

Annual review of accreditation 2018/19

Society of Homeopaths

April 2019

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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 practise 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 September 2018, there were 997 registrants on the Society's register.

The Society was first accredited on 9 September 2014. Following the Society's most recent annual review of accreditation, it requested to change its annual accreditation date from 9 September to 9 January. This was agreed by the Authority in line with previous decisions and a pro rata amount of the annual review fee was paid by the Society. This fourth annual review covers an extended period from 9 September 2017 to 9 January 2019.

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 demanding [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 of Homeopaths was renewed for the period of 9 January 2019 – 9 January 2020.

Accreditation was renewed by a Moderator following a review of evidence gathered by the Accreditation team and supplied by the Society.

The following Recommendations were issued to be implemented by submission of annual renewal documentation.

1. The Society's published information and tools should ensure that registrants treating patients and service users with mental health problems are able to make appropriate referrals where necessary. (paragraph 3.10)
2. The Society should consider and report to the Authority on whether restricting advertising of CEASE to its acronym is meaningful and not misleading to the public. As part of this the Society should consider if use of the CEASE acronym should be banned by the Society for its registrants. (paragraph 5.14)
3. The Society should seek an appropriate external peer review of information presented on its website relating to the evidence base for homeopathy. (paragraph 6.5)
4. The Society should review use of the distinction between the use of 'should' and 'must' within its Code of Ethics and amend where necessary. (paragraph 8.5)
5. The Society should consider publicly reporting on the number of complaints that are resolved outside its formal complaints process, including the number received and their outcomes. (paragraph 11.8)
6. The Society should make clear in its policies that it can investigate a concern from someone whose previous complaint was found to be vexatious under its policy. (paragraph 11.12)
7. The Society should consider whether further action is needed to ensure that decision makers within its complaints processes are appropriately trained and act in accordance with its rules. (paragraph 12.2)
8. The Society should consider further mechanisms to allow witnesses in complaints hearings to participate without unnecessary contact with other parties, for example using screens or videoconferencing. (paragraph 12.4)
9. The Society should review the tone and content of its communications to those involved in its complaints processes to ensure that public confidence in the Society and its processes are maintained. (paragraph 12.6)

10. The Society should make clear within its policies and procedures that it can consider concerns about registrants occurring outside of their practice and investigate as necessary to determine potential breaches of its codes. (paragraph 12.11)
11. The Society should consider potential risks to service users from adjunctive therapies practised by its registrants as it becomes aware of them. The Society should consider mitigating these, and whether the practices are compatible with registration. (paragraph 12.15)

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 reduction in registrant numbers.
- 1.2 The Authority found that this Standard continues 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 Society noted challenges resulting from a cultural shift in NHS England, such as the July 2017 ban on prescribing homeopathic remedies on the NHS. The Society did not note a significant impact on its registrants, as most work in private practice. The Society continues to promote its register and its registrants' practice in line with its standards.
- 2.2 At the previous annual review, the Panel discussed the Society's audits of registrants' websites against relevant standards such as its Code of Ethics and Practice, and the Committee of Advertising Practice (CAP) Codes. 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 instructed the Society to submit the outcomes of its website audits, including websites checked and all actions taken, to the Authority.
- 2.3 The Society highlighted that it checks registrants' websites twice a year. The Society reviews 40 websites each time, to check that they are not in breach of relevant legislation, the Society's Code of Ethics and Practice and its position statements on issues including homeoprophylaxis (the use of homeopathic medicines as an alternative to vaccination for the prevention of serious infectious diseases). The Society advised it would focus its audits on a group of registrants each year. For 2018 it had focussed on those identified as practising CEASE (Complete Elimination of Autistic Spectrum Expression) therapy, as discussed under Standard 5.
- 2.4 The Society shared its tool detailing websites checked and whether action was taken. The Society supplied information on checks undertaken in October 2018 and February 2019. The team noted where the society had identified registrants where action was required, particularly relating to CEASE and/or vaccination-related content. Most websites appeared to have been updated within a week of the registrant being notified.
- 2.5 A concern was raised that the Society failed to act where registrants breached ASA/CAP guidelines, for example by claiming on websites that they could treat named diseases or use CEASE therapy to 'treat and cure autism'. The team conducted its own checks of those websites and asked the Society about a website that had a 'vaccination choices' document stating information such as 'all vaccinations carry the risk of causing encephalitis a form of meningitis, also anaphylactic shock, even death' which it felt may deter people

from vaccination. The Society advised that following contact, the registrant had amended the website and removed the document.

