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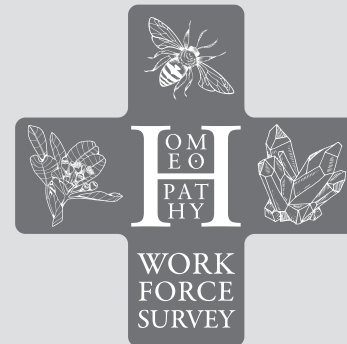


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Homoeopathy workforce survey project 2023-2028

A research protocol

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ABSTRACT

This document presents the proposal for a workforce survey to be conducted jointly by the Australian Register of Homoeopaths (ARoH) and The Aurum Project (AP). It outlines the background information pertaining to the profession of homoeopathy in Australia. Gaps in knowledge about the profession's workforce capacity are identified and contextualised within other allied health workforce surveys. The rationale for an annual survey to collect information is presented, with the aim to inform the profession about workforce trends and areas where the workforce could be grown and resourced in the future. A descriptive survey study is proposed to answer the research question:

What are the characteristics and demographics of the homoeopathic workforce in Australia?

Outcomes from this project aim to inform education providers and registration bodies, identify areas for capacity building within the profession and to better serve the community using homoeopathy as part of their healthcare provision.

KEYWORDS – workforce, practitioner, homoeopathy, health care, allied health, Australia

Introduction

According to the World Health Organization (WHO) (1), the use of Traditional and Complementary Medicine (T&CM), which includes homoeopathy, is growing in almost every country globally. It is usually easy to access, affordable, culturally accepted, trusted and is also becoming a way for communities to cope with the rise of chronic non-communicable diseases. T&CM has been used for self-health care and prevention and is effective for millions of people worldwide, especially in countries where the biomedical model is inaccessible. In order to develop knowledge-based policy to govern T&CM, it is vital to know who is delivering the T&CM and their qualifications.

Development of national public health policies to ensure public safety and optimal public health and patient outcomes can only be undertaken when knowledge of the workforce and their practice is integrated into those policies (2–4). Obtaining knowledge about the health workforce and its changes over time is also of critical importance for planning and policy (5). As such, it is a desired outcome for the homoeopathic community that this knowledge is formalised and regularly published for policy makers in Australia through the implementation of an annual workforce survey. As well as supporting national public health policies, it is important for the homoeopathic profession to gather workforce data to support ongoing workforce projections. Understanding the profession's demographics, skills and qualifications and work environment enables growth and enhances communication within the profession (3,6).

The drive to develop insight into the homoeopathic workforce was seeded with the First National Homeopathy Survey in Australia (7). Conducted in 2019, demographic questions were asked of the professional workforce. The 2021 Melting Pot Series, hosted by AP, reviewed the findings of the survey through a series of consultations with professional homoeopaths from AP and the Australian Homoeopathic Association (AHA). Outcomes determined that data for the Australian homoeopathy workforce was incomplete and needed further exploration. In addition, participants raised questions about the homoeopathic profession they considered important to know, including the following:

- Is the Australian homoeopathic professional workforce in growth or decline?
- What additional skills do homoeopaths have?
- What homoeopathic practice methods are utilised?
- Does a homoeopathic focused practice produce a viable income stream for the workforce?

It was determined that these questions could be asked in future homoeopathic workforce surveys.

Background

Homoeopathy as a profession in Australia

There are currently no statutory mandates for the regulation of homoeopathy in Australia, hence no legal protection of the title 'Homoeopath' or 'Homeopath' and practitioners with

limited training in homoeopathy can also call themselves a homoeopath. From a government regulatory perspective in relation to protection of the public, homoeopaths are governed as 'unregistered' health practitioners. This refers to practitioners who are providing a health service and are not registered under the Health Practitioner Regulation National Law (8). Each Australian state or territory is responsible for the unregulated health practitioner activity through relevant codes. As such, if a member of the general public has an issue with a homoeopathic practitioner, they can make a formal complaint through the relevant health authorities in the state the complaint is made (for example, Health Ombudsman in Queensland or the Health Complaints Commissioner in Victoria).

