

Australian Research Priorities in Homeopathy 2018 -2024

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The need for homeopathic research in Australia is urgent. This document is designed to enable the following outcomes:

1. Increase research opportunities capacity.
2. Determine homeopathic research entry pathways.
3. Identify research topics and methodologies to verify the scientific standing of homeopathy internationally.
4. Create the framework for research and education.
5. Upskill practitioners to conduct and publish research.
6. Make the demographic picture of the homeopathic profession visible and accessible.

During 2018, a team of members concerned about homeopathic research in Australia (Research Priorities Working Group - RPWG) came together to review the Research Priorities set in 2008, to renew the course for scientific homeopathic research in Australia.

This document lays out these priorities and is a guide for all organisations and stakeholders.

Nine priorities are defined to establish and increase the profession's research capacity within the next 5 years, and to increase Education and Research relationship building. Key research activities, engagement pathways, and potential relationship building to foster research activity are presented.

All stakeholders of homeopathy in Australia are invited to be part of its development. This report will be reviewed and adapted over time according to the larger influences that affect the profession. The priorities will be reviewed at 6 monthly intervals and a full review will commence in 2022.

RPWG believes these priorities will act as a focus for our stakeholder organisations to support our profession in building research capacity. Using the building blocks approach we are laying out strong foundations for future scientific research in our discipline to occur.

Australian Research Priorities in Homeopathy

2018 - 2024

Research Priorities Working Group

Authors

Celeste Salter - Aurum Project

Gabrielle Brodie - Australian Homœopathic Association

Linlee Jordan - Aurum Project

Michelle Hookham - Aurum Project

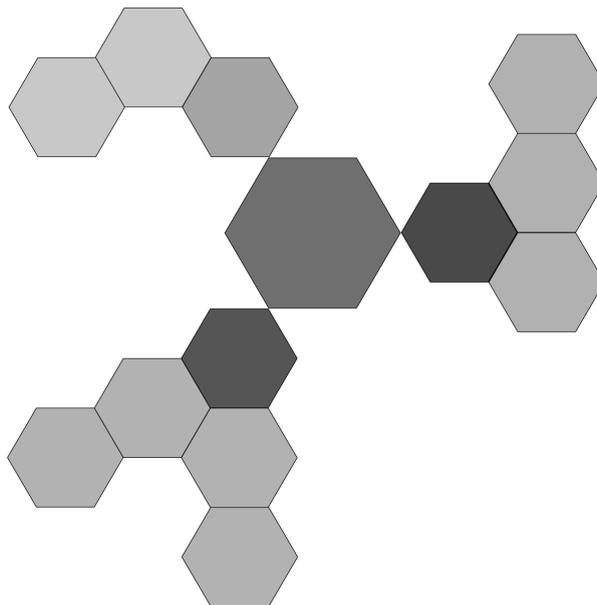
Shashi Reddy - Australian Registrar of Homœopaths, Endeavour College

Jurgen Schulte - Aurum Project

Jim Veljanovski - Homeopathic Education and Research Association

“The most common way for people to give up their power is by thinking they don't have any.”

Alice Walker



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The Aurum Project

107/20 Dale St Brookvale , New South Wales, 2100

Tel 02 9905 9415

www.aurumproject.org.au

info@aurumproject.org.au

ABN: 45 162 173 707

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In summary, you must not edit or adapt it or use it for any commercial purposes. You must acknowledge the Research Priorities Working Group and The Aurum Project as the owner.

We acknowledge the Traditional Custodians of the lands on which we work and live, and pay our respects to Elders, past, present and future.

Executive Summary

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The Aurum Project is hosting the RPWG. Contact details are info@aurumproject.org.au.

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The authors also thank the previous team who came together with the idea to set priorities for the profession, and to bring an increased focus on research. As resources are limited, the need to collaborate is strong and is an effective way to achieve an outcome for the benefit of the entire profession.