- 2.6 The team noted that the Society had previously raised concerns about a registrant's website that made claims to 'treat and cure' autism, which were subsequently removed by the registrant. At the Society's recent review, new concerns about the registrant's website were raised by a member of the public. Following the Society's check, the registrant removed the full title of CEASE (the phrase 'Complete Elimination of Autistic Spectrum Expression') from their website, in line with the Society's policy. The team asked if this suggested persistent breaching of the Society's codes and if that required further action. The Society responded that 'the Professional Conduct Officer was satisfied that although these two queries related to CEASE they were not regarding the same issue.'
- 2.7 A member of the public sent a list of Society registrants' websites to the Authority, querying the information provided about CEASE therapy. The team forwarded this information to the Society and these websites were included in the Society's February 2019 checks. One registrant was subsequently contacted by the Society and after working with the Society, the website was found to be compliant.
- 2.8 The team queried one registrant website from the Society's checks that had been deemed compliant. The team queried that the registrant appeared to still use the full 'misleading' CEASE title on their website. The Society confirmed that it had been working with the registrant to amend their website and the above webpage was no longer linked from the rest of the site. The team found it was still 'live' and accessible. The Society advised that the registrant was working with their web provider to remove this.
- 2.9 The Authority found that this Instruction had been fulfilled.
- 2.10 The Authority expressed concern that despite actions to prevent use of CEASE therapy's full title, there was a risk that Society-registered CEASE practitioners may inappropriately claim to treat or cure autism. The team highlighted the position statements posted by the Society setting out its standards for registrants.
- 2.11 The Authority considered matters relating to CEASE Therapy further under Standard 5. The Authority found that this Standard continues to be met.

Standard 3: risk management

- 3.1 The Society advised that its Professional Standards Committee reviews one risk from its risk register at each of its meetings.
- 3.2 The team noted from the June 2018 Board minutes that the Society aimed to ensure its registrants were aware of safeguarding issues and policies. The Society highlighted in its annual review form that it appointed its first Safeguarding Officer in September 2018 and had launched an e-learning module which 'covers topics including preventing harm and abuse by demonstrating high standards of professional care, responding effectively to allegations of harm and abuse and working with other agencies'. The Society advised that queries relating to safeguarding will be recorded on its Professional Conduct Database.

- 3.3 The team checked the Society's *Safeguarding Children & Vulnerable Adults Policy 2018*, '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 directs registrants with concerns about children, young people or vulnerable adults to their Local Safeguarding Children Board, Care Quality Commission, or where concerns are urgent the police. The policy provides guidance on how to provide support when disclosures are made, advises that duty to refer children at risk supersedes client confidentiality, and how to gather information that may be used for eventual prosecution.
- 3.4 The Society has reviewed its risk register and updated existing risks according to recent evidence and mitigating actions introduced, for example from recent complaints cases and the work of its new Safeguarding Officer. The Society noted a low incidence of risk in most areas, for example when lone-working and 'ability to identify and interpret clinical signs of impairment'. The Society recognised a need to revisit its controls against the risk of practitioners using 'homeopathic remedies as prophylactics', where a homeopathic remedy may be recommended instead of a conventional vaccination. The Society also recognised where it would need to provide new Continuing Professional Development (CPD) resources such as writing and storing of patient case notes.
- 3.5 The Society listed a new risk on its register: a client may 'refuse to continue taking a drug prescribed by a registered healthcare professional'. The Society listed mitigating actions, including that its Code of Ethics states 'that the responsibility for altering any prescribed medicine lies with the patient and the prescriber of the medicine' and that the risk of withdrawing from medication is covered in homeopaths' training. The Society noted a strong understanding of this by registrants however considered that a risk to patients remained.
- 3.6 The team noted that the Society lists mitigating actions against the risk of practitioners providing incorrect information on their websites, for example through support from its Professional Conduct Officer. The Society included its audits of websites as a mitigating action against the risk of practitioners making unsubstantiated claims in their advertising. The Society advised it was to introduce a CPD e-learning module on advertising in 2019.
- 3.7 A concern was raised with the Authority about the Society's recent 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.
- 3.8 The team noted relevant risks and mitigating actions within the Society's risk matrix, which describes, for example working with registrants who have a formal diagnosis for a mental health condition, or those who appear to exhibit signs of this without disclosing a formal diagnosis. The Society highlighted that registrants must act within their scope of competence and should refer to relevant guidance such as its safeguarding policy and by engaging in supervision.

