be strongly involved in the work of Accredited Registers. Although the Authority does not insist that registers require lay members to be present for their board meetings to be quorate, it checks that where lay members are unable to attend for whatever reason, alternative arrangements be made for taking their views into account.
- 7.6 The Society currently has three lay members on its board. The Society advised that lay members are not required to be present for Board meetings to be quorate. If a member is unable to attend a meeting, they will be invited to contribute to discussions and decisions in advance.
- 7.7 At the previous annual review, the Society had advised it was introducing new 'Member and Patient Focus groups' to "provide a resource of engaged individuals who will work with staff to support the development of policy, resources and events by the Society'. The Society reported that it had appointed its Member Focus group of 27 members, who would be asked 'approximately 4 times a year to comment on initiatives and projects being undertaken by the Society of Homeopaths'.
- 7.8 The Authority asked if the Society could provide an update on the work of its Patient Focus groups or any other examples of public/patient engagement with the Society's work. The Society responded:
- 'The Society has a patient member on the Professional Standards Committee, but the patient focus group itself was put on hold due to the turnover of staff during the year. In 2020 the Society would like to explore sector links with other organisations which may be able to support our engagement with homeopathy patients.'
- 7.9 As above, the Society had advised that it had not yet recruited its new patient focus group as its new Chief Executive was 'reviewing the rationale and timelines for recruitment of this group as part of her strategic plan'. The Authority requested the Society provide an update on this when any decisions were made.
- 7.10 At the previous annual review, the Society advised it was to introduce a CPD e-learning module on advertising in 2019 to assist registrants to ensure that correct information was provided on their websites. The team checked a copy of the module and noted that it provided information about the remit and powers of the ASA, the Committee of Advertising Practice (CAP), Trading Standards, and the Medicines and Healthcare Products Regulatory Agency (MHRA). The module also provided general advice on registrants' advertising of additional therapies, for example by ensuring that they make clear what qualifications were held for each therapy, and that the Society logo and Accredited Registers quality mark should only be applied to pages referring to homeopathy.

- 7.11 The Society reported poor uptake of the module and advised that it would review this when revising its overall communications strategy. The Authority asked the Society to provide an update when the communications strategy had been reviewed.
- 7.12 The Authority issued a Recommendation for the Society to provide an update on the review of its CPD e-learning module on advertising, and its engagement by registrants, at the following annual review of accreditation. (Recommendation 5)
- 7.13 The Authority issued a Recommendation for the Society to consider ensuring such modules reflect and emphasise its position statements. (Recommendation 6)
- 7.14 The Authority asked if material provided by the Society assisted registrants to keep up to date with knowledge required to understand conditions that were diagnosed by medical professionals or that may require registrants to refer their clients to medical professionals. The Society responded:
- ‘The Society provides opportunities for registered members to keep up to date on a variety of topics through Local meetings, professional standards communications and through our colleges and symposiums. It is best practice that when Members come across patients with symptoms that are outside of their Scope of Practice, they refer on, or encourage patients to have a close relationship with their GP, which is reinforced in the revised position statements and Scope of Practice. Further communications around best practice will be issued throughout the year as part of improving the communications of professional standards work’
- 7.15 The Society produces a monthly e-newsletter 'Remedies', which members of the public may subscribe to. This includes relevant news stories aimed at patients.
- 7.16 The Authority found that this Standard continues to be met.

Standard 8: setting standards for registrants

- 8.1 The Society advised that it had updated its Professional Conduct Procedures, Code of Ethics, Vexatious Complaints Policy and Annual registrant declaration. These were checked by the Accreditation team.
- 8.2 The Society advised that insurance certificates provided to registrants as part of their membership would now be issued by email. This could assist the Society to more easily evidence registrants meeting its insurance requirements.
- 8.3 The Society developed its *Scope of Practice Statement* for registrants, setting its definitions for the title homeopath and the practice of homeopathy. The Scope was developed with the assistance of a registrant working group. The policy sets out that registrants' scope is defined by professional standards set out in the National Occupational Standards, Core Criteria for Homeopathy Practice, and Code of Ethics, alongside CPD, supervision and compliance with relevant regulations and guidelines. The policy recognises registrants are well placed to support public health 'by encouraging their patients to make a

range of lifestyle changes' for example support with giving up smoking and weight control. The Scope explicitly states:

'Registered members of the Society of Homeopaths who use additional therapies will ensure that the patient is always clear about any different or additional treatment modalities being used, and that the treatment options have been agreed. Such additional therapies, which are distinct from homeopathy, are only practised by members who can demonstrate the capability, competence and insurance required to do so.'

