

FOREWORD

Homeopathy is a system of medicine which uses a remedy selected on the basis of similarity of its known symptom expression to a patient's symptom picture, for the purpose of stimulating their self-healing capacity. Homeopathy can be used on its own or combined with other therapeutic approaches.

These national occupational standards for homeopathy were developed through an extensive programme of work to which many people contributed their time, efforts and ideas. The commitment to improving the quality of service is exemplary.

The standards describe homeopathic practice and the important principles and values which underpin it. The principles of good practice that have informed the development of the standards reflect the clear codes of ethics of the different professional associations to which those practising homeopathy should subscribe.

A simple foreword cannot fully recognise the contribution of all those involved in the development process. Yet particular thanks are due to the many practitioners who took part in the workshops and focus groups and to all those who debated the meaning of good practice in homeopathy. These workshops and groups included representatives from:

- the Association of Natural Medicine
- the Complementary Medicine Association
- the Faculty of Homeopathy
- the Homeopathic Medical Association.
- the International Register of Consultant Herbalists and Homœopaths
- the Society of Homœopaths

The work also benefited greatly from its project manager - Mandy Langford; the core representative - Alison Hargreaves; and its consultants - Shirley Taylor, Jackie Sturton and Lindsay Mitchell.

The standards have the potential to influence many developments in the years to come. They can inform the commissioning and provision of services, underpin education and training and enable practitioners to plan their development. The standards will also enable users of the sector to know what to expect and evaluate how well provision is meeting the high quality of services they specify. We intend to evaluate the standards towards the end of the three year introductory period and assess their use in practice. We will learn from experience.

It is hoped that you the reader will find these national occupational standards of great use in your work.

Adrian Peryer

Director, Healthwork UK

Who Practises Homeopathy?

The Practice of Homeopathy by Voluntarily Self-Regulated Health Care Practitioners

The national occupational standards in this document describe the practice of practitioners whose sole or primary practice is homeopathy. The last twenty years has seen a rapid rise in the number of practitioners in the UK whose sole or principal health care education and training has been in homeopathy. This rise in numbers has been accompanied by the development of voluntary self-regulating professional associations registering and regulating homeopathic practitioners as well as a notable rise in the number of institutions offering part-time and full-time homeopathic education and training courses. Most recently homeopathy has been absorbed into the University system with the development of the first BSc(Hons) degree in homeopathy with a number of other universities known to be currently developing similar programmes.

Over the past three years the process of developing these national occupational standards in homeopathy has been partly instrumental in bringing representatives of the small number of registering bodies of homeopathic practitioners together in joint discussions. As the standards now go to publication moves are afoot to establish a joint council of the various registering bodies. It is the expressed intent of those involved in this initiative that these national occupational standards will be a central reference document in developing the necessary criteria and requirements for registration, for determining the education required for registration, for determining the ingredients of any continuing professional development programmes and also the criteria by which the ongoing performance of registered members will be assessed, monitored and regulated.

The Practice of Homeopathy by Statutorily Registered Health Care Professionals

Homeopathy is used by a wide range of practitioners, many of whom are statutorily registered health care professionals. Medical practitioners, veterinary surgeons, dentists, midwives, nurses, pharmacists and podiatrists all use homeopathy for their patients as part of their therapeutic repertoire, and within the normal bounds of their profession. This means they use their clinical judgement, within the clinical context in which they work, to determine the extent to which homeopathy is relevant to their patients.

The primary professional affiliation of registered health care professionals is to their particular profession. A homeopathic dentist or veterinary surgeon, for example, will use homeopathy as one of the many tools at his or her disposal to speed the healing of the patient.

As stated above, these standards describe the practice of practitioners whose sole or primary practice is homeopathy. Such practitioners are not currently subject to statutory regulation. The homeopathic training and practice of statutorily registered health care professionals builds on their pre-existing training and skills. In the case of a dentist or pharmacist this means that their use of homeopathy is more limited than as described in these standards. In the case of medical practitioners it means that they will have a greater depth of knowledge and skill in consultations, diagnoses, knowledge of disease and therapeutics than is assumed in these standards.

It is important to remember that statutorily registered health care professionals are legally required to maintain their registration with their respective professional governing body. That body is responsible for establishing standards of training, professional discipline and ethics and requirements for continuing professional development.

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1 The purpose and coverage of this introduction

1.1 What is the purpose of this introduction?

This introduction has been designed to

- provide you with some background information on national occupational standards and their uses, and particularly those which are applicable to homeopathy
- help you and your organisation decide which aspects of these national occupational standards might be of use to you
- help you and your organisation think through how you might use national occupational standards to meet arising questions and issues

1.2 How can national occupational standards benefit organisations?

National occupational standards are a powerful strategic and operational tool for organisations and individuals in the health and social care sector.

- strategic in that they enable people to describe and map what it is they hope to achieve
- operational in that the levels of detail included in the national occupational standards help people make decisions about what it is they and their organisation are aiming to achieve and put those decisions into action in a coherent and informed way

National occupational standards specify what needs to be achieved in the delivery of high quality services no matter who is involved in whatever employment setting. The national occupational standards are consequently a source of information which may help you and your organisation make informed decisions - decisions about the demands of employment, good practice in employment and the aims you have for your services.

National occupational standards can be used to orient services to promoting the health and social well-being of individuals, families, groups and communities - towards health gain - and to meeting their needs in the most effective way.

The uses of national occupational standards include

- linking individual and organisational development and the management of performance in the workplace
- assisting the development of appropriate work roles to meet the needs of user-centred services
- providing a common language about professional activity to support more

effective dialogue between commissioners, providers of services, providers of education and training, and users of services

- facilitating the development of clearer links, pathways and relationships between different kinds of qualifications¹
- establishing quality standards

1.3 What do national occupational standards describe?

National occupational standards describe performance - what people are expected to do in employment. National occupational standards describe what should happen - not necessarily what does happen. They do this by describing the outcomes which need to be achieved across the wide range of activities undertaken in the sector - what needs to happen to enable people to optimise their health and social well-being. The people may be individuals, families, groups, communities or organisations.

National occupational standards describe good practice and look to the future by embedding important developments and trends in practice. As national occupational standards are about human action, they address human values - the ethics and principles on which good quality practice in the health and social care sector is based. They bring alive the complexity of decisions and issues which practitioners face on a day-to-day basis as they undertake their work in the sector.

A key value of national occupational standards is that, because they have been developed by practitioners across the UK, they provide a common reference point or language of good practice in health and social care for all organisations and individuals - including the users of health and social care services. National occupational standards will enable people to come to a joint understanding of what it is they are trying to achieve and the nature of good practice.

¹

Such principles are evident in, for example, the following Executive Letters issued by the NHS Executive in England - NHS Executive Letter (95)/84, NHS Executive Letter (96)/46: Education and Training Planning Guidance; and the DGM Letter 95/151 issued by the Welsh Office.

1.4 How do the national occupational standards link to trends and developments in the sector?

The content and purpose of these national occupational standards reflect key trends and policy imperatives in the health and social care sector. These are

- 1 an increase in joint working - both on a multi-disciplinary and a multi-agency basis - to optimise health and social well-being
- 2 the promotion of health as 'enabling individuals and communities to increase their control over the determinants of health and thereby improve their health'
- 3 concerns over the efficacy of 'conventional western medicine' with a corresponding increase in the use of complementary and sustainable approaches to promote health and social well-being
- 4 an increased interest in evaluating the effectiveness of interventions and using this evidence to guide practice
- 5 the need for those who work in the sector to evaluate and review their practice constantly and to develop new knowledge and understanding - and the related changes in education, training and development
- 6 a focus on improving the quality of services provided to people and hence placing work with individuals, families, groups, communities and organisations at the heart of the standards
- 7 the national focus of the development work across all four of the UK countries as people should have the right to expect the same quality of services wherever they live

2 The nature and coverage of national occupational standards

2.1 What do national occupational standards describe?

National occupational standards describe good practice. Essentially, standards describe what needs to happen in employment - not what people are like.

It is useful to think of national occupational standards as a specification. A specification is a clearly stated requirement - more usually applied to products and services. But we can also have specifications for performance at work.

All specifications describe what should happen - not just what does happen. Specifications are usually drawn up to improve existing performance - so, for example, a specification for electrical safety is designed to improve electrical safety. In the same way, a specification for service delivery is designed to improve service delivery. In developing national occupational standards we ask:

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- what is happening now?
- what is considered to be good practice?
- what is not happening now - but should be happening?
- what can we anticipate about the future - what might need to happen?

Imagine if we were to develop a standard for parenting, we would not wish to take existing practice as our sole starting point, as this would include the sorts of things which happen to children which are not desirable. We would find out what is considered to be good practice in parenting and then offer this to prospective and existing parents as a model for their own behaviour. We would normally try to reach a consensus between different people and groups who have an interest and consult each group which has a legitimate interest in the conduct of parenting

- parents
- children (or people who can properly represent their interests)
- people who are responsible if parenting goes wrong and who have a legal obligation to regulate parenting practice
- people who are involved in parenting education and training
- people who have studied parenting and its impact on child development

Such a group would be able to negotiate and agree a consensus about how we would describe high quality parenting. The standard would be a consensus view of good practice and would include a number of requirements which some 'real' parents do not actually do, but which are considered to be important to encourage positive child development. The standards might also describe requirements which are not needed yet - the future requirements. Examples might be anticipated legislation, new techniques and methods currently under development.

But the standard would be incomplete without an expression of the values and ethics which underpin child care and parenting - like effective communication with the child, making children aware of their rights and responsibilities and health and safety considerations.

2.2 What is the relationship between national occupational standards and professional standards?

Professional standards, codes of conduct and professional guidelines, often include two aspects

- what individual practitioners should do and what they should not do
- what organisations or departments should do, or have available, such as a specification about particular aspects of the environment in which professional work should take place or specifications about the equipment and materials to be used

Professional standards usually provide broad principles which are designed to guide how an individual practitioner acts.

National occupational standards are consistent with, and supportive of, professional standards. They specify what practitioners need to achieve in particular work roles and are usually more

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detailed than professional standards. Individual practitioners can assess their own performance against national occupational standards.

Professional bodies will need to decide for themselves how much they wish to promote and use the national occupational standards related to their area of practice.

Professional standards from a number of different professional bodies were analysed to identify the values and principles on which the national occupational standards should be based. The *values* identified are respect for

- the human condition and its complexity
- our essential humanity
- the wealth of human experience
- the holistic nature of health and social well-being
- diversity

2.3 What principles have informed these national occupational standards?

National occupational standards are developed through a process of discussion and consultation and are based on agreed good practice. The implementation of national occupational standards will affect

- 1 individual practitioners
- 2 groups of practitioners - membership associations and professional bodies
- 3 organisations

Health and social care is delivered through the interaction of practitioners with people, be they individuals, families, groups, communities or organisations. The work of the health and social care sector is founded on values of respect for

- the human condition and its complexity
- our essential humanity
- the wealth of human experience
- the holistic nature of health and social well-being
- diversity

Consequently, national occupational standards in the health and social care sector are built on a number of principles of good practice.

For individual practitioners, the principles of good practice are

- 1 balancing people's rights with their responsibilities to others and to wider society and challenging those who affect the rights of others
- 2 promoting the values of equality and diversity, acknowledging the personal beliefs and preferences of others and promoting anti-discriminatory practice
- 3 maintaining the confidentiality of information provided that this does not place others at

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- risk
- 4 recognising the effect of the wider social, political and economic context on health and social well-being and on people's development
 - 5 enabling people to develop to their full potential, to be as autonomous and self-managing as possible and to have a voice and be heard
 - 6 recognising and promoting health and social well-being as a positive concept
 - 7 balancing the needs of people who use services with the resources available and exercising financial probity
 - 8 developing and maintaining effective relationships with people and maintaining the integrity of these relationships through setting appropriate role boundaries
 - 9 developing oneself and one's own practice to improve the quality of services offered
 - 10 working within statutory and organisational frameworks
 - 11 providing integrated healthcare through recognising the diversity of individual needs and the possible role of other practitioners in meeting those needs²

The principles of good practice also apply to **membership associations and professional bodies**. Such bodies support individual practitioners through enabling them to:

- 1 value the work of others and respect the contribution which each makes to optimising health and social well-being
- 2 provide information to their employing organisations on the quality of service and how it is changing
- 3 work collaboratively to improve the effectiveness of services, products and activities
- 4 develop their competence and practice in line with new developments and thinking
- 5 act within ethical frameworks and structures³

Employers and managers who use national occupational standards need to be aware that not only are there standards which apply to their roles but that the introduction of national occupational standards may have wide ranging implications for the organisation. Organisations who wish to use the standards need to make commitments to valuing their own staff as well as the people who use their services. In particular, employers and managers will need to:

- 1 acknowledge and work creatively with the tensions which exist between the rights and responsibilities of workers and those of people for whom services are provided

² This principle was identified through the development work in homeopathy as being an essential component of effective practice. It is supported by the work of The Steering Committee for the Prince of Wales's Initiative on Integrated Medicine, (1997), Integrated Healthcare: A way forward for the next five years? A discussion document, The Foundation for Integrated Medicine. It is hoped that this principle will be adopted by others whose developments follow on from this work.

³ This principle was identified through the development work in homeopathy as being an essential aspect of professional associations.

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- 2 enable people for whom services are provided to have a voice and be heard, either by providing opportunities for direct communication or through the provision of advocacy and interpreting services
- 3 ensure that appropriate use is made of technology for diagnostic, therapeutic and organisational purposes
- 4 provide healthy and safe environments for workers and recipients of services
- 5 use resources to optimum effect
- 6 encourage and support effective working relationships between individual workers and between groups of workers
- 7 avoid exploitation or oppression
- 8 provide support services to optimise the health and social well-being of those who work for them, particularly recognising the stressful nature of work in the sector
- 9 use feedback from users of services and groups of workers continuously to improve the quality of services offered
- 10 build collaborative alliances with other agencies to improve the services offered

2.4 Building the principles of good practice into the national occupational standards

The principles of good practice have been built into the national occupational standards in three different ways.

- 1 Some principles have been identified as being of particular importance to the sector given its unique role in working with people across the whole of society. They are found in unit PAO2 in this publication which covers the following principles
 - a) acknowledging and promoting people's rights and responsibilities
 - b) acknowledging and promoting equality and diversity
 - c) maintaining the confidentiality of information provided that this does not place others at risk

These three principles of good practice also occur in less detail in all of the other standards, where they are of particular relevance.

- 2 Some principles of good practice form the focus of particular parts of the sector's work. Such principles form *the basis of a group of national occupational standards* which exist in their own right. For example, 'promoting health and social well-being as a positive concept' forms the basis of a number of units for those whose role is to promote health. Within this publication, the promotion of health and well-being as a positive concept is included in the standards which are specific to homeopathy (HM1 and HM2) and in unit PAO 4 on enabling

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individuals and families to address issues which affect their health and social well-being. Health and social well-being as a positive concept is also integrated into the detail of other standards where it is particularly relevant.

- 3 Many of the principles of good practice are so closely inter-twined with practice that they affect almost every work activity. These principles have been *integrated into the national occupational standards through the language used in the detailed description of the national occupational standards.*

The following section explains in more detail how the principles of good practice have been integrated throughout the national occupational standards. At the front of each unit, there is a page of background information which explains the Principles of Good Practice which are of particular relevance to that unit.

- 1 *Language is a powerful means of conveying values so the language used within national occupational standards must be consistent with, and promote, the principles of good practice. Words and phrases should be inclusive and avoid stereotyping.*

Example

‘Enable’ has been used as a preferred term to ‘help’ to show that the practitioner should use approaches which give people the opportunity to choose the level of support they want and decide for themselves what should happen. In contrast, the word ‘help’ means that the practitioner determines what should happen. For example: if you enable an individual to dress, then the individual decides for her/himself the support needed and what that support is. If you help someone to dress, then you decide what will be done and the help that they need. If you ‘dress the individual’, then the person does not take an active part at all. Here the term ‘enable’ has been used deliberately to support people’s rights to be as self-managing as possible through choosing the actions which they will take and what should happen to them.

- 2 *Specific performance criteria, range classes and descriptions of knowledge, understanding and skills have been included in the standards to stress the principles of good practice.*

Example - performance criterion

- the level of assistance which individuals want is agreed with them

Example - range

Particular requirements of the individual in relation to:

- a) their personal beliefs and preferences
- b) communication
- c) physical support and access
- d) emotional and psychological support
- e) advocacy
- f) location
- g) transport
- h) time
- i) the physical environment

Example - descriptions of knowledge, understanding and skills

- how personal beliefs and preferences affect how people live and the choices they may make

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- 3 *The tensions which individuals have to manage in their work should be made explicit within the standards. This brings to the surface the complexity and grey areas with which people work on a daily basis.*

Example

When practitioners are 'evaluating requests for homeopathy', they have to:

- evaluate requests for services
 - for their appropriateness to the practitioner concerned and to homeopathy
 - for *the priority of the individual's needs*
 - to determine any *particular requirements* of the individual

This means that the practitioner has to balance a number of competing demands to achieve the outcome, such as:

Priority:

- a) the severity of the individual's needs
- b) the likelihood of the individual's condition deteriorating

Particular requirements in relation to:

- a) the individual's personal beliefs and preferences
- b) the individual's age, sex and physical condition
- c) communication differences
- d) physical support and access
- e) emotional and psychological support
- f) confidentiality (eg willingness to allow liaison with GP)

2.5 What are the component parts of a national occupational standard?

A national occupational standard is a specification, agreed nationally, of what should be achieved at work. Its four component parts are designed to describe four different things. An overview of a national occupational standard is shown in the diagram below and is described in more detail in the text which follows.

This box provides a brief description of a national occupational standard

THE STANDARD - WHAT SHOULD HAPPEN

- The outcome (the title of the standard)
What should be achieved
- Performance criteria
How you know that the outcome is of the right quality
- Range
Situations and contexts to which the standard applies
- Knowledge, understanding and skills
Which the individual needs to know and be able to do in order to make it happen



**Defined by
Employment
Expectations**

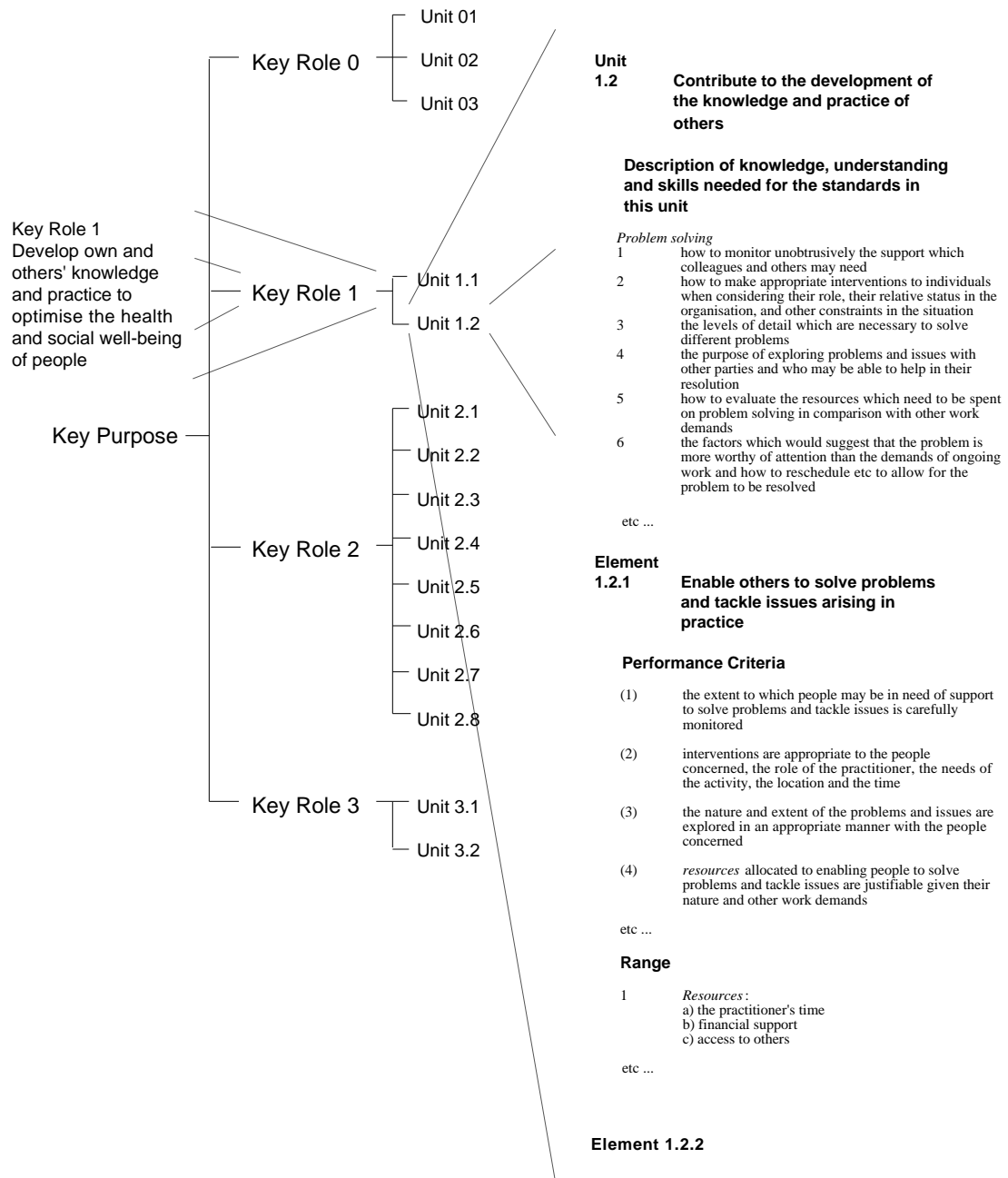
1. **What should happen - the outcome.** This is expressed as a sentence, like ‘Agree course of action with individuals following assessment’ - it is called an outcome because it describes what needs to be achieved. This description is the result of successful action - it is not the action itself.
2. **How it should happen - the performance criteria.** This is a specification of the most important aspects of quality performance needed to achieve the outcome.
3. **The range of circumstances to which the outcome might apply.** This part of the standard picks up the important variations which are described in the outcome statement and the performance criteria. The purpose of describing the range of circumstances is to make explicit the different areas to which the standard **may** apply. The range is designed to be illustrative rather than comprehensive or inclusive and is designed to capture the complexity of practice in the area under consideration. It is not intended to imply that all practitioners will use/need all parts of the range.
4. **The knowledge, understanding and skills needed to perform effectively at work.** People need to acquire knowledge, understanding and skills to enable them to act - the knowledge, understanding and skills which people need to develop to meet the national occupational standards consistently are also

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identified as part of the standards development process. In a national occupational standard, the knowledge, understanding and skills which support the achievement of standards are identified - so there is a direct and clear relationship between knowledge and action.

2.6 How are national occupational standards developed?

National occupational standards are derived through an interactive and iterative process of analysis based on consensus forming with practitioners. The different aspects and stages of the analysis are given below showing some extracts from a national occupational standard.



The analysis includes the following stages.

- the development of a broad statement to describe the overall purpose of the area

or sector of work - the key purpose

- the key purpose is broken down into a number of areas of work - key roles
- the key roles are explored to determine the range of different things which have to be achieved to meet each of the key roles - units
- from the units, the national occupational standards related to each are developed

Each component part within the system is coded. For this publication, national occupational standards have been selected which apply to homeopathy. The first two units were developed specifically for the practice of homeopathy. The other units have been drawn from multi-disciplinary development work across a number of professions. The original numbering of the key roles and units has been retained from this multi-disciplinary development work. Generally units are numbered sequentially within each key role following on from the key role number eg the second unit in key role 9 is numbered 9.2. The outcomes attached to each unit - there are usually between 2-5 outcomes within a unit - are also numbered sequentially (eg 9.2.1), as are the performance criteria and descriptions of range. Units which are most likely to be relevant to practising homeopaths have been selected for this publication.

There is an overriding principle which influences the development of standards - which is that they should represent all aspects of the work role - not only the tangible activities or tasks. This is achieved by using a simple model which suggests that there are four important aspects to all work roles⁴. These are

- the technical expectations
- the ability to cope with uncertainty - when things go wrong
- the ability to manage the different and sometimes conflicting demands of the work role
- the ability to manage and work within environmental constraints - like the culture of the organisation, the physical environment and the way in which the person interacts with colleagues

These different aspects of competence are usually captured in each national occupational standard.

So, national occupational standards describe what needs to happen in employment. But like all descriptions of human activity, there are some things about which they make no comment. They do not prescribe who should do what, nor what salary scales are appropriate for different jobs, nor do they state whether people should be state registered, the length or nature of the education and training they should undertake before first appointment or the type and amount of continuing professional development they should have. Rather they act as a rich source of information for such decision making.

3 An overview of the National Occupational Standards

⁴ The complete model is called the 'Job Competence Model'. It is fully described in B Mansfield and L Mitchell, Towards a Competent Workforce, Gower 1996.

selected for practising homeopaths

3.1 What national occupational standards are specific to homeopathy

Two units have been developed which are specific to homeopathy. These are:

HM1 Assess factors relating to individuals' health and well-being and agree how homeopathy may meet their needs

HM2 Plan, prescribe and review homeopathic treatment

These standards for homeopathy are designed to describe good practice for anyone practising homeopathy regardless of the particular models they use. The standards also describe the inter-relationships which practitioners will need to have with other healthcare practitioners and the extent and boundaries of roles and responsibilities under legislation. These two units are given in full in section 2.

Other standards have been selected from the national occupational standards for professional activity in health promotion and care. The standards selected are those which have been found during consultation with practising homeopaths to be of particular relevance to them. These standards are included in this publication at section 3 as homeopaths might find them useful.

Homeopathic medicine is effective in the treatment of animals but the veterinary use of homeopathy is not addressed in this document. Only statutory registered vets are permitted to treat animals.