Homoeopaths developed government endorsed National Competency Standards (NCS) for the education of homoeopaths in Australia in October 1999 (9). The Australian Register of Homoeopaths (ARoH) has provided a framework for recognising and promoting bona fide practitioners in a system of self-regulation since 1999. Professional registrants have qualifications matched to the NCS and are required to meet the Board's continuing education, senior first aid and insurance requirements each year. Although ARoH registration is voluntary, homoeopaths are encouraged to register as a way of communicating their qualifications and professional status to the public. However, they can also become members of associations (for example, Australian Traditional Medicine Society (ATMS)) and consider that they are fully registered to practise as homoeopaths.

Alongside the relevant state health authorities, ARoH is also a receiver and arbiter of complaints from the public against registered practitioners. There are a number of recognised homoeopathic associations in Australia, some with representatives on the ARoH board, including the AHA, the Homeopathic Education and Research Association (HERA) and the Australian Association of Professional Homoeopaths (AAPH). In order to become a professional member of the AHA, practitioners must first register with ARoH. Both HERA and AAPH support and encourage their practitioners to register with ARoH, though it is not a specific requirement.

It is a critical part of the workforce survey to understand what part of the workforce are registered, belong to professional organisations or prescribe homoeopathic medicines without any formal education and training. This information would give a greater understanding of the gaps in professional practice and knowledge about educational gaps for professionals offering homoeopathic treatment to the public.

The allied health workforce in Australia

Australia has measured the nation's health workforce since 2009 through the Australian Institute of Health and Welfare (AIHW) and, since 2016, through the Department of Health and Aged Care (DHAC) (10). The activity of all registered health practitioners is assessed through the National Health Workforce Dataset (NHWDS), where yearly surveys of professionals registered in the health workforce are undertaken at the time they renew their registration through the Australian Health Practitioner Regulation Agency (AHPRA). The AIHW and other sectors of government, such as the

Services for Australian Rural and Remote Allied Health (11), acknowledge that non-registered health workers form a critical part of care provision within the Australian community and that there is limited information about this workforce. Homoeopathy falls into this category.

The questions asked of the registered health workforce to produce the NHWDS include: hours worked in the previous week; intention to continue practice; institution where qualifications were obtained to practise in Australia; and depending on the profession, the location and type of employment, such as private or public sector, in a primary and/or secondary practice; visa status; and Aboriginal Torres Strait Islander (ATSI) status (12).

Homoeopaths are not included in these surveys, and this represents a critical gap in understanding the nature of the allied health workforce. These questions could easily be asked of registered homoeopaths and other registered and non-registered practitioners who use homoeopathy as part of their professional practice.

Homoeopathy workforce surveys

The Aurum Project (AP) undertook a national survey of homoeopathy in 2019 where, for the first time, demographic data and practice activity of homoeopaths in Australia were recorded (7). The sample size (65 participants) reflected the geographic distribution and comprised 14% of the AHA professional membership at the time the study was undertaken. Specific questions on the nature of work and intention to work into the future were not asked, nor questions relating to education, or the hours worked in the previous week. Data collected included the health conditions people presented with for treatment and the number of consultations for each practitioner during the eight-week survey period. Participation of homoeopaths and their clients was voluntary and informed consent of both parties was sought for the study.

There have been surveys about homoeopathy practice internationally. Semby and Rowe (13) reported findings from the US and Canada patient survey in 2014 examining patient responses to treatment and reasons for seeking homoeopathic treatment. Treuherz (14) presented the findings for 500 consecutive patient cases in general practice using homoeopathy treatment in the UK. In Norway, Steinsbekk (15) reported on a prospective observational multicentre outcome study, where 70% of patients reported a favourable outcome from using homoeopathy treatment six months after treatment, findings also repeated in the US and UK studies. The demographics and description of the homoeopaths participating in these studies is not specifically addressed, though many are reported to be registered medical professionals.

