



The Society of Homeopaths
representing professional homeopaths

CLINICAL EDUCATION GUIDELINES

***REVISED
MAY 2010***

THE SOCIETY OF HOMEOPATHS'

CLINICAL EDUCATION GUIDELINES

Revised Document May 2010

The original Clinical Education Guidelines were derived from surveys, workshops and discussions between course providers and the Society of Homeopaths' Education Department between 2000 and 2002. The 2002 working document formed the basis for initial implementation work in courses and was revised in February 2004. This version was used as the basis for a Clinical Education Review process during 2005 – 2006. At the evaluation workshops in Autumn 2006 further recommendations from course providers were collected to contribute to the 2007 Guidelines which also took into account our joint work on fitness to practise, and the regulatory move towards fulfilling Higher Education levels 5 & 6 descriptors.

Further clarification was added to the supervision section in 2009 and this, our most recent update, incorporates reference to the revised Complementary and Natural Healthcare National Occupational Standards for Homeopathy, and to the re-designation of Higher Education level 3 to level 6 within the Qualifications and Credit Framework.

CONTENTS

Part 1 Aims and Learning Outcomes

Aims	pp 3 - 4
Learning Outcomes	pp 5 - 6

Part 2 Assessment and Supervision

Assessment	pp 7 - 9
Supervision	pp 10 - 13

Appendices

The Society of Homeopaths' Core Criteria for Homeopathic Practice
The Society of Homeopaths' Code of Ethics and Practice for Supervisors
The Quality Assurance Agency's Degree Level descriptors

PART 1 - AIMS AND LEARNING OUTCOMES

Aims of course provision in clinical education

Clinical Education aims to enable homeopathy students to become proficient, safe and appropriately confident professional homeopaths. The framework of the course and the activities and opportunities within it will aim to encourage the student to formulate links between theoretical concepts and practice experience, and provide means for students and teachers to monitor and assess development.

Clinical Education aims to develop both *competence* and *capability* in students in a clinical practice.

Competence is defined as what individuals *know* and are able to *do*, based on knowledge, skills and understanding.

Capability is defined as the individual's ability to *adapt to change*, *generate new knowledge*, and continue to *improve* performance.

Broad aims

By the end of the course, the student homeopath will be able to:

- prescribe effectively to treat and manage patients' ill-health and promote the maintenance of good health
- interact appropriately and effectively with patients and others
- reflect on themselves and on all aspects of clinical experience in order to improve performance
- practise professionally so that they always act within the Society's Code of Ethics and Practice, and the Core Criteria for Homeopathic Practice.

1. Students' practical experience will be based on an understanding and developing knowledge of the principles of homeopathy including:

- philosophy
- Materia Medica
- case taking
- case evaluation
- methodologies

2. Students will need a variety of learning experiences and assignments in their clinical education courses to enable them to progress in stages through:

- observation of case taking
- increasing input and responsibility
- the development of reflective practice skills
- supervised case taking
- supervised case management
- fitness to practise

3. The education and development of professional homeopaths will need to facilitate understanding and experience in the following broad areas:

- A Personal responsibility
- B Responsibility to patients
- C Responsibility to colleagues

(see *Learning Outcomes pp. 5 - 6*)

4. For the successful completion of the Clinical Education programme qualifying students should be assessed as ready to practise professionally within the guidelines of:

- The Society of Homeopaths' Core Criteria for Homeopathic Practice
- The Society of Homeopaths' Code of Ethics and Practice
- The Complementary and Natural Healthcare National Occupational Standards for Homeopathy
- The descriptors for a qualification at level HE6(3) according to the Quality Assurance Agency for Higher Education

Learning Outcomes for Clinical Education

The following list of broad learning outcomes has been collated through discussions between course providers and the education department. In planning your curriculum for each year, individual learning outcomes will need to reflect the appropriate level for each stage of the course.

A Understanding personal responsibility

Students will be expected to demonstrate personal responsibility by being able to:

- i. evaluate the effectiveness of the homeopathic process, recognising the potential complexity of the issues involved
- ii. explain their chosen methodology and approach in each case
- iii. engage in the supervision process and demonstrate affective awareness
- iv. synthesise information that contributes to appropriate professional judgments
- v. demonstrate that they are aware of the issues involved in practice management
- vi. demonstrate awareness and capacity for reflective practice
- vii. show ongoing commitment to continuing professional development.