Contents

Executive Summary	3
Acknowledgements	4
Contents	5
Definitions	6
Purpose	8
Introduction	9
Capacity	11
Agency	12
Education	12
2008 - 2018 review	14
Research capacity and research funding	14
Utilisation and effectiveness	15
Safety and cost effectiveness	15
Education	15
Specific learning from 2008 - 2018	16
Priority Focus 2018 - 2024	17
Building Blocks Now - present day priorities - up to 2 years	17
Building Blocks - 2 to 5 years	18
Building Blocks - Research and Education	19
Conclusions	22
Recommendations	22
References	23
Timeline 2019 - 2024	27

Definitions

- Bias - a set of prejudices held by researchers skewing their views, approach, methodology, analysis, and interpretation of results.
- Building Blocks - an approach adopted in Australia to foster research in the homeopathic community. Incremental steps taken in research to build capacity and research output.
- CAM - Complementary and alternative medicine, the general term used in Australia to describe all non mainstream medicine approaches, including homeopathy
- Capacity - ability to undertake research in the Australian Homeopathic community
- CLIFICOL - Clinical File Collection - free open source database collecting solved cases worldwide on the effects of homeopathy. Accessed through RadarOpus and also directly through the web.
- Clinical Research - a branch of healthcare science that determines the safety and effectiveness of medications, devices, diagnostic products and treatment regimens intended for human use. These may be used for prevention, treatment, diagnosis or for relieving symptoms of a disease.
- Continuing Professional Development (CPD) - a minimum level of points required each year to maintain registration status.
- Evidence Based Practice (EBP) - medical practice based on evidence intended to optimize decision-making by emphasizing the use of evidence from well-designed and well-conducted research
- Grounded Theory - involves the collection and analysis of data. The theory is 'grounded' in actual data, which means the analysis and development of theories happens after the data is collected
- Human Research Ethics Committees (HREC) - independent committees set up to review research involving humans in any capacity, deliberating on the need and ethical considerations and implications of such research, with a focus on the participants' welfare.
- Implementation Science (IS) - commonly defined as a study of methods and strategies to promote the uptake of interventions and therapies that are proven effective. The aim is to improve population growth health.
- Integrative Medicine - a philosophy of healthcare with a focus on individual patient care. It combines the best of conventional western medicine with evidence-based complementary medicine and therapies.
- MYMOP2 - (Measure Yourself Medical Outcome Profile). Standardised patient self assessment tool, version 2 on progress of treatment. Used in primary care, originating in Bristol Hospital UK.
- Observational Research - correlational research activity that observes subjects in their natural location and measures what they do.
- PBRN - Practice Based Research Network, a system where practitioners undertake research to further the discipline's knowledge base and integrate research outcomes directly into practice.
- PRACI - Australian PBRN where Australian Homoeopathic Association is a member.
- Priority - identified area for homeopathic research focus

Research - a process involving systematic investigation, using scientific methods, of a topic, in this case broadly homeopathy, but could also be specifically any aspect of the discipline

RPWG - Research Priorities Working Group

Retrospective Studies - examining data from the past that supports an outcome already known.

Scientific Study - a study set up with study questions and hypotheses, methodology, identification of biases, analysis and reporting that conforms to scientific enquiry today

Strategy - a methodology for creating outcomes for a research priority

Purpose

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Introduction

The “Australian Research Priorities 2008 - Priorities for Australian Homeopathic Medicine Research” (Jordan, 2008) was created by a team of homeopathic stakeholders interested in setting an agenda for homeopathic research in Australia. It was delivered at a time where there was great hope of homeopathy integrating within mainstream medicine in Australia. The Australian Register of Homœopaths had formed in 2000, and Dr Isaac Golden expressed the hopes for an integrated future with Australian Health Authorities.

The coming year holds some exciting new possibilities for homeopathy in Australia in the areas of education and research, as well as building on effective relationships with health authorities. We have achieved something in Australia that is almost unique in the West, and that is general internal harmony within the profession and, as a direct consequence, a constructive and productive relationship with government.” (Jordan, 2008)

By 2018, the Australian political landscape had shifted significantly for Australia’s homeopathic profession with a move from integration with mainstream health care system to marginalisation within the health system. CAM’s relatively healthy uptake by the Australian population had been building (Steel, et al, 2018); and it’s influence evident in the sociocultural, commercial, educational and political context within Australia that was reflected in the 2008 priorities document. In 2015, the National Health and Medical Research Council issued a report (NHMRC, 2015; HRI, 2019a) questioned by the international homeopathic community, as it concluded there was no credible evidence to claim homeopathy works for any health condition. This led to a conceptual shift from considering how to contribute to a health care dialogue of integration, into one where the Australian homeopathic community adopted a survival mode attitude to address the attacks against it. These attacks have been prolific and substantial (Greenland, 2017).