Within the international homoeopathy community there is scant research on the workforce and its characteristics. This highlights the need for accurate data on the practising workforce in Australia, providing the missing link between the patient outcome data and the professionals providing their care. For example, in the 2019 Australian National Survey (16) it was seen that 11% of the homoeopaths participating in the survey had trained initially in India, indicating professionals

with medical and homoeopathic skill sets, since graduates complete a Bachelor of Medicine, Surgery and Homeopathy.

Research gaps

Current workforce surveys have been undertaken in Australia for multiple modalities in T&CM in Australia, but not specifically for the profession of homoeopathy (4,17,18). The proposed survey aims to establish information specific to the professional homoeopathic workforce in Australia.

The observations from the First National Survey did not allow an assessment of length of time as a practitioner or experience in prescribing as a measure. Since 2018, there has been a lack of national training opportunities for homoeopathy in Australia and difficulty in overseas registrations being recognised in Australia, except through ARoH. This workforce survey provides an opportunity to assess the impact of these issues and identify gaps in knowledge about the extent and capability of the homoeopathic workforce, as well as the impact of gaps in education opportunities in Australia on the homoeopathy workforce.

Research question

What are the main characteristics and demographics of the homoeopathic workforce in Australia?

Significance of the study

Findings from the homoeopathy workforce survey aim to inform future education and registration processes. It will also identify areas for capacity building within the profession to better serve the community who use homoeopathy as part of their healthcare provision. This is important so that planners for public health and policy makers are able to ensure public safety and optimal public health and patient outcomes by integrating knowledge of the workforce and their practice into public health policies (3,4).

Methodology

Introduction

The proposed research has been designed to answer the question, What are the main characteristics and demographics of the homoeopathic workforce in Australia? The workforce survey will begin as a pilot study in year one, utilising the known population of registered homoeopaths with ARoH. Subsequent years will expand the reach of the survey to include professionals practising homoeopathy within Australia. The initial pilot study will establish a benchmark, with the intention to become an annual workforce survey, in line with other health professions.

In this section, the research methodology and its rationale will be explained.

Proposed approach

The research methodology is classified as a 'descriptive survey', which is ideal for use when the objective of the survey is to describe larger groups/populations and to study behaviours, attitudes, associations and trends between variables (19). They are relatively easy to undertake, since they involve one point of contact with the respondents and have

been used in public forums such as Gallup Poll during election campaigns (19). The methodology is useful in the early stages of studying a phenomenon: to harness information about the current status and to describe what exists in the present situation (19). One of the challenges of descriptive surveys is that respondents can tailor their responses to what they think the researchers want to hear. To address this, the survey study has two components: a set of demographic workforce-related (quantitative) questions, and a set of inquiry (qualitative) questions. By utilising both quantitative and qualitative questions, it is anticipated that a comprehensive description of the workforce will be reported.

Rationale

The results of this survey will provide fundamental information for the professional associations and other bodies to determine educational and professional support required for this workforce. As there is no current data about the number of professional homoeopaths in Australia, beyond those who voluntarily register with ARoH, this survey is critical in understanding the composition of the workforce. Results from the survey, including details about the nature of the gaps arising from self-regulation and the non-registered health practitioner status of Complementary and Alternative Medicine (CAM), are imperative to fully describe how this profession is providing service to the public. Currently, organisations exist within this profession that provide registration, education and research. Utilising the workforce survey results will more accurately reflect the current workforce describing its professional identity and culture.

Research method

Study design

The study uses a descriptive survey, including 31 questions presented to professionals providing homoeopathy as part of their health service to answer the research question. The proposed length of the study is five years, with an initial one-year pilot study followed by a further four consecutive years. The survey will be conducted online. Quantitative and qualitative data will be analysed to provide insights into the homoeopathic workforce, for the first time in Australia.

