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## **Guidelines for Recognition of Current Competency (RCC)**

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**For the Purposes of Registration by  
The Australian Register of Homoeopaths (AROH)**

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## 1. OVERVIEW

Applicants for registration with the Australian Register of Homoeopaths (AROH) fall into one of the following categories, in relation to their educational qualifications:

- a. Applicants who have completed courses recognised by AROH may be admitted to the Register on that basis. To find out which courses are recognised by AROH, please refer to the *Accredited Courses* section under *Courses* on the website; [www.aroh.com.au](http://www.aroh.com.au). As the Advanced Diploma Homoeopathy (HTL60612) is now in teach-out mode, no further course accreditations will be undertaken by AROH until the homoeopathic degree course is accredited. All prior courses that have had AROH accreditation, including the grandfathered courses will still remain applicable until further notice. The exception to this point is if a current registrant lapses his or her registration. If the prior qualification was a diploma it will no longer be applicable for an application for re-registration unless there has been evidence of both continuous practice and documented qualification upgrades in the health science related disciplines, and the successful completion of the Recognition of Current Competency (RCC) assessment.
- b. Applicants with overseas qualifications recognised by the Australian authorities as equivalent to Australian degree standard may be admitted to registration on that basis. These applicants must apply to the relevant agency for evaluation of their qualification.

Applicants applying **from overseas** should apply to VETASSESS as per the following details:

Address:

GPO Box 2752  
Melbourne VIC 3001  
Australia

Phone:

61 3 9655 4801

Website:

[www.vetassess.com.au](http://www.vetassess.com.au)

On successful completion of the VETASSESS evaluation overseas applicants can then apply to AROH and undergo the Recognition of Current Competency (RCC) assessment.

- c. **All other applicants** must meet the minimum educational standard of an advanced diploma, however if this qualification was obtained from a college that is not accredited with AROH, the applicant must undergo assessment of their current competency (RCC assessment) under the guidelines that follow, for a fee of \$250 plus an additional non-refundable \$50 administration fee.

### ***The Assessment Process***

Assessment must be undertaken by a homoeopath, who is appointed by AROH and who is:

- a) an AROH registrant
- b) and has the qualification TAE40110 Certificate IV in Training and Assessment and any extension to this qualification current at the time of assessment .

The basis of the assessment must be the National Competency Standards for Homoeopathy (NCSH). The NCSH were incorporated into the nationally-recognised Health Training Package qualification of Advanced Diploma of Homeopathy, however the Advanced Diploma of Homoeopathy is no longer available in Australia. A Bachelor of Homoeopathy will be the entry level qualification once the Advanced Diploma of Homoeopathy teach-out period ends in 2018.

Assessors must establish that the applicant is a competent homoeopath by reference to the criteria laid down in the HTP, or recommend further training to attain competence.

Assessment takes place in three parts:

1. Assessment of underpinning knowledge (by a range of AROH-approved approaches including challenge and oral examinations)
2. Assessment of Case-Taking Skills (by observation)
3. Assessment of Homoeopathic Clinical Reasoning and Case Management (by oral and written means).

## ***Appeals***

Applicants may appeal against an RCC assessment result to the Registrar within 21 days of receipt. The Registrar may agree to an assessment by a second assessor, and a final decision will be made by the AROH Education Committee, but all costs shall be borne by the applicant.

## ***Instructions for Assessors***

It is a requirement for Assessors to complete the three forms in Appendix B located at the end of this document. These must be shown to the applicants in advance of the assessment.

Please note no electronic devices such as computers, phones or tablets may be used in the assessment environment, for the purpose of accessing repertory software, materia medica software or any other related homoeopathic content.

The Training Package HTL60612 can be viewed at:

<http://training.gov.au/Training/Details/HLT60612>  
[Accessed 15/02/16]

## **2. ASSESSOR GUIDELINES FOR UNDERPINNING KNOWLEDGE ASSESSMENT**

The purpose of this assessment is to gather evidence of the applicant's range and depth of underpinning knowledge. This knowledge is essential to practice as an entry-level homoeopath and informs all of the competencies described in the HTP. Details are listed in Appendix A – *Guidelines on Underpinning Knowledge*.

AROH wishes to ensure that applicants can not only perform the tasks and possess the skills

outlined in the homeopathic units of the HTP, but that they also have a firm grasp of the knowledge that is required for sound homeopathic practice.