B Understanding responsibility to patients

Students will be expected to demonstrate their responsibility to patients by being able to:

- i. demonstrate ethical behaviour
- ii. evidence awareness of the limits of their competence

- iii. demonstrate an integrated range of clinical skills, an understanding of a range of processes of health and disease and appropriate use of Materia Medica, Repertories and other sources of information
- iv. show understanding of the cultural, social and psycho-social issues liable to affect a range of patients from across the community
- v. demonstrate patient-centred care, communicating appropriately and effectively and providing patients with the opportunity to make an informed choice about their treatment.

C Understanding responsibility to colleagues

Students will be expected to demonstrate their responsibility to colleagues by being able to:

- i. interact and collaborate effectively with other homeopaths and professionals for the welfare of their patients and for their own continuing professional development.
- ii. provide evidence of awareness of the importance of participation in the profession.

PART 2 – GUIDELINES FOR ASSESSMENT AND SUPERVISION

Assessment procedures and methods

1) Clear criteria for evaluating fitness to practise

Course providers will need to establish clear assessment criteria for fitness to practise, such as the students' willingness and ability to:

- i. accept the requirements of the course
- ii. practise being a learner and a supervisee
- iii. interpret what is taught and transform it into personal learning
- iv. reflect on and integrate all areas of relevant knowledge
- v. offer, receive and make positive use of feedback
- vi. build rapport and communicate effectively with the patient
- vii. record and keep patient notes appropriately and confidentially, and record analysis and prescribing
- viii. be aware of responsibility toward patients, recognising when to seek advice and when to refer
- ix. progress to professionalism through making responsible judgements in complex situations
- x. practise in a professional manner and communicate effectively with other professionals
- xi. adhere to the Society's Code of Ethics, have the capacity to meet the Core Criteria for Homeopathic Practice and fulfil relevant sections of the CNH National Occupational Standards for Homeopathy
- xii. fulfil the qualification descriptors for Higher Education Level 6(3) published by the Quality Assurance Agency for Higher Education.

2) Assessment models for evaluating fitness to practise

It is good practice to employ a variety of assessment methods in order to provide a number of ways for students to demonstrate their ability and achievement. The following methods are all used currently in homeopathy courses and may be useful in considering your own methods of evaluation and assessment:

- i. **Observation of student performance** in carrying out either clinical work or simulated activities, and participation in seminars indicating their critical awareness (e.g. through clinical supervisors' written reports, in group seminars with an assessed element)
- ii. **Oral questioning** to corroborate performance and elicit knowledge and understanding (e.g. in personal tutorials, individual presentation projects, in classroom dialogue)
- iii. **Written questioning** for more in-depth coverage of knowledge and understanding (e.g. written assignments, or exams if used)
- iv. **Assignment/project work** for major coverage of scheme content which does not lend itself to performance assessment (e.g. individually designed and agreed large scale projects or research)
- v. **Workplace logs/diaries** to support assessment of performance (e.g. clinic reflection sheets, observation reports, summaries from personal learning journals)
- vi. **Student self-assessment** where students are involved in evaluation of their progress and assessment of readiness for practice (e.g. individual learning contracts assessed by student and tutor, use of reflective cycles evaluating specific areas of practice)
- vii. **Peer group assessment** where the group gives feedback (e.g. peer group assessment on agreed criteria of oral presentations of a student's work)
- viii. **Prior experience and learning** where the student can clearly prove that the standard has been reached and demonstrated in a prior setting.

3) Feedback and recording of assessment

Throughout the Clinical Education Programme assessment should provide appropriate, clear and regular feedback in order to cultivate openness and transparency, and to enable students to be aware of and understand whether or not they are fulfilling the required criteria in clinical practice. Where a student is having problems in one or more areas relating to fitness to practise, this should be noted and discussed with them at an early stage, providing the opportunity for these problems to be effectively addressed.

To facilitate this, the following may be helpful:

- i. ongoing feedback throughout clinical practice
- ii. an agreement or learning contract between students and course providers with details of the assessment criteria and feedback mechanisms
- iii. clear and explicit outcomes in writing for each stage of clinical education
- iv. a written record of students' progress which is discussed with each student at formative and summative stages
- v. the use of supervision to identify, address and document problems as well as provide support for each student's clinical practice
- vi. establishing the student's practice of self-reflection and appropriate awareness of their own fitness to practise
- vii. assessment from a range of assessors and not one assessor only.

Supervision of students in clinical practice

Students need to be given clarity regarding the purpose, scope and nature of clinical supervision. This would form part of preparation for clinical practice, and would be included in, for example, a Clinical Handbook for Students. The Society of Homeopaths' Code of Ethics and Practice for Supervisors (2001) states that:

‘Supervision is a formal and mutually agreed arrangement. Practitioners, tutors or students contract to reflect on their work regularly with a supervisor who is an experienced and competent practitioner and who is prepared, through a recognised training in supervision, for the roles employed within the supervisory process. The aim is to work together to ensure and develop the supervisee’s therapeutic/ supervisory/ educational practice in order to promote patient welfare.’ (para. 7)

The following areas need to be considered by the course provider when establishing good supervisory practice.