- 3.9 The team asked the Society for further information about mental health materials provided to registrants to assist their practice. The team also asked if the Society, as it was seeking to assist registrants to address mental health issues, had considered specific risks related to working with mental health issues, and mitigating actions related to this. The Society responded that its campaign aimed to 'promote the role that registered homeopaths can play in supporting mental health and wellbeing'. The Society had recognised that registrants were seeing an increasing number of patients who identified as having mental health issues and sought support for this. The Society advised it had worked with a mental health charity and developed a reciprocal agreement for registrants to attend local support group meetings from an Accredited Register working with talking therapies. The Society advised that it continued to develop its work in this area.
- 3.10 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. (Recommendation 1)
- 3.11 The team checked the Society's updated risk matrix for references to CEASE therapy previously added to satisfy a Condition, discussed under Standard 5. The Society had also added further risks or mitigating actions regarding the position statements on CEASE (and vaccination and homeoprophylaxis) within the risk matrix.
- 3.12 A concern was raised about claims by practitioners of a treatment related to CEASE therapy called 'Homeopathy Detox Therapy' (HDT). HDT aims for practitioners to 'recognise and treat toxicity-related symptoms'. HDT's creator stated that 'the acute and chronic consequences of vaccinations can also be treated well. In fact, every complaint can be improved by HDT.' The team had asked the Society if it considered HDT to be a separate modality to CEASE and if it had risks that needed to be considered separately. The Society advised it did not consider 'HDT' to be a separate adjunctive modality, with its own risks. The Authority noted that the Society should ensure practitioners of HDT are aware they must act in line with the Society's position statement on CEASE as well as the Code of Ethics.
- 3.13 The Authority found that this Standard continues 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.
- 4.2 As part of its due diligence, the Accreditation team reviewed records from Companies House and noted the Society appears to continue to be financially sustainable.
- 4.3 The Authority found that this Standard continues 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 At the previous annual review, the Authority received concerns about Society registrants practising 'CEASE therapy' which stands for 'Complete Elimination of Autistic Spectrum Expression'. 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. CEASE therapy is promoted to treat such conditions using homeopathic remedies, as described at <http://www.cease-therapy.com/>.
- 5.2 The Authority noted that the CEASE website, which appeared to be the primary public source of information about CEASE, made claims that conflicted with the advice of the NHS and had potential to cause harm if followed. The Society had identified that CEASE was a 'popular CPD topic' among registrants and it had previously linked to CEASE training provided by a Society registrant. At the previous annual review, it was suggested that this could imply the Society's endorsement for CEASE therapy.
- 5.3 The Panel had been concerned by the potentially severe health risks posed by CEASE therapy. The Panel had noted the Society's comments that it did not support harmful practices related to CEASE, such as discouraging vaccinations and encouraging extreme doses of dietary supplements. The Panel issued the Society with one Condition of Accreditation, in three parts:
- 5.4 Part 1 - The Society was to develop and submit to the Panel for review its 'position statement' on the use of CEASE therapy by registrants, including advertising of this. This was to be submitted to the Panel for review and published within three months.
- 5.5 The Society submitted its draft position statement to the Authority within the required timeframe. Following review by the Panel and revision by the Society, the position statement was posted on the Society's website at: <https://homeopathy-soh.org/about-us/position-statement/>
- 5.6 Part 2 - The Society was to 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
- 5.7 The Society provided its action plan within the required time frame. The Panel noted the Society's commitment to identify all registrants using CEASE therapy and to review these against the Society's position statement by the end of 2018. Following review by the Panel however, a revised action plan was approved with the following caveat:
- The action plan states that the full review of all CEASE registrants by the end of 2018 will replace the autumn 2018 six-monthly website check of 30 registrants. The Panel noted that this is at odds with Instruction 2 of the report and stated that rather than replacing the website check, the Society is required to undertake its six-monthly check against 30 of the identified CEASE registrants. This will incorporate the autumn 2018 website check into the overall CEASE monitoring.