Direct assessment will be made of the candidate's knowledge of material outlined in Sections 1, 2, 3, 5 & 7 of Appendix A, and candidates must provide evidence of having successfully completed training in the other areas to a level sufficient to underpin successful practice.

**First Aid:** As a First Aid Certificate is required for registration with AROH, a Statement of Attainment is required for the unit of competency 'HLTFA311A Apply first aid', issued by a Registered Training Organisation. This is a core unit of competency for the HLT60612 Advanced Diploma of Homoeopathy.

The challenge examination(s) should consist of questions covering a selection of the topics listed under each area in the Guidelines. The questions may require written answers and multiple-choice answers, but should not be all multiple-choice.

The candidate(s) shall not be shown the questions in advance.

Candidates may not consult textbooks in the examination, except as specifically permitted.

An AROH-approved invigilator must be present throughout the examination.

In choosing questions, and in marking papers, assessors should bear in mind that applicants for RCC will have a different type of knowledge as compared with individuals who are just completing their final examinations in college. They are likely to have "working knowledge" more than "academic knowledge".

Having said this, however, the most competent practitioners in homoeopathy do have a sound grasp of the main principles of our science, within the context of practice.

### **3. ASSESSOR GUIDELINES FOR CASE-TAKING ASSESSMENT**

This section refers to the second part of RCC assessment: assessment of homeopathic case-taking. The purpose of the case-taking assessment is to gather *evidence* of the applicant's ability to *communicate effectively* with the patient, to systematically *collect and record* the patient's details.

Assessment should be undertaken with special reference to the following HTP Units:

- HLTCOM404C: Communicate effectively with clients
- HLTHOM610C: Take homeopathic case
- HLTHOM604C: Perform clinical screening examination & assessment.

The assessment includes observation of a live case taking (30-60 minutes), followed by questioning on the applicant's findings and case analysis (30 minutes). A short break between the two sections can be negotiated prior to commencement. Premises used can be either the applicant's clinic, or the assessor's RTO, by agreement between the parties.

Materials allowed: Any materials commonly used by homoeopaths in the course of normal case taking. For example: standard case-taking forms, reference texts,

computer software, diagnostic equipment, e.g. stethoscope, sphygmomanometer.

**Modus Operandi:** During the case taking, the assessor must observe only, not interrupt or question the applicant or the patient. The assessor should focus on the criteria listed on the Assessment Record provided.

During the oral questioning, the applicant must have the opportunity to give supporting arguments for their analysis and choice of medicine. The assessor may ask the applicant any question that is reasonable within the framework of the homoeopathic units of the HTP, including questions on selection of rubrics, potency, miasms, and contraindications if applicable.

#### **4. GUIDELINES FOR ASSESSMENT OF HOMOEOPATHIC CLINICAL REASONING BY MEANS OF WRITTEN CASES**

The purpose of the assessment of homoeopathic clinical reasoning is to gather evidence of applicants' ability to *analyse* the patients' history and indications, to *select* a treatment plan, to *critically review* their own performance and to conduct their practice in a *safe and professional* manner.

Assessment should be undertaken with special reference to the following HTP Units:

- HLTHOM610C Take homoeopathic case
- HLTHOM601C Apply homeopathic diagnostic framework
- HLTHOM605C Plan homeopathic treatment strategy
- HLTHOM608C Provide homeopathic treatment and manage the case

AROH requires that each applicant write and orally present 2 cases. These should include no more than one acute case.

Applicants should aim to demonstrate that their approach to clinical reasoning and case management is in accordance with the homeopathic units of the HTP (especially those listed below).

#### **Format of the Presentation**

Each case should be presented in between 1,000 and 2,000 words and should be typed. Presentation of each case should include the following major factors:

- Basic personal details of the patient (including age and sex, but NOT including name or any identifying particulars)
- Date of first and each subsequent consultation
- Presenting symptoms
- Case history
- Physical examination findings, where relevant
- Classification of the disease
- Analysis of the symptoms

- Meaningful totality of symptoms
- Selection of Homeopathic medicine (show reasons for selection and discuss alternatives)
- Treatment strategy
- Obstacles to cure, if any
- Evaluation of response to initial treatment
- Follow-up (whether continuation of initial treatment or change of treatment or treatment regime) (again show reasons for the course of action).
- Outcome (if chronic treatment after at least six months from commencement of treatment).

The informed consent of the patient should be obtained for submitting the summary for assessment to AROH.