- 8.4 At the previous annual review, the Authority had queried the distinction between the use of 'must' and 'should' within the Society's Code of Ethics and Practice. The Society had advised that where it applied 'must' there is an absolute requirement to do so and that failure to comply is likely to result in a formal adjudication hearing, for example they 'must not abuse professional boundaries, whether sexual or otherwise'. The Society advised that 'Should' was used to denote its expectation that registrants would comply with the code, however there was potential for registrants to, for example, interpret guidelines incorrectly. In such circumstances it could be possible for the Society to work with the registrant to correct any shortcoming and may not require formal proceedings.
- 8.5 The Authority noted that making a distinction between 'should' and 'must' had a potential to confuse registrants or other stakeholders and the Society's explanation of the term 'should' could suggest that registrants were not required to comply with those aspects of its codes. The Authority queried whether this distinction was appropriate in each case, for example noting that the code stated that 'registrants should ensure that they do not allow misleading advertising and information about their practice'. At that previous review the Authority issued a Recommendation for the Society to review use of this distinction and amend where necessary.
- 8.6 The Society advised that the terms were now clearly defined at the beginning of the Society's updated [Code of Ethics](#). The Code states:
- 'Throughout the Code the terms "must" and "should" are used. "Must" is something which the Practitioner has to do, and "should" is something which they are encouraged to do or should encourage others to do.'
- 8.7 The Authority noted that the use of 'must' and 'should' remains applied to various standards, however the team noted the concern identified at its earlier review: 'registrants should ensure that they do not allow misleading advertising and information about their practice' has been amended to 'Members will ensure that they do not allow misleading advertising and information about their practice.'. On review of the updated codes, the team considered that some uses of 'should' may be better served by 'must' for example 'Registered and student clinical members should be aware of those diseases which are notifiable under the Public Health (Control of Disease) Act'. Potential breaches of these Codes are still subject to the Society's disciplinary procedures and may result in sanctions.

- 8.8 The Authority considered that the use of ‘must’, ‘should’ and ‘will’ within the Code of Ethics had potential to cause confusion for registrants and the public. Consistency of terms would not restrict the Society from taking a proportionate approach to concerns raised. The Authority re-issued the Recommendation for the Society to review the use of distinctions between terms and amend where necessary. (Recommendation 7)
- 8.9 This year the Authority is considering registers’ approach to whistleblowing and the duty of candour. The Society highlighted that while it does not use these specific terms, as they could imply a legal context that does not apply to registrants’ working environment, its commitment to the principles behind those terms was demonstrated within its *Code of Ethics and Practice*.
- 8.10 The Society highlighted relevant sections relating to the duty of candour such as:
- ‘Any patient bringing an apparent failure in care, as described within this Code, to the registered or student clinical member’s attention is entitled to proper investigation and a sensitive explanation of what has occurred. The registered or student clinical member will take the initiative to put things right, and, where appropriate, offer a suitable apology and assurance that steps have been taken to prevent recurrence.’
- 8.11 The Authority recognised the Society’s approach as highlighted within the Code of Ethics, but noted that the professional duty of candour requires registrants to tell patients if they realise something has gone wrong/might result in harm and that this is a proactive duty, not a reactive one.
- 8.12 The Authority asked if the Society provided any further guidance to make this clear to registrants. The Society highlighted that its standards for consent require registrants to provide information about the nature of treatment, its scope and limitations. This must be given before treatment begins and as appropriate during treatment. Registrants declare compliance with the Code of Ethics when joining the register and during annual declarations.
- 8.13 The Society highlighted sections of the Code of Ethics relevant to whistleblowing such as:
- ‘Patients, members of the public, other professionals and those registered with the Society have the right to complain to the Professional Conduct Department of the Society if they perceive that a registered or student clinical member has not treated them, or conducted themselves, in accordance with this Code.’
- 8.14 The Society provided its internal whistleblowing policy which was checked by the Authority.
- 8.15 The Authority found that this Standard continues to be met.

Standard 9: education and training

- 9.1 The Society advised it had received an expression of interest in accreditation by a new homeopathy training course.