The 2015 NHMRC report has had global ramifications for the homeopathy profession. The conclusion that there is no evidence for homeopathy as a viable treatment option has been questioned (HRI, 2019a). There has been an international effort to apply pressure to the NHMRC to release the draft report from 2012, where five conditions were shown to have evidence for homeopathy as an effective treatment (iCAHE, 2012). This draft, now published, also included justification on why the draft was not released. An investigation into the behaviour of the NHMRC against homeopathy was requested by the Australian Homœopathic Association with the Australian Federal Ombudsman in August, 2016 (HRI, 2019a). In general, homeopathy in Australia is being reported within a negative framework with a predominant tone of being an “undisciplined, unethical industry as well as an illegitimate healthcare approach, more broadly.” (Lewis, 2019). The issues for homeopathic research in Australia has shifted from being one based purely in science to one enmeshed with politics. This is the context within which this review of past research priorities and the setting of new research priorities has occurred.

Homeopathy is used extensively throughout the world as a form of complementary medicine (WHO, 2014). The World Health Organisation (WHO) describes pathways for the integration of traditional medicine within national health care systems. The importance of acknowledging

person centred health care, as offered by traditional and complementary medicine, is a central feature of homeopathic medicine.

<https://www.yourhealthychoice.com.au/news-features/patient-integrative-healthcare-choices-under-threat-have-your-say/>

By 2018, the Australian Government placed little emphasis on integration of CAM within the mainstream medical model. In 2019, registered medical practitioners who practice integrative medicine were under pressure to refrain from using CAM in their practice (YHYC, 2019). Also, during this 10 year period insignificant research funding was awarded to CAM research through the NHMRC (NHMRC, 2017). Total funding awarded to projects in CAM from 2000 - 2016 (funds were awarded from 2008 - 2012) was \$5.3M, while the total medical research budget over this time period was \$9.6B, a level of investment in CAM research in the region of 0.05%. The NHMRC has funding categories for building research capacity and to support the development of research infrastructure. However, there is little information to assess whether any such funding has been allocated for CAM. There was no funding awarded to CAM as a targeted research area since 2012. This could be due to a range of issues including CAM being unable to produce research projects of sufficient quality to gain research funding support and having insufficient researchers suitably qualified to apply for and conduct the research.

The circular argument leaves CAM research in a bind. Without research of significant size and power, the claims for its effectiveness cannot be proven, and without the scientific evidence of effectiveness, the funds for research are not available. This general lack of research funding support is in contrast and opposition to its use in the community. *"Prevalence of CM use in Australia has remained consistently high, demonstrating that CM is an established part of contemporary health management practices within the general population."* (Steel, et.al. 2018). The 2018 Bill (Private Health Insurance Ombudsman, 2019) removed Private Health Insurance (PHI) rebates for 16 natural therapies including homeopathy, and the reasons used for taking this action were based on lack of scientific evidence of efficacy, further delegitimising CAM research opportunities. It also demonstrated a lack of political intention for integrating CAM into the mainstream healthcare system for Australians, a pathway advocated by WHO. The issue is more complex than presented in this document. This short summary provides some context for lack of funding for research from government sources in Australia to conduct CAM research.