- 5.8 The team noted that the Society's revised checking process was in line with the above caveat.
- 5.9 Part 3 - The Society was to review risks related to CEASE and other therapies additional to registrants' regular scope of practice, as part of its ongoing risk assessments. This was to be incorporated into the Society's risk matrix within three months
- 5.10 The Society provided its updated risk matrix including references to CEASE therapy within the required timeframe. The Panel approved the Society's revised risk matrix with the following caveat:
- The Society should ensure that risks discussed within the position statement, and statements on vaccination and homeoprophylaxis are included within its risk matrix. Those guidelines should also be included as mitigating actions.
- 5.11 The team noted that risks discussed within the position statement relating to vaccination and homeoprophylaxis are included within an updated risk matrix (see risk '2d – Use of homeopathic remedies as prophylactics')
- 5.12 The team asked if the Society was assured that it has identified all registrants practising CEASE Therapy. The Society advised that while it does not have capability to record all post-graduate specialisms and training that its registrants undertake it has identified all those actively practising CEASE therapy, and those registrants were included in its website checks for 2018.
- 5.13 The Authority confirmed to the Society that all parts of the Condition had been met in May 2018.
- 5.14 The Authority had regard to the ASA's recent statements about CEASE therapy, including its [Enforcement Notice](#) to CEASE practitioners, and the Society's work to ensure that registrants did not use the full title or work outside its standards. The Authority noted an ongoing risk that CEASE practitioners may seek to treat or cure autism or promote harmful practices regardless of their advertising. 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. (Recommendation 2)
- 5.15 The Society highlighted the resources it developed for its registrants to assist compliance with the General Data Protection Regulations (GDPR), including e-learning, template documents and a PowerPoint presentation.
- 5.16 At the previous annual review, the team noted that the Society's Board meeting minutes had previously been made available to the public but had since been moved to the restricted members' only sections of its website. The Accreditation Panel noted that following discussion with the team, the Society

had provided a timeframe for publishing Board meeting minutes, and other information on its website. The Panel issued a 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.

- 5.17 In line with the Society's stated commitment to make edited Board Minutes available to the public, recent (2018) minutes are published on the [Corporate documents](#) page of the Society's website. The team highlighted that the latest was marked as 'members-only'. This was then made public by the Society.
- 5.18 The team noted a difference in presentation of information between the published May 2018 and June 2018 minutes and asked about this. The Society advised that due to commercial sensitivity of some conversations held at Board level, it was not possible for all the content to be made publicly available. The Society advised it would be introducing a Board report for both members and the public which would be the same for both stakeholder groups.
- 5.19 The Authority found that the Learning Point had been considered. The team will check the Society's Board reports as part of its standard monitoring.
- 5.20 The team noted from the June 2018 Board minutes that Society 'staff would continue to keep in contact with all members who practise CEASE.' The Society confirmed that it 'contacted all members regarding the introduction of the CEASE position statement. Individuals who have been identified by the society as practicing CEASE have been contacted as part of normal registration checks, and in 2018 underwent website review checks.
- 5.21 The Authority found that this Standard continues to be met.