Clarification of:

- i. the purpose, nature and scope of clinical supervision
- ii. the supervisors’ role i.e. not to dictate on prescriptions but to support, challenge, deepen understanding and encourage self-reflection
- iii. the amount of supervised hours or cases the course requires
- iv. arrangements for supervision within the course, and for working with an external supervisor including advice on contracting and remuneration (both the student and the external supervisor need guidance about what procedures to follow)
- v. what proportion of a student’s case taking should have a supervisor present, and/or at what stage students are considered ready to see patients on their own. (At this stage students would still be in supervision but would have fulfilled the course’s criteria for taking the case alone. One criterion for reaching this stage would be the students’ capacity for self- reflection.)

- vi. the provision of agreed ‘handover’ procedures if a student changes supervisor during the course, to maximise continuity while maintaining patient confidentiality
- vii. the necessity of ensuring there are no conflicts of interest in the allocation of students and patients, or in the allocation of students and supervisors, for example a student supervised by their own homeopath, or taking family cases

Inclusion of:

- i. opportunities for discussion on process and approach as well as case discussion
- ii. the role of supervision in personal development and on the student’s capacity for self-reflection on professional development
- iii. the integration of students’ overall clinical experience with their experience in supervision outside the course setting
- iv. the recommendations of the Society of Homeopaths’ Code of Ethics for Supervisors

Transparency about:

- i. the criteria for assessment of fitness to practise in each area of clinical work
- ii. whether the patient will be giving feedback to a supervisor or course provider on aspects of the students’ case taking, and to what extent this is appropriate or ethical
- iii. how supervisors, particularly those external to the course, are involved in the assessment process (e.g. possibly not grading work but giving feedback on ethics and conduct, NOS HM1 & 2, self-reflection)

Good practice in:

- i. the recruitment of supervisors (from within course staff or from outside the course) according to agreed criteria and providing a range of supervision models
- ii. induction and continued training and development for supervisors, and recognition of the need for their own supervision.

Insurance for students in clinical practice

Students need to be insured for clinical practice. Many courses make it a requirement that students take out Student Clinical Membership of the Society of Homeopaths.

Society of Homeopaths' Student Clinical Membership

This includes insurance cover and access to the Society's Professional Conduct services in addition to membership benefits.

Students and course providers must be able to show that students are working within the course's criteria for clinical practice and that they are fully supervised. The Society's insurers say that within their cover it is understood that at a certain stage students may be ready to make some independent decisions in their supervised casework. They expect, as we do, that courses will have clear criteria and a policy for deciding if students are ready for this, that this is known and adhered to and that a course provider is able to demonstrate a student's competence.

Course Providers' liability and responsibilities

As a course provider you may be held responsible for a student in supervised practice if s/he is found not to be competent as you are underwriting their readiness to be taking cases. It is possible also for patients to hold the course provider liable.

We recommend that students are given opportunities to understand, and demonstrate their understanding of, the Society's Code of Ethics and Practice. They should have the opportunity to seek advice if they do not understand any aspect of it, or are uncertain of the ethics of a particular situation. You might also prepare a document for them to sign indicating acceptance and understanding of the Code.

Course Providers are responsible for ensuring that all the staff members they appoint have the appropriate education, experience and professional integrity to undertake the role to which they have been appointed. If they are not registered members of the Society of Homeopaths, course providers are advised to establish whether their insurance extends to supervision cover.

If Course Providers wish to appoint people to supervise clinical practice who are not SoH members, they are also responsible for ensuring that they are members of a professional body with a Code of Ethics/Professional Practice for which there is evidence that sanctions may be imposed on individuals who contravene the Code.

Supervisors' liability

Supervisors who are Registered Homeopaths with the Society are covered in all situations for their work as supervisors, except if negligence lies with the student e.g. informing supervisors inaccurately, or not informing supervisors of a relevant point.

Society of Homeopaths' Education Department
May 2010

APPENDICES

The Society of Homeopaths' Core Criteria for Homeopathic Practice

The Society of Homeopaths' Code of Ethics and Practice for Supervisors

The Quality Assurance Agency's Degree Level descriptors



Core Criteria for Homeopathic Practice

The Core Criteria are the general principles underpinning the professional practice of homeopathy. They have been written by homeopaths as a description of the qualities required in our profession, and were derived to form a framework for the National Occupational Standards (NOS), which are specifications of work performance. By describing the core principles and values within homeopathy, they give a professional context within which the more behavioural NOS can be understood.