There is no meaningful current demographic data on professional homeopaths. In 2008, ABS reported 236 homeopaths practicing in Australia. In the CAM practitioner category naturopaths and chiropractors were the largest number represented. Over the previous 10 years the numbers of CAM practitioners increased. There is no data to support whether the number of actively practicing homeopaths is larger or the same as these recorded numbers as there is no requirement for practice registration. Chiropractors and naturopaths may be practicing homeopathy in some form, a reasonable assumption given anecdotal evidence within the homeopathic profession regarding homeopathic prescriptions and over the counter sales of products (homeopathic medicines). Also, there are registered medical practitioners, practicing homeopathic medicine, who may not appear in the statistics (ABS, 2008). Other

interesting data about homeopathic practitioners in 2008 were: 35% of practitioners came from overseas, 75% were women, 90% ran sole businesses and 75% worked part time. Information from the peak Australian homeopathic professional body, the Australan Homoeopathic Association (2019), showed larger numbers of professional homeopaths than was reported in the ABS data. The reasons for the differences are not known.

By 2018 there was no specific survey being reported by ABS on CAM practitioners in Housing and Social Measures analysis. All matters pertaining to CAM practitioners are now recorded in the National Health Survey, where the focus is on health conditions, not practice activity. Obtaining official professional practice data are now more difficult.

Since 2008, research in understanding and demonstrating remedy action within living bodies increased, or example in-vitro tests are listed as 746 papers (HombRex, 2019). Many high quality research programs and trials show the efficacy of homeopathic treatment for a wide range of illnesses (AHA, 2019, HRI, 2019b). The Indian Government and homeopathic community are leading with AYUSH, and Central Council for Homeopathy India, on showing a pathway for integrating homeopathy research within a national health framework (Delhi to host 2 day, 2019).

Implementation science, a leading approach in CAM research, brings research and clinical outcomes together allowing faster uptake of scientific developments directly into practice. This reduces the research - practice gap which causes time lags between effective treatments being developed and then made available to patients (Mallonee, Fowler & Istre, 2016). It is an approach which Australian homeopathic research could adopt, implement and actively engage with. One mechanism for enhancing research adoption in practice is through the use of Practitioner Based Research Networks (PBRN).

PRACI is the largest national complementary health PBRN in the world. It is based in Australia and the AHA is a member (PRACI , 2019). PRACI research has yielded information about the workforce of homeopathy in Australia (Leach, McIntyre & Fawley, 2014; Steele et al, 2018). Developing relationships and research collaborations with PRACI would be a sensible step to enhance Australian homeopathy's research and standing. As AHA is already a member of PRACI, this pathway could be actively explored.

Several aspects are considered in the development of the research priorities made in this document and are specific to the current homeopathic community within Australia.

1. Capacity

A key element is the capacity for Australian homeopaths to undertake research activity within Australia. The questions arising in exploring this element include but are not limited to:

Is/are there:

- a desire to gain the skills required to undertake research?
- sufficient level of competency to conduct research?
- ability to engage with modern scientific discourse on homeopathic principles?

- academic and/or research faculties to undertake research activities in homeopathy?
- a way of measuring areas of expertise within the professional homeopathic community to determine where capacity could be strengthened?
- a way of measuring and assessing the current research being undertaken by homeopaths?
- research activity that is not being peer reviewed or published?

2. Agency

For any research activity to be successful it needs support in infrastructure and resources to enable the research to be undertaken; it requires the development of people and their research skills and ideas; and it requires evolution in the research knowledge base for critical ideas to be tested and assessed.

Considering agency in this context, the questions are:

Do we have

- a pathway to achieve prerequisite skills for conducting research?
- sufficient support for research activity?
- access to funding, location, and other relevant resources for successful research efforts?
- relationships with key stakeholders to enable research to be conducted?

3. Education

This component is broad and is linked to both agency and capacity. In 2018, there were no Australian Qualification Framework level 7 or higher courses of study for Homeopathy in Australia, a minimum standard set out by Tertiary Education Quality and Standards Agency Act (TESQA, 2011). AQF 9 and 10 pertain to the skills required to undertake research in Australia, with specific research skills usually obtained at AQF8 and higher (AQF, 2013). AQF7 courses in Health Sciences, or an overseas accredited homeopathy course, can be undertaken to gain homeopathic training, but neither of these pathways necessarily educates practitioners in fundamental research skills. The Endeavour Honours program seeks to redress this issue for CAM education (Endeavour, 2019).