## APPENDIX A - GUIDELINES ON UNDERPINNING KNOWLEDGE

This document is designed to provide assessors assessing RCC applicants with guidelines on the underpinning knowledge to be expected. These guidelines were developed by the Homoeopathic Industry Reference Group (HIRG) and should be read in conjunction with the homoeopathic units of the HTP: HTL60612.

### 1. *Homoeopathic Principles*

The underpinning knowledge of homoeopathic principles and diagnosis must include a thorough understanding of the principles of:

#### 1.1 similarities

- 1.2 the minimum dose
- 1.3 the single dose
- 1.4 the single medicine
- 1.5 the totality of symptoms
- 1.6 individualisation of the case
- 1.7 dynamism or 'the vital force'
- 1.8 the action of homoeopathic remedies according to Hahnemann
- 1.9 modern hypotheses concerning the action of the remedies
- 1.10 the primary and secondary actions of medicines
- 1.11 aggravation
- 1.12 susceptibility and sensitivity
- 1.13 suppression - the consequences of suppression of symptoms or discharges on the future development of disease
- 1.14 the exciting cause of a disease
- 1.15 the fundamental cause of a disease
- 1.16 the nature of disease according to Hahnemann
- 1.17 the systemic nature of disease, including the so-called local or one-sided diseases, in aphorisms (§), (§186-205) *Organon of Medicine*.
- 1.18 the theory of acute and chronic miasms
  - 1.18.1 the nature and characteristics of the:
    - psoric miasm
    - sycotic miasm
    - syphilitic miasm
    - tubercular miasm
    - cancer miasm
  - 1.18.2 the primary and secondary symptoms of miasms
  - 1.18.3 the different phases of miasms
  - 1.18.4 the treatment of miasms according to phase
- 1.19 the nature of idiosyncrasies
- 1.20 the direction of cure ('Hering's Law')
- 1.21 the organism's drive to externalise disease (§201) *Organon of Medicine*

## **2. Case-Taking and Case Analysis**

The underpinning knowledge for case-taking and case analysis must include a thorough understanding of:

- 2.1 the case-taking methods detailed by Hahnemann in the following aphorisms (§6, §18, §82-104, §153, §210-213 & §220) *Organon of Medicine*
- 2.2 signs and symptoms of disease and disorder/dysfunction
- 2.3 the use of the repertories
  - 2.3.1 the structure, organisation, advantages and limitations of commonly-referred to repertories including:
    - Boericke's repertory
    - Boenninghausen's repertory
    - Kent's repertory
    - modern repertories
    - techniques of repertorisation
- 2.4 various approaches to case analysis including consideration of:
  - totality of characteristic symptoms according to Kent's hierarchy
  - totality of characteristic symptoms according to Boenninghausen's hierarchy
  - totality of characteristic symptoms according to Boger's hierarchy
  - the importance of striking, rare unusual and peculiar symptoms
  - keynote characteristic symptoms
  - the central theme of a remedy
  - constitutional basis
  - miasmatic indications
  - aetiology
  - use of organopathics
  - prophylactic use
  - layers of symptoms
  - ladder-like prescribing
  - tautopathy.
- 2.5 knowledge of the effects of medicinal disease

## **3. Prescribing and Case Management**

The underpinning knowledge for prescribing and case management must include a thorough understanding of the principles behind the following:

- 3.1 choice of potency, including the use of:
  - tinctures
  - decimal potencies
  - centesimal potencies
  - LM potencies
- 3.2 homœopathic case management including the principles underlying:
  - 3.2.1 continuation or variation of a medicine
  - 3.2.2 continuation or variation of a potency

- 3.2.3 "plussing"
- 3.2.4 the choice of the interval between doses
- 3.2.5 assessment of the effect of the previous dose, including the significance of accessory symptoms
- 3.3 the use of two medicines, one following the other (§169-170) *Organon of Medicine*
- 3.4 the use of alternating or intercurrent medicines
- 3.5 the use of antidotes
- 3.6 the relations between medicines
- 3.7 obstacles to cure (§259-263) *Organon of Medicine*
- 3.8 administration of the medicines, including by:
  - ingestion
  - olfaction
  - application

#### **4. Pharmacy, Dispensing and Provings**

The underpinning knowledge for pharmacy and provings must include a thorough understanding of the principles behind:

- 4.1 the theory and practice of provings, as described by Hahnemann in (§105-143) *Organon of Medicine*, and by modern authorities
- 4.2 homoeopathic pharmacy including the methods of manufacture of potencies including:
  - 4.1.1 mother tincture, decimal, centesimal, and fifty millesimal scales
  - 4.1.2 initial preparation of crude materials for remedies derived from animal, mineral, vegetable and imponderable sources
  - 4.1.3 pharmacology
- 4.3 current immunisation protocols as identified in The Australian Immunisation Handbook (National Health & Medical Research Council) that affect homoeopathic medicines in preparation and storage
- 4.4 the quality and various strengths of alcohol used in preparation of dispensing alcohol
- 4.5 the non-medicinal ingredients used in the preparation of homoeopathic medicines
- 4.6 legal requirements relating to the prescription of medicines: Therapeutic Goods Administration; OHS; labelling; restricted substances; principles of manufacturing; testing of homoeopathic products; quality control procedures
- 4.7 raw materials segregation purpose and requirements
- 4.8 the effect of the dispensing process on the end product
- 4.9 the quality characteristics to be achieved
- 4.10 equipment and instrumentation components, purpose and operation
- 4.11 common causes of variation and corrective action required
- 4.12 OHS hazards and controls
- 4.13 waste handling requirements and procedures
- 4.14 recording requirements and procedures

## **5. Materia Medica**

The underpinning knowledge for materia medica must include knowledge of:

- 5.1 the derivation of the materia medica from data from provings, clinical and toxicological sources
- 5.2 the major remedies with respect to their general symptoms, modalities, psychological and physiological indications
- 5.3 minor remedies in respect to their most important indications
- 5.4 the groups of mineral remedies and how to distinguish between them
- 5.5 the clinical indications of remedies relevant to specific circumstances: infectious diseases, first aid and injuries
- 5.6 the indications and uses of nosodes and isotherapy
- 5.7 the indications and uses of sarcodes and hormone therapeutics
- 5.8 the use of tautopathy

## **6. Anatomy and Physiology**

The level of underpinning knowledge of anatomy and physiology will be determined by the qualification and will include knowledge of the following and. (or details please refer to the *Australian Qualifications Framework Guidelines* prepared by HIRG):

- 6.1 musculoskeletal system
- 6.2 endocrine system
- 6.3 nervous system
- 6.4 cardiovascular system
- 6.5 integument system
- 6.6 respiratory system
- 6.7 gastrointestinal system
- 6.8 urinary system
- 6.9 reproductive system
- 6.10 biochemical and cell concepts
- 6.11 ear, nose and throat and special senses
- 6.12 lymphatic system and immunity
- 6.13 development and inheritance

## **7. Pathophysiology and Disease Processes**

The level of underpinning knowledge of pathophysiology and disease processes will include knowledge of the following.

- 7.1 The following systems of the body
  - 7.1.1 musculoskeletal system
  - 7.1.2 endocrine system
  - 7.1.3 nervous system

- 7.1.4 cardiovascular system
  - 7.1.5 integument system
  - 7.1.6 respiratory system
  - 7.1.7 gastrointestinal system
  - 7.1.8 urinary system
  - 7.1.9 reproductive system
  - 7.1.10 biochemical and cell concepts
  - 7.1.11 ear, nose and throat and special senses
  - 7.1.12 lymphatic system and immunity
  - 7.1.13 development and inheritance
- 7.2 Medical tests and diagnostic procedures
- 7.3 The environmental causes of disease

Also necessary is an understanding of the clinical features and pathophysiology of common bacterial and viral diseases sufficient to be able to assess the condition of the patient, its stage, severity and likely prognosis.

## **8. Physical Examination**

The underpinning knowledge for physical examination must include knowledge of:

- 8.1 anatomy and physiology as detailed in Section 6
- 8.2 clinic and legislative guidelines relevant to assessment techniques
- 8.3 medical equipment operation, including:
  - 8.3.1 equipment testing procedures
  - 8.3.2 standard precaution procedures
  - 8.3.3 occupational health and safety policies, guidelines and symbols
  - 8.3.4 basic principles and practices of decontamination
  - 8.3.5 hazard identification and risk controls
  - 8.3.6 clinic code of practice and all relevant infection prevention guidelines.

## **9. Pharmacology and Medical Terminology**

The level of underpinning knowledge of pharmacology and medical terminology will be determined by the qualification. For details please refer to the *Australian Qualifications Framework Guidelines* prepared by HIRG

## **10. Literacy and Numeracy**

Literacy and numeracy must underpin all the Units and appendix of *National Competency Standards for Homœopathy*.