3.2 Which other national occupational standards are likely to be relevant?

The other standards likely to be of relevance are the following units taken from the National Occupational Standards for Professional Activity in Health Promotion and Care - Professional Activity (PA) standards for short:

- PA02 Promote people's equality, diversity and rights*
This unit focuses on the first **principles and values** on which practice is built - promoting and valuing the rights, responsibilities and diversity of people. This unit, and other related units at different levels of responsibility and accountability, were developed through multi-disciplinary development work across the health and social care sector.
- PA1.1 Develop one's own professional knowledge and practice*
PA1.2 Contribute to the development of the knowledge and practice of others
Developing one's own and others' knowledge and practice - through planned development opportunities, the integration of research and development into one's own practice, and as a reflective practitioner.
- PA2.1 Promote effective communication and relationships*
Promoting effective communication with people be they users of services, colleagues or the public at large.
- PA7.4 Evaluate, prioritise and review demands for services*
PA7.11 Promote, monitor and maintain health, safety and security in the workplace
Managing processes whose purpose is to optimise health and social well-being.
- PA9.1 Determine the concerns, interests and priorities of people in relation to their health and social well-being and how these have been addressed elsewhere*
PA9.4 Enable individuals and families to address issues which affect their health and social well-being
Working in partnership with individuals and families to enable them to address issues which affect health and social well-being. Such work is about enabling people to promote their own health and social well-being, to take preventive action when their health and social well-being may be at risk and enabling people to manage the situations in which they find themselves.
- PA10.3 Support individuals and others through the process of dying*
PA10.4 Enable individuals, their partners, relatives and friends to explore and manage change

PA10.5 Support individuals when they are distressed

Enabling people to manage disability and change throughout their lives whether the change is affecting them directly or indirectly, and helping people to understand and manage effectively the changes and disabilities which other people are experiencing.

Section 4 contains an index to act as a guide to the detail of the standards included in this publication and a glossary of the terms used is given in section 5. Other standards are also available which individual practitioners may wish to access and details of these are given in section 6. Section 7 provides details of other publications which may be of interest.

4 Typical uses of national occupational standards by individuals and organisations

4.1 How do other people view and use national occupational standards?

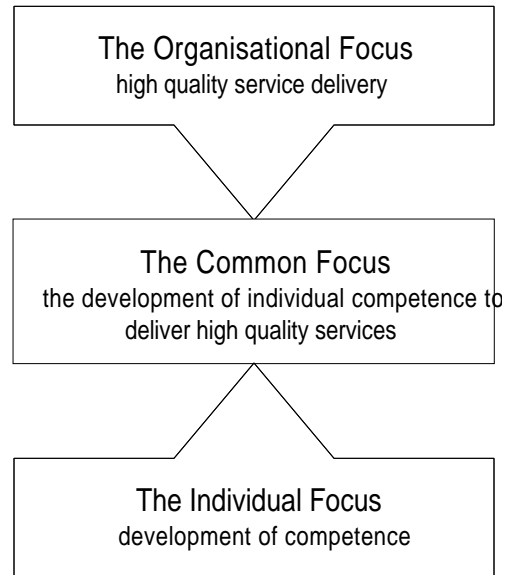
There is a wide range of views on the use of national occupational standards in the health and social care sector. The initial involvement of the sector in the development of national occupational standards was in relation to support staff in the late '80s and early '90s. National occupational standards were often seen at that time to be inextricably linked with the development of National and Scottish Vocational Qualifications (NVQs and SVQs). Much learning has taken place in the field since those days and there has been increasing and growing awareness of the value of occupational standards in their own right. NVQs and SVQs are only one of the ways in which national occupational standards can be used. Many people and organisations choose to use the standards directly. Because national occupational standards are specifications of work performance, they are useful in any organisational application where the quality of performance is important.

4.2 What are the main ways in which people use national occupational standards?

In thinking through how you might use national occupational standards it is useful to focus on two broad applications

- 1 an organisational focus - how organisations can use national occupational standards to improve the quality of their services
- 2 an individual focus - how individuals can use national occupational standards to develop their competence

Although separated for descriptive purposes, these two foci have a common intent - to develop competent people in order to support the delivery of high quality services. This complementary relationship is shown in the diagram below.

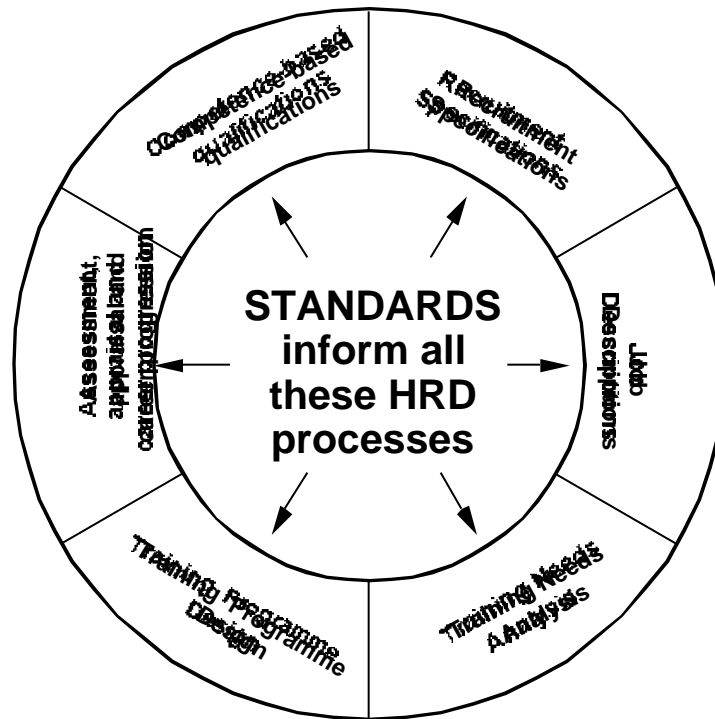


4.3 How can organisations use national occupational standards?

Organisations can use national occupational standards for strategic planning purposes and for the management of staff.

For strategic purposes, a broad view of national occupational standards - the key roles and units - can help an organisation map what it is trying to achieve. This allows the organisation to link together its development with that of its staff. This picture together with workforce data can be used to inform decision making, such as who is best placed to carry out a particular role and how different roles can be combined to meet people's needs. National occupational standards will also assist in defining training and educational needs and priorities, and the outcomes required from education and training providers.

At an operational level, an organisation may use national occupational standards for any human resource management application, like job descriptions, job design, recruitment specifications, appraisal and performance review. Some examples of how standards can be used for human resource development (HRD) purposes are shown in the diagram below.



National occupational standards offer a number of advantages for organisations.

- they are a nationally agreed specification of good practice - so an organisation knows it is working to the national standard and can require those from whom it commissions services to do the same
- they provide a single and consistent description of expected performance, which can integrate a wide range of different applications
- the level of detail about performance expectations is available to the organisation and to individuals which encourages an open and shared view of quality performance. For example, managers, clinical supervisors and practitioners are working with the same, clear performance specification

4.4 How can individuals use national occupational standards?

For individuals, national occupational standards can act as a means of supporting the development of knowledge and the improvement of performance. They may be used to: identify initial and continuing learning needs; define the learning outcomes which will be achieved; and plan education and training. The diagram on the next page shows the relationship between standards and learning design.

As the diagram shows, national occupational standards can be helpful for

- defining the learning outcomes - the content of a national occupational standard gives a clear indication of what needs to be achieved in learning programmes

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which are designed to support the achievement of a national occupational standard

- the national occupational standards also help people decide about learning strategies - some parts are more amenable to work based learning, other parts may be more effectively learned through a course
- the content of learning can be taken from a national occupational standard and the descriptions of knowledge, understanding and skill
- the criteria are an extremely useful means of guiding assessment and evaluation of the learning process

THE STANDARD - WHAT SHOULD HAPPEN

- The outcome (the title of the standard)
What should be achieved
- Performance criteria
How you know that the outcome is of the right quality
- Range
Situations and contexts to which the standard applies
- Knowledge, understanding and skills
Which the individual needs to know and be able to do in order to make it happen

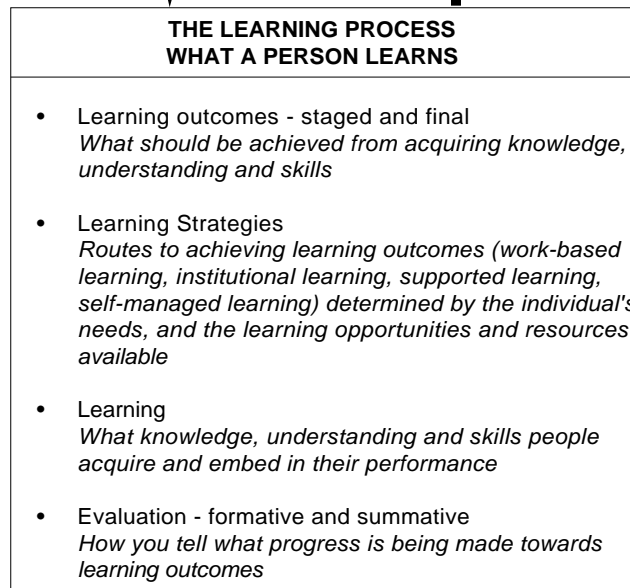
**Defined by
Employment
Expectations**



The standard defines the
outcomes of the learning
process



The learning process
supports the achievement
of the standard



National Occupational Standards for Homeopathy

Despite this close relationship, it is important to realise that national occupational standards are not a curriculum - further work has to be done on national occupational standards to allow them to provide a structure for learning.

The evaluation of learning is also helped by national occupational standards as they are available to both the learner and learning facilitator to encourage a more democratic and open learning style.

Following initial professional training and education, the standards may have an important role - particularly in continuing professional development where the unit structure can provide a useful focus on the maintenance and development of competence. Unit PA1.1 describes the expectations of practitioners in relation to continually reflecting on their practice and updating their knowledge and skills. Unit PA1.2 describes standards for those who have a role in contributing to the development of the knowledge and practice of others.

5 How to use the National Occupational Standards

5.1 Do I have to use all parts of the national occupational standards?

The national occupational standards provide a rich source of information - different users can draw out those parts which are of most interest and value to them and their organisation. This might be in terms of

- a) the particular units which are most appropriate to their situation
- b) the level of detail which they need to use to meet their purposes

The national occupational standards are designed and presented to encourage flexibility of use whilst retaining the full specification for everyone to access.

5.2 What parts of the national occupational standards will I need to use?

People will want to use the national occupational standards for different purposes. Below are some broad guidelines and examples to help you decide which parts are most fit for your purpose.

Guideline 1 - Organisational planning level

If you are working at an organisational planning level, you are likely to be most interested in the titles of the key roles and of the units.

Example - Specifying services

A commissioner may wish to specify in broad terms the services they wish to see delivered for one section of the community. This could be achieved by using the key role or unit titles as the basis of service coverage, leaving the detail of the standards to inform the criteria which need to be achieved at other stages of the commissioning process. For example, a commissioner may decide they are seeking services in the following areas (the numbers indicate the key role numbers used in this document):

PA1.1 Promote and protect the rights, responsibilities and dignity of people

National Occupational Standards for Homeopathy

- PA1 Develop own and others' knowledge and practice to optimise the health and social well-being of people
- PA2 Promote effective communication with people
- PA9 Work in partnership with individuals, families, groups, communities and organisations to enable them to address issues which affect health and social well-being
- PA10 Enable people to manage disability and change
- HM Assess factors relating to individuals' health and well-being and plan, prescribe and review homeopathic treatment

Guideline 2 - The performance of individuals

If you are looking at the performance of individuals - yourself or other practitioners - you are most likely to be interested in the detailed national occupational standards themselves. First of all you will need to think about which units are relevant to you. Then you will need to look at the detail - the outcome statements and their associated performance criteria and range.

Example - Designing jobs and detailing job descriptions

A manager may want to use the national occupational standards to think through the particular functions to be undertaken by a member of staff and to consider how these relate to other members of the team. A sample job description for someone working in a rehabilitation unit, and drawn from the unit titles, is given below.

To meet the requirements of this post, you are expected to:

- 1 Promote people's equality, diversity and rights (unit PAO2)
- 2 Develop one's own knowledge and practice (unit PA1.1)
- 3 Contribute to the development of the knowledge and practice of others (unit PA1.2)
- 4 Plan, coordinate, evaluate and review professional activities (unit PA7.2 from the Professional Activity standards - not included in this publication)
- 5 Manage the implementation of change in work activities (unit PA7.3 from the Professional Activity standards - not included in this publication)
- 6 Develop, sustain and evaluate collaborative approaches to achieving objectives (unit PA3.2 from the Professional Activity standards - not included in this publication)
- 7 Enable individuals and families to address issues which affect their health and social well-being (unit PA9.4)
- 8 Assess factors relating to individuals' health and well-being and agree how homeopathy may meet their needs (unit HM1)
- 9 Plan, prescribe and review homeopathic treatment (unit HM2)

- 10 Enable individuals, their partners, relatives and friends to explore and manage change (unit PA10.4)

Guideline 3 - the development of people

If your focus is on enabling people to develop themselves to achieve the standards, then you will want to look at the detail of the national occupational standards and the descriptions of knowledge, understanding and skills. Before you do this, you will, of course, need to decide which of the units you are going to focus on.

Example - For development purposes

An individual practitioner may wish to use the national occupational standards to help them think through what they have to achieve at work and to identify the areas in which they need to develop. Alternatively education and training providers may wish to look at the standards to see how they can modify their programmes to enable individuals to achieve the national occupational standards and/or use the descriptions of knowledge and understanding as the basis of their programme design.

Whilst for development purposes, the full detail of the national occupational standards - the performance criteria, indications of range and the descriptions of knowledge, understanding and skills - are likely to be necessary, you do not need to present them in the same way as they are given in the books. Learning providers may reformat the standards or represent them in ways which better meet the needs of learners.

You may find, for example, that you want to start by looking at the knowledge, understanding and skills which are detailed at the end of each unit. Alternatively, you may find it helpful to look at which knowledge, understanding and skills is common to a number of the units, group this together and plan your programme using this as a starting point.

Remember not to lose sight of the national occupational standards as these make explicit for learners what it is they are aiming to achieve through the learning programme. The national occupational standards are also likely to be closely tied into how their performance will be assessed.

5.3 Which parts of the national occupational standards can I adapt?

The national occupational standards should not be altered or amended until such time as the Health Care National Training Organisation undertakes a review. The outcomes (element titles) and performance criteria should not be changed at all as to do this would be to compromise the national character of the standard.

However, it is possible to add to parts of the national occupational standards to meet local and discipline-specific needs. In particular, additions can be made to the range and the descriptions of knowledge, understanding and skills to help put them into your own context.

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This is for the reasons given below.

- a) the information which is written about units is in general terms - bringing out particular points about your setting, organisation or discipline may help focus people's attention before they look at the detail of the national occupational standards
- b) the descriptions of knowledge, understanding and skills describe what people are likely to need to know or understand to meet the national occupational standards. You may want to emphasise certain areas or find some are of less immediate relevance
- c) the range describes the situations to which the national occupational standard may be relevant - not all of these will be applicable to your setting or your discipline. You may want to emphasise some, add some examples or decide not to use some of them

To aid the evaluation of the national occupational standards and to help others in your organisation to understand what you have done, it would be useful for you to keep records of the changes which have been made and the rationale lying behind them. As practice changes, the changes and rationale can be revisited and rechecked against the standards.

5.4 So, what do I need to remember ... ?

There are two broad messages about adapting the national occupational standards.

- 1 Do not alter the unit and element titles or the performance criteria.** They have been designed to describe good practice and include future trends and developments. If an organisation or individual is having difficulty meeting the national occupational standards, they should consider how development towards meeting the standards may be helpful in the longer term.
- 2 Add any necessary details to the overall unit description, the descriptions of knowledge, understanding and skills or to the range to suit your own setting or discipline.**

6 Networking with other users of the National Occupational Standards and feeding back information

As the National Training Organisation for the health care sector, Healthwork UK is licensed by Government to oversee the development of national occupational standards across the sector. Healthwork UK acts to facilitate the development of standards, working in partnership with professional and statutory interests. Healthwork can secure financial support for the technical work of standards development and provide expertise in helping to manage the standards development process. However, the primary responsibility for determining the standards belongs to the stakeholders involved in the process and in particular the statutory and professional interest in the health care sector.

National Occupational Standards for Homeopathy

A great deal of interest has been shown in using the national occupational standards relevant to homeopathy. A number of people and organisations involved in the development work are already using the standards as they have found them to be a valuable resource. For example, one organisation is looking at how to integrate the standards to encourage reflective practice, whilst another is exploring their use in curriculum development.

People who are using the national occupational standards are encouraged to let others know about what they are doing, provide information on what is working and what is not, provide feedback on any problems they find with the national occupational standards and make recommendations for improvement. Healthwork UK is keen to learn from the experience of others.

National occupational standards are not set in stone. Standards need to be periodically reviewed to reflect changes in the working environment. If you have feedback on these standards, please forward them on a copy of the form at the back of this publication to:

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Healthwork UK
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LONDON
WC1X 8BP

Tel: 020 7692 5550

Fax: 020 7692 7070

Email: office@healthwork.co.uk

UNIT HM1 Assess factors relating to individuals' health and well-being and agree how homeopathy may meet their needs

Elements of competence

- HM1.1 Evaluate requests for homeopathy and contract with individuals for treatment
- HM1.2 Explore and evaluate with individuals factors relating to their health and well-being
- HM1.3 Integrate and evaluate information about individuals' health and well-being
- HM1.4 Agree courses of action with individuals following assessment

Information about this unit

Summary

This unit describes the role of the practitioner in assessing individuals' needs in relation to their health and social well-being. This involves evaluating the initial information received about the individual, whether it is provided by the individual him/herself or comes from another source, such as a referral. In doing this the practitioner needs to consider whether it is appropriate to work with the individual or not. The evaluation will include determining the urgency of the individual's needs, the role and the overall caseload of the practitioner, and making the necessary arrangements for the assessment to take place. Once the decision has been made to see the individual, then the nature and purpose of the assessment is agreed with the individual and any companions, an understanding of their needs obtained from them and the role of the practitioner is

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nature and extent of the individual's needs and subsequently, agreeing courses of action with them. The course of action taken may be to: advise the individual to see someone else better able to meet their needs, such as a counsellor, a doctor or an osteopath; to decide that homeopathic treatment would not be beneficial at that time; or to follow through the assessment and provide homeopathic treatment. Homeopathic treatment might include, where appropriate, agreeing and planning its integration with other treatment modalities, both with the individual and with another health care practitioner. The homeopathic treatment programme is covered in unit HM2.

Who this unit is aimed at

This unit applies to any practitioner whose work aims to optimise a person's health and well-being through homeopathy, in whatever clinical context they practise and whether they work from their own premises, in clinics, in hospitals, in mobile units or in the individual's home.

The individuals with whom the practitioner works may be experiencing acute, sub-acute or chronic conditions, including terminal illness or they may be seeking to optimise their health and well-being. The individuals for whom a homeopathic consultation is arranged, may be: unfamiliar with homeopathy; unknown to the practitioner; in an established working relationship with the practitioner for a short or long time, or returning to the practitioner after discontinuing homeopathic treatment with them for a period of time.

Principles of good practice

This unit is based on the premise that for effective consultation to take place, the practitioner needs to understand the individual's personal, cultural and social situation and the holistic nature of health and social well-being. The practitioner must be able to communicate effectively with individuals and their companions and balance the information received about the individual's needs with other information gained during the consultation. As homeopathy may be used with other therapeutic approaches, the practitioner needs to be able to liaise effectively with other health care practitioners.

Relationship to other units

This unit focuses on the assessment of individuals' needs in relation to their health and well-being and the evaluation of how homeopathic treatment might meet those needs. It is similar in structure to unit PA11.1 in the National Occupational Standards for Professional Activity in Health Promotion and Care but has been put into the specific context of homeopathy. Once an assessment has been made, if the practitioner decides to proceed to a programme of homeopathic treatment then unit HM2 on developing, implementing and reviewing homeopathic treatment will be appropriate.

Units PA1.1 and PA1.2 from the Professional Activity standards, which focus on the development of self and others, are also of relevance to this area of work as it is vital that practitioners continue to update their knowledge and practice and share their learning with others.

Element

HM1.1 Evaluate requests for homeopathy and contract with individuals for treatment

Performance criteria

The practitioner will need to:

- (1) evaluate *requests* for services:
 - for their appropriateness to the practitioner concerned and to homeopathy
 - for *the priority of the individual's needs*
 - to determine any *particular requirements* of the individual

- (2) provide initial information relating to:
 - the nature and duration of sessions
 - fee structures, charges and methods of payment
 - any special arrangements for access to the premises
 - the reasons for any delays

- (3) make *consultation arrangements*:
 - which are consistent with the information obtained in the request
 - that are fully and accurately recorded
 - which enable the practitioner to be fit and prepared for the consultation session

- (4) *prepare appropriately* the area in which the consultation is to take place

- (5) give clear explanations of:
 - how homeopathic treatment is planned, undertaken, evaluated and reviewed and the individual's role in the process
 - his/her own role and responsibilities, especially in relation to medical diagnosis
 - the expectations and role of the individual
 - out-of-hours availability and support in case of an emergency
 - the relationship of homeopathy to other kinds of treatment and other health care practitioners
 - the type of information which will be entered in records and who will have the right of access to these
 - the reasonable expectations of the outcome of the treatment

- (6) encourage individuals to:
 - ask questions, seek advice and express any concerns
 - identify the expectations which they have of homeopathic treatment
 - inform the practitioner of any diagnosis they have been given, any recent or current medication or other treatments, and any other health care practitioner they are consulting

Range includes:

- 1 *Requests from:*
 - a) individuals
 - b) someone acting on behalf of the individual (eg a parent or carer)
 - c) other health care practitioners

- 2 *The priority of the individual's needs:*
 - a) the severity of the individual's needs
 - b) the likelihood of the individual's condition deteriorating

- 3 *Particular requirements in relation to:*
 - a) the individual's personal beliefs and preferences
 - b) the individual's age, sex and physical condition
 - c) communication differences
 - d) physical support and access
 - e) emotional and psychological support
 - f) confidentiality (eg willingness to allow liaison with GP)

- 4 *Consultation arrangements:*
 - a) appointment time and duration
 - b) location
 - c) any others who need to be present
 - d) arrangements for cancelling or postponing appointments

- 5 *Prepared appropriately in relation to:*
 - a) ventilation and heating
 - b) lighting
 - c) level of noise
 - d) privacy
 - e) cleanliness

Explanatory notes

In performance criterion (3), “arrangements ... which enable the practitioner to be fit and prepared for the consultation session”, means that the practitioner needs to consider the physical, mental and emotional health issues, and the extent of their knowledge and competence, which may affect their ability to act effectively.

In performance criterion (5), the practitioner’s “role and responsibilities, especially in relation to medical diagnosis” means that the practitioner must be very clear with individuals whether they are competent to undertake medical diagnosis or not; and if they are not so qualified, the need for the individual to continue to see their General Practitioner (GP) as well as receiving homeopathic treatment must be made clear.

In performance criterion (6), “any recent or current medication or other treatments” will include prescribed, recreational, over-the-counter and herbal treatments.

Element

HM1.2 Explore and evaluate with individuals factors relating to their health and well-being

Performance criteria

The practitioner will need to:

- (1) encourage individuals to make themselves comfortable and at ease, introduce them to all those present and *confirm* the role of everyone
- (2) enable individuals to explore, describe and explain *aspects* of their lives which are significant for gaining a full symptom picture and to express these spontaneously and in their own way
- (3) observe and evaluate the individual's *approach and manner* during the consultation and note behaviours which may be characteristic of the individual or their significant symptoms
- (4) undertake only those examinations and measurements which:
 - are within the professional competence of the practitioner
 - are necessary to make an assessment of the individual's needs and condition consistent with the practitioner's role in his or her care
 - are safe for the individual
 - have the consent of the individual or someone acting on their behalf
 - are consistent with statutory regulations and ethical guidelines
- (5) *assess the potential risk* associated with the possible course of the illness for the individual
- (6) explain any need to obtain information from other people on the individual's health and well-being, seek their consent to do this and if they are in agreement make the appropriate arrangements for gaining the information
- (7) obtain any relevant information in an appropriate manner from other health care practitioners involved with the individual when the individual has consented to this happening
- (8) process, appraise and interpret the information as it is obtained and use it as a basis for further relevant enquiry without pre-empting other diagnostic and therapeutic possibilities
- (9) balance additional information gained against the overall picture of the individual's needs to confirm or deny any developing hypotheses
- (10) agree with individuals their aims and priorities for homeopathic treatment
- (11) pass relevant and accurate information to those who have a need for, and a right to it, consistent with agreements made with the individual

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- (12) record the outcomes of the assessment completely and accurately and structure them in a way which would allow other practitioners to take the treatment forward if this was necessary

Range includes:

- 1 *Confirmed in relation to:*
 - a) the individual's identity
 - b) the identity of any companion
 - c) the role which the individual wishes any companion to have and the information the companion should receive
 - d) the identity and roles of any practitioners present

- 2 *Aspects to explore:*
 - a) onset, duration and intensity/severity of symptoms
 - b) current physical, mental/emotional and general states - and any modalities of a general or particular nature
 - c) personal and family medical history, including any particular conditions, allergies, treatments and vaccinations
 - d) social history
 - e) significant life events - and reactions to them
 - f) spiritual balance and influences
 - g) lifestyle, work and home situation and history - including diet and exercise, any stressors, use of recreational drugs
 - h) reaction to environmental factors eg weather, ambient temperature, pollution

- 3 *Approach and manner:*
 - a) appearance
 - b) body language
 - c) behaviour
 - d) posture and gait
 - e) use of speech, language and expression

- 4 *Assess the potential risk through:*
 - a) making a conventional diagnosis
 - b) referring to other healthcare practitioners

Explanatory note

Examinations and measurements which the practitioner might use are any within their own realm of professional competence. These might include, for example, examinations undertaken visually, by touch, through listening, or through smell; and measurements of temperature, blood pressure, pulse, height and weight etc.