Overseas homeopathic training does not necessarily relate or conform to the requirements laid out by the AQF. The limited education pathways for homeopaths to become suitably qualified in methods to undertake relevant research in Australia is an issue that influences both our capacity and agency to undertake research in Australia. These three aspects, capacity, agency and education, are interrelated.

Determining how many Australian homeopaths are currently engaged in research activity is difficult as there are no instruments in place to measure this activity in any meaningful way. ARoH provide CPD for a research category but there is no extraction or auditing of this data across the professional membership. Currently only with an individual's membership is this

information known and there is no instrument within ARoH to extract data to estimate levels of research activity (Venables, 2019). Even if there was such an instrument, it would necessarily underestimate research effort of practitioners, as there is no compulsion for all registered homeopaths to record all activities they undertake in any one year towards CPD. It is conceivable that the path requiring the least record keeping to achieve the CPD each year would be the one most taken. Likewise, it is known anecdotally of several practitioners undertaking research studies in fields adjacent to primary health, in institutions with willing supervisors supporting their endeavours. None of this activity is recorded officially in any capacity. Research activity could be expected to be under-reported in CPD even if it is undertaken.

One significant step has been made with this current research priorities setting process. Any group or body with an interest in research in homeopathy in Australia was invited to be part of this priority setting process. The Aurum Project, offered to host the process and coordinate the documents, AHA, ARoH, HERA, and individuals from these organisations also came forward to contribute due to their desire to build research capacity in Australia. These people are the authors of this document. Other organisations were invited to contribute to these priorities, including AAPH, ATMS, and the invitation to join the working team and support the priorities evolution is open and ongoing.

This document is set out as a living document, monitored and assessed by the team at regular intervals. For this reason the time frame for these initial priorities is set to 2024. A review of these priorities will officially resume in February 2024 to forecast the next 5 years, reflecting on what has been learned through this 5 year period and what the landscape of research is for the profession, and what research priorities are most likely to be able to be fulfilled by the community through the coming time.

Review of the research priorities from 2008 - 2018 is given in the following section, and then priorities for 2018 - 2024 are presented.

2008 - 2018 review

The research priorities defined in 2008 for Australian homeopathic research were ambitiously proposed and indicated a community excited by its potential to contribute to research, but unaware of the shift in the political environment soon to come and the impact that would have on the community's capacity to implement them. All resources predominantly went into awakening the practice community to the threats facing professional practice and the specific need to spend significant effort to address the 2015 report (NHMRC, 2015). The events over the past decade have uniquely highlighted the focus current priorities need to take. The current working group has reassessed the 2008 priorities in this light with a clearer picture of the need to build and increase capacity for both research and education within the homeopathic profession.

The 4 main areas of priority identified in 2008 were

1. Research capacity and research funding
2. Utilisation and effectiveness
3. Safety and cost effectiveness
4. Education

Each area is reviewed with a record of any activity that was able to be assessed towards that particular priority over the 2008 - 2018 period.

1. Research capacity and research funding

In 2008 there was recognition that Australian homeopaths would benefit from upskilling of their qualifications, as it would enhance their personal practice and help contribute to growing research capacity within the profession (Jordan, 2008). Research approaches and collaboration were noted as being integral to the building blocks approach and required to help answer the questions raised.

In 2005, PRACI initiated the largest complementary medicine practice based research network. The Australian Homoeopathic Association joined with this collaboration. A workforce survey recommended further and more detailed examination of workplace practices for the different CAM approaches within PRACI including homeopathy (Steel, Leach, Wardle, et al., 2018). In 2017, stronger links with the PRACI collaboration were made by the Aurum Project and AHA to identify and explore the potential for research sub-studies focussed specifically on homeopathy. In 2018, after several years of planning, the First National Homeopathy Survey was initiated, clearly addressing this call from the workforce survey (Jordan, et al., 2018). Steel, McIntyre, Harnett, et al. (2018), reported the national uptake of complementary medicine for a range of therapies in the community and identified homeopathy as the least used CAM approach at 3.4%.