A pilot survey (the first year) will be undertaken with the registered population of homoeopaths with ARoH. Refinements to the open qualitative questions will be made each year as needed before continuing with the survey.

Subsequent years will expand the reach for participants to estimate a more accurate measure of homoeopathic practice in Australia. A selection criteria question: do you offer homoeopathy as part of your health service provision to the public? will determine whether the participant proceeds into the survey.

Survey questions

The survey questions are of two types. The first type is a set of demographic workforce questions aligned to the NHWDS survey. The NHWDS survey questions measure: hours of work, where work was conducted and the nature of how the services are provided to the public. They are asked yearly

to all registered health care practitioners in Australia but not to general or 'unregistered' health service providers, as homoeopaths are classified. The information obtained from our study will provide the opportunity for the homoeopathy workforce to be compared to the registered health care workforce in Australia.

The second set of questions in the proposed survey are of an open-ended qualitative type. Participants will be invited to answer these questions in their own words with little prompting of ideas. In this way the researchers aim to explore the professionals' own views and, through analysis, identify key themes and concepts offered by the workforce in order to gain an understanding about itself. For instance, what kind of language is used by the workforce to describe itself?

Through the combination of both the quantitative and qualitative inquiry a description of the workforce and how it sees itself in the community will be reported. This study will use a yearly survey to collect and assess information about the homoeopathy workforce in Australia. This descriptive methodology provides the tools to answer the research question, while mapping the changes in the workforce over time.

Participants and recruitment

The pilot study research period will survey the workforce of ARoH-registered homoeopaths. Purposive recruitment will be utilised. An advertisement about the research will be distributed to all ARoH registered homoeopaths via email, with a link to the survey, with embedded consent to opt in if they wish to participate. Information about the research will be extended to ARoH affiliated member organisations/associations and promoted in their respective online and print media forums. Professional engagement for promotion of the research will also include publication of this research protocol in *Similia*, Journal of the Australian Homoeopathic Association, a peer-reviewed journal and a poster presentation at the Australian Homoeopathic Medicine Conference (AHMC) in Brisbane, November 2023. Reminder posts, messages and notices will be made throughout the recruitment stage, in all stages of the study, to minimise low response rates which would bias the data collection.

Second and subsequent years' recruitment will follow the same approach as in the first year. In addition, the following organisations will be invited to share the survey with their members and colleagues as a way to broaden the scope of sampling:

- ARoH registrants and AP members practising homoeopathy in Australia.
- associations - HERA, AHA, ATMS, ANTA, Australian Register of Naturopaths and Herbalists (ARONaH) and other naturopathy and herbal associations, chiropractic, osteopathic, midwife and doula associations in Australia
- suppliers of homoeopathic remedies - Martin and Pleasance, bWellness, Brauer, Owen Homoeopaths, Simillimum
- social media - social media groups for CAM practitioners in Facebook, and instant messaging sites.

During the second phase of the project, uptake of participation may benefit from spontaneous snowballing, as people share information about the survey with colleagues and the public.

Study site/location

The survey will be conducted online.

Data collection

The portal to access the study will be live on The Aurum Project's (AP) website. The data will be collected using the Qualtrics interface and stored in the Qualtrics database. Qualtrics survey platform will be used to access, distribute and analyse the survey results.

Thirty-one questions will be asked and the proposed questions are shown in Table 1.

Table 1: Proposed Survey Questions

Number	Question
1	Where did you obtain your initial homeopathy qualification?
2	What is your initial homeopathy qualification?
3	What year did you obtain this qualification?
4	What was your age when you completed your initial formal qualifications?
5	Do you have any subsequent homeopathy qualifications? Please list
6	Do you have any non-homeopathy qualifications? Please list
7	What words do you use to describe your usual professional title?
8	What words do you use to describe your services when advertising?
9	After you completed your homeopathic education, how long was it before you began to professionally practise homeopathy and prescribe homeopathic medicines to the public?
10	Describe the circumstances for that delay into practice
11	Did you use homeopathic medicines before you completed your formal homeopathic education?
12	Are you a registered professional homeopath with ARoH?
13	Are you registered as a professional member of another complementary medicine, allied health organisation, or national health registration body in Australia or another country? Please list
14	How long after you completed your formal homeopathic qualifications did you become a registered professional homeopath?
15	Can you tell us the reason(s) for this time period before registration?