Element

HM1.3 Integrate and evaluate information about individuals' health and well-being

Performance criteria

The practitioner will need to:

- (1) confirm that the information available on the individual is of sufficient coverage, accuracy and quality for homeopathic evaluation
- (2) encourage individuals to provide further information about themselves when this is necessary for homeopathic evaluation
- (3) agree with the individual how and from where other information can be obtained when there is insufficient available for evaluation
- (4) evaluate the information using strategies which are:
 - appropriate to the symptom picture
 - appropriate to the goal and stage of treatment
 - consistent with homeopathic principles and theoretical frameworks
- (5) process, appraise and interpret information as it becomes available and hold it open to question until sufficient information is available and clear patterns are perceived upon which to base a firm decision
- (6) evaluate, analyse and integrate all of the information available on the individual to determine *the relative value of their symptoms and patterns* using different homeopathic strategies and identify those symptoms and patterns which are most characteristic of the case
- (7) identify and select the most significant symptoms and patterns from the individual's symptom picture
- (8) note for future reference symptoms and patterns which are not included in the prioritisation but which may be useful for confirmation of a remedy
- (9) make a valid and realistic prognosis of the potential benefits of homeopathic treatment for the individual
- (10) review with the individual their priorities and goals for homeopathic treatment in the light of the evaluation and agree any changes with them
- (11) integrate the information available on the individual to produce a holistic, comprehensive, coherent, justifiable and recorded picture of the individual

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Range includes:

- 1 The relative value of their symptoms and patterns in terms of :*
- a) intensity
 - b) level of detail
 - c) completeness
 - d) frequency and duration
 - e) rhythm/periodicity/onset
 - f) aetiology
 - g) characteristic nature
 - h) susceptibility
 - i) persistence
 - j) expressions of a major theme
 - k) summaries or symbols of the individual as a whole

Explanatory note

The strategies used for case evaluation (performance criteria 4 and 6) may be espoused or personal theories or models or specific methodologies.

Element

HM1.4 Agree courses of action with individuals following assessment

Performance criteria

The practitioner will need to:

- (1) *communicate* with individuals in a way which emphasises the two way nature of communication and the role of the individual as an informed equal partner in the process
- (2) explain the possible outcomes of the assessment to individuals in an *appropriate* manner, level and pace
- (3) base decisions on the subsequent action to be taken on:
 - the information gained from assessing the individual and their symptoms
 - an evaluation of the level of risk
 - the consent and wishes of the individual
- (4) advise and encourage individuals to share information with appropriate health care practitioners when the practitioner finds information which may be significant for the individual's health and well-being
- (5) explain to individuals any benefits of integrating homeopathic treatment with the treatment provided by other health care practitioners and agree with individuals how this can best be achieved and the actions each should take
- (6) advise other health care practitioners of information obtained during homeopathic assessment:
 - when it is appropriate and necessary to do so
 - consistent with agreements reached with the individual
 - concisely and containing all the relevant information
 - in a form which they are able to use
 - in a manner appropriate to the practitioner concerned
- (7) offer advice to individuals whose needs are unsuitable for homeopathic treatment alone
- (8) record accurately, legibly and completely agreements reached with individuals and the resulting actions taken
- (9) seek advice and support promptly from an appropriate source if it becomes apparent that professional discussion and supervision are appropriate for the practitioner

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Range includes:

- 1 *Communicate using:*
 - a) speech and language
 - b) actions, gestures and body language
 - c) space and position
 - d) the written word

- 2 *Appropriate explanation in relation to the following factors:*
 - a) the individual's current state of health and well-being
 - b) their personal beliefs and preferences
 - c) their age and level of understanding
 - d) their cultural and social background
 - e) their awareness and understanding of their current state of health and well-being

UNIT HM2 Plan, prescribe and review homeopathic treatment

Elements of competence

- HM2.1 Prescribe homeopathic treatment for individuals
 - HM2.2 Dispense homeopathic remedies for individuals
 - HM2.3 Review the effectiveness of homeopathic treatment with individuals
-

Information about this unit

Summary

This unit describes standards for planning, implementing, monitoring and reviewing homeopathic treatment. It includes: prescribing remedies for individuals through the evaluation of symptoms and the symptom picture, the identification and differentiation between potential remedies, the selection of homeopathic treatment of a particular potency, dose and mode, and dispensing homeopathic remedies.

Who this unit is aimed at

This unit applies to any practitioner whose work aims to optimise a person's health and well-being through homeopathy, in whatever clinical context they practise and whether they work from their own premises, in clinics, in hospitals, in mobile units or in the individual's home.

The individuals with whom the practitioner works may be experiencing acute, sub-acute or chronic conditions, including terminal illness, or they may be seeking to optimise their health and well-being. The individuals for whom a homeopathic consultation is arranged, may be: unfamiliar with homeopathy; unknown to the practitioner; in an established working relationship with the practitioner for a short or long time, or returning to the practitioner after a period of discontinuing homeopathic consultations with them.

Principles of good practice

This unit is based on the premise that for effective homeopathic treatment planning and implementation to take place, the practitioner needs to understand the overall context of the individual and the holistic nature of health and social well-being. The practitioner must be able to communicate effectively with individuals and their companions and integrate their work with that of other practitioners.

Relationship to other units

This unit focuses on the planning, intervention and review stages of homeopathic treatment. The assessment of individuals' needs for homeopathy is described in unit HM1. This unit is similar in structure to unit PA11.2 in the National Occupational Standards for Professional Activity in Health Promotion and Care but has been put into the specific context of homeopathy.

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Units PA1.1 and PA1.2 from the Professional Activity standards, which focus on the development of self and others, are also of relevance to this area of work as it is vital that practitioners continue to update their knowledge and practice and share their learning with others.

Element

HM2.1 Prescribe *homeopathic treatment* for individuals

Performance criteria

The practitioner will need to:

- (1) reflect on and reappraise all of the information available about the individual and select a prescribing methodology which is appropriate for that individual
- (2) identify potential remedies using an *approach* which is:
 - consistent with the selected priority symptoms and the chosen prescribing methodology
 - justifiable in the light of the appraisal and the individual's full symptom picture
- (3) evaluate potential remedies to differentiate those remedies which are appropriate for the individual
- (4) select the remedy or remedies which are most appropriate for the individual and the stage of their homeopathic treatment
- (5) identify accurately *individual-related factors* and *remedy-related factors* which might affect the potency, dose or mode of remedies for an individual
- (6) explain the outcomes of the remedy identification and *possible responses to remedies* to individuals in an appropriate manner, level and pace and give them the necessary information on which to make an informed choice
- (7) prescribe the potency, *dose* and *dosage form* of remedies which are most likely to give optimum benefit for the individual given their symptom picture, homeopathic treatment goals and their wishes
- (8) explain clearly to the individual their responsibilities in taking the remedies
- (9) record accurately information on the remedy chosen and the rationale for its choice
- (10) seek advice and support promptly from an appropriate source if it becomes apparent that professional discussion and supervision are appropriate for the practitioner

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Range includes:

- 1 *Homeopathic treatment:*
 - a) first prescription
 - b) subsequent prescriptions

- 2 *Approaches to identifying potential remedies:*
 - a) repertorisation
 - b) own knowledge of materia medica and provings
 - c) material on case evaluation (eg research reports and articles)

- 3 *Individual-related factors:*
 - a) vitality
 - b) age
 - c) sensitivity
 - d) susceptibility
 - e) suppressive factors and maintaining causes
 - f) nature of condition (eg acute, chronic), and natural history of the disease
 - g) other concurrent or intercurrent medication or treatment
 - h) intensity/severity and velocity of symptoms
 - i) focus of symptoms (mental, general, particular)
 - j) prognosis
 - k) allergies (eg to lactose)
 - l) risk of aggravating symptoms
 - m) previous reactions to homeopathic remedies
 - n) motivation and commitment to treatment

- 4 *Remedy-related factors:*
 - a) forms in which the remedy is available
 - b) effects produced by different potencies
 - c) alternating states of remedies
 - d) previous prescriptions
 - e) relationship between remedies
 - f) risk of toxic reaction to the remedy

- 5 *Possible responses to remedies:*
 - a) restoration of health and well-being
 - b) amelioration
 - c) palliation
 - d) initial intensification of symptoms
 - e) change in symptoms
 - f) suppression
 - g) no reaction
 - h) deterioration

- 6 *Dose of remedy:*
 - a) duration for which the remedy will be taken
 - b) frequency at which the remedy will be taken
 - c) amount of remedy to be taken

- 7 *Dosage form:*
 - a) the form in which the remedy is dispensed (eg tablet, liquid)
 - b) the method of administration of the remedy

Element

HM2.2 Dispense homeopathic remedies for individuals

Performance criteria

The practitioner will need to:

- (1) confirm that the work area, and any necessary *equipment and materials* are safe, ready and fit for use
- (2) dispense remedies in a manner which minimises the risk of contamination and promotes safety and hygiene
- (3) place the remedy in a suitable container for the *method of administration* and the individual
- (4) *provide* clear, accurate and relevant *information* with the remedy
- (5) package containers which are to be posted in appropriate, protective packaging and dispatch them to the individual at the agreed time
- (6) give the individual clear, accurate information about what they might expect as a result of the treatment and what to do in the different circumstances
- (7) encourage the individual to:
 - monitor their condition and response to the remedy
 - note any changes in their health and well-being
 - contact the practitioner at an appropriate time if they have any concerns or queries in relation to their treatment
- (8) keep accurate, legible and complete records of the remedies dispensed and the advice given

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Range includes:

- 1 *Equipment and materials:*
 - a) for preparing remedies
 - b) for packaging remedies

- 2 *Method of administration:*
 - a) topical application
 - b) inhalation
 - c) oral administration

- 3 *Information provided, orally or in writing, consists of:*
 - a) the name of any individual for whom the remedy has been specifically dispensed
 - b) dispensing date
 - c) details of remedy as agreed with the individual
 - d) dosage and administration instructions
 - e) storage and handling instructions
 - f) any special information relating to antidotal factors

Element

HM2.3 Review the effectiveness of homeopathic treatment with individuals

Performance criteria

The practitioner will need to:

- (1) actively encourage individuals to:
 - take a full and active part in the review process consistent with the individual's wishes
 - reflect on further insights they may have in relation to their health and well-being
 - offer their *opinions* on the homeopathic treatment
- (2) discuss and review with individuals in an appropriate manner, level and pace the *outcomes* of the homeopathic treatment and its effectiveness
- (3) make an evaluation of the progress being made towards agreed goals, and proposals for *action following the review*, which are justifiable in the light of homeopathic principles and the available information
- (4) offer sufficient time and space to individuals to allow them to think through the information from the practitioner and come to their own judgments about it
- (5) reach agreement with individuals regarding appropriate action following the review
- (6) amend the homeopathic treatment appropriately to reflect the outcomes of the review
- (7) communicate information to others, particularly relevant health care practitioners, on the outcomes of the treatment and its review which achieve the best balance between:
 - the interests of the individual and agreements made with them
 - any inherent risks
 - the legal duty of care
- (8) keep accurate, legible and complete records of the review process
- (9) use the knowledge and understanding gained from working with the individual to inform future homeopathic treatment

Range includes:

- 1 *Opinions:*
 - a) individual's experience of the treatment
 - b) extent to which the treatment has achieved the individual's aims and goals
 - c) the individual's broader needs
 - d) changes in, and continuation of, symptoms
 - e) factors other than the remedy which may have caused or contributed to, changes in/continuation of symptoms
 - f) factors which may have impeded the individual's reaction to the remedy

- 2 *Outcomes of the homeopathy programme:*
 - a) restoration of health and well-being
 - b) amelioration
 - c) palliation
 - d) initial intensification of symptoms
 - e) change in symptoms
 - f) suppression
 - g) no reaction
 - h) deterioration

- 3 *Action following the review:*
 - a) allow previous remedy more time to work
 - b) identical repeat prescription
 - c) prescribe different potency, dose, form, or method of administration of same remedy
 - d) give placebo
 - e) further evaluation and new prescription
 - f) discontinue treatment
 - g) advise to seek alternative or supplementary investigation or treatment
 - h) antidote the remedy

Description of knowledge, understanding and skills needed for the homeopathy standards - units HM1 and HM2

- A *Health and social well-being*
- 1 the relationship between the physical, social, emotional and economic context in which people live and their health and well-being
 - 2 the resources available to individuals to make changes to the context in which they live and make choices about their lifestyles
 - 3 the potential effect of lifestyle (eg diet) on individuals' health and social well-being
 - 4 how personal beliefs and preferences affect individuals' lives and the choices which they make
 - 5 psychological and emotional functioning of individuals and how this may affect their health and well-being
 - 6 physical functioning and development of the human body
 - 7 disease processes and their manifestations sufficient to make or obtain a conventional diagnosis and to understand its implications
 - 8 medical terms and disease processes sufficient to maintain a dialogue with other health care practitioners and to assist in exploring the following for the purpose of homeopathic assessment, prognosis and treatment:
 - i) the meaning and significance of medical information and diagnoses
 - ii) the difference between common and characteristic symptoms and modalities
 - iii) which, if any, examinations are relevant and safe for individuals, referring to other health care practitioners for advice if necessary or desirable
 - iv) the likely course of disease processes
 - v) possible distinctions between common, pathognomonic, iatrogenic and characteristic symptoms
 - vi) integration and management of the individual's treatment when they are seeking to comply with different/multiple regimes
 - vii) common and major signs and symptoms of conditions which could pose a serious risk to individuals' health and well-being and which are consistent with the practitioner's role in relation to medical diagnosis
 - 9 how to access informed advice on unfamiliar conditions
 - 10 the nature of disability and the role of the practitioner in working with those with disabilities
 - 11 abilities and disabilities of the people with whom the practitioner is working and how these may affect the nature and form of support which is necessary for purposeful interactions (eg communication support, mobility assistance)
 - 12 the implications of personal and family health history, life events and social and environmental factors
 - 14 the roles and responsibilities of other health care practitioners who may be involved with the individual and how to liaise with them appropriately
 - 15 how to enable individuals to manage and make their own decisions if they are given conflicting professional advice

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B Drugs and substances - pharmacology

- 1 sources of information on the effects and side effects and interactions of drugs and substances and how to access and use such information to assist in differentiating between characteristic and iatrogenic signs, symptoms and modalities and to understand their influence on the natural history of the illness
- 2 the dangers or consequences of individuals withdrawing from drugs and substances, both prescribed and self-administered eg adrenal crisis on sudden withdrawal of steroids
- 3 safe and acceptable opportunities for reducing or withdrawing conventional medication; appropriate management of this process, including liaison with other prescribing health care practitioners

C Consultation skills

- 1 effective ways of enabling individuals to talk through relevant aspects of their lives in a way which is sensitive to their needs and concerns (eg active listening, reflecting, clarifying and summarising, guiding, questioning)
- 2 the importance of not imposing one's own beliefs, values and attitudes on individuals, of enabling them to express things in their own way and of recognising the value of their own beliefs, attitudes and experiences
- 3 approaches and techniques for eliciting information (eg open questions) and appropriate combinations/sequence of approaches at different times during consultation
- 4 significant aspects of appearance, body language, speech and behaviour - and how to recognise and interpret them
- 5 situations where it may be necessary or useful to involve someone else in consultation (eg when treating children)
- 6 the potential for misunderstanding and misrepresentation when other people are involved in discussions, and ways of minimising such risks and establishing the facts
- 7 dynamics of family relationships and of individual/practitioner relationships - and how individuals' willingness to talk freely may be affected by the presence of a third party
- 8 the extent of the practitioner's role and competence in relation to various types of examination and when it might be necessary to refer, including:
 - i) the information which can be obtained from a variety of examinations and how this can supplement and enhance that gained from talking to the individual
 - ii) equipment, materials and methods for carrying out examinations
 - iii) common medical tests and other diagnostic procedures, the information they can provide, and how this information can be used to support the use of appropriate investigations to guide the management of the problem
 - iv) sources of information on the meaning and implications of test results - and how to access and use these sources
- 9 how to record accurately information for assessment and treatment purposes
- 10 the purpose of informing individuals and their companions of the nature and duration of the assessment and the type of information which may be entered on records

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- 11 how to be supportive to individuals and their companions whilst recognising that this is resource intensive and may bring other pressures to bear, such as the number of individuals who can be seen in one period of time
- 12 the extent of the practitioner's role and knowledge in relation to assessment as a whole and when there might be a need to advise the individual to consult other health care practitioners
- 13 how to show respect for the individual's privacy and dignity and minimise any discomfort given the investigative and intimate nature of consultations

D Homeopathic principles and reasoning

- 1 the principles and consequences of treating like with like and using minimum dose
- 2 the importance of getting full information on both presenting problems and relevant contextual factors for effective homeopathic treatment
- 3 the scope and significance of the physical, mental, emotional, social, spiritual and environmental factors which should be explored with individuals, including:
 - i) onset, duration and intensity/severity of symptoms
 - ii) current physical, mental/emotional and general states - and any modalities of a general or particular nature
 - iii) personal medical history
 - iv) family medical history
 - v) significant life events - and reactions to them
 - vi) spiritual balance and influences
 - vii) lifestyle, work and home situation - including any stressors, use of recreational drugs
 - viii) reaction to environmental factors eg weather, ambient temperature, pollution
- 4 the patterns and inter-relationships that are to be found in different aspects of people's lives, including the possible relationships between symptoms
- 5 homeopathic criteria against which to evaluate information given by individuals in order to focus further questioning and discussion, including:
 - i) relative value of symptoms (unqualified, common, complete)
 - ii) relative value for repertorisation (rubrics)
 - iii) types of remedies (materia medica)
- 6 principles of direction of cure - and how to apply them to the development of treatment plans
- 7 how to evaluate a range of theories and use them in a creative way to address the particular, unique and complex problems of practice in general, and specifically those that are appropriate to the particular individual
- 8 strategies for selecting and rejecting approaches to evaluation and treatment planning according to the specific and contradictory problems presented
- 9 the importance of managing periods of uncertainty without reaching hasty conclusions when the individual presents problems which are unique, complex and unpredictable
- 10 methods of assessing one's own competence in the use of different examinations and the relationship of this to the updating of knowledge and skills

E Homeopathic evaluation

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- 1 the importance of working from full, valid and reliable information when evaluating symptom pictures and techniques for assessing whether the information available meets these criteria
- 2 effective strategies for evaluating, analysing and synthesising a wide range of information
- 3 the relevance and relative importance of the different aspects of cases for treatment planning and prescribing
- 4 ways in which symptoms may be suppressed or altered by other factors (eg conventional medication, diet, lifestyle, surgery, contraception etc)
- 5 principles of aetiology and how the physical, mental and emotional aspects of individuals' lives may interact
- 6 principles and methods of categorising symptoms in homeopathic evaluation, including:
 - i) mental/general/particular
 - ii) concomitant
 - iii) complete/incomplete
 - iv) common
 - v) characteristic
 - vi) striking, individualising symptoms ('strange, rare and peculiar')
 - vii) symptoms of 'indisposition' (eg hangover)
 - viii) symptoms suggestive of miasmatic influence
 - ix) exciting and maintaining causes
 - x) pathognomonic symptoms
 - xi) iatrogenic symptoms
- 7 a variety of approaches and effective methods for evaluating, analysing and synthesising a wide range of information for its relevance to the individual's profile
- 8 the relative value of signs and symptoms and their order of priority within the practitioner's chosen approach
- 9 the nature, purpose and importance of homeopathic prognoses, and how they differ from conventional medical prognoses
- 10 the type of information, and level of detail to include in homeopathic prognoses
- 11 homeopathic principles of the direction of cure and of the return of symptoms - and their application to different symptoms and conditions
- 12 factors to consider when formulating a prognosis, and how each of them may affect individuals' health and well-being, both with and without homeopathic treatment, including:
 - i) individual's vitality
 - ii) individual's age
 - iii) nature and duration of symptoms
 - iv) medical history (individual and family)
 - v) aetiology
 - vi) miasmatic influences
 - vii) suppressive factors
 - viii) exciting and maintaining causes
 - ix) current conventional prognoses and treatment
 - x) individual motivation and commitment to treatment
 - xi) the individual's family and their resistance to any change
 - xii) other treatments the individual is undertaking

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- xiii) experience and effectiveness of previous treatment (homeopathic and other)
- xiv) individual's expectations and preferences
- 13 nature and extent of changes in individual symptoms expected from different types/families of remedies, and ways of reflecting these in prognoses
- 14 reasoning processes during assessment and how to make initial assessments of the individual's needs and yet continually re-evaluate and hold these open to question as further information is obtained
- 15 the information which would confirm or deny initial hypotheses and the reasons for this in particular cases
- 16 how to integrate and synthesise all of the information obtained about an individual so that it can be considered as a whole and how to re-evaluate information which appears inconsistent
- 17 how to structure assessment records so that they contain all of the necessary information and are suitable for further use

F Homeopathic treatment planning

- 1 ways in which individual safety may be compromised by inappropriate homeopathic prescribing (eg if the individual has a very weak vital force) and how to minimise such risks through effective treatment planning
- 2 principles underlying, and methods of applying, different prescribing methodologies ie
 - i) miasmatic
 - ii) key notes
 - iii) organopathy
 - iv) isopathy
 - v) tautopathy
 - vi) constitutional
 - vii) other newly developing methodologies
- 3 factors to consider in deciding an appropriate prescribing methodology, or sequence of prescribing methodologies
- 4 situations in which it may be appropriate to delay prescribing any remedy to individuals (eg if their symptoms need to stabilise in order to develop a clear profile or to allow the effects of other intercurrent interventions to be fully realised)
- 5 the relative significance of different systems for homeopathic assessment, in relation to the different prescribing methodologies
- 6 reasons why symptoms, organs and systems are of differing value, according to homeopathic philosophy and principles
- 7 the circumstances in which it may be appropriate or necessary to adapt established symptom hierarchies, and how to do this in accordance with homeopathic principles
- 8 the scope for flexible and creative evaluation of symptoms, and adaptation of symptom hierarchies, to meet particular individual needs
- 9 sources of information on the principles and validity of new and developing models and methodologies
- 10 the purpose of determining during the planning phase how the programme will be evaluated and what the individual's role will be in the evaluation

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G Materia medica

- 1 relationship between, and appropriateness of, different remedies/groups of remedies and the various prescribing methodologies
- 2 nature and extent of symptoms expected from different classes/families of remedies
- 3 main characteristics of the remedy pictures of commonly used remedies (including polycrests, isopathic remedies, nosodes, common acute remedies and first aid remedies - a working knowledge of these remedies is required)
- 4 sources of relevant, appropriate and up-to-date information on individual and less commonly used remedies, and remedy relationships and families - and how to access and use such information sources
- 5 the differences in content, structure and approach between the different types of materia medica, and the benefits and limitations of each
- 6 affinities of individual remedies, and groups of remedies, for particular organs and tissues
- 7 possible contra-indications for particular remedies and potencies in particular conditions
- 8 how to interpret and analyse information gathered from materia medica and provings and how to evaluate and synthesise this information in a creative way capturing the patterns and essential characteristics of the remedy pictures

H Remedy identification and evaluation

- 1 principles of identifying remedies - ie matching remedy pictures and symptom pictures
- 2 principles of remedy comparison (differential diagnosis)
- 3 different ways of identifying remedies, and the different types of information and experience which may be drawn on
- 4 circumstances in which it is/is not necessary or desirable to carry out formal repertorisation
- 5 the different types of repertory available, and the value, limitations, and types of anomalies of each (eg mistakes, remedies which are not included or poorly represented), including:
 - i) alphabetical
 - ii) schematic
 - iii) specialist
 - iv) therapeutic/clinical
- 6 different repertorisation aids, both paper and electronic and how to use them
- 7 the purpose of rubrics and sub-rubrics and the means by which they are developed from experimental evidence (provings)
- 8 the ways in which the different types of repertory are structured, including the format of rubrics and sub-rubrics
- 9 how to find relevant rubrics in the different types of repertory
- 10 methods of using repertories to identify potential remedies
- 11 how to transpose the language used by individuals into the language of the repertory
- 12 terminology and abbreviations used in the repertory including contemporary and anachronistic medical terminology
- 13 systems of grading used in different repertories, and their significance

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- 14 sources of information on the principles and validity of new and developing approaches to remedy evaluation
- 15 effective ways of integrating information from earlier stages of the analysis to produce a picture of the individual
- 16 the importance of taking a critical approach to testing one's hypotheses in relation to remedies, rather than just aiming to confirm them
- 17 individual preferences which may impact on choice of remedy (eg unwillingness to use animal products)

I Homeopathic prescribing

- 1 principles of minimum dose and repetition of dose
- 2 individual-related factors to consider when deciding on potency, dose and mode of remedies, and how these various factors may affect individuals' reactions to remedies, including:
 - i) vitality
 - ii) age
 - iii) sensitivity
 - iv) susceptibility
 - v) suppressive factors and maintaining causes
 - vi) nature of condition (eg acute, chronic), and natural history of the disease
 - vii) other concurrent or intercurrent medication or treatment
 - viii) intensity/severity and velocity of symptoms
 - ix) focus of symptoms (mental, general, particular)
 - x) prognosis
 - xi) allergies (eg to lactose)
 - xii) risk of aggravating symptoms
 - xiii) previous reactions to homeopathic remedies
- 3 remedy-related factors to consider when deciding on potency, dose and mode of remedies, and how these various factors may affect individuals' reactions to remedies, including:
 - i) forms in which the remedy is available
 - ii) effects produced by different potencies
 - iii) alternating states of remedies
 - iv) previous prescriptions
 - v) relationship of remedies
 - vi) risk of toxic reaction to the remedy
- 4 principles and methods for selecting potency through observation and information gathered from the individual and from other sources
- 5 terminology and abbreviations used for describing potencies (eg decimal, centesimal, fifty millesimal (LM), millesimal, mother tincture)

J Dispensing and advising on the use of homeopathic remedies

- 1 how to dispense, package and store remedies safely and in line with legal requirements
- 2 factors which can contaminate remedies (such as bacteria, strong odours, strong light, heat, electromagnetic fields, previous contamination of containers by other remedies or substances, direct contact)
- 3 factors which may inactivate remedies such as extreme heat and cold, and how this may affect postal arrangements

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- 4 different types of materials which may be used to contain remedies (eg glass,
5 plastic, paper, rubber), and how they may deteriorate and affect remedies
6 techniques for adding medication to blank carriers, such as tablets, liquids and
7 powders (pharmacy techniques)
8 potential susceptibility of the practitioner to remedies and how such sensitivities
9 can be minimised
10 legal requirements for holding a dispensing licence and insurance for selling on
11 products if remedies are assembled and dispatched by the practitioner rather than
12 dispatched directly from a pharmacy
13 principles and methods relating to the use/administration of the different forms
14 of homeopathic remedy, and different methods of administration
15 negative effects which may be experienced by individuals, how to distinguish
16 these from other causes of negative change, how these are explained by
17 homeopathic principles and philosophy (including the principles of direction of
18 cure) and how to explain to individuals what might be expected as a result of the
19 treatment:
20 i) initial intensification of existing symptoms (aggravations)
21 ii) return of old symptoms
22 iii) development of different symptoms
23 action which individuals should take if they experience any negative effects -
24 and the importance of them contacting the practitioner in the first instance if at
25 all possible
26 nature and extent of changes to individual symptoms expected from different
27 remedies/remedy families