2. Utilisation and effectiveness

The strategy of using a building blocks approach to foster a research effort in Australia was proposed in 2008 (Jordan, 2008). Areas listed to grow capacity included, data collection, retrospective research (Barron & Jordan, 2009), collection and analysis of clinical cases, prospective studies and randomised clinical trials, and though not listed in the 2008 priorities, some provings were also published (Gray, Jordan & Barron, 2017; Jordan, Gray, Poole, & Barron 2011). Over the period there was some research activity in case analysis (e.g. Barron & Jordan, 2014). There was also a series of practice audit workshops hosted by the Aurum Project (Levy, 2010).

There is currently no formal mechanism or point of referral for measuring the extent of research being conducted in Australia by homeopaths. It is also uncertain for instance whether or not this information is being collated through ARoH for CPD, but is unavailable to the research community. A literature survey covering all Australian homeopathic researchers peer reviewed activity over the 10 year period would have provided a useful measure to compare with future periods. Such a review could include publications in Australian peer reviewed journals eg Similia, Homeopathy by Australian researchers, Journal of the Australian Traditional Medicine Society, dissertations, and other publications in complementary fields, including but not limited to e.g., nursing, sociology, psychology, and allied health areas.

3. Safety and cost effectiveness

No research or assessment of research on the safety or cost effectiveness area that was identified in 2008, was achieved during the 2008 - 2018 period.

4. Education

Significant changes in homeopathy education occurred through the 2008 - 2018 period. By 2015 it was clear to the homeopathic community that all education pathways for AQF Level 7 and higher had ceased in Australia due to TESQA refusing to endorse the proposed education standards. There were no homeopathic teaching colleges, degree courses majoring in Homeopathy, or specific pathways for new students and researchers to take up study in Australia. (Salter, 2018). There are limited options for homeopathy education in Australia leading to professional registration (Aurum Project, 2019).

The issue for homeopathic research is that education and research traditionally evolve hand in hand, with the infrastructure of education facilities usually present to host research activities as part of ongoing and higher education activities. It is the main pathway of educating to AQF levels 9 and higher. Without these structures in place, the PBRN approach is absolutely critical for research undertaking within Australia.

However, the absence of formal education pathways dedicated specifically to homeopathy, means that research activity in Australia is threatened by lack of capacity and little access. The need for education issues to be directly addressed by other bodies and organisations

within the Australian homeopathic community. It is paramount for the long term growth and sustainability of research capacity within Australia.

Specific learning from 2008 - 2018

The 2008 research priorities were ambitious and indicative of a community with many ideas and limited resources to implement their potential. No single priority was fully achieved through the 10 year period. One project was initially discussed in 2010 and formally began in 2018, with the Aurum Project conducting the First National Survey of Homeopaths in Australia (Aurum Project, 2018).

Learnings from the initial priorities setting process are:

1. General agreement between the working group members that future priorities needed to be set within the current capacity of the research community.
2. A measure of the research community in Australia needs to be made, so that future efforts in education and research could arise from a known baseline. At this time much of the data is hidden and not able to be measured due to lack of instruments/processes to measure it.
3. Measuring and defining the extent of homeopathic practice in Australia is critical as well as how the community utilise the service. Understanding the interplay between clinical practice and ongoing education and research for practitioners is critical to support them as well as support the profession.
4. While the focus for the Australian community is now on survival, the community has come together. The relevance and urgency for practitioners to become actively involved in research has increased.
5. Safety and cost effectiveness research is outside our current Australian capacity.
6. There has been no literature review of the peer reviewed Australian publications on homeopathy research over the 2008 - 2018 period. Listing types of research undertaken, main research questions, methodology, funding, where research was done, whether or not ethics approval was obtained, is an important step forward to establishing a baseline in capacity to enable progress to be assessed.
7. There has been no publication of peer reviewed conference papers from any of the AHMC conferences held during the previous decade. This fundamental step towards increasing the research profile within Australia could be addressed.

With these learnings from the review of the initial process, the following priorities have been set for 2019 - 2024.

Priority Focus 2018 - 2024

Priorities below are categorised into three distinct phases:

1. Now - present day priorities - up to 2 years
2. Building blocks - through to 5 year or more
3. Research and Education - priorities needed to assist research capacity in Australia.

Each priority is shown pictorially as a hexagon, and Figure 1 shows the relationship of the priorities within the overall research framework.