The Society of Homeopaths intends that all the Core Criteria should be capable of demonstration in each module of the NOS. It should be possible to link every element to at least one criterion. Criterion 1 should underpin all work.

Purpose and Use of the Core Criteria for Homeopathic Practice

The Core Criteria make explicit the regular demonstration of an implicit body of knowledge. The existing elements within the NOS are grouped together into units or modules, and these are arranged so that these lists of observable behaviours with **particular** Performance Criteria never contravene any of the **general** Core Criteria. These criteria are implicitly at honours degree level, and cover a full range of understanding and intellectual skills that make up professional competence.

The Core Criteria can be used as a way to present material for assessment, specifically at the pre-registration level. Candidates would compile portfolios of practice-based evidence and a supporting commentary to demonstrate that they have fulfilled *simultaneously* both the competence requirements of the N.O.S. and the core criteria. They would choose to present a demonstration of their work as they prefer, noting which performance criteria, and which core criterion they are to be evaluated against. All Core Criteria would be represented within the overall body of work to be assessed.

There is also a place for the use of the Core Criteria to inform curriculum planning in educational courses, alongside close reference to the National Occupational Standards. Since the Core Criteria present achievements desirable for a practising homeopath, they could also have a place in Continuing Professional Development for the individual practitioner or to inform programme development.

CRITERION 1: "Commitment to Professional Principles and Values"
Self-awareness and commitment to putting professional principles and values into practice.

Practitioners can demonstrate:

- 1) an understanding of homeopathic philosophy and an ability to apply it in practice; this includes:
 - a) an awareness that health and disease are dynamic and meaningful;
 - b) a reflective awareness of the individual and their familial, social, spiritual, cultural and economic context;
 - c) clearly relating the approach to practice chosen in any situation, to a coherent set of homeopathic and ethical principles.
- 2) respect for patients' dignity, privacy, autonomy and right;
- 3) regard for the safety of the patient and of themselves at all times, both physically and psychologically;
- 4) employment of
 - a) prescribing practices which are safe for both homeopath and patient, whatever the context.
 - b) administrative practices which are safe for both homeopath and patient, whatever the context

CRITERION 2: "Continuing Professional Development"
A commitment to reflection on practice and a deepening of professional understanding.

Practitioners can demonstrate that they:

- 1) learn from others, including patients and colleagues, both through organised programmes and in everyday practice;
- 2) recognise that professional judgements are open to question;
- 3) engage in on-going self-evaluation, using cycles of reflection and action.

CRITERION 3: "Affective Awareness"

The monitoring, understanding and effective management of the emotional state of oneself and others.

Practitioners can demonstrate:

- 1) an awareness of their own emotional state and responses, ensuring these are appropriate to the situation;
- 2) an awareness of the emotional state and responses of patients, incorporating such awareness into their understanding and management of the patient;
- 3) an awareness of the emotional state and responses of others (eg colleagues, other health workers etc), in order to develop effective collaborative relationships;
- 4) a willingness to take issues to supervision, or to work effectively on them in other ways, when this becomes necessary for the benefit of themselves or their patients.

CRITERION 4: "Effective Communication"

Ability to communicate appropriately with a range of people.

Practitioners can demonstrate that they communicate:

- 1) clearly, concisely and in a professional manner;
- 2) in ways which are sensitive to the needs of the intended audience and varied according to purpose.

CRITERION 5: "Practical Effectiveness"

Decisiveness in making judgements in complex situations involving responsibility for patients or colleagues

Practitioners can demonstrate that they:

- 1) work with confidence, independence and sensitivity;
- 2) can interpret information and evidence in terms of a clearly established purpose, and integrate new information as situations develop;
- 3) use
 - a) prescribing practices which are competent, and safe for both patient and homeopath; and
 - b) administrative practices which are competent, and safe for both patient and homeopath;
- 4) can limit difficulties in case management and practice management;
- 5) develop and nurture optimum effort in themselves, knowing how to conserve their own energy.

CRITERION 6: "Effective Synthesis of a Wide Range of Knowledge"

A willingness to add to their knowledge base and an ability to put knowledge and theory into practice.

Practitioners can demonstrate that they:

- 1) have a variety of ways of analysing cases so that an appropriate pathway to understanding can be found for an individual patient and for the patient's situation
- 2) undertake systematic, critical evaluation of professional knowledge and research;
- 3) understand current legislation and policy as it relates to homeopathic practice;
- 4) can relate specific details of a situation to its wider context and to appropriate theoretical models; acknowledge the value of, and use, research (including provings, audit and case studies) to critically evaluate theoretical models and to plan, implement and evaluate treatment strategies.