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 There were no significant changes reported or noted in the past year.
- 6.2 At the previous annual review, the Panel considered that wording on the Society's page for 'The evidence base for homeopathy' (<https://homeopathy-soh.org/all-resources-2/evidence-base/>) may give an impression that homeopathy was scientifically proven to be effective. The team suggested to the Panel that the Advertising Standards Authority (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 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.
- 6.3 The Society advised:
 - 'The [ASA](#) have made it clear that links to information relating to published research falls outside of the remit of the ASA.

The section relating to the evidence base for homeopathy is not a marketing material. It is not linked to the sale or promotion of a product or a service and is in a clearly labelled separate section of the website.

Homeopathy does have an evidence base, there are a number of significant high-quality research projects involving homeopathy. These have not been funded by the Society of Homeopaths and have taken place on an international scale.'

- 6.4 The Society advised that it had intended for its Research Officer to review the evidence base sections of its website in January 2019 however the officer had left the organisation. The Society advised that a new officer would carry out the review once appointed.
- 6.5 The Authority noted the Society's consideration of the learning point and 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. (Recommendation 3)
- 6.6 The Authority found that this Standard continues to be met.

Standard 7: governance

- 7.1 The Society advised of changes to its governance, including its Board and Professional Standards Committees. The Society also reported on staff changes, including appointment of an Online Editor working with its marketing and communications team.
- 7.2 The Society highlighted the launch of its Public Affairs Committee which 'ensures that the Society is up to date in dealing with public affairs, making sure its voice is heard in crucial debates and homeopathy recognised and prospering.'
- 7.3 In 2017 the Committee's focus was on 'Homeopathy and Mental Health and Emotional Well Being' and aimed to communicate 'the possible role of treatment by a homeopath in promoting mental and emotional health and wellbeing.' The Society aimed for this to lead to more referrals to registrants and foster greater collaboration between practitioners. A concern raised about this was discussed under Standard 3, above.
- 7.4 The team noted that as part of this, the Society ran events on 'Promoting mental and emotional health and wellbeing' where 'presenters (discussed) the different approaches they have developed to meet the needs of people arriving with a variety of mental and emotional health issues.'
- 7.5 The Society highlighted its campaign on mental health had helped develop greater links with organisations such as MIND and the British Association for Counselling and Psychotherapy (BACP). Society registrants can attend local BACP group meetings.
- 7.6 The Society advised it was introducing a new Member Focus Group and Patient Focus Group, the latter to begin recruitment in early 2019. The Society aimed for these 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'.

- 7.7 The team was alerted to a Society-accredited training provider whose use of the Accredited Registers quality mark could have been interpreted as having been accredited by the Authority. The team raised this with the Society and the provider subsequently removed the quality mark.
- 7.8 The Authority found that this Standard continues to be met.

Standard 8: setting standards for registrants

- 8.1 There were no significant changes reported or noted in the past year.
- 8.2 The Society advised it was reviewing its policies and that this year its Code of Ethics and Practice had undergone an internal and external review. The Society would next review its Professional Conduct Procedures and internal Complaints Policy.
- 8.3 The Code of Ethics and Practice 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.’ The team noted that some codes previously advising registrants ‘should’ follow, had been changed to ‘must’ follow, for example: ‘Homeopaths must (previously: should) conduct themselves with truthfulness and dignity at all times in relation to their dealings with patients, and colleagues’. Other examples remained as ‘should’ such as that registrants ‘should ensure that they do not allow misleading advertising and information about their practice’.
- 8.4 The team asked the Society for how it determined which was a ‘should’ or ‘must’. The Society responded that it applied ‘must’ where 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’. 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 suggests that registrants were not required to comply with its codes. Any concern raised should be considered equally and it may be found that a proportionate response is to provide advice or support. The Authority issued a Recommendation for the Society to review use of this distinction and amend where necessary. (Recommendation 4)
- 8.6 The team had noted that the Code stated that ‘Members subject to an ongoing complaint shall not be permitted to resign’. The team related its understanding that the Society could not prevent a resignation or lapse of membership, and without further provisions may have to abandon a complaints procedure should this occur. The team recommended, as adopted by other registers, that it could instead state that should a registrant resign or lapse registration during a complaints procedure, the procedure would carry on and any outcomes be published in line with its publications policy. The Society stated it would support an amendment that states a complaint will continue even if a member resigns.