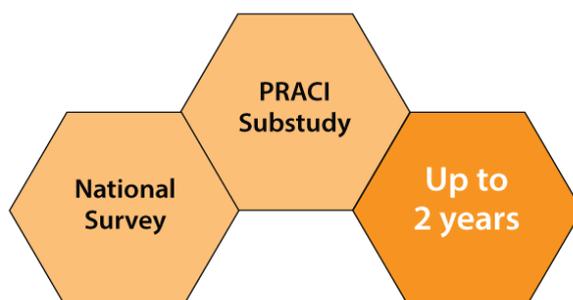
An important aspect of any research priority set for Australia is the question of whether the research is worthy to be undertaken, and how this worthiness is measured (Roberts, 2018). Research projects need to be defined with clear research questions, clear benefits for the public, and also clear benefits for the understanding of the science of homeopathy.

Building Blocks Now - present day priorities - up to 2 years

A fundamental building block is the need to define the extent of homeopathic practice within Australia for both practitioners and the public. Without data to show what occurs in practice and how the public use homeopathy for their primary and/or integrated health care, the creation of further research area priorities reflecting the needs of the public will not be based on fact. If this need is not addressed then funding likewise cannot be sought to support the research.

This type of research fits well within the PRACI framework, engaging practitioner researchers to audit their practices and contribute data to the homeopathic community about the nature of their practice and the nature of the people who seek homeopathic treatment.

A second priority in this timeframe is to establish a strong relationship with the PRACI PBRN, and establish a Homeopathy substudy with PRACI.



Building Blocks - 2 to 5 years

Three building blocks are suggested

1. Create supported opportunities for practitioners to undertake clinic-based research to enhance knowledge about homeopathic practice, efficacy of treatments, case studies, longitudinal case studies etc.
2. Contribute further research into the effectiveness of homeopathic treatment (include patient focused measures for this) for
 - a. children
 - b. mental health issues
3. Undertake a Second National Survey in 2023/2024 to review changes in the profession's demographics.

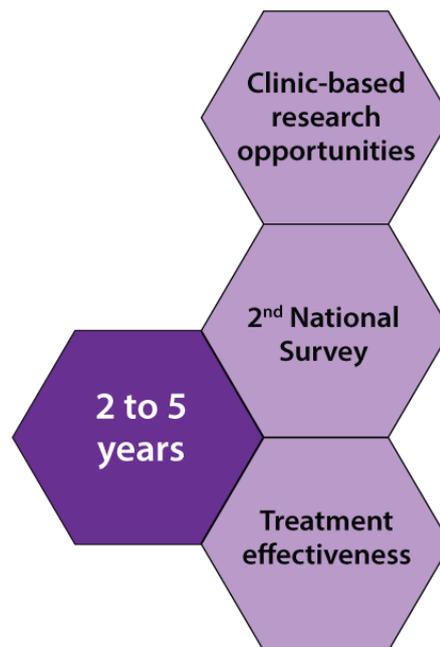
Effectiveness of treatment in homeopathy is an area of global interest, with many researchers conducting studies to show benefits in health derived from treatment with the individualised approach, the conditions homeopathic treatment generally works well for and more fundamental questions about the mechanism of action of remedies and their nature and how they could work (HRI, 2019b).

An important aspect of any research priority set for Australia is the question of whether the research is worthy to be undertaken, and how this worthiness is measured (Roberts, 2018). Research projects need to be defined with clear research questions, clear benefits for the public, and also clear benefits for the understanding of the science of homeopathy.

To undertake any of the research priorities successfully will require innovative approaches as to how to approach research activity, as we lack many of the resources and options currently available to other areas of enquiry. A profoundly simple question of definition “who is a homeopath?” has for many years been an extremely difficult question to answer. Coupled with the lack of regulation of homeopathy this has been a major difficulty. Illustrating the broadness of the area is the fact that there are also medically trained homeopaths who sit equally in the space as esoteric healers and who also are called homeopaths. The extensiveness of the area that the word currently covers is very problematic, as it makes the question of baseline measurements indistinct. Without clarity on who and what is homeopathy, measurement of capacity will be difficult to achieve. For the purposes of this process we will use ARoH definitions of professional homeopaths as the defining criteria for homeopaths in Australia. It is also acknowledged that in doing this many homeopaths practicing as other CAM's or in Medicine will be excluded from the measurement. This area needs further exploration and could form the basis for a research project on its own.