CRITERION 7: "Intellectual Flexibility"

General perceptiveness and insight together with a willingness to be open-minded about alternatives and to change one's practice management or treatment accordingly.

Practitioners can demonstrate:

- 1) capacity for careful, sensitive observation;
- 2) awareness and understanding of the inherent complexity of issues or situations;
- 3) a clear relationship of the approach they have chosen in any situation to a coherent set of principles.

Code of Ethics & Practice for Supervisors

1 Background

This document promotes good supervisory practice by providing:-

- * a framework within which ethical practice in supervision can be discussed and evolved.
- * a framework for supervisors / supervisees faced with ethical dilemmas or concerns about acceptable courses of action.
- * a mechanism within which concerns can be addressed or, where appropriate, become the subject of the Society's Professional Conduct complaints procedures.

2 Introduction

The purpose of this Code is to establish and maintain standards for supervisors working with student clinical or registered members of the Society of Homeopaths, and to inform and protect students, practitioners, and other members of the Society seeking supervision.

- 3 It may also be used to inform members' supervision work with independent practitioners, those from other Registering bodies, or disciplines other than homeopathy.
- 4 Supervisors agreeing to abide by this Code accept a common frame of reference within which to manage responsibilities to supervisees and their clients, colleagues, members of the Society, and the wider community.
- 5 In certain situations, supervisors and supervisees (practitioners, tutors or students) may need to judge which parts of this Code apply. They may then need to decide between conflicting responsibilities.
- 6 Superscript references ¹ direct the reader to a link between Code point and appropriate Core Criteria.

The Core Criteria referred to within this Code of Practice (and which appear as an appendix to it) were first produced by members of the Society's Education Team, with advice from Professor Richard Winter, during 1998. They were discussed at an Educational Development Workshop and members were invited to comment on a draft printed in the Newsletter in September 1998.

They are intended to complement the National Occupational Standards (NOS) and to be used in conjunction with them within the Society's Education, CPD and Registration Departments.

The Core Criteria portray in holistic terms the responsibilities and values of the professional homeopath, whereas the NOS detail the tasks a homeopath is expected to be able to perform. The two sets of criteria can be used together, either by students or by practitioners, to evaluate their work, with the aid of feedback from trained supervisors or peer reviewers.

As an example of their current use, candidates registering with the Society are required to produce a CPD portfolio during their first year of registration and then given feedback on their portfolio by a reviewer. They are expected to include references to the Core Criteria in their CPD plans and portfolios.

As the main Core Criteria and many of the specific numbered points are just as relevant to homeopathic supervision as to homeopathic practice, we suggest that they may offer an additional tool to supervisors when evaluating their performance in this role.

7 Supervision - A Forum for Discussion

Supervision is a formal and mutually agreed arrangement. Practitioners, tutors or students contract to reflect on their work regularly with a supervisor who is an experienced and competent practitioner and who is prepared, through a recognised training in supervision, for the roles employed within the supervision process. The aim is to work together to ensure and develop the supervisee's therapeutic / supervisory / educational practice in order to promote patient welfare.

- 8 Supervisors / supervisees are aware of the distinction between education, training, accountability to Course Providers, supervision, and personal counselling and therapy.

CORE PRINCIPLES - Supervisors are responsible for:

- 9 Whilst the content of a supervision session may contain personal or inter-personal material, good supervisory practice recognises the distinction between clinical and pastoral supervision by acknowledging that there is no mandate in supervision to seek direct knowledge of personal issues. Where such issues arise, good supervisory practice focuses on the clinical impact of personal material.

10 Respecting the Person¹

Recognising and working in ways that respect the value and dignity of supervisees and their patients with due regard to issues such as origin, status, race, gender, age, beliefs, sexual orientation and disability. This includes raising awareness of any trans-cultural issues that may exist between supervisees and their patients, or between supervisor and supervisee.

- 11 Avoiding exploitation of supervisees financially, emotionally, sexually, or in any other way.

12 Promoting Self-awareness^{1,2,3,4}

“Unprejudiced observation” is a process we aspire to and attempt to engage with. It is important to identify when we are stepping outside of that process. Such identification involves observation, reflection and feedback (in other words, supervision) in order to promote deeper self-awareness in the service of supervisee and her patient.

- 13 Helping to identify attitudes, assumptions and prejudices through language used, and by paying attention to the selectivity of the material brought to supervision.