K Reviewing the effectiveness of homeopathic treatment

- 1 homeopathic concepts of health, disease, and progress in treatment - and how
2 they differ from conventional concepts
3 principles of direction of cure and return of symptoms - and their application to
4 different conditions and individuals
5 maintaining, suppressing and anti-doting factors - how to recognise these and
6 assess their impact on individuals' reactions to remedies
7 principles and methods for recognising the effects of simillimum, similar, and
8 non-similar remedies on individuals' symptoms
9 factors to consider in deciding appropriate action following a review - and the
10 circumstances in which the different types of action would be appropriate
11 effective ways of enabling individuals to recognise progress (eg by reference to
12 vitality or emotional well-being)
13 how individuals and their companions may indicate concerns in the process
14 without making them clear and explicit
15 the purpose of supporting the individual to consider the implications of any
16 changes which are made to the treatment
17 methods of recording the outcomes and content of the review process
18 effectively, and the information which it is necessary to include
19 the variety of reasons there may be for discontinuing treatment with individuals
20 and the reasons why they may not wish this to happen
21 the variety of reasons why individuals may wish to discontinue treatment and
22 how to acknowledge and respect this choice

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- 12 how to enable individuals to gain a second opinion on homeopathic assessment and treatment if they wish this to happen

L Courses of action following assessment

- 1 methods of explaining clearly to individuals and their companions the outcomes of the assessment
- 2 the different concerns which individuals and their companions may have about the assessment and its outcomes and how to recognise and respect these whilst at the same time being honest and open with those concerned
- 3 how to assess the risks which there may be in various courses of action for the individual
- 4 reasoning processes around balancing the assessment of individuals' needs, risks, resource availability, service priorities, and the relevance and value of other health care treatments
- 5 how to establish and maintain links, and communicate effectively with other health care practitioners (especially GPs)
- 6 how to reappraise one's own role and competence following the assessment, determining whether further support and/or expertise is needed for either oneself or the individual

M Professional standards and codes of practice

- 1 the principles on which the practitioner's professional standards and codes of conduct are based and the nature and role of the bodies which set professional rules and ethics
- 2 how to interpret and apply rules and ethics of professional practice and codes of conduct
- 3 how to monitor, analyse and assess the implications of changes in rules and ethics of professional practice and codes of conduct
- 4 how to evaluate, question and promote changes in rules and ethics of professional practice and codes of conduct
- 5 how to balance one's responsibilities as a professional with any organisational and contractual requirements to which one may be working
- 6 the codes of practice and responsibilities of other health care practitioners and their relationship to those of the homeopathic profession

N Legislation

- 1 the legislation (national and European) which relates to the work being undertaken, the context in which it takes place and the individuals with whom the practitioner works
- 2 codes of good practice which support the implementation of legislation, such as in relation to health and safety
- 3 how to monitor, analyse and assess the implication of, and changes in, legislation and the regulatory environment
- 4 how to interpret and apply relevant legislation to the work being undertaken

O Employment and organisational policies and practices

- 1 the nature of the health and social care sector and the roles and functions of the principal agencies within it

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- 2 the contractual arrangements relating to the services which the practitioner is offering
- 3 charters of rights for individuals who are in receipt of services and the impact of these on the work role of the practitioner
- 4 the nature, extent and boundaries of the practitioner's work role and its relationship to the roles of other health and social care practitioners

P Communication and relationships

- 1 the meaning of effective 'communication' and how to achieve it
- 2 the ways in which communication can be modified and altered for different needs, contexts and beliefs
- 3 the ways in which people communicate by behaviour as well as through language and how different forms of behaviour can be interpreted
- 4 the role of communication in maintaining individual identity and social interaction and factors to consider in deciding an appropriate manner and style of communication (eg individual age, abilities, culture, ethnicity)
- 5 the nature of differences in communication and how these may be reduced
- 6 the effect of environments and contexts on effective communication
- 7 ways of adapting the content and style of communication to meet different individuals' needs (eg having toys available to make it possible to observe children at play)
- 8 the value of communication in maintaining and improving interprofessional understanding and relationships

Q Work role and practice - reflecting and developing

- 1 how to evaluate one's own competence, determine when further support and expertise are needed and the measures which may be taken to improve own competence
- 2 how to evaluate the effectiveness of one's own actions and learn from experience
- 3 how to inform and consult others on problems and proposals and encourage others to offer ideas and challenges
- 4 the need to develop one's own competence and skills in accordance with changes in knowledge and practice
- 5 how the practitioner's area and scope of practice are changing, the evidence which is available on the effectiveness of interventions and the implications of this for their own skill and knowledge base
- 6 the development and evolution of models, concepts and paradigms in the practitioner's area of practice including how they shift and change and similarities and differences between them
- 7 ways in which effective links can be developed and maintained with other care providers and protocols for doing this
- 8 the extent of the practitioner's role, knowledge and competence and when they need to refer the individual to another practitioner
- 9 role and purpose of professional supervision and other support mechanisms for both clinical and professional issues - and ways of accessing such support
- 10 the contribution which the practitioner can make as a member of the homeopathic profession through sharing learning (eg clinical experience on

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newly proved remedies, the occurrence of epidemics, new clinical observations of old remedies)

R Confidentiality

- 1 the relationship of confidentiality to individual rights
- 2 the dilemmas surrounding confidentiality and the tensions which may exist between an individual's rights, the practitioner's responsibility to individuals and their responsibility to others, including liaison with other health care practitioners
- 3 the reasons there may be for breaking confidentiality agreements such as when the individual poses a risk to themselves or others, when there is a legal requirement to disclose information for professional supervision purposes
- 4 the particular aspects which have to be taken into account regarding how information is transmitted
- 5 the differing policies which organisations may have to the confidentiality, access and transmission of information and the effect of these on quality of service
- 6 how confidentiality may be inadvertently breached

S Consent

- 1 current debates around the issue of consent, how the meaning of 'consent' may differ between different practitioner groups and the nature of the interventions which they make
- 2 the meaning of informed individual consent and the guidance given by the practitioner's professional body on this, particularly in relation to where there is a need for written consent
- 3 methods of obtaining consent and how to confirm that the individual has been given sufficient information on which to base their judgments
- 4 who holds responsibility for gaining consent and when this should be done
- 5 methods of obtaining informed consent from individuals who are unable to give the consent themselves, who has the right to give this consent, the measures which need to be taken to confirm that the agreements reached are likely to be in the individuals' best interest
- 6 the meaning of implied consent and the circumstances when this may be used (eg life and death situations)
- 7 local and organisational policies on consent, including any specific requirements under contractual agreements

T Health, safety and the control of infection

- 1 the legal and ethical responsibility of the practitioner for promoting their own and individuals' health and safety whilst on the practitioner's (or their employer's) premises and during treatment
- 2 methods and techniques for controlling infection, such as effective hand cleansing, cleansing of beds, covers and towels and disposing of clinical waste
- 3 the dangers of contact with some body fluids (eg blood) and the relative safety of normal daily contact
- 4 notifiable diseases, the practitioner's role and responsibility in relation to them and confidentiality agreements
- 5 classified substance use, the practitioner's role and responsibility in relation to their use and confidentiality agreements

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U Preparation - personal

- 1 the kinds of physical, mental and emotional health issues for the practitioner which can affect consultation/treatment (eg short and long term personal stress, infection) and the appropriate action to take (eg postponing appointments, seeking support and help)
- 2 the importance of good personal presentation for developing and maintaining effective working relationships with different individuals
- 3 how to prepare self for consultation and treatment purposes

V Preparation - environmental

- 1 ways of providing a welcoming and relaxing environment appropriate to the individual and their particular requirements and how room layout contributes to the dynamics of the practitioner/individual relationship
- 2 issues and considerations when working outside one's own premises
- 3 ways in which individuals' particular requirements may affect the way in which equipment, materials and work areas should be prepared
- 4 the importance of minimising interruptions to consultations and effective ways of doing so
- 5 how to develop systems which safeguard the individual and the practitioner from vulnerability, or unfounded allegations
- 6 how to make the environments appropriate for the individual and their particular needs
- 7 how to prepare the environment appropriately for consultations
- 8 the purpose of introducing everyone present and confirming their role

UNIT PAO2 Promote people's equality, diversity and rights

Elements of competence

- PAO2.1 Promote people's rights and responsibilities
- PAO2.2 Promote equality and diversity of people
- PAO2.3 Promote people's right to the confidentiality of information

Information about this unit

Summary

This unit is about promoting the equality and diversity of people and their rights and responsibilities. Due to the often sensitive nature of the information about people with which the sector deals, the promotion of confidentiality is also included. The practitioner is expected to be proactive in promoting:

- people's rights and responsibilities
- equality and diversity
- people's right to confidentiality.

The standards recognise however that these areas often have a number of competing tensions: within people themselves, between different people and between people and organisations. Discrimination against people may occur for a wide range of reasons such as: differing abilities, age, class, caste, creed, culture, gender, health status, relationship status, mental health, offending background, place of origin, political beliefs, race, responsibility for dependents, religion, sexuality.

The term 'people' is used broadly to cover individuals, families, groups, communities and organisations. The people may be clients, colleagues or anyone else with whom the practitioner comes into contact.

Who this unit is aimed at

The unit is designed to be applicable to anyone who works in the health and social care sector and who has responsibility and accountability for their own actions. This will include: managers, professionals, technicians and some support staff.

Principles of good practice

This unit describes in detail the principles of good practice which are common across the sector and which cannot be sufficiently well described in the detail of the other units.

Relationship to other units

This unit relates to, and is closely bound with, all other units. This is because the Principles of Good Practice described in detail in this unit should directly influence and mould how the practitioner undertakes all the rest of their work activities.

This unit is drawn from the National Occupational Standards for Professional Activity in Health Promotion and Care and also appears as unit CSC97CA_O2 in the Care standards.

Element

PAO2.1 Promote people's rights and responsibilities

Performance criteria

The practitioner will need to:

- (1) act in ways which recognise people's right to make their own decisions in the *context* of their lives and which acknowledge people's responsibilities
- (2) interpret the meaning of rights and responsibilities in their actions consistent with existing legislative frameworks and organisational policy
- (3) provide *information* which is up-to-date and takes account of the complexity of the decisions which people may need to make
- (4) give *appropriate help* to people who are unable to *exercise their* rights personally
- (5) acknowledge *tensions* between rights and responsibilities and give the *appropriate support towards their resolution*
- (6) make accurate, legible and complete records relating to the promotion of rights and responsibilities
- (7) record information in a way that is consistent with the promotion of rights and distinguishes between facts and opinions
- (8) provide the necessary information to people who wish to make a complaint about an infringement of their rights

Range includes:

- 1 *Context:*
 - a) socio-economic
 - b) personal
- 2 *Information:*
 - a) unwritten (may include the use of speech, signs and symbols)
 - b) written
- 3 *Appropriate help to exercise rights:*
 - a) acting on behalf of the person when they are not able to do so
 - b) seeking someone else to act on the person's behalf (may include recognising the need for an interpreter or advocate)
- 4 *Tensions:*
 - a) within people
 - b) between people
 - c) between people and organisations

- 5 *Appropriate support towards resolution:*
- a) direct challenges to the people concerned
 - b) help sought from others towards a resolution
 - c) seek to change the structures and systems which affect the person's rights

Explanatory note

Range 1a): Socio-economic context of people includes: their disposable income, relative income, housing; for colleagues it might also include their position in any management hierarchy. Range 1b): Personal context includes: their personal beliefs and preferences, support systems (eg family and friends), gender, sexuality, age, abilities.

In range 2: 'unwritten' may include the use of speech, signs and symbols.

In range 3: seeking someone else to act on someone's behalf may include: recognising the need for a parent, interpreter or advocate.

Element

PAO2.2 Promote equality and *diversity* of people

Performance criteria

The practitioner will need to:

- (1) act in ways which are consistent with people's expressed beliefs and views and which acknowledge the benefits of diversity
- (2) promote anti-discriminatory practice in ways which are consistent with professional and legislative frameworks and organisational policy
- (3) take *appropriate action* to minimise the impact of discrimination and oppression on people
- (4) seek the *appropriate support* when they are having difficulty promoting equality and diversity
- (5) make accurate, legible and complete records relating to the promotion of equality and diversity
- (6) record information in a way that is consistent with the promotion of equality and diversity

Range includes:

- 1 *Diversity:*
 - a) individual and social characteristics
 - b) values and beliefs
- 2 *Appropriate action:*
 - a) challenge the source of the discrimination and oppression
 - b) seek the support of others to challenge discrimination and oppression
 - c) seek appropriate support for the person who is being oppressed or discriminated against
- 3 *Appropriate support:*
 - a) advice, guidance, counselling and support for the practitioner
 - b) support for joint action to challenge discrimination and oppression

Explanatory notes

'Professional frameworks' in performance criterion 2 means that the practitioner's actions in promoting anti-discriminatory practice should be consistent with the codes of ethics of any professional body to which they belong.

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Range 1a): individual and social characteristics: will include age, gender, sexuality, place of origin, race, health status, abilities, class, caste, relationship status, offending background, responsibility for dependents; Range 1b): values and beliefs will include: creed, culture, political beliefs, religion.

Element

PAO2.3 Promote people's right to the confidentiality of information

Performance criteria

The practitioner will need to:

- (1) *store information* in, and retrieve it from, recording systems consistent with the requirements of legislation and organisational policy
- (2) make accurate and legible records which contain only the information necessary for the record's purpose
- (3) disclose information only to those who have the right and need to know, and when proof of their identity has been obtained
- (4) take the *appropriate precautions* when *communicating* confidential or sensitive information to those who have the right and need to know it
- (5) tell people in a clear and appropriate manner that the information will be shared with others if they have told the practitioner something which the practitioner is required to share with others
- (6) handle confidential records securely and store them in the correct place
- (7) seek *support* when it appears that information is being misused

Range includes:

1 *Information stored:*

- a) electronically
- b) in writing

2 *Appropriate precautions in relation to:*

- a) who might overhear or oversee the information
- b) who might access the information

3 *Communicating:*

- a) electronically
- b) in writing
- c) orally (may include the use of speech, signing and symbols)

4 *Support:*

- a) advice from colleagues and others on the action the practitioner should take
- b) support from colleagues and others to take joint action

Explanatory note

'Appropriate precautions' in performance criterion (4) will depend on a number of factors such as: how the information is being communicated, the setting, who else is or

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‘Information which the practitioner is required to share’ in performance criterion (5) might include: indicators that the health and social well-being of the person who told the practitioner is at risk, others may be put at risk, the person is indicating symptoms of ill health which need to be acted on and are in their plan of care (eg hearing voices), indicators of abuse, information which directly affects the organisation and its effectiveness. Such requirements may be identified in places as: codes of conduct, plans of care, legislation.

In range 3: ‘orally’ may include the use of speech, signs and symbols.

Description of the knowledge, understanding and skills needed for the standards in this unit

- A Rights and responsibilities*
- 1 what is meant by the rights of people and those rights which the care sector has a particular responsibility to promote
 - 2 the responsibilities which people have to those with whom they live, work and directly interact, and to the wider community
 - 3 the tensions which people experience between their own rights and responsibilities
 - 4 the tensions which there are between different people’s and organisations’ rights and responsibilities
 - 5 how the socio-economic and personal context of people’s lives affects their values and priorities and the decisions they are able to make
 - 6 why the decisions which people make about their lives are complex and the nature of this complexity
 - 7 how to get hold of information relating to rights and the resources/support which are available to back this up
- B Promoting rights*
- 1 the ways in which the practitioner can best promote people’s rights
 - 2 how to recognise when people are not able to exercise their rights personally
 - 3 methods of enabling people to exercise their rights effectively - themselves, through the practitioner or through the use of another (such as an interpreter or advocate)
 - 4 how best to challenge people when their choices or actions infringe the rights of others
 - 5 how systems and structures can have an effect on people’s rights and the practitioner’s responsibility in drawing this to people’s attention
- C Personal beliefs and identity*
- 1 why it is important to encourage individuals to communicate what they want as long as this does not adversely affect the rights of others
 - 2 how personal beliefs and preferences (including the practitioner’s own) may affect the way in which people interact with others (eg the inappropriate use of the term ‘Christian name’ to those who are not of the Christian faith rather than using ‘first name’)

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- 3 the effect which beliefs and preferences may have on aspects of daily living (such as diet, clothing, transport, worship and access to others)
- 4 the effects which the practitioner's own beliefs may have on their behaviour and the methods which they can use to identify their own prejudice and challenge it
- 5 the limits which various environments impose on behaviour and the particular limits which are imposed in the practitioner's environment

D Equality and diversity

- 1 the principle of equity in the care sector and how this relates to people's needs
- 2 the effect of equality and inequality on people's health and social well-being
- 3 structural inequalities in the current provision of care and the effect of these on people's lives
- 4 how equality of access and provision may best be promoted
- 5 the diverse experiences and perspectives which people bring to any interactions
- 6 the benefits of diversity in a multi-cultural society

E Discrimination, oppression and anti-discriminatory practice

- 1 the assumptions and oppressions which surround different groups (such as sexism, racism, ageism, heterosexism, ablism, discrimination against those with mental health problems and learning disabilities) and the ways in which this is built into society and organisations
- 2 the forms which discrimination may take, the behaviours which may be expressions of these and how they may differ between different groups and in different settings
- 3 possible effects of stereotyping, prejudice and labelling on people
- 4 methods of challenging discriminatory behaviour and attitudes
- 5 the difference between inappropriate, unfair and unjust discrimination in contrast to appropriate, fair and just discrimination (such as when it is necessary to select individuals from a large number and explicit criteria are used to do so)

F Confidentiality and rights

- 1 the relationship of confidentiality to individual rights
- 2 why individual choice regarding the confidentiality of information should be respected as far as is possible and the circumstances which over-ride individual choice (eg statutory obligations)
- 3 how information can be misused by individuals and organisations

G Confidentiality and risk

- 1 the grey areas surrounding confidentiality and the tensions which may exist between individual, group, societal and organisational rights and responsibilities
- 2 the reasons why some people may claim they have the right or the need to know information (eg where the request is based on genuine or false information such as the risks of transmission of particular diseases)
- 3 the information which may indicate that people are at risk (such as someone intends to commit suicide, someone is taking drugs which may affect their actions) and the organisation's policy on handling the confidentiality of such information

H Confidentiality - maintenance

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- 1 how the transmission of information, and the setting in which it takes place, may affect confidentiality (eg telephone conversations in open offices, faxes arriving at central points)
- 2 how proof of identity may be obtained from various sources
- 3 the differing policies which organisations may have to the confidentiality, access and transmission of information and the effect which this has on the practitioner's role
- 4 what acceptable proof of identity is and the different forms which this may take
- 5 the methods for maintaining confidentiality in public environments
- 6 how confidentiality may be inadvertently breached

I Legislation, charters and organisational policy

- 1 rights and responsibilities of people under current legislation and agreed legislation which is in the process of being implemented
- 2 particular rights and restrictions under legislation related to people with whom, and settings with which, the practitioner is involved (eg Mental Health Act, Children Act)
- 3 the legislation and charters which are applicable to the setting/group (eg Mental Health Act, Children Act) and particularly those which govern the way in which the individual relates to others
- 4 legislative requirements and the organisational policies and procedures relating to the recognition of personal beliefs
- 5 the legal framework in which access to, and transmission of, information is set and how this may differ for different individuals and in different settings (eg Mental Health Act, Children Act)
- 6 moral rights which are not recognised in law but which are broadly accepted within a democratic society
- 7 the public charters and policies which relate to the people or settings in which the practitioner works
- 8 organisational policies (of the organisation which employs or contracts the practitioner) relating to rights and responsibilities and how these differ from the policies of other organisations
- 9 the records which the practitioner is responsible for completing in relation to rights and responsibilities
- 10 relevant complaints systems and methods of accessing these

J Work role - its boundaries and support

- 1 the role of the practitioner in promoting rights and responsibilities, the limits and boundaries of their work role and the practitioner's relationship to others in the setting
- 2 how the practitioner can best handle the tensions which they may feel between their values and beliefs and those of the people with whom they work
- 3 the role of the practitioner in the setting, the limits which are set on the actions which they may take and their relationship to other members of the work team
- 4 the other sources of information which may be available to the practitioner or which may have a bearing on their behaviour, such as guidelines, policy and law
- 5 the support services available to the practitioner
- 6 the ways in which communication with people may reflect the role of the practitioner and the power invested in that role

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- 7 where the practitioner may go for support regarding concerns about the misuse of information if they believe that there is a conflict of interest

UNIT PA1.1 Develop one's own professional knowledge and practice

Elements of competence

- PA1.1.1 Reflect on and evaluate one's own values, priorities, interests and effectiveness
- PA1.1.2 Synthesise new knowledge into the development of one's own practice

Information about this unit

Summary

This unit describes the development of one's own professional knowledge and practice - a key part of a practitioner's role.

The first element is about reflecting on and evaluating one's own values, interests, priorities and effectiveness in practice as it is only through knowing oneself that one can reflect on the effectiveness of one's interaction with others. This is particularly the case in the health and social care sector when so many areas of practice are inter-mixed with potentially conflicting values and priorities. This element is based on the belief that to be effective in practice one needs to know not only the starting point of the people with whom one works but also one's own basis of action. The element captures reflecting on the effectiveness of the outcomes and processes of one's practice and learning from these.

The second element builds on the first and focuses on how new knowledge is incorporated and embedded into practice. The new knowledge may come from reflecting on and evaluating one's own practice or from finding out about and utilising the developments made by others. This element is intended to support good practice in action research and the development of evidence-based practice.

Who this unit is aimed at

The unit is designed to be applicable to all who work in the health and social care sector who are accountable for their own actions and responsible for their own development.

Principles of good practice

A major focus within this unit is the responsibility to develop competence and practice in line with new developments and thinking, and to adhere to the guidelines and principles of the practitioner's own professional body.

Relationship to other units

This unit relates to unit PA1.2 where the worker is contributing to the development of the knowledge and practice of others.

Element

PA1.1.1 Reflect on and evaluate one's own values, priorities, interests and effectiveness

Performance criteria

The practitioner will need to:

- (1) *identify their own values, interests and priorities* in relation to health and social well-being
- (2) think through and identify the impact which their own values, interests and priorities have on their own practice and personal life
- (3) acknowledge the *factors* which have influenced their own health and social well-being together with how these have affected their own values
- (4) reflect on their own personal beliefs and preferences to identify the effect which they have had on how they think about and work with others
- (5) evaluate their own strengths in working with others and their effectiveness in different settings
- (6) monitor the outcomes and processes of their own work and evaluate their effectiveness
- (7) identify the ways in which their own work can be improved
- (8) develop specific plans to tackle any behaviour and practice which might directly affect how well they can work with different individuals and groups
- (9) use effective *support systems and networks* for ongoing and crisis situations
- (10) use feedback from others constructively to inform change and development

Range includes:

- 1 *Identifying own values, interests and priorities through:*
 - a) self evaluation
 - b) discussion with colleagues and friends
 - c) educational experiences
 - d) reflecting on ethical code of professional body
- 2 *Factors:*
 - a) life experiences
 - b) socio-economic background and status
 - c) cultural background
- 3 *Support systems and networks:*

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- b) mentoring
- c) peer support

Explanatory note

Performance criterion 7: the ways in which one's own work can be improved will include thinking about how one can build effectively on one's own strengths and limit the factors which inhibit one's effectiveness.

Element

PA1.1.2 Synthesise new knowledge into the development of one's own practice

Performance criteria

The practitioner will need to:

- (1) monitor *advances in knowledge and practice* relevant to their own area of work to a sufficient level to keep abreast of developments
- (2) identify and take appropriate *opportunities* to examine and challenge the advances in knowledge and practice made by others
- (3) evaluate others' work for its relevance and applicability to their own area of practice
- (4) use evidence from their own and others' work to inform the development of their own practice
- (5) implement ideas for improving their own practice in structured ways which allow the ideas to be tested and generalised
- (6) monitor and reflect on the changes which are made in their own practice to determine the effectiveness of the outcomes
- (7) synthesise new knowledge into their own practice and apply it to all areas of work in which it is relevant and likely to be effective

Range includes:

- 1 *Advances in knowledge and practice:*
 - a) technology
 - b) approaches to working
 - c) concepts, models and theories
 - d) strategies and policies
 - e) legislation
 - f) ethical basis/code of professional conduct
- 2 *Opportunities:*
 - a) debates, discussions and conferences
 - b) publications
 - c) collaboration and consultation

Explanatory note

Information about advances in knowledge and practice (performance criterion 1) may be gained formally or informally from: books and research reports, professional and trade journals, learning programmes, observation, discussion and presentations.

Description of knowledge, understanding and skills needed for the standards in this unit

A Understanding self

- 1 why it is important to understand one's own personal beliefs and preferences, values, interests and priorities when working with others in relation to their health and social well-being
- 2 the factors which affect health and social well-being and the ones of particular importance in one's own situation
- 3 how interests, priorities and values may affect one's own work and change over time
- 4 how one can evaluate one's own values and practices constructively
- 5 the nature of the inter-relationships between oneself and others with whom one works and how this may affect one's ability to work effectively
- 6 how to tackle own behaviour and practice effectively when it adversely affects how you work with different people
- 7 the limits of one's own work role and its inter-relationship with the work roles of others

B Effective learning and development

- 1 how to assess your own strengths and limitations
- 2 the relationship of strengths and limitations to different contexts and work with different people
- 3 the role of development programmes in learning more about yourself and the use which can be made of these
- 4 the meaning of the term 'learning styles', and the practitioner's own learning style
- 5 the meaning of the term 'reflective practitioner' and how you can become more reflective in your work
- 6 the support which others may give to reflecting on practice
- 7 the different ways in which own development can be planned and structured
- 8 effective ways of challenging and developing yourself in relation to values and attitudes

C Support for learning and development

- 1 the networks and support systems which may be available and the nature of the support they may give
- 2 the advantages of different networks and support systems for different people and situations and why they may be of particular importance in crisis situations
- 3 how to access and use networks and support systems

D Knowledge and practice in the practitioner's area of responsibility

- 1 how to keep abreast of developments in an efficient and effective way given other pressures
- 2 the purpose of keeping abreast of developments for yourself and others
- 3 the range of sources available in own area of practice and how this compares with other staff groups
- 4 recent developments in technology, approaches to working, concepts, models and theories, strategies and policies, and legislation which are likely to have an impact on the area of work

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- 5 how it is possible to balance the need to keep up-to-date with advances whilst meeting current deadlines and personal responsibilities

E Research and development - methodology

- 1 the purpose of monitoring changes in practice based on others' work
- 2 strategies and methods for evaluating others' work and its relevance to own area of practice
- 3 opportunities there may be for evaluating and challenging others' work and developments
- 4 how to provide constructive challenges which focus on the work and not on the person who did it
- 5 the purpose of structuring your own action research and developing and implementing this in structured ways
- 6 how you can evaluate realistically the outcomes of your own action research

F Incorporating research into practice

- 1 how to structure and use evidence from others' research and integrate this into own practice
- 2 the purposes of linking into others' research and the benefits which might accrue

UNIT PA1.2 Contribute to the development of the knowledge and practice of others

Elements of competence

- PA1.2.1 Enable others to solve problems and tackle issues arising in practice
 - PA1.2.2 Enable others to learn and benefit from one's experience
-

Information about this unit

Summary

This unit describes standards for contributing to the development of the knowledge and practice of others. The first element focuses on enabling others to solve problems and tackle issues. Here the practitioner uses their knowledge and experience to guide others towards solutions. The problems and issues may be interpersonal, organisational or practice based. The second element focuses on enabling others to learn and benefit from one's own experience. This is based on the belief that practitioners have a duty to pass on their learning, either in a supervisory capacity or as one colleague to another; in this way, practice as a whole can develop. 'Others' may be practitioners from the same discipline, those from other disciplines, colleagues working in the same organisation or in another, or any one else with whom the practitioner comes into contact.