- 9.2 The Society highlighted that all its accredited course providers are subject to a site visit every year and their curriculum provision is reviewed every other year.
- 9.3 The Authority received a concern that a training provider had advertised that CEASE Therapy was included within its 'Licentiate in Homeopathy' course, which provides eligibility for registration with the Society. The Authority asked the Society about how the Society's accreditation of training providers aligned with its position statements and other relevant standards. The Society responded that the provider was checked in line with its requirements, and it did not include CEASE therapy within its curriculum. The Society advised that:
- 'As part of communicating the new position statements the Society has engaged with all of the colleges and will continue to ensure that throughout 2020 that each college is aligned to our new position statements. The Education subcommittee receives reports from each of the colleges throughout the 4-year accreditation cycle. Course content will be a focus for liaison visits in 2020.'
- 9.4 The Authority found that this Standard continues to be met.

Standard 10: management of the register

- 10.1 Following previous annual reviews, the Society had advised it would check registrants' websites twice a year against relevant legislation, the Code of Ethics and Practice, and its position statements. The Society had advised that it would focus its audits on a group of registrants each year. Last year it had focussed on those identified as practising CEASE therapy.
- 10.2 The Society confirmed it had audited 40 websites in Spring and Autumn 2019 and shared its results with the Authority. Six registrant websites had been identified as requiring action. In one example a registrant's website stated that their treatment 'may help with cancer'. The registrant was contacted by the Society and the website amended.
- 10.3 As noted under Standard 5, the Society would check all registrant websites throughout 2020 for compliance with its updated policies. The Society advised that depending on the results of that audit, it may return to auditing targeted groups in following years.
- 10.4 The Authority received concerns about homeopathic practitioners, and noted concerns raised in the media, throughout the year. Where practitioners were identified as Society registrants these were referred to the Society and actions taken were noted. The Society advised that some registrants had not renewed registration in protest at its new policies. The Authority noted this as part of its impact assessment.
- 10.5 The Authority was alerted to a news article alleging a registrant made statements regarding vaccinations that were against the Society's policies. The Society advised it had contacted the registrant and worked with them to ensure compliance. Following the Society's contact, the Authority had checked the registrant's website and identified pages that while outdated, were still accessible to the public and may not have aligned with the new position statements. Following further contact from the Society those pages were removed. The Society noted the need to 'continue to implement, check

and follow up that appropriate changes have been made', though, for example its plan to audit all registrant websites over the following year.

- 10.6 The Authority had received details of apparent CEASE practitioners, which were shared with the Society. The Society confirmed that all registrants known to be CEASE practitioners had been contacted by phone following the issue of the Society's revised position statements and deadlines for compliance provided. The Society also stated it would contact the CEASE website (unaffiliated with the Society) on behalf of registrants to ask for their removal from its directory.
- 10.7 The Authority had asked Accredited Registers how they would manage declarations of convictions by registrants. The Society's Code requires registrants to report to the Society if they are charged with an offence involving violence, sexual offences, dishonesty, alcohol or drug abuse. Registrants must disclose any unspent convictions covered by the Rehabilitation of Offenders Act 1974. The Society advised it had recently submitted a *Policy on the Declaration of Applicants Convictions* (regarding disclosure of applicants' convictions) to its Board for approval and expected this to be signed off in early 2020. The Authority will check up on this in due course.
- 10.8 The Authority considered whether issues discussed within its Targeted Review could affect compliance with this Standard. The Authority found that this Standard continued to be met.

Standard 11: complaints and concerns handling

- 11.1 The Society reported it had reviewed its complaints procedure and developed its *Guidelines for a Complaint to the Board* policy. The Society would apply this policy when a complaint was received regarding a Society Fellow or Honorary Fellow who were not registrants, and its regular complaints procedure could not be applied.
- 11.2 The Society reported it had received four complaints against registrants in the past year of accreditation. One complaint was not taken forward by the complainant and one involved a practitioner who did not belong to the Society. The Society advised that advice had been provided to that complainant about alternate sources of assistance. The other two were resolved through mediation, facilitated by the Professional Conduct Officer.
- 11.3 The Authority received a concern regarding university research conducted by a Society registrant, suggesting that it had involved CEASE therapy and was under investigation by the university. The Authority asked the Society if it was aware whether such research was conducted in compliance with its position statements and Codes. The Authority also asked the Society whether such concerns were within its remit and if it could initiate disciplinary action where required.
- 11.4 The Society advised that at the time of that research, there was no requirement to obtain ethical approval from the Society, but it was aware that the university had approved the research. The Society advised that the university investigation had found no administration of CEASE therapy to any participants in the study, and that appropriate practices were employed. The

university's investigation had been closed with no finding against the registrant.