8.7 The Authority found that this Standard continues to be met.

Standard 9: education and training

- 9.1 The Society advised that it had completed its review of its clinical education standards, accredited college application and re-accreditation processes and its Education Policy.
- 9.2 The team noted the Society's Guidelines for Course Accreditation (GCA) replaced the Application for Recognised Course Status (ARCS) process which had been in place at the time of the Society's initial application for Accreditation. The new process confirmed that the required educational level remains 'equivalent to HE Level 6 and enables its students to reach fitness to practise standards.' The Society's review process requires annual reporting with an in-depth review every fourth year. The Society continues to require information regarding 'accountability, legal requirements, insurance arrangements, complaints process for all staff, students and patients' and that there are 'Policies in place to ensure that facilities and practices comply with relevant legislation according to the country of operation (e.g. health and safety, disability discrimination, data protection, safeguarding).'
- 9.3 The team noted that the GCA maintained requirements for external course examiners who, for example, report on the structure, content, academic standards and teaching of programmes.
- 9.4 A concern was raised that the Society's standards for education and training were not aligned with the National Occupational Standards (NOS) for homeopathy, noting for example that allowance of CEASE therapy contradicts the NOS' requirement for knowledge of the 'Physical functioning and development of the human body' and alleged that registrants 'offer "cures" for incurable conditions.' The Society stated that registrants must practise in accordance with the NOS. The team did not identify concerns about the Society's ability to meet Standard 9 which were not covered by matters considered in other standards.
- 9.5 The Authority found that this Standard continues to be met.

Standard 10: management of the register

- 10.1 At the previous Annual Review, the team noted from the Society's amended Articles of Association that it was possible to be removed from the Society's public registers without loss of registration. The team had advised the Society of a precedent decision by the Panel: 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).
- 10.2 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. The Society advised that an Exceptional Circumstances Policy had been developed in March 2018. The

policy was ratified by the Society's Professional Standards Committee and the team noted this was available to the public on its website.

- 10.3 The Authority found that this Instruction had been implemented.
- 10.4 The Society highlighted actions taken to provide opportunities and assistance for registrants to engage with CPD requirements and to support their practice. The Society noted that registrants had responded positively to those online resources and its CPD Record forms.
- 10.5 The Society highlighted that it conducts checks of 40 registrant websites, twice a year, to ensure they meet legal requirements and the Society's standards. The Society highlighted that these are checked against its Code of Ethics, which references the 'Trade Descriptions Act 1968, The Consumer Protection from unfair Trading Regulations 2008, The Blue Guide from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK Code of Non-broadcast advertising, Sales and Promotion and Direct Marketing (CAP Code) and the current guidelines of the Society.'
- 10.6 As part of its regular assessments the Accreditation team checked a sample of Society registrants (separate from its check of CEASE practitioners) and referred one potential concern about a registrant's website to the Society. The Society advised it had engaged with the registrant and provided guidance and a deadline on changes required, which had been implemented.
- 10.7 The Authority found that this Standard continues to be met.

Standard 11: complaints and concerns handling

- 11.1 The Society advised it had acted on seven complaints against registrants since the previous annual review. One complaint had been withdrawn, four had been resolved through mediation and two complaints had resulted in removal from the register. One registrant had applied to appeal that outcome however this was rejected. The Society advised it had published details of the sanctions on its website and details were circulated to other Accredited Registers. The removals were also published on the separate 'Find a Homeopath' website which features practitioners from the Society and two non-accredited registers.
- 11.2 The Society had updated its Professional Conduct Procedures. The team noted the following changes:
 - The Procedures now state: 'if you raise a complaint but do not meet any of the criteria listed in s2.1, (service users, registrants, guardians, or other parties with sufficient interest) your complaint will be investigated internally in line with our set policies and procedures. However, you will not be updated on how this investigation progresses. (2.2b)' The team noted this would allow the Society to consider any concerns received.
 - The Society has clarified that its 'Fellows and Honorary Members' are subject to the complaints procedure along with its registered members.
 - Parties to a complaint will now be entitled to 'see a copy of the full transcript (of an Adjudication Panel hearing) in its entirety'. The team

noted that under the previous procedure parties had not been entitled to this.