A key focus of this unit is continual professional development which provides teams and individuals with added interest, information and motivation to undertake their work. It also captures those situations where individual practitioners are asked to provide a different perspective to others on a particular problem, usually due to their different experience or background.

Who this unit is aimed at

The unit is designed to be applicable to all practitioners in the health and social care sector who are accountable for their own actions and have the responsibility for passing their knowledge on to others.

Principles of good practice

A major focus within this unit is the practitioner's responsibility to contribute to the development of others either through helping them solve problems and tackle issues or through enabling them to learn from the practitioner's experience.

Relationship to other units

This unit relates to unit PA1.1 where the worker is developing their own knowledge and practice. *This unit is drawn from the National Occupational Standards for Professional Activity in Health Promotion and Care and also appears as unit CSC97CA_CU8 in the Care standards.*

Element

PA1.2.1 Enable others to solve problems and tackle issues arising in practice

Performance criteria

The practitioner will need to:

- (1) monitor carefully the extent to which people may need support to solve problems and tackle issues
- (2) make interventions which are appropriate to:
 - the people concerned
 - the role of the practitioner
 - the needs of the activity
 - the location and the time
- (3) explore the nature and extent of the problems and issues with the people concerned in an appropriate manner
- (4) allocate *resources* to enable people to solve problems and tackle issues which are justifiable given their nature and other work demands
- (5) analyse and set out differing perceptions of the problem and issues
- (6) offer constructive suggestions to those involved as to how the problems and issues might be looked at in new ways
- (7) use *reasoning strategies* appropriate to the problem to propose solutions
- (8) approach others for their support about problems and issues beyond the practitioner's competence
- (9) use decision making strategies which consider the full range of potential solutions and outcomes and are appropriate to the issues and problems concerned
- (10) offer solutions which balance the competing interests of those involved and have the potential to succeed in the longer term
- (11) encourage those involved in solving problems and tackling issues to detail who will do what and by when

Range includes:

- 1 *Resources:*
 - a) the practitioner's time
 - b) financial support
 - c) access to others
- 2 *Reasoning strategies:*

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- a) analysis of Strengths, Weaknesses, Opportunities and Threats (SWOT)
- b) appraisal of the options available
- c) cost-benefit analysis
- d) evidence from research, practice, legal decisions
- e) application of quality standards and codes of practice

Explanatory note

Performance criterion 4 means that the practitioner will need to balance a number of factors such as: the severity and criticality of the problem or issue with the risks inherent in it not being considered, the disruption which may result if it is not tackled (or if it is), the benefits in the short and long term for solving the problem and the effects which it might be having on others.

Element

PA1.2.2 Enable others to learn and benefit from one's experience

Performance criteria

The practitioner will need to:

- (1) identify and agree adequate and appropriate opportunities for others to learn
- (2) identify and select relevant and current information about *knowledge and practice* and summarise it in a format suitable for dissemination
- (3) disseminate appropriately developments in knowledge and practice which result from one's own research to those who are likely to have an interest in them
- (4) provide information to individuals and groups in relevant contexts and *present* it at a pace, and in a style and form, which is appropriate to their needs
- (5) give recipients opportunities to ask questions, seek clarification and give feedback
- (6) given ongoing work constraints, offer appropriate support to colleagues to enable them to undertake their own research effectively

Range includes:

- 1 *Knowledge and practice:*
 - a) technology
 - b) approaches to working
 - c) concepts, models and theories
 - d) strategies and policies
 - e) legislation
- 2 *Presented:*
 - a) orally
 - b) in writing
 - c) electronically
 - d) diagrammatically

Description of knowledge, understanding and skills needed for the standards in this unit

A Problem solving

- 1 how to monitor unobtrusively the support which colleagues and others may need
- 2 how to make appropriate interventions to individuals when considering their role, their relative status in the organisation, and other constraints in the situation
- 3 the levels of detail which are necessary to solve different problems
- 4 the purpose of exploring problems and issues with other parties and who may be able to help in their resolution
- 5 how to evaluate the resources which need to be spent on problem solving in comparison with other work demands
- 6 the factors which would suggest that the problem is more worthy of attention than the demands of ongoing work and how to reschedule to allow for the problem to be resolved
- 7 the broader contexts in which everyone works and the particular situations of colleagues which might affect how they work and tackle problems at particular points in time
- 8 the information sources which might throw light on the problem and how to access these
- 9 the purpose of gaining different perspectives on problems and how to best analyse and represent these to move to a resolution
- 10 how to set out problems and issues in different ways to encourage people to recognise what they have in common
- 11 how to use a range of reasoning strategies for solving problems
- 12 who might be able to be approached for support and assistance when problems are beyond the practitioner's competence
- 13 the different sources of evidence available from others' practice
- 14 how to achieve the best balance (which people are likely to support in the longer term) between the interests of different parties
- 15 the purpose of developing an action plan which clearly details who is to do what and by when

B Knowledge and practice in practitioner's area of responsibility and interest

- 1 the range of sources available in own area of practice and how this compares with the other practitioner groups
- 2 recent developments in technology, approaches to working, concepts, models and theories, strategies and policies, and legislation which are likely to impact on the area of work
- 3 how to summarise information for a variety of different audiences and in a form which others can best use

C Learning - opportunities, styles, strategies and feedback

- 1 the different opportunities which individuals and groups may have to learn and the different approaches to learning
- 2 how to evaluate whether the learning opportunities are adequate and appropriate for the individuals and groups concerned
- 3 how to structure information for use in learning materials
- 4 the range of different learning styles which people have and how this should affect learning design

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- 5 how to support people to self assess and identify their key learning needs and targets

D Research and development - methodology

- 1 the purpose of monitoring changes in practice based on others' research and in disseminating the results
- 2 qualitative and quantitative research methods relevant to own area of practice and the advantages and disadvantages of each
- 3 how to summarise advances for others in ways which will best inform their work
- 4 strategies and methods for evaluating others' work and its relevance to own area of practice
- 5 how one can evaluate realistically the outcomes of one's own action research
- 6 the purpose of encouraging recipients to feedback on one's own research (ie both for own development and for their understanding)
- 7 how support can be offered to colleagues undertaking their own research and the forms which this support may take

UNIT PA2.1 Promote effective communication and relationships

Elements of competence

- PA2.1.1 Develop relationships with people which value them as individuals
- PA2.1.2 Establish and maintain effective communication with people

Information about this unit

Summary

This unit describes the role of the practitioner in developing and promoting effective communication and relationships - a basic requirement for anyone who works in the health and social care sector.

The first element is concerned with establishing and maintaining relationships with individuals. The practitioner is expected to relate to each person as someone with their own particular needs and concerns and develop relationships with them. The second element focuses on effective communication with people.

The term 'people' in this unit is taken to mean anyone with whom the practitioner comes into contact whether they be clients, colleagues or anyone else.

Who this unit is aimed at

The unit is designed to be generally applicable across the whole of the sector.

Principles of good practice

A major focus within this unit is the practitioner's responsibility to establish and maintain relationships and effective communication with a range of different people. This will involve them understanding the nature and background of diverse individuals and their rights and challenging discrimination where it occurs.

Relationship to other units

This unit relates to, and is closely bound with, all other units. This is because effective communication and the ability to develop and maintain effective relationships lies at the heart of quality services.

This unit is drawn from the National Occupational Standards for Professional Activity in Health Promotion and Care and also appears as unit CSC97CA_CL1 in the Care standards.

Element

PA2.1.1 Develop relationships with people which value them as individuals

Performance criteria

The practitioner will need to:

- (1) act in ways which contribute to the maintenance of a work environment that promotes the value of individuals and encourages meaningful interactions
- (2) *interact* with people in ways which:
 - demonstrate respect for them as individuals
 - acknowledge their rights to make their own decisions in the context of their lives
- (3) communicate with people in a manner which is likely to lead to an adequate and accurate exchange of information
- (4) encourage people to decide for themselves the actions they wish to take and respect their right to change their mind
- (5) take the appropriate action to challenge behaviour which infringes the rights of others
- (6) offer explanations about their own actions whether the individual appears to understand the explanations or not
- (7) agree necessary changes to environments or routines with those concerned before the changes are made
- (8) establish with individuals any *assistance* they require and give it appropriately
- (9) take opportunities to reflect on their own behaviour with, and reactions to, people and use this to evaluate their own practice

Range includes:

- 1 *Interactions:*
 - a) speech and language
 - b) actions, gestures and body language
 - c) space and position
- 2 *Assistance:*
 - a) with mobility and access
 - b) to enable effective communication
 - c) providing information

Explanatory notes

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The 'appropriate action' (performance criterion 5) would depend on the nature of the behaviour, the role of the practitioner and their relationship with the individual concerned, but might include direct challenges consistent with the practitioner's role and responsibilities or seeking help from others to enable an effective challenge to be made.

Performance criterion (6) would include communicating with people who are unconscious, people who use a different first language and people who communicate in ways other than through speech and language.

Element

PA2.1.2 Establish and maintain effective *communication* with people

Performance criteria

The practitioner will need to:

- (1) communicate with people in a manner, and at a level and pace which is consistent with their:
 - abilities
 - preferred form of communication
 - manner of expression
 - personal beliefs and preferences
- (2) use body language, position, tone of voice and active listening to encourage people to communicate
- (3) minimise *obstacles* to effective communication as far as is possible given the constraints of the situation
- (4) check information given by individuals with them and confirm its accuracy
- (5) respond to individuals' expression of feelings and needs in a manner which supports the right to such expression
- (6) observe people's behaviour and use this to develop an understanding of what it is they are trying to communicate
- (7) explore any differences in the ways in which the practitioner and the people concerned communicate and use this to improve the effectiveness of the communication
- (8) take opportunities to reflect on their own behaviour with, and reactions to, different people and use this to evaluate their own practice

Range includes:

- 1 *Communication:*
 - a) speech and language
 - b) actions, gestures and body language
 - c) space and position
 - d) written
- 2 *Obstacles:*
 - a) environmental
 - b) personal and social

Description of knowledge, understanding and skills needed for the standards in this unit

A *Communication*

- 1 the different forms and range of effective communication
- 2 how interactions have beginnings, middles and ends, the need for each of these stages and how they may vary between different cultures
- 3 how all interactions are a form of communicating
- 4 how to recognise what people are trying to convey by their behaviour
- 5 the ways in which individuals will seek to communicate with others
- 6 the role which communication plays in maintaining an individual's identity
- 7 the role of communication in establishing and maintaining relationships
- 8 when physical contact is appropriate and when it is not (eg when it is a way of dealing with your distress rather than the individual's)
- 9 how facial expression may affect tone of voice used and may reveal personal attitudes or emotions
- 10 why the ability to listen effectively is important
- 11 the effect of culture on communication (eg the use of sensory contact - touch, presence, contact, distance between individuals when communicating, the terms of respect and address used etc.)
- 12 the constraints to effective communication (environmental eg noise and light; social/cultural eg language, jargon, slang, dialect; interpersonal; individual's psychological, social and emotional well-being)
- 13 methods of communicating clearly and effectively
- 14 how to make the interaction supportive of the individual concerned
- 15 the range of communication differences (eg differences in language, style, mode of communication), methods of modifying communication for different individuals so that it is consistent with the individual's understanding, preferred language and manner of expression
- 16 the purpose of confirming information with individuals and reflecting it back
- 17 where and how support for communication can be obtained (such as interpreters and translators, carers, advocates, equipment and facilities)
- 18 the effect of life experiences on how individuals think about and perceive the world and the effect of this on their communication

B *Behaviour and its effects on people*

- 1 behaviours which demonstrate value for others and those which do not
- 2 the effect that behaviour which does not value others has on them and others in the vicinity
- 3 how to challenge effectively behaviour which adversely affects others
- 4 how culture, gender and beliefs can affect behaviour that values others (eg it may be seen to be more acceptable for men to be assertive than women)
- 5 how your own culture, gender and beliefs affect the way that you view the behaviour of others and why it is important to recognise and challenge this
- 6 the factors that influence an individual's ability and willingness to value other people and relationships (eg clinical disorder, mental distress)
- 7 the impact of the physical environment, and the actions and behaviour of practitioners and others within it

UNIT PA7.4 Evaluate, prioritise and review demands for services

Elements of competence

- PA7.4.1 Evaluate demands for services
 - PA7.4.2 Negotiate and agree priorities and plans
 - PA7.4.3 Monitor and review services in response to emerging needs and issues
-

Information about this unit

Summary

This unit focuses on the role of practitioners in evaluating, prioritising and reviewing demands for services to manage overall workload. The workload may be that for an individual practitioner or be related to the demands on a department or service.

In order to manage workload effectively, practitioners need to be able to evaluate the demand for services - be this through requests or referrals. There will then be a process of negotiating and agreeing priorities and plans - in discussion with the individuals themselves and/or with other practitioners from the same, or other, disciplines. This is not a one-off activity as prioritisation takes place, not only day by day, but also minute by minute as demands may change from one moment to the next and situations change due to a number of factors. The final, third element captures this constant review and monitoring process - the need to hold priorities open to question as new demands arise and situations change.

It is recognised that the decisions which practitioners will make in some settings may be more critical than in others and that some practitioners may be making such decisions under much greater pressures than others.

Who this unit is aimed at

This unit is applicable to all practitioners who are responsible for evaluating, prioritising and reviewing demands for services.

Principles of good practice

There is an emphasis in this unit on achieving the best balance between the different demands made on a service. These demands will include: the needs of a number of individuals for the service and other factors which may support or counter these (such as availability of skilled people to do the work or contract requirements). Practitioners need to be able to evaluate demands for services and make decisions about priorities and direction. At times, this is likely to involve practitioners in some difficult ethical decisions.

Relationship to other units

This unit will be of particular relevance to practitioners involved in assessment and care planning. Other practitioners may also find the standards of relevance to the overall management of their own workload.

This unit is drawn from the National Occupational Standards for Professional Activity in Health Promotion and Care.

Element

PA7.4.1 Evaluate demands for services

Performance criteria

The practitioner will need to:

- (1) scan and sort demands to determine those individuals with particular needs
- (2) communicate with *people who are likely to make demands on services* in ways which:
 - are designed to establish and develop rapport
 - acknowledge their background, work context and area of expertise
- (3) encourage people who are likely to make demands on services to provide information at appropriate times and to alert the practitioner to any demands which need immediate attention
- (4) *gather information on demands* as quickly as possible so that services can be planned effectively
- (5) identify correctly where there is a need to obtain *more information* and make appropriate arrangements without delay
- (6) determine from an accurate assessment of the information those who have the greatest need for services

Range includes:

- 1 *Demands:*
 - a) referrals
 - b) requests
- 2 *People who are likely to make demands on services:*
 - a) individuals in need of services
 - b) from areas of practice which refer individuals for services
 - c) from areas of practice which use the services offered (eg diagnostic services)
- 3 *Gather information on demands from:*
 - a) records
 - b) request forms
 - c) referral forms
 - d) databases
 - e) care plans
 - f) discharge plans
- 4 *More information:*
 - a) the needs and wishes of the people receiving the service
 - b) diagnostic information (eg from test results or radiographs)
 - c) opinions from other practitioners in same or other areas of practice

Element

PA7.4.2 Negotiate and agree priorities and plans

Performance criteria

The practitioner will need to:

- (1) obtain up-to-date information on the *resources* available to meet individuals' needs
- (2) determine the range of interventions which is necessary to meet individuals' identified needs and the risks inherent in each
- (3) use *evidence* of past practice to predict the likely effectiveness of interventions for different individuals
- (4) identify, and rank for priority, those individuals most in need of services, and for whom different interventions are likely to be effective
- (5) determine the resources which will be needed to meet requirements
- (6) pass accurate information regarding any issues with resources to those with overall responsibility
- (7) identify those who are potentially *best placed* and *able* to carry out each of the interventions with the different individuals and put in place the necessary arrangements for this to happen
- (8) base decisions on who does what on the best balance which can be achieved between:
 - the levels of benefit and risk to those who are receiving the services
 - the resources available
 - the relative strengths and weaknesses of the work team
- (9) only use practitioners' work preferences and expertise as a guide for work allocation when this is consistent with the demands made on the service
- (10) constructively handle issues over the allocation of work in a manner which is to the benefit of the service and its users
- (11) put in place suitable *protocols* to monitor the effectiveness of services
- (12) provide information to those undertaking interventions on:
 - the particular needs of the individuals
 - when they should make contact with the rest of the team
 - the extent of their role

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Range includes:

1 Resources:

- a) staffing (availability, skill levels, particular requirements of staff)
- b) equipment and materials
- c) suitable environments
- d) individual's own resources (eg statutory benefits, insurance cover)

2 Evidence:

- a) research
- b) anecdotal experience
- c) standard practice
- d) professional standards

3 Best placed in relation to:

- a) the individuals who are the focus of the services
- b) the level of supervision needed for the intervention and member of the work team concerned
- c) practitioners' overall level of competence
- d) the risks inherent in the intervention

4 Able in relation to:

- a) prognosis and diagnosis of the individual's needs
- b) severity and stability of the individual's condition
- c) predicted response to the intervention
- d) availability of appropriate level of supervision and support

5 Protocols:

- a) record keeping
- b) agreed methods of undertaking interventions
- c) agreed methods for contacting the rest of the team
- d) standardised procedures

Element

PA7.4.3 Monitor and review services in response to emerging needs and issues

Performance criteria

The practitioner will need to:

- (1) *monitor* services through ongoing contact between those providing the service
- (2) communicate relevant information clearly to others in time for it to be of use
- (3) discuss and agree with those involved any changes it is necessary to make to work allocations and keep others in the team informed of the situation
- (4) inform users of services of any necessary changes in an appropriate manner
- (5) base decisions to make changes to services on:
 - evidence of the effectiveness of different interventions
 - an evaluation of the level of risk inherent in each option
 - the *resources* available
 - overall *priorities*
- (6) make accurate, legible and complete records of planning and services delivered

Range includes:

- 1 *Monitor for:*
 - a) outcomes achieved
 - b) effectiveness of services being delivered
 - c) changing demands
 - d) issues (such as changes in resource levels)
- 2 *Resources:*
 - a) staffing (availability, skill levels, particular requirements of staff)
 - b) equipment and materials
 - c) suitable environments
- 3 *Priorities:*
 - a) immediate needs of those receiving the service
 - b) longer term needs of those receiving the service
 - c) quality of services offered
 - d) organisational priorities (eg contracts and targets)
 - e) equity of provision

Description of knowledge, understanding and skills needed for the standards in this unit

A Promoting collaborative working

- 1 how one's own work and work role interacts with others in related services
- 2 the contribution which others can and do make to optimising health and social well-being
- 3 how to develop and sustain effective working relationships with people
- 4 how to end collaborative working relationships once their purpose has been served
- 5 the benefits and costs of working collaboratively - across agencies and across disciplines
- 6 how teams and collaborative working evolve over time and the impact of this on relationships and effective working
- 7 how to evaluate the effectiveness of collaborative working openly and honestly

B Legislation

- 1 the legislation (national and European) which relates to the work being undertaken and the context in which it takes place
- 2 codes of good practice which support the implementation of legislation, such as in relation to health and safety
- 3 how to monitor, analyse and assess the implication of, and changes in, legislation and the regulatory environment
- 4 how to interpret and apply relevant legislation to the work being undertaken

C Communication and relationships

- 1 what is meant by effective 'communication'
- 2 the ways in which communication can be modified and altered for different needs, contexts and beliefs
- 3 how all interactions are a form of communicating and how to recognise what it is that people are trying to communicate by their behaviour
- 4 the role of communication in maintaining individual identity and social interaction
- 5 the nature of communication differences and how these may be reduced
- 6 the effect of environments and contexts on effective communication

D Employment setting policies and practices

- 1 the nature of the sector(s) in which the practitioner works
- 2 the nature, roles and functions of the principal agencies within those sectors
- 3 structures, functions, methods of communication and decision making processes in the agencies with which the practitioner works
- 4 the nature, aims, objectives, values, policies and systems of the agency in which the practitioner works and how these differ from other agencies offering similar services
- 5 the nature, extent and boundaries of the practitioner's work role and its relationship to others
- 6 how to monitor, analyse and evaluate implications of change in the agency in which one works

E Work role and practice - reflecting and developing

National Occupational Standards for Homeopathy

- 1 the role and responsibilities of the practitioner and other practitioners within the organisation and in other organisations which are also involved in similar activities
- 2 how to evaluate one's own competence and determine when further support and expertise are needed
- 3 how to evaluate the effectiveness of one's own actions and learn from experience
- 4 how to inform and consult with others on problems and proposals and encourage them to offer ideas and challenge what has been proposed
- 5 the need to develop one's own competence and skills in line with changes in knowledge and practice
- 6 how the practitioner's area of practice is changing and the implications of this for their own skill and knowledge base
- 7 concept development and evolution, including how models and concepts shift and change, similarities and differences between concepts and models looking at similar areas of practice

F Supporting others to undertake work

- 1 the different forms which support may take and their applicability in different contexts and with different people
- 2 how to encourage and motivate people to take responsibility for their own learning and development and take an interest in doing things for themselves
- 3 how to train people effectively in different activities in ways which mean that they develop their own competence and understand their own strengths and limitations
- 4 how to coach people effectively and gradually leave them to do more and more themselves
- 5 the purpose of representing others' views, how to do this effectively and the contexts in which it should be done
- 6 how to provide information on good practice and enable people to incorporate this into their own practice
- 7 ways of giving advice without being directive
- 8 sources of expertise in the area of practice concerned and how they can be accessed

G Evaluating demands for services

- 1 the nature and source of demands for services in the area in which the practitioner works
- 2 who the key people are in relation to the service in which the practitioner works and how to maintain effective liaison with them
- 3 the range and nature of information which is available in relation to evaluating demands and how this can be accessed
- 4 how to gather, scan and analyse information quickly to assess demands and key indicators of them
- 5 how to assess the sufficiency of information to make an evaluation, determine when it is necessary to obtain more information and who this may be gained from

H Prioritising service needs

National Occupational Standards for Homeopathy

- 1 the nature and range of information on resource levels and the purpose of accessing this prior to decision making
- 2 the extent to which resource levels fluctuate within services and how this affects the service which it is possible to offer
- 3 the resources necessary to offer a high quality service
- 4 methods of signalling up problems with managers which means that they are more likely to be able to action them
- 5 evidence from past practice on the effectiveness of interventions and from where this can be obtained
- 6 how to prioritise demands and determine who should receive what
- 7 methods of assessing the ability of the agency to meet the range of prioritised demands in the time available
- 8 the interventions which different people can make and how this inter-relates with the work of the practitioner

I Negotiating and agreeing service delivery with others

- 1 the particular risks and benefits there may be from using different people to deliver different parts of the service
- 2 how to determine those who are potentially best placed and able to carry out different interventions
- 3 how to evaluate the support which different people will need when delivering services (eg in relation to the stresses and strains that different individuals are under, their levels of expertise and confidence)
- 4 the purpose of providing those involved in service delivery with clear information and the nature of the information they need to carry out their work
- 5 the purpose of providing information on the inter-relationship between the different roles which people have
- 6 how to monitor and assess the further information and support which people may need and encourage them to seek support themselves
- 7 the range and use of different protocols which can be used both to support people as they work and also control the activities which they undertake
- 8 the purpose of monitoring individuals who have been referred on to others for services and the practitioner's responsibility in this process

J Monitoring and reviewing the effectiveness of services

- 1 methods of monitoring services, reviewing their effectiveness, evaluating whether goals have been met and modifying subsequent work to meet changing needs
- 2 the information which can be gained from monitoring records made by others, the adequacy of those records and the information they should provide on services
- 3 how to support those delivering services and enable them to feed back the necessary information
- 4 indicators of significant changes in demands and arising issues

UNIT PA7.11 Promote, monitor and maintain health, safety and security in the workplace

Elements of competence

- PA7.11.1 Monitor and maintain the safety and security of the work environment
- PA7.11.2 Promote standards of health and safety in working practice
- PA7.11.3 Minimise the risks arising from health emergencies

Information about this unit

Summary

This unit describes standards for promoting, monitoring and maintaining health, safety and security in the work environment. The work environment includes both home-based environments (such as the homes of foster carers and clients' homes for those who offer domiciliary care) as well as the facilities of public, voluntary or private providers.

The first element focuses on monitoring and maintaining safety and security in the environment: through confirming individual's rights of entry, identifying the risk of work activities, using equipment and materials in a safe manner and responding appropriately to emergencies.

The second element builds on the first but takes as its focus health and safety in work practice. Here the practitioner is responsible for promoting the health and safety of themselves and others through identifying risks, undertaking work activities in a safe manner and monitoring the activities as they progress.

The third element relates to minimising risks from health emergencies. To achieve this element, the practitioner must be able to undertake the appropriate initial action for the full range of health emergencies listed up to that point in time when they are able to hand over the care of the person involved to someone more competent in that area of practice. First aid training and certification may be a useful route of development to consider for this element.