The effectiveness of homeopathic treatment could also be part of the research questions posed by Australian researchers. The Measure Yourself Medical Outcome Profile (MYMOP2),

a generic tool used in primary care and CAM, is a patient self-reported measure made before and after treatment. It allows clinical treatments and their reported effects to be statistically assessed. The international homeopathic community has been using MYMOP2 to understand the patient's experience of their treatment (e.g, Thompson, 2016). It is a measure that research activity and clinical practice could adopt in Australia.



Building Blocks - Research and Education

The relationship between research and education is significant and broad. Traditionally education provides major pathways for capacity building and agency development for research activity. It is clear from the current state of homeopathic education in Australia that this pathway is seriously weakened, and as a result so is the capacity for research.

Building blocks for increasing research capacity could involve pathways that integrate with education, ones that address these issues:

- a) Identify and support current homeopaths with AQF levels 7 and 8 to participate and upskill in order to educate future homeopaths. Part of that process should include undertaking research, whether or not homeopathy is taught within the Australia education system
- b) Identify and support current homeopaths with AQF levels 5 and 6 to upskill their educational levels to enable them to teach and undertake research activity

- c) Identify, support and promote pathways within Australia and Internationally to achieve the above.

One obvious point is that if the pathways available for professional growth and development are not clear, and fail to include research activity, research capacity will not be increased within the Australian homeopathic community. Modern relevant research must become embedded into the modern teaching and practice of homeopathy, much like the traditional practice of undertaking provings was essential in past education for homeopaths.

Five building blocks enhancing research and education integration are suggested:

1. Identify and build relationships with education and research facilities in Australia in natural medicine to participate in homeopathic based research
2. Build relationships with PRACI and create a relevant substudy in the PBRN
3. Building stronger relationships and clearer pathways for homeopathic education
4. Develop post graduate pathways with embedded research skill training
5. Collate current research capacity of the homeopathic community





Figure 1: The research priorities for Australian research in homeopathy, building research capacity over the next 5 years

Conclusions

A realistic set of research priorities have been proposed for the next five years. In proposing these, it is anticipated that all professional entities concerned with building and strengthening the capacity of Australian homeopathic research will contribute in achieving these priorities, in whatever capacity best fits their ability. We also encourage them to be actively involved in the development of future priorities that will further enhance the capacity of homeopathic research in Australia. In this way the professional community can align under a broad research umbrella, increasing its scientific validity with its peers internationally and raising the level of scientific rigour within the profession. Such actions will build stronger relationships between homeopaths and the general Australian community.

This document is made available for all stakeholder organisations concerned with the future of homeopathy research in Australia to review and adopt.

Recommendations

This report is intended to create research capacity within the relatively small Australian homeopathic profession. With focus and collaboration, we can develop a strong, robust and rigorous research community. The development of scientific skills are at the root of our profession.

The RPWG recommends the following to current and potential stakeholders:

1. Use this report as a guide for developing research capacity in Australia
2. Review this report and find ways to contribute to the building blocks laid out within this report
3. Strengthen existing working relationships and develop new ones to foster research activity within our profession.
4. Review progress every six months

Organisations seeking to become part of the RPWG can apply to join the review team, by contacting The Aurum Project at celeste@aurumproject.org.au.

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Timeline 2019 - 2024

Date	Description
1/19	Developing doc
10/19	Finalising Doc
12/19	Issue report
1/20	
4/20	
7/20	Review priorities in accordance with achievements, capacity and other factors defined as relevant to measure
10/20	
1/21	Issue updated report on priorities process for community
4/21	
7/21	
10/21	
1/22	Issue updated report on priorities process for community
4/22	
7/22	
10/22	
1/23	Issue updated report on priorities process for community
4/23	
7/23	
10/23	
01/24	Being review process for 2025 - 2030 priorities Issue updated report on priorities process for community