- 14 Being aware of their own issues of prejudice and stereotyping, and particularly considering ways in which this may affect the supervisory relationship.

- 15 Being alert to any prejudices and assumptions revealed in their own, or their supervisees' work with patients, and raising awareness of these so that the needs of patients may be met with more sensitivity.

- 16 Challenging the appropriateness of the work of a supervisee whose own belief system interferes with the acceptance of patients.

17 Respecting Autonomy¹

Working with supervisees in ways which promote good practice and show respect for the supervisee's ability to make decisions and change in the light of her / his experience.

- 18 Helping supervisees reflect critically upon their work, while acknowledging that clinical responsibility remains with the supervisee. Even where responsibility is shared, e.g. in pre-prescription (student) supervision, supervisors are expected to work with supervisees towards developing their own independent response to the patient. However this need not prevent the supervisor making suggestions with regard to homeopathic procedure and case management, based on their experience. Such advice needs to respect the approach of the supervisee and will therefore normally be facilitative rather than prescriptive.
- 19 Being aware of their supervisees differing stages of development in their supervisory work, and adjusting style and intervention appropriately.
- 20 **Avoiding Harm** ¹
Taking all reasonable steps to ensure the physical and emotional safety of supervisors, supervisees and their patients during their work together.
- 21 Taking the same degree of care to work ethically whether they are paid or work voluntarily, and irrespective of the mode of supervision used.
- 22 **Maintaining Confidentiality** ¹
Taking all reasonable steps to clearly establish and communicate the extent of confidentiality offered, clarifying limits and exceptions, and thus working with the supervisee within a negotiated understanding of the extent and limits of confidentiality. This is particularly relevant when providing supervision to a student.

CORE PRINCIPLES - Supervisors are responsible for:

- 23 Encouraging supervisees to present their work in ways which protect the personal identity of patients, or to get client's informed consent to present information which could lead to personal identification.
- 24 Establishing, where material for supervision is communicated by postal or electronic means (i.e. Internet or Intranet, e.g. FCM) how best to protect confidentiality.
- 25 Reviewing and changing any confidentiality agreement by joint negotiation.
- 26 Being clear about those people on whom the supervisors personally rely for support, supervision or consultancy and to whom they may speak about their supervisees work.
- 27 Ensuring discussion is purposeful and not trivializing on the occasions when it is necessary to consult with professional colleagues.
- 28 Appropriately breaching confidentiality by disclosing information relating to supervisee or client relevant to the following situations:
 - 1) recommendations concerning supervisees for professional purposes, e.g. assessments or references.
 - 2) where clearly stated in the supervision contract or in accordance with all SoH Codes of Practice.
 - 3) where the supervisor considers it necessary to prevent serious emotional or physical damage to the client, the supervisee or a 3rd party.
 - 4) pursuit of disciplinary action involving supervisees in matters pertaining to standards of training ethics or practice.

- 29 In points 2-4, the supervisee's consent to a change in the agreement about confidentiality should be sought, unless there are good grounds for believing that the supervisee is no longer able to take responsibility for their own actions.
- 30 Consulting with another experienced supervisor where a decision to break confidentiality under any circumstances is being considered.
- 31 Minimizing breaching of confidentiality by conveying only information pertinent to the immediate situation, on a need-to-know basis, taking into account:
 - i. the best interests of the supervisee.
 - ii. enabling the supervisee to take responsibility for their actions.
 - iii. the supervisor's responsibility to the client and to the wider community
- 32 Information about work with a supervisee may be used for publication or in meetings only with the supervisee's permission, and with anonymity preserved.
- 33 Agreements about confidentiality continue to operate after the ending of a supervisory relationship whether by agreement or by the death of any of the parties, unless there are overriding legal or ethical considerations.
- 34 **Working to Clear Contracts⁴**
Ensuring that an individual contract (the terms and conditions under which supervision is offered) is worked out with their supervisee, allowing them to present and explore their work as honestly as possible.
- 35 Spending an initial session with each new supervisee, agreeing frequency and nature of contact, individual session duration, number of sessions contracted, review and ending arrangements, policy and practice regarding record keeping (including access), availability (formal as well as emergency), venue, venue access and privacy, unavoidable illness and locum arrangements, fee levels, payment procedures and increases.
- 36 Clarifying with supervisees their own supervisory and homeopathic training, underlying model(s) used, philosophy and theoretical position, qualifications, variety of supervisory styles offered, confidentiality and boundaries positions.