- 11.3 The team noted that references to 'termination' of registration had been replaced with different terms such as 'cessation' and 'expulsion' and suggested to the Society that this may cause confusion. The Society responded that it had replaced 'termination' with 'expulsion' across all its documents and website.
- 11.4 The Society advised it had received one complaint about itself as an organisation, which was managed in line with its published procedure. The complaint was from a registrant concerning the level of support provided to all parties during a previous complaints process. The Society 'found that there had been no variation in the type, quality or timing of the information provided to either party' and communicated this. The complainant had also requested confidential information and was informed that this could not be disclosed.
- 11.5 At the previous annual review, the Panel received 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 two Instructions.
- 11.6 The Society was instructed 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.
- 11.7 The Society advised that 'the Professional Conduct Officer now provides much clearer information regarding the outcomes and how the process was resolved to complainants.' The Society provided examples of correspondence where complaints had been raised that the Society did not take forward, which were checked by the team. The team suggested that the addition of section 2.2b to the Society's Professional Conduct Procedures would further assist complainants.
- 11.8 The Authority found that this Instruction had been implemented. The Authority however issued a Recommendation for the Society to consider reporting on the number of complaints resolved outside its formal complaints process, including the number received and outcomes, within its own annual report. This could assist the Society to demonstrate transparency. (Recommendation 5)
- 11.9 The Society was instructed 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.
- 11.10 The team checked the Society's published [Vexatious Complaints Policy](#) which is published on the Society's [Making a complaint](#) webpage, with its formal complaints procedure. The procedure notes the Society's focus on a complaint and the context in which it was received. The policy notes that the

Society 'treat(s) any expression of dissatisfaction seriously' and has policies for complaints received about itself. The policy outlines the points considered when a complaint may be vexatious. The Society's Professional Standards Manager will determine whether a complaint is vexatious and provide their reasoning to the complainant and confirm that the complaint will be closed with no further action.

- 11.11 The Authority found that this Instruction had been implemented.
- 11.12 The Authority noted that the policy does 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. (Recommendation 6)
- 11.13 The Authority found that this Standard continues to be met.

Share your experience

- 12.1 The Accreditation team did not receive any responses to the invitation to share experience during the annual review period. The team received ten concerns about the Society and its registrants during the accreditation year; addressed in the standards or as follows:
- 12.2 The team received a concern from a registrant who had applied to appeal 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, as required by the Society's procedures. The team noted this may have left the Society open to challenge. The Authority noted that the register's officers and committees should be aware of and follow its rules 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. (Recommendation 7)
- 12.3 The registrant's appeal application stated that the Society's Panel had heard the complainant's evidence without allowing the registrant to hear this. The Society advised that ample notice of its plan to hear evidence separately was provided and the team noted that this was in line with its procedures. The registrant argued this was a breach of their right to a fair trial, under Article 6 of the Human Rights Act 1998. The Society had responded that as a non-public body it had no obligations under that Act. The registrant requested a transcript of the hearing however was refused this. The Society has since amended its procedure to allow the parties to a complaint to request the full transcript.
- 12.4 The Authority considers 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. The Authority issued a Recommendation for the Society to consider methods for parties to a complaint can hear and test evidence against them using tools such as

screens or dividers between parties, the arrangement of seating, tele / videoconferencing, or through questions being directed via the Panel. (Recommendation 8)