**APPENDIX B - FORMS**

**Assessors: Please return the following form(s) to the Registrar on completion of the assessment(s)**

<b>1</b>	<b>Underpinning Knowledge Assessment Record Form</b>	
	Competency will be demonstrated by an overall mark of 60% or higher.	Please enter % marks
1.1	Homeopathic Principles (exam paper: to be returned unmarked to registrar)	
1.2	Case-taking and Case Analysis	
1.3	Prescribing and Case Management	
1.4	Overall Total (average of three sections) (to be completed by registrar)	
<p>Applicant (print name)</p> <p>Applicant's address:</p> <p>Applicant's email:</p> <p>Applicant's phone #:</p>		
<p>Assessor (print name) .....</p> <p>I declare that I am free from bias and any personal involvement with the applicant</p> <p>Signed: _____ Date: _____</p>		
<p>Assessor's comments &amp; recommendations:</p>		

2	<b>Case-taking &amp; Analysis Assessment Record Form</b>			
	<b>5 = competent; 3 = requires some attention; 1 = not competent</b> Competency will be demonstrated by an overall mark of 60% (3) or higher.	<b>Please circle</b>		
2.1	Ability to observe and allow the patient to talk with minimal interruption.	5	3	1
2.2	Ability to establish rapport with the patient.	5	3	1
2.3	Ability to elicit information without relying on leading questions.	5	3	1
2.4	Ability to clearly and accurately record the patient's symptoms.	5	3	1
2.5	Ability to note the degree a symptom warrants in the case notes, either by underling or by some other marking.	5	3	1
2.6	<b>Ability to cover and record in a systematic way all details of the case, including:</b> <ul style="list-style-type: none"> <li>• Presenting complaint (including location, sensation, modalities);</li> <li>• Particulars;</li> <li>• Physical generals;</li> <li>• Mental and emotional state;</li> <li>• Peculiar, rare and strange symptoms;</li> <li>• Personal history;</li> <li>• Family history;</li> <li>• Objective symptoms and general observations (such as ridged nails, odd gait, facial expression, etc).</li> </ul>	5	3	1
2.7	Ability to perform a physical examination, if appropriate. For example: palpate a swelling, examine a throat, etc.	5	3	1
2.8	Ability to note when pathological investigations may be necessary.	5	3	1
2.9	Ability to recognise when the patient should be referred.	5	3	1
2.10	How the applicant deals with a patient on allopathic drugs.	5	3	1
2.11	Overall mark (% derived from total out of 50 marks)			
Applicant (print name)				
Assessor (print name) ..... <i>I declare that I am free from bias and any personal involvement with the applicant</i>  Signed: _____ Date: _____				
Assessor's comments & recommendations:				

<b>3 Homoeopathic Clinical Reasoning Assessment Record Form</b>				
<b>5 = competent; 3 = requires some attention; 1 = not competent</b> Competency will be demonstrated by an overall mark of 60% or higher.		<b>Please circle</b>		
3.1	Ability to record significant signs and symptoms of condition	5	3	1
3.2	Ability to assess clinical disease, classify condition and establish natural course of disease	5	3	1
3.3	<b>Ability to analyse in a systematic way all details of the case, including:</b> <ul style="list-style-type: none"> <li>• Presenting complaint (including location, sensation, modalities);</li> <li>• Particulars;</li> <li>• Physical generals;</li> <li>• Mental and emotional state;</li> <li>• Peculiar, rare and strange symptoms;</li> <li>• Personal history;</li> <li>• Family history;</li> <li>• Objective symptoms and general observations (such as ridged nails, odd gait, facial expression, etc).</li> </ul>	5	3	1
3.4	Ability to establish meaningful totality of symptoms	5	3	1
3.5	Ability to derive differential diagnosis of possible medicines and select initial prescription	5	3	1
3.6	Ability to determine treatment strategy	5	3	1
3.7	Ability to choose appropriate posology and administration method	5	3	1
3.8	Ability to consider possible obstacles to cure	5	3	1
3.9	Ability to monitor and manage responses to treatment, including aggravations	5	3	1
3.10	Ability to modify treatment plan in the light of responses to treatment	5	3	1
3.11	Overall mark (% derived from total out of 50 marks)			
Applicant (print name)				
Assessor (print name) ..... <i>I declare that I am free from bias and any personal involvement with the applicant</i>  Signed: _____ Date: _____				
Assessor's comments & recommendations:				