Who this unit is aimed at

The unit is designed to be a general unit on health and safety for the care sector and should therefore be applicable to most practitioners unless they work in specialist environments where there are more specific health and safety demands, such as for sterile fields.

Principles of good practice

A major focus within this unit is the practitioner's responsibility to meet the requirements of relevant health and safety legislation and to promote the health and safety of all those with whom they come into contact.

Relationship to other units

As this unit focuses on health and safety, it relates to, and is closely bound with, all other units.

This unit is drawn from the National Occupational Standards for Professional Activity in Health Promotion and Care and appears as unit CSC97CA_CU1 in the Care standards.

Element

PA7.11.1 Monitor and maintain the safety and security of the work environment

Performance criteria

The practitioner will need to:

- (1) identify correctly people entering the environment and establish their right to entry
- (2) act in a manner which is consistent with legislation and organisational requirements regarding health, safety and security
- (3) identify the risks involved in work activities prior to starting them, and then undertake them in a way which minimises the risks
- (4) maintain work areas as safe and as free from hazards as is possible during work activities
- (5) use *equipment* and *materials* in a correct, safe manner which is consistent with current legal and organisational requirements
- (6) store *equipment* and *materials* safely and securely when not in use
- (7) dispose of waste and spillage in a safe manner and place and without delay
- (8) take the *appropriate action* to minimise health, safety and security risks which arise during work
- (9) put the appropriate safety procedures into effect in an emergency without delay
- (10) make accurate, legible and complete notes in health, safety and security records

Range includes:

- 1 *Equipment:*
 - a) manually operated
 - b) powered
- 2 *Materials:*
 - a) hazardous
 - b) non-hazardous
- 3 *Appropriate action:*
 - a) take action oneself to limit the effect of the risk
 - b) set off an alarm
 - c) call someone else more able to deal with the risk

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Explanatory notes

Performance criterion (9), emergencies might include: fire, evacuation of buildings, bomb scares.

Range 1b: powered equipment would include any electrical or electronic equipment (such as computers, vacuum cleaners, kettles) as well as equipment which may be found specifically in hospitals or residential centres.

Range 2a: Hazardous materials includes: blood, other body waste, sharps and needles, infectious materials, compressed gases, chemicals.

Element

PA7.11.2 Promote standards of health and safety in working practice

Performance criteria

The practitioner will need to:

- (1) identify the risks to self and others when undertaking work activities and take appropriate actions to minimise risk
- (2) use approved safe methods and systems when undertaking *potentially hazardous work activities*
- (3) encourage and support others with whom they are working to promote their own health and safety during work activities
- (4) stop work activity immediately if there is the likelihood of an accident or injury, and take the appropriate action to remedy the problem
- (5) maintain accurate information regarding their own whereabouts so that immediate contact can be made should this be necessary
- (6) make any entries that are required in health and safety records accurately, legibly and completely

Range includes:

- 1 Potentially hazardous work activities:*
- a) moving and handling
 - b) working with potentially hazardous equipment
 - c) working with potentially hazardous materials
 - d) hazardous environments
 - e) people who may pose a risk to health and safety

Explanatory note

‘Encouragement and support’ in performance criterion (3) would include such aspects as: modelling good health and safety, encouraging others to take the necessary health and safety precautions (eg wearing protective clothing), acting in a way which enables others to be safe and promotes their health and social well-being.

In Range 1d: hazardous environments might include: isolated places where it is difficult to contact colleagues, dangerous conditions (eg gas leaks, rotting floorboards).

Range 1e: people who may pose a risk to health and safety would include individuals who are behaving aggressively or threateningly.

Element

PA7.11.3 Minimise the risks arising from *health emergencies*

Performance criteria

The practitioner will need to:

- (1) summon assistance immediately for any health emergency and begin action appropriate to the condition
- (2) support the individual with the health emergency, both verbally and by physical presence
- (3) give appropriate support to assist in the ongoing care of the individual with the health emergency once someone with more competence to deal with the emergency is available
- (4) make the immediate vicinity as private and safe as possible once the intervention has been taken over by an appropriate person
- (5) offer appropriate support to any others involved in the incident once any initial danger is passed
- (6) record incidents accurately, legibly and completely

Range includes:

- 1 Health emergencies:*
 - a) severe bleeding
 - b) cardiac arrest
 - c) shock
 - d) faints or loss of consciousness
 - e) epileptic seizure
 - f) choking and difficulty with breathing
 - g) falls - potential and actual fractures
 - h) burns and scalds
 - i) poisoning
 - j) electrocution

Description of knowledge, understanding and skills needed for the standards in this unit

A Promoting collaborative working

- 1 how one's own work and work role interacts with others in related services
- 2 the contribution which others can and do make to optimising health and social well-being
- 3 how to develop and sustain effective working relationships with people
- 4 how to end collaborative working relationships once their purpose has been served
- 5 the benefits and costs of working collaboratively - across agencies and across disciplines
- 6 how teams and collaborative working evolve over time and the impact of this on relationships and effective working
- 7 how to evaluate the effectiveness of collaborative working openly and honestly

B Legislation

- 1 the legislation (national and European) which relates to the work being undertaken and the context in which it takes place
- 2 codes of good practice which support the implementation of legislation, such as in relation to health and safety
- 3 how to monitor, analyse and assess the implication of, and changes in, legislation and the regulatory environment
- 4 how to interpret and apply relevant legislation to the work being undertaken

C Communication and relationships

- 1 what is meant by effective 'communication'
- 2 the ways in which communication can be modified and altered for different needs, contexts and beliefs
- 3 how all interactions are a form of communicating and how to recognise what it is that people are trying to communicate by their behaviour
- 4 the role of communication in maintaining individual identity and social interaction
- 5 the nature of communication differences and how these may be reduced
- 6 the effect of environments and contexts on effective communication

D Employment setting policies and practices

- 1 the nature of the sector(s) in which the practitioner works
- 2 the nature, roles and functions of the principal agencies within those sectors
- 3 structures, functions, methods of communication and decision making processes in the agencies with which the practitioner works
- 4 the nature, aims, objectives, values, policies and systems of the agency in which the practitioner works and how these differ from other agencies offering similar services
- 5 the nature, extent and boundaries of the practitioner's work role and its relationship to others
- 6 how to monitor, analyse and evaluate implications of change in the agency in which one works

E Work role and practice - reflecting and developing

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- 1 the role and responsibilities of the practitioner and other practitioners within the organisation and in other organisations which are also involved in similar activities
- 2 how to evaluate one's own competence and determine when further support and expertise are needed
- 3 how to evaluate the effectiveness of one's own actions and learn from experience
- 4 how to inform and consult with others on problems and proposals and encourage them to offer ideas and challenge what has been proposed
- 5 the need to develop one's own competence and skills in line with changes in knowledge and practice
- 6 how the practitioner's area of practice is changing and the implications of this for their own skill and knowledge base
- 7 concept development and evolution, including how models and concepts shift and change, similarities and differences between concepts and models looking at similar areas of practice

F Supporting others to undertake work

- 1 the different forms which support may take and their applicability in different contexts and with different people
- 2 how to encourage and motivate people to take responsibility for their own learning and development and take an interest in doing things for themselves
- 3 how to train people effectively in different activities in ways which mean that they develop their own competence and understand their own strengths and limitations
- 4 how to coach people effectively and gradually leave them to do more and more themselves
- 5 the purpose of representing others' views, how to do this effectively and the contexts in which it should be done
- 6 how to provide information on good practice and enable people to incorporate this into their own practice
- 7 ways of giving advice without being directive
- 8 sources of expertise in the area of practice concerned and how they can be accessed

G Individual's role in relation to health and safety

- 1 the individual's responsibility under organisational policy and legislation in relation to health, safety and security (eg health and safety legislation, legislation relating to control of substances hazardous to health, environmental legislation, guidelines on security in health and social care services)

H Health, safety and security

- 1 methods of monitoring health, safety and security
- 2 methods of using equipment and materials safely (including the use of chemicals and other hazardous substances)
- 3 methods of storing different equipment and materials safely and securely
- 4 the difference between hazardous and non-hazardous waste and the relationship of this to potential contamination
- 5 how to move and handle people and objects safely

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- 6 how to work safely with potentially hazardous equipment
- 7 how to work safely with hazardous materials (eg chemicals, body products)
- 8 how to promote health and safety to others, including the role of modelling good practice
- 9 the reasons for providing information on whereabouts (eg in case of accidents, assaults by others)

I Risk management

- 1 how to identify risk when planning work activities and undertaking work in a way which minimises risks
- 2 the health, safety and security risks which may occur (for self, others and the environment) and the appropriate action to take when they do
- 3 how to assess the risk of working with people and methods of limiting this risk

J Handling emergencies in the environment

- 1 the different kinds of emergency there may be in the work environment
- 2 the appropriate action to take for different emergencies (such as fire, evacuation of buildings, bomb scares etc)
- 3 the relationship of fire extinguisher/blanket to fire type (electrical, chemical, combustible material)

K Individual's role and responsibilities in health emergencies

- 1 the practitioner's own capabilities to deal with an emergency
- 2 the reasons why actions beyond own capabilities may further endanger life
- 3 legislative requirements for completing records of accidents and emergencies
- 4 the purpose of calling assistance immediately

L Health emergencies

- 1 the signs and symptoms of the different emergency conditions and how these may differ in relation to an individual's age and for people from different ethnic groups
- 2 the actions which the practitioner should start to take, and those things which they should not do, for each of:
 - a) severe bleeding
 - b) cardiac arrest
 - c) shock
 - d) faints or loss of consciousness
 - e) epileptic seizure
 - f) choking and difficulty with breathing
 - g) falls - potential and actual fractures
 - h) burns and scalds
 - i) poisoning
 - j) electrocution
- 3 how health emergencies might affect others in the vicinity and ways of supporting them effectively once the initial danger is passed
- 4 potential health risks to others from an emergency, such as contamination from blood and other body products

UNIT PA9.1 Determine the concerns, interests and priorities of people in relation to their health and social well-being and how these have been addressed elsewhere

Elements of competence

- PA9.1.1 Determine the concerns, interests and priorities of people in relation to their health and social well-being
- PA9.1.2 Determine how concerns, interests and priorities relating to health and social well-being have been addressed elsewhere

Information about this unit

Summary

This unit describes those standards which are common to all practitioners in health and social care in determining the concerns, interests and priorities of people in relation to their health and social well-being. Following this identification the practitioner is required to find out about how others have addressed these issues elsewhere so that they may build on the experience of others and learn from others' practice. The people who are at the focus of the practitioner's work may be individuals, families, groups, communities or organisations. Their concerns, interests and priorities may relate to their own personal health and social well-being or be more wide ranging and focus on how environments and practices affect their own and others' health and social well-being.

Who this unit is aimed at

This unit is intended to be applicable to any practitioner who works with people to enable them to address issues which affect their health and social well-being.

Principles of good practice

The standards in this unit are based on the principle that it is only possible to enable people to address their concerns, issues and priorities by learning about and identifying what these concerns, issues and priorities are and developing an understanding of the context of people's lives. This should be carried out in a spirit of shared openness and in recognition of holistic models of health and social well-being. There is also the belief that practice is improved overall when practitioners learn from, and collaborate with, others and integrate wider developments into their own work.

Relationship to other units

This unit provides a basis of understanding from which the practitioner can undertake their work. It is consequently of relevance to the specific homeopathy units.

This unit is drawn from the National Occupational Standards for Professional Activity in Health Promotion and Care.

Element

PA9.1.1 Determine the *concerns, interests and priorities* of people in relation to their health and social well-being

Performance criteria

The practitioner will need to:

- (1) use a range of *methods* to identify the concerns, interests and priorities of the people concerned
- (2) choose methods which:
 - encourage people's active participation
 - are sensitive to their personal beliefs and preferences
 - promote their rights
 - stimulate their interests
 - are recognised as good practice in the field
- (3) use methods which are capable of gaining sufficient, valid and reliable information on the concerns, interests and priorities of the people concerned
- (4) select the methods and gain the information most likely to develop a sufficient appreciation of the context of people's lives and the opportunities and constraints which affect them
- (5) approach people in a way which builds on and supports current networks
- (6) confirm for accuracy their understanding of people's concerns, interests and priorities
- (7) make information available in a suitable form to the people who provided it when they want to see how it has been interpreted and analysed
- (8) acknowledge during interactions with people that information continuously changes as does the *context of their lives*, their resultant feelings and behaviour
- (9) use alternative approaches for planning future work if initially selected methods are unsuccessful in gaining sufficient information
- (10) use the information gained from the assessment process effectively in future work programmes undertaken with the people concerned

Range includes:

- 1 *Concerns, interests and priorities:*
 - a) current level of knowledge and understanding in relation to health and social well-being, including how the individuals concerned define their health and any misinformation they have
 - b) personal beliefs and values

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d) previous and current use of services

2 *Methods:*

- a) structured one-to-one interactions
- b) unstructured one-to-one interactions
- c) group discussions and meetings
- d) questionnaires and surveys
- e) data already available on the individuals, families and groups concerned (eg through organisational records)
- f) literature/research reviews

3 *Context of people's lives in relation to the following factors:*

- a) socio-economic
- b) personal

Explanatory note

Range heading 3: Socio-economic context of people's lives includes: their disposable income, relative income, housing. Personal context includes: their personal beliefs and preferences, support systems (eg family and friends), gender, sexuality, age, abilities.

Element

PA9.1.2 Determine how concerns, interests and priorities relating to health and social well-being have been addressed elsewhere

Performance criteria

The practitioner will need to:

- (1) make *networks and links* with *others* who have expertise in similar areas of work and encourage them to take opportunities to share, support and learn collaboratively
- (2) actively seek *information* from a wide variety of *sources* including those which challenge and stimulate their own thinking process
- (3) identify a range of *models and approaches* which others have used to address *concerns, interests and priorities* related to health and social well-being
- (4) use evidence of the effectiveness of different models and approaches for addressing concerns, interests and priorities in different settings to inform one's own thinking
- (5) seek further advice and support if there are difficulties in interpretation
- (6) select models and approaches which are:
 - based on research evidence of their effectiveness
 - appropriate to the concerns, interests and priorities of the people involved and the *context of their lives*
- (7) select models and approaches for use in their own setting which are *capable of implementation*

Range includes:

- 1 *Networks and links:*
 - a) own practitioner group
 - b) other practitioner groups working in same or connected areas
 - c) community and user groups
- 2 *Others:*
 - a) locally
 - b) nationally
 - c) internationally
- 3 *Information:*
 - a) current
 - b) past
- 4 *Sources:*
 - a) policy papers

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- b) research and development papers
 - c) reports
 - d) books
 - e) relevant pieces in the media
- 5 *Models and approaches:*
- a) education and individual development
 - b) community development
 - c) organisational development
 - d) awareness raising
 - e) developing and influencing policies which affect people's health and social well-being
 - f) campaigning and lobbying
 - g) advocacy and representation
- 6 *Concerns, interests and priorities:*
- a) current level of knowledge and understanding in relation to health and social well-being, including how the individuals concerned define their health and social well-being and any misinformation they have
 - b) personal beliefs and values
 - c) previous experiences of how and when things have changed and when they have not
 - d) previous and current use of services
- 7 *Context of people's lives in relation to the following factors:*
- a) socio-economic
 - b) personal
- 8 *Capable of implementation:*
- a) the competence and beliefs of those in the setting
 - b) resourcing (people, IT, materials, finance)
 - c) sustainability

Explanatory note

Range heading 3: Socio-economic context of people's lives includes: their disposable income, relative income, housing. Personal context includes: their personal beliefs and preferences, support systems (eg family and friends), gender, sexuality, age, abilities.

Description of knowledge, understanding and skills needed for the standards in this unit

A Health and social well-being in context

- 1 the effect of the physical, cultural, aesthetic, social, economic and ecological environment on people's health and social well-being
- 2 the overall physical, social, emotional and economic context in which people live
- 3 the inter-relationship between people's overall context and their health and social well-being
- 4 how personal beliefs and preferences affect how individuals live and the choices which they make
- 5 the resources available to the individual to make changes to the context in which they live and make choices about their lifestyles
- 6 how the public infrastructure can affect people's lives, both in the choices which they are able to make and through its impact on health and social well-being (eg the impact of the transport infrastructure and public health measures, such as sewage and drainage)
- 7 the multiplicity of factors which affect health and social well-being and risks to health and social well-being
- 8 the range of behavioural, environmental and social approaches which might be necessary to effect change in health and social well-being given the multiplicity of factors which affect it

B Inter-agency, inter-disciplinary and team working

- 1 how one's own work interacts with others in related agencies
- 2 the contribution which others make to optimising health and social well-being
- 3 the different forms which work teams may take and their applicability to different situations
- 4 how to work effectively in single-discipline and inter-disciplinary teams
- 5 how to develop effective working relationships with people who are not working in the same team but are working towards the same aims
- 6 the benefits of working collaboratively - across agencies and across disciplines
- 7 how teams and collaborative work evolve over time and the impact of this on relationships and effective working

C Employment and organisational policies and practices

- 1 the nature of the sector in which the practitioner is working
- 2 the nature, roles and functions of the principal agencies within the sector
- 3 organisational structures, functions, methods of communication and decision making processes
- 4 the nature, aims, objectives, values, policies and systems of the organisation in which the practitioner works and how these differ from other organisations offering similar services
- 5 the contractual arrangements relating to the services which the practitioner is offering
- 6 the nature, extent and boundaries of own work role and its relationship to others in the organisation and delivering associated services
- 7 how to monitor, analyse and evaluate implications of change in the organisation in which one works

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D Communication and relationships

- 1 what is meant by 'effective communication'
- 2 the ways in which communication can be modified and altered for different needs, contexts and beliefs
- 3 how all interactions are a form of communicating and how to recognise what individuals are seeking to communicate through their behaviour
- 4 the role of communication in maintaining individual identity and social interaction
- 5 the nature of communication differences and how these may be reduced
- 6 the effect of environments and contexts on effective communication (particularly institutional settings)

E Work role and practice - reflecting and developing

- 1 how to evaluate one's own competence and determine when further support and expertise are needed
- 2 how to evaluate the effectiveness of one's own actions and learn from experience
- 3 how to inform and consult with others on problems and proposals and encourage others to offer ideas and challenge
- 4 the need to develop one's own competence and skills in line with changes in knowledge and practice, the opportunities there may be to do this and how to access these opportunities
- 5 how the practitioner's area of practice is changing and the implications of this for their own skill and knowledge base

F Management of change

- 1 obstacles to change and the reasons for them
- 2 how to encourage people to think past obstacles to change and gain the confidence and interest to move forward
- 3 the plans and processes which need to be put in place to enable people to manage change
- 4 effective change management processes and how these may differ in different contexts and settings
- 5 how the practitioner can adopt an approach and working style which is supportive of change

G Research and analysis methods

- 1 how to assess that data is up-to-date and valid
- 2 how to determine whether sufficient data has been obtained and what to do if it has not
- 3 methods of structuring quantitative and qualitative data to allow appropriate analysis of the research questions being asked
- 4 quantitative and qualitative methods of analysis appropriate to determining people's concerns, interests and priorities
- 5 how to evaluate the raw data and the information which is produced to inform decisions given any over-riding constraints

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- 6 how the evaluation will by its nature assess the quality of the data and information which is produced and how such information should be fed back into improvements in the future

H Health and social well-being

- 1 evidence for the inter-relationship between socio-economic factors and health and social well-being
- 2 evidence for the inter-relationship between personal factors (such as genetic factors) and health and social well-being
- 3 the effect which people's current level of knowledge and understanding, personal beliefs and preferences, experiences and use of services, and life context may have on their needs and interests
- 4 the kinds of misinformation which people receive about health and social well-being and how this can be counteracted
- 5 the difference between misinformation and alternative views of considering practice
- 6 holistic concepts and approaches to health and social well-being
- 7 how to respect and acknowledge others' priorities in relation to their health and social well-being
- 8 debates about the nature of 'knowledge/facts' and what are 'views/opinions' and how this may influence what one seeks to promote in relation to health
- 9 the range of messages which people may receive in relation to their health and social well-being and how they may judge these

I Consultation processes

- 1 effective consultation processes with others
- 2 how to effectively involve others in planning and setting agendas for one's work
- 3 effective listening strategies

J Health promotion models

- 1 the range of models, concepts, paradigms and approaches which there are in health promotion
- 2 the nature of the different models, concepts, paradigms and approaches and where they are used
- 3 how to evaluate the effectiveness of the different models, concepts, paradigms and approaches and disentangle these from the personal beliefs and preferences of their proponents
- 4 how to evaluate whether a model, concept, paradigm or approach might be of use in one's setting

Element

PA9.4.1 Enable individuals and families to identify factors which affect their health and social well-being

Performance criteria

The practitioner will need to:

- (1) acknowledge individuals' rights to make their own decisions about their health and social well-being
- (2) identify the context in which individuals and families live from available information and through discussion with the people concerned
- (3) *communicate* with individuals and families in a manner which is conducive to openness and allows a frank exchange of views
- (4) encourage individuals to talk about those aspects of health which concern them, ask any necessary questions and give the appropriate support in a sensitive and unobtrusive way
- (5) respect and acknowledge appropriately individuals' rights to discontinue conversations and discussions
- (6) provide up-to-date information which takes account of the different *factors* which may affect health and social well-being
- (7) offer advice which is justifiable in terms of the individuals' interests and situation and recognises the complexity of the decisions which they may have to make
- (8) act, and provide any information, consistent with their work role

Range includes:

- 1 *Communicate:*
 - a) speech and language
 - b) actions, gestures and body language
 - c) space and position
- 2 *Factors:*
 - a) socio-economic
 - b) personal

Explanatory notes

‘Their health’ in the unit title refers not only to the health of the individual and family concerned but also the health of those who are close to them, particularly when the person has some responsibility which directly affects others (eg as a parent).

In range 2: (a) ‘socio-economic’ factors include: their disposable income, relative income, housing; (b) ‘personal’ factors include: their personal beliefs and preferences, support systems (eg family and friends), gender, sexuality, age, abilities.

Element

PA9.4.2 Enable individuals and families to identify *options* for optimising their health and social well-being

Performance criteria

The practitioner will need to:

- (1) support individuals in reflecting on their own concerns for their health and social well-being and encourage them to realise the potential for change
- (2) encourage individuals to identify their own personal beliefs and preferences in relation to their health and social well-being, what they value most in their lives and how these may inter-relate
- (3) explore with individuals the inter-relationship between their personal beliefs and preferences and those things which they value, and support them in identifying their own priorities in relation to their health and social well-being
- (4) discuss and reflect back to individuals their priorities for their health and social well-being to confirm that the practitioner has interpreted them correctly
- (5) adopt processes when working with a family which allow the different members to identify their own concerns, beliefs and priorities and make their own decisions
- (6) explore and discuss the various options which are available for meeting the agreed priorities together with the implications of each
- (7) discuss options which are feasible for the people concerned
- (8) explain any risks involved in an individual's choices in a manner which is supportive of the individual concerned and is not critical of them
- (9) encourage individuals to select options which are capable of being implemented and to which they are committed

Range includes:

1 Options:

- a) what it is possible for the individuals and families to directly influence
- b) what it may be possible to achieve if the individuals and families join with others
- c) factors which may be outside of individuals' direct control but which impinge on their choices

Explanatory notes

‘Processes’ referred to in performance criterion (5) would include consideration of time, possible interventions and different forms of support.

‘Feasible options’ in performance criterion (7) will need to take into account the socio-economic context of people (such as their disposable income, relative income, housing); their personal context (such as their personal beliefs and preferences, support systems, gender, sexuality, age, abilities) and any environmental constraints.

Element

PA9.4.3 Enable individuals and families to put their informed choices into action

Performance criteria

The practitioner will need to:

- (1) encourage individuals to be clear about the choices which they have made and the reasons for their chosen course of action
- (2) explore the implications of choices with individuals in a manner which encourages them to understand the impact on their daily life and any difficulties which might arise
- (3) clarify the range of *support mechanisms* which will be available to the individual and clearly provide any necessary information
- (4) explore with the individual the *methods* available to enable them to put their informed choices into action
- (5) choose methods which are appropriate to the agreed course of action and agree them with the individual and any others who will be involved in their implementation
- (6) use selected methods in a manner appropriate to the individuals concerned and in a way which encourages them to put their informed choices into action
- (7) maintain contact to a level which offers the amount of support necessary for the individuals concerned and is realistic given other factors
- (8) encourage individuals to seek further support when they are in need of it
- (9) respect individuals' right to change their minds and consider alternative approaches
- (10) keep accurate, legible and complete records of the choices made and the actions agreed

Range includes:

- 1 *Support mechanisms:*
 - a) formal
 - b) informal
- 2 *Methods:*
 - a) coaching and training
 - b) counselling and support
 - c) challenging someone's behaviour
 - d) demonstration
 - e) information provision

Explanatory notes

Putting their informed choices into action (performance criterion 4) will include sustaining approaches as well as the initial use of them.

‘Any others who will be involved in their implementation’ in performance criterion (5) might include: colleagues in the practitioner’s agency; the practitioner; people in other agencies; friends and colleagues of the individual.

The ‘factors’ which the practitioner needs to take into account (performance criterion 7) will include: the policy of the agency for which they work, their own work role and the agency’s resourcing and priorities.

In range 1: (a) ‘formal’ might include: health and social care services; recreational and leisure services; counselling and advice services; spiritual centres; (b) ‘informal’ might include: family and friends; support groups and networks; place of work.

Element

PA9.4.4 Review with individuals and families the effectiveness of addressing issues which affect their health and social well-being

Performance criteria

The practitioner will need to:

- (1) actively encourage individuals and families to take a full and active part in the review process
- (2) review with the individual in an appropriate manner, level and pace, the effectiveness and *outcomes* of putting their informed choices into action
- (3) reach agreement with those involved as to any *changes* which need to be made in how they address issues and the support they receive
- (4) encourage and support individuals to consider the implications of any changes in the actions they are going to take and who is involved
- (5) actively encourage those involved to offer their opinions and suggest ways in which they might improve the process
- (6) keep accurate, legible and complete records of the review process

Range includes:

- 1 *Outcomes:*
 - a) progress
 - b) maintenance of status quo
 - c) deterioration and regression
- 2 *Changes:*
 - a) whether and how goals and aims need to be revised
 - b) whether the action plan is complete
 - c) the individual wishes to stop the course of action
 - d) how the individual can support the effectiveness of the programme when not in direct contact with the practitioner
 - e) the interaction between the practitioner's interventions and those of other care practitioners

Explanatory notes

The sort of 'opinions' which people might be encouraged to offer in performance criterion (5) are: their views of the methods used and their effectiveness; the extent to which the methods have achieved their aims and goals; the individual's broader needs in relation to their health and social well-being; any other factors which may have affected the outcomes achieved or the effectiveness of the methods used.