16	When you began to practise homeopathy, did you work full-time or part-time?
17	What is your age?
18	What is your gender?
19	LAST WEEK, were you working in homeopathy in Australia?
20	LAST WEEK, why were you not working in homeopathy?
21	LAST WEEK, what was your main occupation? (e.g., what activity provided you with your main source of income?)
22	What is the POSTCODE of the location where you worked last week as a homeopath?
23	LAST WEEK, how many hours did you work/employed in homeopathy
24	LAST WEEK, how many hours did you undertake homeopathy-related activities?
25	On average how many hours PER WEEK did you practise homeopathy via telehealth?
26	In the LAST WEEK, which of the following best describes the work setting of your main practice?
27	In total, how many years have you worked in homeopathy in Australia? Include years regardless of full-time or part-time status. Exclude time spent not working and unpaid leave.
28	How many more years do you intend to remain in the homeopathy workforce in Australia?
29	Do you identify as an Australian Aboriginal and/or Torres Strait Islander person?
30	Are you a temporary resident?
31	Do you have any additional information you would like to provide? Please let us know your thoughts here as they will assist us in refining the survey questions.

Data analysis

Only de-identified data will be analysed.

Quantitative questions will initially be analysed using descriptive statistics. In subsequent years regression analysis will also be included to describe trends and other features arising from the changes in the workforce being recorded. All data will be analysed using Qualtrics algorithms and analysis tools.

Qualitative data will be captured in text box questions within the survey. This data will be collated by the designated researchers. Each of the four researchers will read the participant comments and make notes on the arising outcomes and themes. The researchers will then come together and compare their individual analyses and identify emerging themes, identifying where generalisations may be drawn. These will be documented in a narrative account.

In the future years of the project, qualitative statistical analysis programs, like MaxQDA, may be used to refine the qualitative data analysis.

The analysed data will be reported in tables and figures, and the qualitative outcomes and themes will be discussed and depicted in images.

Bias

The authors identify several biases in the study protocol. There is a conscious sampling bias in the first year of the study where the known population is intentionally sampled to create a baseline data point. We have also intentionally used the survey questions from the NHWDS to minimise bias in our measurement of this workforce's activity. While the survey that creates the NHWDS has a very high participation rate and is linked to yearly registration, it is hoped that the advertising and marketing of the proposed homoeopathy workforce survey will result in a higher than expected participation rate, to assist the profession with the data it needs to plan for the future.

Ethical considerations

Participating in the survey is voluntary. Participants will be given information on the purpose of the study, the handling of data for analysis and the protection of privacy prior to initiating the survey. They will have the opportunity to consent to participate in the survey via an opt in button, taking them through to the survey. Participation in the survey will constitute informed consent.

All participants will be able to exit the survey at any time. Until they choose to submit their survey response, no data will be retained by Qualtrics.

Ethical approval will be sought from the ethics committee at the National Institute of Integrative Medicine (NIIM) prior to implementation of the study.

All responses to the survey will be anonymous. Participants can choose to provide their name and contact details so that they can receive a short report about the research outcomes. This information is not linked to specific survey information.

All data presented in publications, reports and conference presentations will be de-identified. Findings will be aggregated through the process of qualitative data analysis, and it will not be possible to identify individual participants.

Data storage

All data will be downloaded from Qualtrics after analysis and stored in secure cloud storage at The Aurum Project with password protection. This is only accessible by the research team. Information will not be used for any other purposes than this research study.