CORE PRINCIPLES - Supervisors are responsible for:

- 37 Being clear, where supervision forms part of a recognized educational or training route, of the scope, nature and accessibility of all records and reports.
- 38 Monitoring the frequency of supervision which will vary according to the nature and volume of client work, the experience of supervisee and their work setting.
- 39 Where the supervisor-supervisee relationship involves a Course Provider, and especially where the supervisor is directly employed to monitor the supervisees' casework; or where the supervisee has been asked, as a result of an adjudication hearing, to work under supervision, then the implications of those requirements on supervision work should be explored and made explicit, preferably in writing.
- 40 Discussing their policy regarding giving references and any fees that may be charged for this or for any other work done outside supervision time.
- 41 Establishing guidelines which address the completion or breakdown of the supervisory relationship and where a potential break emerges from disagreement about either

supervisor- or supervisee- competence, in the case of the supervision of students taking the issue(s) to their own supervision and/or the clinical director of the organization concerned; in the case of graduate supervision, to supervisors own supervision, or to the Professional Conduct Department of the Society.

42 Working to Manageable Work Loads

Matching their supervision workload to their availability and experience in order to meet the requirements of their supervisees.

43 Monitoring Competence²

Monitoring and working within the limits of their competence.

44 Withdrawing from supervision work either temporarily or permanently when their functioning is impaired due to personal or emotional difficulties, illness, the influence of alcohol or drugs, or for any other reason.

45 Maintaining optimum levels of practice in themselves and their supervisees by being aware of current levels, establishing potential future levels, and planning for their achievement via continuing professional development.

46 Being trained, practised and experienced in the modes of supervision they employ.

47 Making arrangements for their own supervision in order to support their supervisory work, and to help them evaluate their bounds of competence. It is a breach of the Code for supervisors to practice without themselves having regular supervisory support of their own supervision work as well as individual clinical issues.

48 Maintaining Appropriate Boundaries^{1,3}

Consulting with their own supervisor before former patients or students are taken on as supervisees, or former supervisees are taken on as patients or students.

49 Conducting themselves in their supervision-related activities in ways which do not undermine public confidence either in their role as supervisor or in the work of other supervisors.

50 Setting and maintaining boundaries between the supervision relationship and other relationships, e.g. education, training, administration, management, and personal.

51 Ensuring, together with the supervisee, they consider their respective legal and ethical responsibilities to each other, and to patients.

52 When working with students, exploring and resolving conflicts of interest between themselves and their institutions, especially where this has implications for the supervisee.

CORE PRINCIPLES - Supervisors are responsible for:

53 Becoming aware of a conflict between an obligation to a supervisee and an obligation to a Course Provider, and, in such a case, making explicit to the supervisee the nature of the loyalties and responsibilities involved.

54 Avoiding (as far as is possible) a supervisory and homeopathic contract with the same supervisee over the same period of time.

55 Enquiring about relationships which appear to exist between supervisees and their patients which might impair the objectivity and professional judgment of supervisees.

- 56 Supervisors, together with their supervisees, should take all reasonable steps to ensure that any personal or social contact between them does not adversely influence the effectiveness of the supervisory relationship.
- 57 Ensuring their own emotional needs are met outside supervision work and are not dependent on their relationship with supervisees. It is good practice for supervisors to periodically review both their level of need and sources of emotional satisfaction. It is unethical for supervisors to engage in sexual activity with their supervisee.
- 58 **Monitoring Standards, Invoking SoH Procedures**^{1,2,5,7}
Breaches of the Society's Codes of Practice are reviewed through Professional Conduct Procedures. Where any complaint is upheld, and an investigation carried out, the outcome can lead to a range of penalties which may include expulsion from its Register and/or removal from the approved supervisor's list
- 59 Supervisors who have concerns about a supervisee's work with patients should be clear how they will pursue this if discussion in supervision does not bring about a resolution of the situation.
- 60 This potential scenario is an essential part of the initial contract; for students, Course Provider Guidelines help to inform future action. For peers, the profession's Codes of Practice may assist, as may the supervisor taking the issue to her own supervision.
- 61 Helping supervisees recognise when their functioning as supervisors, practitioners or tutors is impaired due to personal or emotional difficulties, any condition that affects judgment, illness, the influence of alcohol or drugs, or for any other reason, and for ensuring that appropriate action is taken to safeguard both the healthy functioning of the supervisee and her patients.
- 62 Consulting with a fellow professional where such recognition cannot be resolved by discussions between supervisor and supervisee, and, where appropriate, seeking the assistance of another supervisor or Professional Conduct Department of the Society.
- 63 Discussing with supervisees the need to have arrangements in place to take care of the immediate needs of patients in the event of sudden and unplanned absence, illness or death.
- 64 Taking appropriate action where they become aware that their supervisee's practice is not in accordance with the Code of Practice of their registering body.
- 65 Involving the Professional Conduct Department when they become aware of possible, alleged or actual professional misconduct (on the part of themselves, other supervisors or homeopathic practitioners, or therapists) which cannot be resolved after discussion with the individual concerned, doing so within the boundaries of confidentiality required.