'Complete' records in performance criterion (6) means that the records should be signed, dated and contain all the relevant information.

Description of knowledge, understanding and skills needed for the standards in this unit

A Health and social well-being in context

- 1 the effect of the physical, cultural, aesthetic, social, economic and ecological environment on people's health and social well-being
- 2 the overall physical, social, emotional and economic context in which people live
- 3 the inter-relationship between people's overall context and their health and social well-being
- 4 how personal beliefs and preferences affect how individuals live and the choices which they make
- 5 the resources available to the individual to make changes to the context in which they live and make choices about their lifestyles
- 6 how the public infrastructure can affect people's lives, both in the choices which they are able to make and through its impact on health and social well-being (eg the impact of the transport infrastructure and public health measures, such as sewage and drainage)
- 7 the multiplicity of factors which affect health and social well-being and risks to health and social well-being
- 8 the range of behavioural, environmental and social approaches which might be necessary to effect change in health and social well-being given the multiplicity of factors which affect it

B Inter-agency, inter-disciplinary and team working

- 1 how one's own work interacts with others in related agencies
- 2 the contribution which others make to optimising health and social well-being
- 3 the different forms which work teams may take and their applicability to different situations
- 4 how to work effectively in single-discipline and inter-disciplinary teams
- 5 how to develop effective working relationships with people who are not working in the same team but are working towards the same aims
- 6 the benefits of working collaboratively - across agencies and across disciplines
- 7 how teams and collaborative work evolve over time and the impact of this on relationships and effective working

C Employment and organisational policies and practices

- 1 the nature of the sector in which the practitioner is working
- 2 the nature, roles and functions of the principal agencies within the sector
- 3 organisational structures, functions, methods of communication and decision making processes
- 4 the nature, aims, objectives, values, policies and systems of the organisation in which the practitioner works and how these differ from other organisations offering similar services
- 5 the contractual arrangements relating to the services which the practitioner is offering
- 6 the nature, extent and boundaries of own work role and its relationship to others in the organisation and delivering associated services
- 7 how to monitor, analyse and evaluate implications of change in the organisation in which one works

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D Communication and relationships

- 1 what is meant by 'effective communication'
- 2 the ways in which communication can be modified and altered for different needs, contexts and beliefs
- 3 how all interactions are a form of communicating and how to recognise what individuals are seeking to communicate through their behaviour
- 4 the role of communication in maintaining individual identity and social interaction
- 5 the nature of communication differences and how these may be reduced
- 6 the effect of environments and contexts on effective communication (particularly institutional settings)

E Work role and practice - reflecting and developing

- 1 how to evaluate one's own competence and determine when further support and expertise are needed
- 2 how to evaluate the effectiveness of one's own actions and learn from experience
- 3 how to inform and consult with others on problems and proposals and encourage others to offer ideas and challenge
- 4 the need to develop one's own competence and skills in line with changes in knowledge and practice, the opportunities there may be to do this and how to access these opportunities
- 5 how the practitioner's area of practice is changing and the implications of this for their own skill and knowledge base

F Management of change

- 1 obstacles to change and the reasons for them
- 2 how to encourage people to think past obstacles to change and gain the confidence and interest to move forward
- 3 the plans and processes which need to be put in place to enable people to manage change
- 4 effective change management processes and how these may differ in different contexts and settings
- 5 how the practitioner can adopt an approach and working style which is supportive of change

G Health and social well-being

- 1 the inter-relationship between socio-economic factors and health and social well-being
- 2 the inter-relationship between personal factors (eg genetics) and health and social well-being
- 3 the kinds of misinformation which people receive about health and social well-being and how this can be counteracted
- 4 holistic concepts and approaches to health and social well-being
- 5 how individuals' and families' needs and interests may be affected by their current level of knowledge and understanding, their personal beliefs and values, their previous experiences and how they use services and the situation in which they find themselves

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- 6 the risks involved with certain behaviours and how these may be reduced for those with whom the practitioner is interacting
- 7 living practices and behaviours which are legal and illegal and the role of the practitioner in relation to these (eg if client is using illegal drugs - the ways of dealing with this)
- 8 the boundary between legal and illegal drugs and the client (eg the client use of illegal drugs which are prescribed)
- 9 the difficulties of identifying cause-and-effect relationships in issues to do with health and social well-being
- 10 the practitioner's own beliefs about social and personal factors and health and social well-being and how this may affect their work
- 11 living practices which are likely to benefit an individual

H Rights and choice

- 1 people's rights to make decisions about their health and determine the issues which are of importance to them
- 2 how to respect and acknowledge others' priorities in relation to their health and social well-being and their right to refuse advice and information
- 3 the judgments which may come into play when making information available to clients and how this may display discrimination (eg not giving elders safer sex advice, mental health issues)

I Supporting individuals to identify options and make choices

- 1 strategies for encouraging individuals to recognise their ability to make changes
- 2 why it is important to help individuals consider the effects of their choices on others and methods of doing this
- 3 why it is important for the individual to have ownership of, and be responsible for, the decisions that they make
- 4 methods of evaluating the feasibility of the individual's identified options and of supporting the individual to do this themselves
- 5 why it is important to create an honest and trusting relationship with the individuals concerned and how this can be achieved
- 6 how working with a group differs from working with an individual and the key factors in successful group work

J Methods of supporting individuals as they make changes

- 1 methods and strategies for coaching and training the individual and for them to use themselves
- 2 how to ask open questions and encourage individuals to think through options
- 3 why it is important for individuals to have ownership of their choices, and responsibility for putting them into action
- 4 how to encourage individuals to learn and develop
- 5 learning styles and strategies

K Communication

- 1 strategies for encouraging individuals to discuss issues openly and honestly
- 2 the possible implications of individuals' honesty in discussing issues for any others who may be present and how to help others address and express their feelings

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- 3 how to demonstrate support through verbal and non-verbal means
- 4 why it is important for the individual, not the practitioner, to control the progress and content of discussions and how to make suggestions and offer advice in a manner that is supportive and non-directive
- 5 how culture, beliefs and preferences can affect an individual's willingness to discuss issues and the strategies which may be used to encourage them to do so
- 6 why it is important to be non-judgmental about the ways that individuals choose to live and the choices that they have made
- 7 how to confirm the individual's understanding of information which they receive and how lack of comprehension may affect the choices which they make
- 8 methods of recording individual's views and comments and the uses to which the individual can put those records
- 9 how to arrange the immediate environment to make it conducive to the review process (such as minimising disturbances)

L Resources and support

- 1 the range of support groups and services available locally and sources of further information about them and what they do
- 2 strategies for encouraging family members and friends to be involved in supporting the individual
- 3 strategies for helping people maintain their commitment to change (eg contracts and written commitment)
- 4 the importance of peer support in achieving change
- 5 where to access further information about the range of support mechanisms that are available
- 6 agency procedures for accessing support and resources provided by other agencies/organisations (such as counselling services, social care services)

M Review and evaluation

- 1 the individual's circumstances, the options they have considered, the decisions that they have made and the steps that they have taken to address issues affecting their health and well-being
- 2 why it is important to revisit the decisions made and the steps taken and to confirm the individual's aims and goals
- 3 methods of encouraging the participation of individuals, their families and others affected by the individual's choices and actions or involved in helping the individual put their choices into action
- 4 why it is important to include families and others affected in the review process
- 5 the cyclical nature of the implementation process, its stages and milestones
- 6 the key points in a review process (aims, methods, outcomes) and why these are all important
- 7 how to help individuals consider and identify factors contributing to the success and failure of their actions and why it is important to guard against making simplistic judgments of cause and effect

UNIT PA10.3 Support individuals and others through the process of dying

Elements of competence

- PA10.3.1 Support individuals, their family and friends in their initial adjustment to learning of the individual's imminent death
- PA10.3.2 Support individuals as they die
- PA10.3.3 Support the family and friends of those who have died

Information about this unit

Summary

This unit is about the support and comfort provided by the practitioner to individuals and those nearest to them as the individual dies. This will include the death of individuals who have had to be cared for in a particular way because of infectious/contagious diseases (ie the national lists for those diseases where specific precautions are taken), radium implants, pacemakers, indwelling drainage tubes/catheters/IVs, wounds, and coroners' cases.

Who this unit is aimed at

This unit is designed for practitioners in any care setting who are involved in supporting individuals through the process of dying.

Principles of good practice

Due to the focus of this unit on dying, there are specific aspects related to the rights of individuals, their family and friends during the process of death. The practitioner needs to understand their own responsibilities in supporting others during this process and how these responsibilities should be handled so that individuals' rights can best be promoted. The unit also brings into consideration the rights of individuals who make living wills.

Relationship to other units

Unit PA10.4 describes standards for enabling individuals to explore and manage the changes in their lives. Unit PA10.4 may therefore be appropriate when the practitioner has the role of enabling individuals to manage change brought about by the death of a loved one.

This unit is drawn from the National Occupational Standards for Professional Activity in Health Promotion and Care and also appears as unit CSC97CA_NC3 in the Care standards.

The term 'friends' may be anyone who is closely connected with the individual and affected by their loss, such as those living with an individual in a group home. The term 'family' includes partners. See also the glossary definition of 'family'.

Element

PA10.3.1 Support individuals, their family and friends in their initial adjustment to learning of the individual's imminent death

Performance criteria

The practitioner will need to:

- (1) provide the individual, their family and friends with privacy and facilities to meet their immediate personal needs and offer them time to adjust
- (2) offer appropriate support to those concerned
- (3) *communicate* with individuals in a manner, and at a level and pace, appropriate to them
- (4) give *information* to individuals consistent with that agreed with, and provided by, other members of the care team
- (5) refer people who request information outside the practitioner's responsibility to the appropriate member of the care team
- (6) take the appropriate action when there are any changes in the individual's condition and behaviour
- (7) immediately meet any wishes expressed by the individual as far as is possible
- (8) make accurate and complete records of the information given to people in a form suitable for use by other members of the care team
- (9) tell other members of the team who are likely to be working with the individual in the immediate future about the information which has been given
- (10) manage their own feelings aroused by the individual's imminent death in a way which supports their right to such feelings whilst minimising any undue effects on the people and the setting

Range includes:

- 1 *Communication:*
 - a) speech and language
 - b) actions, gestures and body language
 - c) space and position
- 2 *Information:*
 - a) individual's condition and the likely long-term effects of their loss
 - b) available services and facilities
 - c) support

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Explanatory notes

Initial adjustment - may be immediately or some time after hearing that the individual may shortly die.

‘Support’ in performance criterion 2 will include: verbal support, support through physical presence and obtaining an advocate if this is necessary.

‘Appropriate action’ in performance criterion 6 might include: seeking support from colleagues, seeking the support of family and friends of the individual and the practitioner offering further information and support themselves.

Element

PA10.3.2 Support individuals as they die

Performance criteria

The practitioner will need to:

- (1) offer appropriate *support* and sufficient time to individuals who wish to express their feelings, discuss their death and their wishes about their death
- (2) support individuals in a manner that does not pressure them to express more than they wish
- (3) offer ongoing support to the individual as and when they need it
- (4) ensure the individual's immediate environment is of their own choosing and consistent with their personal beliefs and preferences as far as this is possible in the constraints of the setting
- (5) summon calmly and without delay family, friends, and others to whom the individual has agreed access
- (6) give assistance to the individual to ensure that the mix and number of visitors is appropriate
- (7) meet any wishes expressed by the individual immediately as far as this is possible given the constraints of the situation
- (8) take the *appropriate action* in a manner which maintains confidentiality when there are any changes in the individual's condition and expressed wishes
- (9) give appropriate assistance in transferring to another setting when the individual wishes it

Range includes:

- 1 *Support:*
 - a) verbal support
 - b) support through physical presence
- 2 *Appropriate action:*
 - a) calling someone else
 - b) taking the appropriate action oneself

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Explanatory notes

‘Support’ in performance criterion 1 will include: verbal support, support through physical presence and obtaining assistance from another if this is necessary.

‘Others to whom the individual has agreed access’ in performance criterion 5 might include: legal advisers, those associated with the individual’s religion, culture or creed.

In performance criterion 5, ‘summon’ would include doing this at the individual’s request and when it has been agreed with the care team.

Consideration of the ‘mix and number of visitors’ (performance criterion 6) will include: being consistent with the individual’s wishes, that which is appropriate to the individual’s condition and those who are closest to the individual.

Element

PA10.3.3 Support the family and friends of those who have died

Performance criteria

The practitioner will need to:

- (1) assist family and friends to receive relevant requested *information* and advice with due confidentiality and respect for the individual's wishes
- (2) provide time and privacy for the expression of grief
- (3) provide assistance in contacting others on request consistent with agreements made with the care team
- (4) confirm with those concerned, and before any actions are taken, decisions and the implications of these for viewing, mourning and movement of the deceased person
- (5) accompany family and friends, if they so wish, to the deceased person in a dignified manner which respects their needs and the deceased person
- (6) ensure the viewing, mourning and movement of a deceased person is consistent with current infection control policy
- (7) offer facilities or refreshments to meet family's and friends' immediate needs consistent with their personal beliefs and preferences
- (8) request other appropriate support with the family's and friends' agreement
- (9) accept any comments made by family and friends in a constructive manner and pass them on to the appropriate person at an appropriate time
- (10) manage their own feelings aroused by an individual's death in a way which supports the right to such feelings whilst minimising any undue effects on the people and the setting

Range includes:

1 Information:

- a) the necessary steps which have to be taken following death
- b) available services and facilities
- c) sources of support

Description of knowledge, understanding and skills needed for the standards in this unit

A Personal beliefs and preferences in relation to death

- 1 the potential tensions which may exist between the individual's choice and the choice of others (eg relatives) and when this may become an issue
- 2 why individuals and their family and friends should be able to dictate as far as is possible the manner in which death takes place
- 3 how personal beliefs and preferences may affect the individual and their family and friends and the impact of these on their approach to death, and what happens before and after
- 4 how personal beliefs and preferences affect cleansing and grooming of the body after death and those religions which do not cleanse and groom
- 5 why the environment should be consistent with the individual's choice and personal beliefs and preferences
- 6 why the individual may wish to transfer to another setting and the ways in which this can contribute to the grieving process
- 7 how one can cope with the needs and wishes of dying individuals and recognise that their needs will not necessarily be the same as those of their family and friends - how to act as an advocate or intermediary in these circumstances
- 8 how personal beliefs and preferences may affect people following the death of someone close to them
- 9 how personal beliefs and preferences may affect the requirements which people have after death
- 10 the relevant preparation methods of deceased people, the factors which have to be taken into account in the preparation and the actions which should be performed in particular cases
- 11 why family and friends should be informed of the different forms of management of the deceased person which may apply and the effects which this will have on the later viewing, mourning and movement of the body
- 12 why the decisions which people take should be reflected back for confirmation prior to any actions being taken
- 13 how one can manage situations where the wishes of individuals who have died may not be the same as those of their family and friends

B Legislation and wills (including living wills)

- 1 the legislative framework which surrounds death, the individual's rights and those of their family and friends
- 2 the reason for having a will and how the absence of one may affect individual choice after death
- 3 the meaning of the term 'living will' and the relationship of this to an individual's choice as they approach death
- 4 the legal status of a living will
- 5 where the practitioner may seek advice and support regarding the individual's rights, ethically and legally

C Grief and the grieving process

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- 1 methods of resolving differences between the various interested parties, the legal position and how this links to the clarity of who is the next of kin (ie the person deemed to be so by the individual)
- 2 when it may be appropriate to discuss death with individuals
- 3 why it is important for the care team to demonstrate a coordinated approach and how this may assist the grieving process
- 4 likely reactions and attitudes to death or loss and how these are affected by those who choose to die (for example by coming off medication) or those for whom the choice is made (such as through turning off life-support systems) and the effect which both may have on the grieving process
- 5 the grieving process in relation to anyone involved in, or associated with, death or loss and how this may affect behaviour
- 6 why time and privacy should be provided for the expression of grief

D Support services

- 1 sources of information and support for the individual and others to help in their adjustment to death
- 2 when particular forms of support may or may not be appropriate (such as in relation to individual's beliefs or when the support is used as a prop for the practitioner rather than for the individual)
- 3 why information on support services etc should be within the limits agreed with the care team
- 4 other organisations which may provide support and assistance for family and friends and where information on these may be obtained

E Legislation and death

- 1 the legal status of individual's requests for their care after death, in relation to whether they have made a will (such as who is seen as the next of kin unless this is stated clearly in the will)
- 2 policies concerning infectious and contagious diseases ie the statutory regulations and policies (national and local) for those diseases where specific precautions are taken (such as body bagging, the removal of organs, the removal of medical equipment)
- 3 the role of the practitioner in handling such cases and those which must be handled by another member of staff and who this is
- 4 health and safety measures which are applicable to particular conditions and why these are necessary
- 5 who can legally certify death and the statutory requirements in relation to this
- 6 the legal and organisational responsibilities covering individual's possessions
- 7 when and why circumstances do not allow the deceased to be removed

F Access to individuals at death

- 1 where access by others to the individual is agreed or implied (eg in terms of an unconscious individual) and local policies for deciding who does or does not have access
- 2 why assistance may be necessary to ensure that the individual does not receive too many visitors at one time

G Work role

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- 1 the actions which the practitioner may take if their own beliefs conflict with organisational and professional approaches to death
- 2 how to manage one's own stress and distress when individuals die (particularly when the practitioner has grown fond of them and/or has been with them over a period of time)
- 3 current professional and organisational attitudes and/or beliefs to deciding on the timing of death and how these may affect the practitioner
- 4 the actions which the practitioner is able to take if there are conflicts between organisational provision and the needs of family and friends and the support which can be sought in these circumstances

UNIT PA10.4 Enable individuals, their family and friends to explore and manage change

Elements of competence

PA10.4.1 Enable individuals to explore the implications of change and their options

PA10.4.2 Enable individuals, their family and friends to manage the process of change

Information about this unit

Summary

This unit describes standards for the practitioner supporting individuals, their family and friends through the process of change by: enabling them to explore the implications of change, the options open to them and managing the process of change. The support provided by the practitioner will be over a number of interactions rather than in a one-off encounter.

Who this unit is aimed at

The standards described in this unit are designed to be applicable to all individuals, their family and friends who need to explore and manage change. It is intended to be applicable in all settings in the care sector where this happens and possibly in other sectors too.

Principles of good practice

Due to the focus on change, there is the need for practitioners to consider the personal beliefs and preferences of individuals and how their exploration and management of change will be affected by their cultural background and developmental stage, previous experience or statutory involvement. There is also an emphasis on enabling and exploring choice and the need to maintain confidentiality.

Relationship to other units

This unit relates to unit PA10.3 where the practitioner supports individuals and others through the process of dying.

This unit is drawn from the National Occupational Standards for Professional Activity in Health Promotion and Care and also appears as unit CSC97CA_NC2 in the Care standards.

The term 'friends' may be anyone who is closely connected with the individual and affected by their loss, such as those living with an individual in a group home. The term 'family' includes partners. See also the glossary definition of 'family'.

Element

PA10.4.1 Enable individuals to explore the implications of change and their options

Performance criteria

The practitioner will need to:

- (1) encourage individuals to talk through and explore the changes in their lives and to decide whether, when and how this will be done
- (2) provide up-to-date *information* which acknowledges the complexity of the decisions which people may need to make and the constraints placed upon them
- (3) discuss a feasible range of options with the person
- (4) explore the advantages and disadvantages of different options with individuals and support them to come to their own decisions about their courses of action
- (5) encourage and support individuals to identify and explore the *changes* affecting them in their own manner and at their own pace
- (6) reflect back individuals' views and concerns to them to confirm that the practitioner has gained an adequate understanding of them
- (7) encourage individuals to explore their responsibilities and consider any risks in relation to the choices they may make
- (8) interact with individuals in a manner which is consistent with the practitioner's role
- (9) offer access to other sources of support when this is likely to be of benefit to the individual
- (10) base decisions as to what the individual should know and when they should know it on an informed understanding of what the individual will experience, their interest in knowing what will happen and their level of understanding
- (11) only make commitments which they are capable of meeting within their own work role, their overall work commitments and the services they are contracted to deliver
- (12) make accurate, legible and complete records which are capable of being used by others in the team of interactions with the individual, options explored and decisions reached
- (13) manage their own feelings aroused by the changes which the individual is experiencing in a way which supports their right to such feelings whilst minimising any undue effects on the care setting

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Range includes:

- 1 *Information:*
 - a) unwritten
 - b) written

- 2 *Changes:*
 - a) emotional and psychological
 - b) practical
 - c) social

Explanatory notes

In performance criterion 3, 'feasible' might include consideration of: the individual's strengths; the strengths in the individual's social situation; the nature of the change which is being faced; other sources of support.

The type of 'responsibilities' which individuals might need to consider (performance criterion 7) are those to their family and close relatives and friends and those to their wider circle of acquaintances.

In range 1: 'unwritten' may include the use of speech, signs and symbols.

Element

PA10.4.2 Enable individuals, their family and friends to manage the process of change

Performance criteria

The practitioner will need to:

- (1) access and review information on an individual's need for *support* and the factors which are specific to their circumstances
- (2) contact individuals, their family and friends at optimal frequencies and encourage them to offer feedback on the effectiveness of the support available
- (3) acknowledge and respond appropriately to feedback from all those involved
- (4) encourage everyone involved in the *change* process to explore and identify their commitment to agreed courses of action and offer suggestions as to how things could be improved
- (5) evaluate existing sources of support for their effectiveness in meeting the individuals' needs and wishes
- (6) explore other, potentially applicable, sources of support with individuals when the services currently provided are not effective in supporting them through the process of change
- (7) interact with others in a manner which acknowledges the effect of their own experiences, their job and their relative position of power
- (8) only make commitments which they are capable of meeting within their own work role, their overall work commitments and the services they are contracted to deliver

Range includes:

- 1 *Support:*
 - a) emotional
 - b) practical

- 2 *Change:*
 - a) emotional and psychological
 - b) practical
 - c) social
 - d) developmental

Explanatory notes

In performance criterion (1), ‘factors’ might include: social factors, environmental factors, economic factors, cultural factors and personal factors.

The ‘effectiveness of the support’ in performance criterion (2) will include consideration of such aspects as: the individual’s strengths, the strengths in the individual’s social situation, the nature of the change which is being faced, and other sources of support.

‘Other sources of support’ which might be offered in performance criterion (6) might include: the individual’s family and friends, other practitioners, a range of other support services (such as religious leaders, counsellors).

‘Practical support’ in range 1 will include, for example, physical support and financial support.

Description of knowledge, understanding and skills needed for the standards in this unit

A Personal beliefs and preferences

- 1 how individual's personal beliefs and preferences may affect how they approach change and the sort of changes which may prove to be stressful
- 2 how the practitioner can manage situations where the options which the individual chooses run counter to the practitioner's own beliefs and preferences
- 3 the practitioner's own strengths and limitations, values and attitudes and how these affect their work with different people

B Factors

- 1 the social context in which people live and how this may affect their ability and willingness to change
- 2 how the social context may affect the choices available to people or which they believe to be available
- 3 the individual's stage of emotional, intellectual and physical development

C Management of change

- 1 the different ways in which individuals welcome and manage change
- 2 how to show support, comfort and understanding to those experiencing change

D Building and maintaining effective relationships

- 1 the nature of social interaction and how the interaction and relationship between the practitioner and the individual may have a direct effect on their ability to manage change
- 2 the possible need for positive discrimination eg where there may be a need to pass the person on to another practitioner who may be able to give more appropriate support
- 3 how to balance decisions about passing the person on to another practitioner who may be able to give better support whilst being clear oneself that one is not just passing on a difficult situation
- 4 how to recognise own reactions to emotions and ways of dealing with them
- 5 how to demonstrate empathy with people in a manner which is constructive
- 6 methods of enabling individuals to identify, express and explore their feelings
- 7 why it is important to maintain personal and professional boundaries with individuals, especially when practitioners are providing intimate physical care and emotional support in daily living situations

E Work role and boundaries

- 1 the practitioner's role and responsibilities to the individual
- 2 how to maintain this role whilst showing empathy, concern or support to an individual who may be distressed, acting out, sad, silent, tearful or angry
- 3 strategies for dealing with difficult situations which have a strong emotional impact
- 4 why it is important to be aware of the potential power and impact of the practitioner's own life experiences and emotional responses on the interactions with individuals

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5 the extent to which the practitioner has any power to influence and affect the process of change either for the better or for the worse, through their own prejudices which they may bring to the situation

F Legislation and procedures

1 appropriate legislative boundaries, such as the Children Act and the Mental Health Act

G Enabling people to manage change

1 methods of providing support to help people explore and manage change

2 identifying and exploring obstacles to change in relation to practical, emotional, social and sexual aspects

H Community sources of support

1 factors affecting the ability of family and friends or the community to provide support

2 the effect which the delivery of support services may have on the individual's ability and willingness to change

UNIT PA10.5 Support individuals when they are distressed

Elements of competence

PA10.5.1 Contribute to the prevention of individuals' distress

PA10.5.2 Support individuals in times of distress

Information about this unit

Summary

This unit is about supporting individuals when they are distressed - the individual may be a client, a carer, someone accompanying a client or a colleague. The unit covers taking appropriate action in response to signs that the individual is becoming distressed as well as offering support to individuals who are already in distress. The practitioner is expected to be able to support individuals temporarily experiencing distress and those whose distress is of a more long term nature.

Who this unit is aimed at

This unit is designed to be applicable to all individuals in all care settings who need support in times of distress. It will be relevant to practitioners who provide personal care and emotional support to individuals.

Principles of good practice

The support provided by the practitioner is appropriate to the individual's needs and involves the use of active listening skills and the principles of counselling. The practitioner will need to be aware of how the individual's distress affects them and be able to manage their own feelings appropriately.

Relationship to other units

This unit might be used alongside any other unit when an individual becomes distressed.

This unit is drawn from the National Occupational Standards for Professional Activity in Health Promotion and Care and also appears as unit CSC97CA_Z8 in the Care standards.