- 11.5 The Society advised that it had reviewed the role of its Research Subcommittee and formed an Ethics Panel to consider future work carried out by registrants. The Society was due to consider whether all research projects by registrants would require specific ethical approval. The Society confirmed that it could apply its disciplinary procedures if there was evidence that a registrant undertaking research had breached its codes.
- 11.6 Concerns had previously been raised that where the Society resolved a complaint informally, acknowledgement of receipt would be provided to the complainant, but not the outcome. The Society had fulfilled the Authority's Instruction to provide clearer information to complainants on the actions it would take when complaints were resolved outside of the formal complaints process. At the previous annual review, the Authority issued a Recommendation for the Society to consider publishing the number of complaints resolved outside of its formal complaints process, including the number received, and their outcomes, within its own annual report. This could assist the Society to demonstrate transparency and inspire confidence that concerns are addressed seriously, even if they did not result in formal investigations. The Society advised it would publish the number of complaints it had resolved informally within its next annual review.
- 11.7 The Authority found that the Recommendation had been considered. The Authority will request an update on this at the next annual review cycle.
- 11.8 The Authority noted the Society's approach of attempting to resolve concerns informally before applying its formal disciplinary procedures (which also includes a separate 'local resolution' procedure). The Authority noted examples discussed under Standard 5 where the Society had contacted registrants regarding website content and had been given 'last-chances' to act before escalating to the formal procedures.
- 11.9 The Authority considered a risk that different standards and expectations may be applied through informal resolution. The Authority asked if the Society had set processes, such as a maximum number of attempts to contact a registrant, or if repeated contact on similar issues could suggest that its standards were not met.
- 11.10 The Society responded that it accounted for differences in registrants' circumstances when resolving such concerns but advised there was a limit to the number of attempts it would make to contact registrants, and that deadlines would be provided. Registrants who did not engage with the Society would be referred to its Professional Conduct Committee. The Society provided an example of compliance with a deadline set.
- 11.11 The Authority noted the benefits of informal resolution, but considered that information provided by the Society, such as its 'Expressing Concerns, Resolving Complaints', related to formal handling of complaints. The Authority issued a Recommendation for the Society to consider publishing information about the approach it will take to informal resolution, the types of concerns that may be eligible, and how it will escalate concerns that are not resolved. (Recommendation 8)

- 11.12 The Society had previously been instructed to develop and publish its persistent or vexatious complaints policy, to make clear where it considered contact from people or organisations to be unreasonably persistent or vexatious, and the approach it would take accordingly. The Authority noted that the policy did not prevent the Society from investigating a concern raised by someone whose previous complaint was found to be vexatious. The Authority issued a Recommendation for the Society to consider making this explicit within its policies, to provide assurance to the public.
- 11.13 The team noted that the Society's published Vexatious Complaints Policy confirmed that 'the Society will investigate a concern from someone whose previous complaint was found to be vexatious under its policy. Each new complaint is reviewed under its own merit.'
- 11.14 The Authority found that the Recommendation had been considered.
- 11.15 At the previous annual review, the Authority considered a concern regarding someone who had appealed against the decision of the Society's Adjudication Panel. The Society's Professional Standards Committee Chair (who considers whether there are grounds to hold an Appeal hearing) upheld one of the stated grounds but did not allow the appeal, which appeared to be required by the Society's published procedures. The Authority noted that a register's officers and committees should be aware of, and follow, its procedures, and issued a Recommendation for the Society to consider whether further action is needed to ensure decision makers within its complaints processes were appropriately trained and acted in accordance with those rules.
- 11.16 The Society provided the qualifications and experience of its lay and registrant Professional Conduct Committee members. These included several legally trained members and those with relevant experience in disciplinary processes.
- 11.17 The Society advised it had developed documentation for the use of its Professional Conduct Committee which aimed to provide clear guidance for those involved in either the initial investigation and/or adjudication. The Authority checked the guidance and noted it appeared to be in line with the Society's rules on initial assessments within its Professional Conduct Procedures. The Society advised it was looking into providing training sessions for running investigations and adjudication hearings.
- 11.18 The Authority noted that Society personnel may benefit from the training as suggested and found that the Recommendation had been considered.
- 11.19 The same person also raised a concern that the Society's Panel had heard the complainant's evidence without allowing the registrant to hear this, and under an old policy, was not allowed access to a transcript. The registrant had argued this was not in line with Article 6 of the Human Rights Act 1998. The Authority considered that Accredited Registers must ensure that complaints decisions are fair, transparent, consistent and explained clearly (Standard 11d) in line with the spirit of the Human Rights Act. Whether or not the Act technically applies to individual Accredited Registers, they should have regard to the Act given their public protection remit.
- 11.20 The Authority had issued a Recommendation for the Society to consider how parties to a complaint could hear and test evidence raised in hearings without unnecessary contact. The Society had advised that in normal circumstances