- 12.5 The correspondent stated that the practitioner had been concerned about statements made by the Society following its decision to remove registration, including a statement that the outcome meant that no further charges could be made against them. While factually correct, the practitioner had felt such communication diminished the public protection purpose of the Society's decision.
- 12.6 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 are maintained. (Recommendation 9)
- 12.7 The correspondent was concerned that they had attended the hearing as a supporter but not as a participant, however the Panel subsequently took evidence from them and used it in their findings. The team suggested that the role of a 'supporter' should be explicit within its complaints processes, and the circumstances where they may be used as witnesses if deemed appropriate. The Society confirmed that its review of complaints procedures would ensure greater clarity between the roles.
- 12.8 A concern was raised about registrants, alleging they had written books that made statements that did not reflect NHS recommendations, for example by arguing against vaccinating children. The team noted that the book named in the blog was listed on the Society's updated Resources page and asked the Society if the book was in line with its standards. The Society responded that it had since removed the book and other resources posted as it was not sufficiently familiar with them to promote them to its registrants. The Society emphasised that it 'supports informed decision-making, parents should be advised to include their GP in any decision relating to vaccination'.
- 12.9 The team asked if concerns regarding statements made in a book could be investigated in the same manner as any other. The Society advised it would have to meet its normal complaint criteria about services provided by registrants. The team noted previous Panel decisions regarding concerns raised indirectly, that it 'would expect a register to consider a complaint under their procedures and to consider whether there is any action they should reasonably take to enable them to assess whether they do have concerns and to assure themselves that it is reasonable not to take action notwithstanding that an allegation is broadly or vaguely stated rather than specific.' The team suggested that in this case for example, it could have checked whether there was a concern that could be handled under Section 2.2b or 2.9 of the complaints procedure.
- 12.10 A concern was also raised about a registrant's involvement in a university research project, and their 'treatment of vulnerable children' and 'supply of unlicensed medicines in breach of the Human Medicines Regulations 2012'. The Society had responded that the complaint did not fall within its complaints process and that enough evidence was not provided to progress the complaint. The Authority suggested that the Society might have made an

enquiry of the University to consider whether any action was necessary, in line with the above.

- 12.11 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, as would be the case with a book dealing with such a subject. 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. (Recommendation 10)
- 12.12 The team had received concerns about Society registrants offering therapies adjunctive to homeopathy such as the 'Asyra bio-energetic screening system' and 'Vega Machine'. Such devices are used to identify 'information from the body about aspects of health that are balanced or imbalanced' or 'test for food sensitivity and allergens'. Results from those tests may then inform registrants' homeopathic practice. The concerns highlighted that incorrect claims had been, or could be made about their efficacy, as reflected in decisions by the Advertising Standards Authority.
- 12.13 The team highlighted a recent decision by the Authority which stated that where the register is aware its registrants are providing adjunctive therapies ... the register should consider what risks they may pose to the public, what controls may be needed to protect the public, and whether the practices are compatible with registration.'
- 12.14 The team asked if the Society had considered risks that may occur regarding such devices and set standards or provided guidance accordingly. The team had also asked if the Society would investigate and act on concerns raised around such practices. The Society responded that it did not review or regulate additional therapies offered by members and would refer to registration bodies covering a broader range of therapies.
- 12.15 The Authority noted that as devices such as the above informed registrants' homeopathic practices the Society could investigate related allegations, such as claims about efficacy. The Authority issued a Recommendation for the Society to consider what risks any adjunctive therapies 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. (Recommendation 11)
- 12.16 A concern was raised that a former Society registrant who also appeared to be using the Accredited Registers quality mark was harming the complainant's relative. It was felt that the patient was being steered away from NHS-recommended treatments. The team checked and noted that the registrant had been removed from the Society's register prior to the beginning of the Accredited Registers programme. It appeared the practitioner may have been using clinic space also occupied by a Society-registered practitioner and no evidence of deliberate misuse was identified. The team suggested alternate routes of complaint and were advised these had been taken forward.

Impact assessment

- 13.1 There were no significant changes reported or noted in the past year.

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.