The data will be stored for a minimum period of 5 years. Once this period of time has passed, the stored electronic data will be destroyed through secure methods. Electronic data will be overwritten. All data will be irretrievable.

Dissemination of findings

The researchers expect to publish findings in peer-reviewed papers in relevant professional journals and to present the findings at conferences. Reports will also be available on the ARoH website and report summaries published on the AP website and blog.

Conclusion

Development of national public health policies to ensure public safety and optimal public health and patient outcomes can only be undertaken when knowledge of the workforce and their practice is integrated into those policies (3,4). Australia has measured the nation's health workforce since 2009. However, homoeopaths are not currently included in these surveys, which represents a critical gap in understanding the nature of this workforce. Understanding the profession's demographics, skills, qualifications and work environment enables growth and enhances communication within the profession (3,6). For these reasons, a survey asking quantitative workforce demographic questions and qualitative inquiry questions is proposed to answer the research question:

What are the main characteristics and demographics of the homoeopathic workforce in Australia?

Findings from the Homoeopathy Workforce Survey aim to inform future education and registration processes and identify areas for capacity building within the profession to better serve the community who use homoeopathy as part of their healthcare provision.

Contributors

Celeste Salter, Michelle Hookham, Sandra Venables and Gabrielle Brodie conceptualised the project, drafted the manuscript, contributed to the development of the research questions and study design and reviewed and edited the manuscript for important intellectual content. All authors approved the final manuscript.

Conflict of interest

All authors assert no conflict of interest. They are registered homoeopaths and members of both organisations running the study.

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A professional member of the Australian Homoeopathic Association and registered with the Australian Register of Homoeopaths her qualifications include an Advanced Practitioner Diploma from The School of Homeopathy and a Bachelor in Psychological Sciences at UNE. As the current Research Coordinator for The Aurum Project, Celeste is one of

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Credentialed mental health nurse and homoeopath, with experience spanning 30 years in healthcare across a diverse range of settings. She has an established private practice in Windsor, and clinical experience across both professions enhances the practice of the other, with the evolution of a unique skill set that is both flexible and holistic. Michelle is a past chairperson to the

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Gabrielle Brodie

B Sc (hons) psych, Cert IV CM, Prac. Dip. Hom Gabrielle has been in professional practice from 1999. She served on AHA national council for 6 years and is a researcher for the Aurum Project. She works enthusiastically to protect, promote, verify and emancipate the healing art of homoeopathic medicine.



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Sandra Venables (MPH, BHSc) is an ARoH registered homoeopath of 18 years and executive assistant at ARoH. Her fields of interest are in research and working with not-for-profits. She currently practices at Mt Tamborine in Queensland.



A case report of delayed speech due to enlarged adenoids treated with classical homoeopathy

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ABSTRACT

Speech delay is a common developmental concern affecting children worldwide, with various genetic, environmental and neurological factors contributing to its occurrence. While early intervention is crucial for optimal outcomes, treating delayed speech can be very demanding and requires intricate attention. In such cases, classical homoeopathy may be used as an adjunct along to speech therapy. This case study recounts the successful treatment of a four-year-old boy who had delayed speech development due to enlarged adenoids, using classical homoeopathy. Despite limited progress with speech therapy, the boy's condition improved significantly after homoeopathic treatment, eliminating the need for surgical intervention on the adenoids. The homoeopath prescribed remedies that matched the boy's specific symptoms and constitution, adhering to the classical homoeopathic principles. Over a few months of therapy, both speech and adenoid enlargement showed remarkable improvement, positively impacting the child's overall health and well-being. This case report highlights the potential benefits of homoeopathic treatment in the management of developmental disorders of speech and language in children. Further research is needed to fully explore the efficacy of classical homoeopathy in treating this condition.

KEYWORDS – delayed speech, developmental disorders of speech and language, articulation disorders, adenoid hypertrophy, homoeopathy, case report

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