each party can be scheduled to appear at different times or if appearing at the same time the other must remain silent unless asked to speak. The Society confirmed it could provide tools such as screens or dividers, teleconferencing or videoconferencing.

- 11.21 The Authority found that the Recommendation had been considered.
- 11.22 The person had also been concerned regarding the tone of communication used by the Society following its decision to remove registration. The Authority issued a Recommendation for the Society to review the tone and content of its communications to the parties to a complaint to ensure that public confidence in the Society and its processes was maintained. The Society responded that all its communications to registrants were under review 'both in terms of content, frequency and tone as part of the remit set out by the new Chief Executive Officer. Communications will have a greater focus on professional standards.'
- 11.23 The Authority found that the Recommendation had been considered. The Authority will request an update on this at the next annual review.
- 11.24 At the previous annual review, the Authority had queried the Society's ability to review concerns received indirectly about registrants, that might not fall within its normal complaint criteria about services provided by registrants. The Authority stated that a register should be able to consider concerns about registrants occurring outside of their clinical practice, particularly where those activities were relevant to clinical issues. Registers should be able to seek further information to satisfy itself about whether its codes may have been breached. The Authority issued a Recommendation for the Society to make this clear within its policies and procedures.
- 11.25 The Society advised that its existing documentation was being reviewed in line with the Recommendation and that consideration was being given regarding the Society's ability to investigate registrants' activity occurring outside of their practice. The Society advised it had successfully used its procedures to deal with a matter where the concern was not homeopathy related. The Society advised that its Code of Ethics allowed it to act where the conduct of a registrant 'may have an adverse impact on their reputation as a homeopath and/or the reputation of homeopathy'.
- 11.26 The Authority found that the Recommendation had been considered. The Authority will request an update on this at the next annual review.
- 11.27 The Authority considered whether issues discussed within its Targeted Review could affect compliance with this Standard. The Authority found that this Standard continued to be met.

Share your experience

- 12.1 The Authority received a total of 22 responses to its invitation to share experience of the Society, throughout the year and as part of the annual review assessment. Consent was sought to share responses with the Society for their comment. Where consent was not provided but a theme was identified the Society was asked for their perspective. Five responses supported the work of the Society, highlighting its standards, professionalism

and commitment to patient safety. The remaining responses raised concerns which were addressed in the Standards, above.

Impact assessment

- 13.1 The Authority conducted an impact assessment during its assessment of the Society. The Authority considered risks related to adjunctive therapies practised by Society registrants, and the actions taken by the Society to mitigate these. This included the Society's position on named conditions as well as advice provided about vaccination. The Authority issued Conditions of Accreditation and Recommendations as a result of its assessment.
- 13.2 The Authority took account of the impact of its decision to re-accredit.

Equality duty under the Equality Act 2010

- 14.1 The Authority had regard to its duty under the Equality Act 2010 when considering the application for renewal of accreditation. This included its duty to have due regard to the need to: (a) eliminate discrimination, harassment, victimisation and any other conduct prohibited by or under the Equality Act 2010; (b) advance equality of opportunity between persons who share a relevant protected characteristic; and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 14.2 Specifically, the Authority had due regard to the position of children; people with a disability, including autism; people with mental health problems; and also other users of healthcare, as set out in the annexed Equality Impact Assessment. The Authority issued Conditions of Accreditation and Recommendations to address risks to those with protected characteristics.