Acknowledgement

The Society of Homeopaths is grateful to the British Association for Counselling for permission to use their 1996 Code of Ethics and Practice for Supervisors of Counsellors as a starting point from which this Code has loosely and creatively evolved, and to all practitioners, supervisors and students who have given feedback on its various drafts during 1999-2000.

QUALIFICATION DESCRIPTORS

We expect courses to be graduating students at an equivalent or similar standard to that of Higher Education level 6 (or Honours degree level 3 as defined by QAA*). We have also included the descriptors for levels HE4(1) and HE5(2) to give an indicator of progression during a course.

The qualification descriptors used by the **Quality Assurance Agency for Higher Education** are as follows:

Descriptor for a qualification at level HE1: Certificate of Higher Education

Certificates of Higher Education are awarded to students who have demonstrated:

- i) knowledge of the underlying concepts and principles associated with their area(s) of study, and an ability to evaluate and interpret these within the context of that area of study;
- ii) an ability to present, evaluate, and interpret qualitative and quantitative data, to develop lines of argument and make sound judgements in accordance with basic theories and concepts of their subject(s) of study.

Typically, holders of the qualification will be able to:

- a) evaluate the appropriateness of different approaches to solving problems related to their area(s) of study and/or work;
- b) communicate the results of their study/work accurately and reliably, and with structured and coherent arguments;
- c) undertake further training and develop new skills within a structured and managed environment;

and will have:

- d) qualities and transferable skills necessary for employment requiring the exercise of some personal responsibility.

Descriptor for a qualification at level HE2: degree (non-honours)

Non-honours degrees are awarded to students who have demonstrated:

- i) a critical understanding of the well-established principles of their area(s) of study, and of the way in which those principles have developed;
- ii) ability to apply underlying concepts and principles outside the context in which they were first studied, including, where appropriate, the application of those principles in an employment context;

iii) knowledge of the main methods of enquiry in their subject(s), and ability to evaluate critically the appropriateness of different approaches to solving problems in the field of study;

iv) an understanding of the limits of their knowledge, and how this influences analyses and interpretations based on that knowledge.

Typically, holders of the qualification will be able to:

a) use a range of established techniques to initiate and undertake critical analysis of information, and to propose solutions to problems arising from that analysis;

b) effectively communicate information, arguments, and analysis, in a variety of forms, to specialist and non-specialist audiences; and deploy key techniques of the discipline effectively;

c) undertake further training, develop existing skills, and acquire new competences that enable them to assume significant responsibility within organisations;

and will have:

d) qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and decision making.

Descriptor for a qualification at level HE3: Bachelors degree with honours

Honours degrees are awarded to students who have demonstrated:

i) a systematic understanding of key aspects of their field of study, including acquisition of coherent and detailed knowledge, at least some of which is at, or informed by the forefront of defined aspects of a discipline;

ii) an ability to deploy accurately established techniques of analysis and enquiry within a discipline;

iii) conceptual understanding that enables the student:

- to devise and sustain arguments, and/or to solve problems, using ideas and techniques, some of which are at the forefront of a discipline; and
- to describe and comment upon particular aspects of current research, or equivalent advanced scholarship, in the discipline;

iv) an appreciation of the uncertainty, ambiguity and limits of knowledge;

v) the ability to manage their own learning, and to make use of scholarly reviews and primary sources (eg refereed research articles and/or original materials appropriate to the discipline).

Typically, holders of the qualification will be able to:

a) apply the methods and techniques that they have learned to review, consolidate, extend and apply their knowledge and understanding; and to initiate and carry out projects;

b) critically evaluate arguments, assumptions, abstract concepts and data (that may be incomplete); to formulate judgements, and to frame appropriate questions to achieve a solution - or identify a range of solutions - to a problem;

c) communicate information, ideas, problems, and solutions to both specialist and non-specialist audiences;

and will have:

d) qualities and transferable skills necessary for employment requiring:

- the exercise of initiative and personal responsibility,
- decision making in complex and unpredictable contexts, and
- the learning ability needed to undertake appropriate further training of a professional or equivalent nature.

*The framework for higher education qualifications in England, Wales and Northern Ireland - January 2001 www.qaa.ac.uk