Element

PA10.5.1 Contribute to the prevention of individuals' distress

Performance criteria

The practitioner will need to:

- (1) offer support to individuals and not pressure them to discuss or disclose more than they want, need or are able
- (2) give immediate *support* to individuals when they appear to be becoming distressed consistent with their personal beliefs and preferences
- (3) make responses to the individual's expressed feelings, needs or problems in a supportive manner which accepts the individual's right to express them whilst taking account of personal safety
- (4) take the appropriate action without delay when the individual's condition has changed and they behave in a way which has previously indicated distress
- (5) *interact* with individuals in a manner, expression and tone which are supportive of them and are likely to promote their confidence in the care team
- (6) offer appropriate advice to individuals who indicate that they are likely to harm themselves on the action the practitioner may have to take
- (7) request appropriate assistance from others without delay when the practitioner is unsure of their ability to deal with the individual's distress or the effect which it may have on their condition
- (8) keep accurate, legible and complete records

Range includes:

- 1 *Support:*
 - a) verbal
 - b) non-verbal
- 2 *Interactions:*
 - a) speech and language
 - b) actions, gestures and body language
 - c) space and position

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Explanatory notes

Individual involvement in deciding what happens to them (performance criterion 1) may include the involvement of others (such as parents, family, and friends).

The 'appropriate action' (performance criterion 4) will depend on the individual and the care setting. For example, in some settings it will be necessary to summon the relevant professional without delay; in others the practitioner will have more freedom of action to decide the next step and this will depend on the individual and their situation.

Element

PA10.5.2 Support individuals in times of distress

Performance criteria

The practitioner will need to:

- (1) offer *support* to individuals and not pressure them to discuss or disclose more than they wish
- (2) discuss and review the options open to the individual when they wish to do so
- (3) encourage and support individuals to consider the best option for them and the possible ways of carrying this out
- (4) keep accurate, legible and complete records of the individual's choices of action
- (5) clarify with the individual any specific information and resources they require and obtain them
- (6) offer the individual appropriate support given their choice of action, particular needs and plan of care
- (7) take the appropriate action without delay when the individual's behaviour gives cause for concern
- (8) support the individual to contact another appropriate person for help when the individual raises issues which are beyond the practitioner's role and the individual is in agreement
- (9) offer appropriate support to others who are disturbed by the individual's expression of distress
- (10) manage their own feelings aroused by an individual's distress in a way which supports their right to such feelings whilst minimising any undue effects on the care setting

Range includes:

- 1 Support:*
- a) verbal and non-verbal communication*
 - b) physical presence*

Explanatory note

The 'appropriate action' (performance criterion 7) will depend on the individual and the care setting. For example, in some settings it will be necessary to summon the relevant professional without delay; in others the practitioner will have more freedom of action to decide the next step and this will depend on the individual and their situation.

Descriptions of knowledge, understanding and skills needed for the standards in this unit

A Forms of distress, causes and effects

- 1 'normal' psychological and emotional functioning and the range of emotions which these include
- 2 stress and its effect on psychological, social and emotional functioning
- 3 the meaning of 'distress' and the forms which are seen by the practitioner, the organisation and society as 'socially acceptable' or 'socially unacceptable' either in the care setting or in society as a whole (eg suicide, self harm or aggression)
- 4 how personal beliefs and preferences may affect the type of situations which an individual finds stressful, ways of expressing distress and methods of relieving this
- 5 the different forms of distress experienced by individuals with different needs (such as illness, bereavement, receiving bad news, individuals with physical communication difficulties)
- 6 the signals which indicate distress is changing to more complicated emotions such as aggression
- 7 how the care environment itself can be stressful to many individuals

B Relieving distress

- 1 methods of relieving and reducing distress
- 2 why action should be taken to relieve stress as soon as it is apparent or there are indicators that it is likely to occur
- 3 why the practitioner should act in a calm manner

C Counselling: principles and skills

- 1 the range of counselling skills (eg active listening, facilitating problem solving), the situations in which they may be appropriate and how to use them
- 2 factors which may inhibit effective use of counselling skills (eg stereotyping, lack of trust, practitioner's own needs)

D Resources for supporting the individual

- 1 the role of the counsellor, who may provide this service and the role of the practitioner in supporting the professional

E Work role, boundaries and support

- 1 the importance of the practitioner being able to identify the potential effect of an individual's distress upon themselves and their ability to offer support
- 2 the warning signs of becoming too involved
- 3 ways of managing own feelings aroused by an individual's distress

F Agency policy and procedures

- 1 the necessary actions (detailed in local policy and procedures) to take when an individual indicates they are likely to harm themselves
- 2 local policies and guidelines which might affect the actions the practitioner is able to carry out and the role which they are able to take

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- 3 sources of support available to the practitioner and how these may be accessed including from outside organisations (such as CRUSE, Relate, SAMS, telephone helplines etc)

G Legislation

- 1 legislative roles and responsibilities of the practitioner and how these change in relation to the age of the individual

SECTION 4: INDEX

This index is designed to enable users of the standards to find their way around them quickly through highlighting common themes and terms. The first column states these common themes and terms. The second column shows where these appear within the homeopathy specific standards given in section 2 and the third column shows where they appear in the other standards which may be relevant for homeopathic practitioners, provided in section 3.

The following abbreviations have been used: pc - performance criterion; r - range; k&u - knowledge and understanding.

Common themes and terms	Where to find in the homeopathy standards - section 2	Where to find in the other standards - section 3
Bereavement		Unit 10.3 is about supporting individuals who are dying and their relatives and friends; unit 10.4 is about enabling people to manage change and loss.
Bounds of competence	HM1.1 pc: 5 and explanatory note k&u: C8, C12, L6, O4, Q1, Q4, Q8	
Clinical skills	k&u: C8	
Communication	Embedded throughout all of the pcs - see particularly k&u:	Embedded throughout all of the pcs - see particularly unit O2 and unit 2.1.
Confidentiality	HM1.1 pc: 5; r: 3F; HM1.2 pc: 11; HM1.3 pc: 3; HM1.4 pc: 4, 6; HM2.3 pc: 7 k&u: R	O2.3 pc: all; k&u: F, G, H. 10.3.2 pc: 8; 10.3.3 pc: 1.
Consent	HM1.1 pc:5-6; HM1.2 pc: 4, 11; HM1.3 pc: 3; HM1.4 pc: 3, 6; HM2.3 pc: 5, 7. k&u: S	
Consultation skills	HM1.1 pc: 5-6; HM 1.2 pc1-3; HM1.3 pc: 2-3; k&u: C	
Continuing professional development	HM2.3 pc:9; k&u: Q	Unit 1.1 focuses on the practitioners own continuing professional development; unit 1.2 on the support they give to others' professional development.
Cultural factors and diversity	HM1.4 - r: 2d k&u: C2, P2, P4, P7	O2.2 pc: all; k&u: C, D, J2. 1.1.1 pc: 4; r: 2c;A1. O1.1 k&u: A2, A11, A12, B2

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		B5. 2.1.2 pc: 1; 9.1.1 pc: 2; r: 1b; 9.1.2 r: 8; 9.1 k&u: A2, D2, H3, J3 7.4 k&u: C2; 9.4.2 pc: 2, 3, 5; 9.4 k&u: A4, D2, G5, G10, K5 10.3.2 pc: 4; 10.3.3 pc: 7; 10.3 k&u: A, D2, G1, G3 10.4 k&u: A. 10.5.1 pc:2; 10.5 k&u: A5
Diagnosis	HM1.1 pc: 5-6 k&u: A7, A8, A9 And explanatory note for HM1.1.	7.4.2 r: 4a
Disability	HM1.1 pc: 1-2 k&u: A10, A11	
Dispensing Homeopathic remedies	HM2.2 pc: all k&u: J	
Ethics and code of conduct	k&u: M, N, O	1.1.1 r: 1d; 1.1.2 r: 1d; 10.3 k&u: B5
Examinations and investigations	HM1.2 pc: 4	
Expectations of outcome, patient and practitioner	HM1.1 pc: 5-6; HM1.2 pc: 10; HM1.3 pc: 10; HM1.4 pc: 2,7; HM2.1 pc: 6; HM2.3 pc: 1	
Goal setting	HM1.2 pc: 10; HM1.3 pc: 10; HM1.4 pc: 3 k&u:	7.4 k&u: J3
Homeopathic evaluation	HM1.2 pc: all; HM1.3 pc: all k&u: E	
Homeopathic prescribing	HM2.1 pc: all k&u: I	
Homeopathic principles and reasoning	HM1.2 pc: 3, 8-9; HM1.3 pc: 1, 4--9; HM1.4 pc: 3; HM2.1 pc: 15 HM2.3 pc: 3, 6 k&u: D	
Homeopathic review	HM2.3 pc: all k&u: K	
Homeopathic strategies	HM1.3 pc: 4, 6; k&u:	
Homeopathic treatment planning	HM1.4 pc: all; HM2.1 pc: all; k&u: F	
Integrated care/Liaison with other care practitioners	HM1.2 pc: 7, 11; r: 5b HM1.4 pc: 4, 5, 6 HM2.3 pc: 7	

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	k&u: A8(v), B3, C12, O4, P8, Q3	
Legislation/legal requirements	HM2.3 pc: 7 k&u: J1, J7, R3, N1-4, S7, T1, T4, T5	O21 pc: 2; O2.2 pc: 2; O2.3 pc:1; O2 k&u: I 1.1.2 r: 1e; 1.1 k&u: D4 1.2.2 r: 1e; 1.2 k&u: B2 7.4 k&u: B; 7.11.1 pc: 2; 7.11 k&u: B, G1, K3 10.3 k&u: B; 10.4 k&u: F 10.5 k&u: G.
Materia medica	HM2.1 r: 2b, k&u: D5iii, G,	
Medical knowledge	k&u: A5-A9; B	
Medication		
Personal preparation	HM1.3 pc: 3; HM1.4 pc: 9; HM2.1 pc: 10; HM2.3 pc: 9 k&u: U	
Pharmacology	k&u: B	
Preparing the environment/consulting room	HM1.1 pc: 4 k&u: V	
Professional indemnity	k&u: J7, M	7.4.2 r: 1d
Prognosis	HM1.3 pc: 9; HM2.1 r: 3j; k&u: A8, E9, E10, E12, E13, I2,	7.4.2 r: 4a
Provings	HM2.1 r: 2b; k&u: G8, H7,	
Record keeping	HM1.3 pc: 3, 5; HM1.2 pc: 12; HM1.3 pc:11; HM1.4 pc: 8; HM2.1 pc: 9; HM2.2 pc: 8; HM2.3 pc: 8; k&u: C9, C10, E17, K9,	Found throughout all of the standards usually in the pc at the end of each element.
Referral and inter-professional communication	HM1.1 pc: 1; HM1.2 r: 4b: HM2.3 pc: 7 k&u: A8iii, C8, K12, Q8	
Remedy identification	HM2.1pc: 2-9 k&u: H	
Repertorisation	HM2.1 r: 2a; k&u: D5ii, H4, H5, H6, H8-13,	
Risk assessment	HM1.2 pc: 5; r: 2a, 5a, 5b HM1.4 pc: 3 HM2.3 pc: 7 k&u: F1, I3, L4	O2 k&u: G; 7.4.2 pc: 2, 8; r: 3d; 7.4.3 pc: 5; 7.4 k&u: I 7.11 k&u: I; 7.11.1 pc: 3, 8; 7.11.2 pc: 1; 7.11.3 pc: all; 9.1 k&u: A7; 9.4.2 pc: 8; 9.4 k&u: A, G6; 10.4.1 pc: 7
Role and scope of homeopathy	HM1.1 pc: 5	
Safety	HM1.2 pc: 4; HM2.2 pc: 1, 2; k&u: A8iii, B3, F1, J1, N2, T, V5	see unit 7.11 which relates health and safety.
Symptoms and	HM1.1 pc6; HM1.2 pc: 2;	

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patterns/symptom picture	HM1.3 pc: 4 and r: 1, 6-8; HM2.1 r:2 k&u:	
Supervision/support	HM1.4 pc: 9 HM2.1 pc: 10 k&u: Q3, Q9	O2.2 pc: 4; r: 2-3; O2.3 pc: 7; r: 4; O2 k&u: J. 1.1.1 pc: 9; r: 3. 1.1 k&u: B6, C 1.2.1 pc: 8; 1.2 k&u: A12 7.4 k&u: E2 9.1.2 pc: 5; 9.2 k&u: E1 9.4 k&u: E1 10.3.1 pc: 10; 10.3.3 pc: 10 10.3 k&u: B5 10.4.1 pc: 13; 10.5.2 pc:10 10.5 k&u: E1, F3
Therapeutic relationship	HM1.4 pc: 1 HM2.3 pc: 1 k&u: A, C, L, P, U, V,	

Section 5

Glossary - words used in the Occupational Standards

Acceptability

Interventions and/or activities are acceptable if they satisfy the expectations of clients.

Activities

The term 'activities' is used in the standards to denote a broad collection of things which are undertaken within services, in order to achieve aims and objectives, such as information gathering and collation.

Address

The term 'address' when used as a verb is taken to mean 'giving attention to an issue, product or service, trying to understand it and deciding how to deal with it'.

Advice

If you give someone advice, you tell them what you think they should do, either orally or in writing. This is in contrast to providing information where you offer people facts and data so that they can decide their possible courses of action. Advice may be available from others or developed by practitioners themselves.

Advocacy

Advocacy of a particular action or plan is the act of supporting it publicly. If you act as an advocate on an individual's behalf then you provide them with a voice and speak on their behalf and in their best interests when they are unable to do so for themselves.

Aetiology

Causation (of disease/symptom).

Agency

The organisation for which the practitioner (ie the person at whom the standards are directed) works. This is to distinguish it from organisations in general with which the practitioner may work or seek to influence.

Alliances

(Health) Alliances are two or more agencies working together to achieve health gain which the agencies working on their own could not achieve as effectively or as efficiently.

Appropriate(ness)

Selecting from a range of possibilities one or more of which would give an acceptable result in the circumstances.

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Assessment

A consideration of all the known information about a situation or person, a judgment of the position and its implications ie the collection of information and a judgment based on it.

Assumption

If you make an *assumption*, you accept that something is true although you have had no real evidence or proof for it.

Audit

A systematic examination of a process to assess its outcomes in terms of its objectives. Audits may focus on different aspects of services and include clinical audits, quality audits and financial audits.

Autonomy

A person's ability to make their own decisions about what they do rather than being influenced by someone else or being told what to do.

Available

Something is available if the person/people who need it can receive it within a time period which is consistent with their need.

Beliefs

Beliefs are views that people hold on certain matters, such as religion and politics.

Benchmarks

Something whose quality, quantity or capability is known and which can therefore be used as a standard with which other things can be compared.

Carer

A person who undertakes care for the client in an informal role.

Commission

If you commission something, you enter into some form of arrangement to enable it to happen.

Commissioning may be formal and consist of planning, contracting, monitoring, evaluation and review. It can also be informal and include cross-sectoral collaboration between agencies which work together to effect outcomes.

See also: alliances

Communicate(ing) (ion)

The sharing of information, ideas, views and emotions with people by speaking, writing, body language or through the use of equipment.

Communities

The term 'community' has been used to apply to a set of people who are united either by a common aspect, such as their gender or a disability or by a common geographical location. Where the practitioner is interacting with people then the term 'community' has been used to denote the largest number of people with whom a practitioner works. Where the practitioner is working in a more distant relationship, such as in planning care services, then the term population has been used ie one interacts with a community but does not interact with a population. However it is recognised that practitioners will interact with communities and groups within the population to inform care planning.

See also: groups, population.

Companion

Someone who accompanies the client on one or more occasions. For example, this may be the client's carer, a relative or friend, someone in a professional capacity.

Consent

If you consent to something, you agree to do it or allow it to be done. 'Informed consent' means that you have been given the relevant information and have the necessary knowledge to decide whether the course of action is the right one for you in the context of your life.

Consultation

Sessions involving both client and practitioner where information is exchanged and explored. Consultations

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clients.

Contra-indications

Factors which indicate that a particular treatment, procedure or material is unsuitable for a client.

Contract

All agreements between practitioners and clients, be they formal or informal, written or verbal. Contracts will cover the roles and responsibilities of both parties.

Contribute to

The verb 'contribute to' means that the practitioner is acting as a part of a team which has collective responsibility for the achievement of the outcome ie when 'contribute to' is used this means that the practitioner can influence the achievement of the outcome but cannot take full responsibility for it. How they can influence it is described in the standards.

Coordinate

Organising people and resources to make sure they work together properly.

Counselling

A process which is designed to help self-exploration and understanding and hence opportunities for self-determined change.

Counselling skills

Counselling skills are high level communication, interpersonal and social skills used intentionally to support individuals and facilitate change. Many practitioners will use counselling skills but not be actively involved in counselling.

Culture

The culture of a particular group or community comprises the shared beliefs which inform how they think and behave.

Determine

To find out about something and come to a decision about it.

Development

The gradual growth or formation of something which is usually coupled with an evaluation of its effectiveness and feasibility.

Discriminate

If someone or something discriminates against a person or group, the person or group is treated less well than other people or groups. If someone or something discriminates in favour of a person or group, they receive better treatment than other people or groups.

Discriminating

Someone who is discriminating has the ability to recognise things that are of good quality.

Discrimination

In its most common usage it means:

the practice of treating one person or group of people less fairly or well than other people or groups.

Discriminatory

Something that is discriminatory is unfair in the way it treats one person or group when compared with the way it treats other people or groups.

Diversity

The fact that there are many different people, beliefs and things which occur naturally. The celebration of diversity positively welcomes this and sees it as a strength.

Dosage form

The form in which a remedy is dispensed eg pill, liquid.

Dynamics

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Effectiveness

The effectiveness of activities and interventions is the extent to which they achieve their intended objectives and benefit the recipients, correctly, safely and in accordance with current, valid research evidence.

Efficiency

Efficiency looks at how the outcomes of interventions have been achieved compared with other ways of achieving them, such as whether the same results could have been achieved more cheaply by doing things in other ways.

Enable

To act in such a way that others will be able to do something - such as through the provision of resources, information, encouragement and help.

Environments

An environment is all the circumstances, objects and events which surround someone and influence their life. This will include physical, social, economic and cultural aspects. The term is used in a broad way to mean the general environment in which people live as well as the particular environments in which they work and reside.

Equal opportunities

Acting without discrimination with regard to race, sex, religion, disability to ensure that everyone has equal access and equal treatment.

Equity

Equity is the quality of being fair and reasonable and treating people according to their needs.

Escort

The term 'escort' is used to formally indicate someone who has the legal duty to accompany someone.

See also: companion

Ethics

Someone's ethics are the principles about right and wrong in which they believe. An ethos of a particular kind is an ideal or moral belief that influences the behaviour, attitudes and philosophy of a group of people.

Evaluation

Evaluation is the process of determining the value or quality of something based on a careful study of its good and bad features against predefined criteria. Evaluation can take place while something is happening and feed into what happens next (formative evaluation) or take place at the end once it has happened (summative evaluation).

Evidence-based practice

Integrates individual experience with the best available evidence from systematic research to assist in decision making about practice.

Facilitate

To make something easier or more likely to happen.

Facilities

Facilities are the equipment, buildings and services that are provided for a particular activity or purpose. For example, the facilities within a day care centre or local education facilities.

Factor

A single aspect constituting to a process or situation, whether causal or not.

Family

The term 'family' is used broadly to mean the partners, relatives and friends of an individual ie those people who are significant to them. The extent and nature of the family will vary dependent on the individual concerned.

First aid

First aid conditions are those which are acute and urgent, and which can be treated by remedies whose actions

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picture, but has optimum similarity to any life-threatening or painful symptoms.

Formulate

Expressing an idea or plan in a particular form of words - used particularly in relation to the formulation of policies.

See also: policies

Groups

A number of individuals who are considered together and/or who have come together because they have something in common.

See also: community, family, population.

Health

The term 'health' is sometimes used as shorthand for health and social well-being, such as when referring to health needs.

Health and social well-being

Used to encompass all aspects of social, physical, intellectual, communication and emotional/psychological 'health'. The standards recognise the inter-relationship between health and social well-being and the environment.

See also: environment, health.

Health gain

A measurable improvement in the status of health and social well-being, in an individual or a population, which is attributable to an earlier intervention.

Health improvement

Enabling people to optimise their health and social well-being. This includes evaluating the extent to which this has been done.

See also: health and social well-being, evaluation

Health promotion

Enabling individuals and communities to increase their control over the determinants of health and thereby improve health.

Holistic

Recognising that health and social well-being should be considered as a whole and in relation to everything that affects a person's life ie that component parts should not be considered in isolation from others, and form a whole that is greater than the sum of its parts.

See also: health and social well-being.

Homeopathic diagnosis

The process of determining the appropriate remedy for a patient.

Homeopathic prognosis

The process of assessing and predicting the future course of a client's health and well being, both with and without prescribed homeopathic treatment.

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Individuals

The term is used to mean any person who is the focus of the activity. This may include work colleagues or practitioners working in other agencies as well as those who may be in receipt of health and social care (or other) services.

Influence

If you influence someone or something, you have an effect on the way they act or on what happens.

Inter-disciplinary

A coordinated, cross-discipline team approach which is working to achieve agreed outcomes in a structured way. *See also: multi-disciplinary*

Inter-agency

A coordinated, cross-agency approach which is working to achieve agreed outcomes in a structured way.

Intervention

An intervention is any planned action taken by a practitioner to influence an outcome in a specific way. *See also: practitioner*

Issues

An issue is an important subject that people are discussing or arguing about. Health issues may relate to a number of different things such as: the status of people's health, the environment, and the services and facilities which are provided for people.

Jobholder

The term 'practitioner' is generally used in the standards to indicate the people at whom the standards are directed ie workers in health and social care and/or those with whom they work. The term 'jobholder' has only been used on those occasions where there may be some confusion between the practitioner at whom the standards are directed and others with whom they are working ie jobholder means those at whom the standards are addressed.

Lifestyle

The characteristics of people's way of life. The standards put lifestyle in the broader context of people's lives and recognise that the lifestyles which people adopt are strongly affected by the overall context (environment, socio-economic situation etc) of their lives.

Materia medica

Information on remedies, including provings and clinical experience.

Method of administration (of a remedy)

How a remedy is given to an individual or is taken by them eg oral, olfactory, topical.

Miasms

Inherited or acquired predisposition to be ill in a particular way.

Modalities

Factors which make a symptom or condition better or worse.

Monitor

If you monitor something, you regularly check how it is changing or progressing over a period of time.

Multi-disciplinary

Work undertaken across a number of disciplines, whether these are different professional groups, such as the six professions allied to medicine, or different disciplines within a profession, such as diagnostic radiographers and therapeutic radiographers. 'Multi-disciplinary teams' are likely to be working to achieve similar outcomes but their work would not be coordinated at a central point.

See also: inter-disciplinary

Need

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A need is something which must be addressed in order to live and be healthy. Needs-led assessment focuses on the needs which people have and then considers the wide range of interventions which might meet those needs and the one(s) which is best for that individual. *See also: address, assessment*

Networks

A number of people, groups or organisations that have a connection with each other, work together (on occasions) and share common objectives.

Objective

A specification of what it is one intends to achieve by an intervention ie the intended outcome.

See also: outcome

Oppressive

Laws, societies and customs that are oppressive prevent a particular person or group from having the same opportunities, freedom or benefits as others.

Oppressive relates to systems and structures; discrimination relates to the actions of people.

See also: discrimination.

Optimise

To get as much from a situation as you possibly can. With reference to 'optimising health and social well-being' this implies enabling people to make the best of their own particular abilities within their own life situation. That is, balancing a number of factors to achieve the best possible outcome.

Organisations

An organisation is a society, club or business that has particular aims. Organisations are normally recognised through a country's regulatory framework eg those with charitable status, statutory bodies, companies.

Organopathy

Remedy whose picture is specific to a particular organ (and which is used to get that organ working properly before moving on to treatment of other symptoms).

Outcome

The results of an intervention or activity.

Parent

A parent is someone who is the birth mother or father of a child, or a person with parental responsibility, or another family member or carer fulfilling the role of a parent.

See also: carer.

Physically Intervene

Any method of responding to behaviour which involves some degree of direct physical force to limit or restrict movement or mobility. This might be through direct physical contact (eg holding a person's hands and legs), using barriers (eg a locked door) or using materials or equipment (eg having a person wear a helmet to reduce the effects of head banging).

Plan

If you plan what you are going to do, then you decide in detail beforehand what you are going to do and how you are going to do it.

Policy

A general set of ideas which has been agreed by people in authority and which is used as a basis for making decisions.

See also: protocol, strategy

Population

A population is all of the people who live in a country or area; a type of population is all the people of one type in an area or country eg all those over 65 years of age. The term is used to denote where work is carried out in a more distant relationship, such as in planning care services.

See also: groups, communities.

Practice(s)

The term practice is used to describe activities which happen regularly, such as the way in which people usually undertake their work. This includes the methods which are used as well as how the system works as a

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Practitioner

Someone who undertakes a particular area of practice no matter their organisational status. The term has been used to describe anyone who works in the health and social care sector and to whom the occupational standards may apply.

Preferences

If you have a preference for something, you would like to have or do that thing rather than something else.

Priorities

Priority is the importance that something has in relation to others, so that it is considered or dealt with before something and after others. In relation to health and social care services, the term is used to denote those health needs which are rated as more important than others usually because of the impact which they have on the duration or the quality of life.

Principle

A general rule which governs the way you try to behave or the way that you try to achieve something. A law or rule that shows how a particular theory or philosophy is put into practice. If you do something on *principle*, you do it because of a particular belief that you have.

Products

Any artefact or tangible outcome produced as the result of someone's work. For example, a product may be a leaflet on particular aspects of health or a training package.

Programme of care

A programme of care is a broad plan of the care which an individual may receive and contains a series of specified and scheduled actions. A practitioner may intend the programme to be delivered by themselves or they may coordinate the work of others to provide an integrated service.

Process

What happens in the course of an activity or programme of interventions ie what the people involved do and how resources are used.

Professional competence

What an individual practitioner is able to do effectively given the scope and limits of their knowledge, understanding and skills and their level of expertise.

Protocol

System of rules about the correct way to act in particular, usually important, situations.

See also: policy.

Purchase

Purchasing is one part of the commissioning cycle in health and social care services. It refers to that stage at which services are bought. This may be formally through the use of a tendering and contracting process, or informally when resources are agreed between one agency and another to secure service provision.

See also: commission

Remedy

A homeopathic remedy is a substance which, through prior testing on healthy people (known as 'proving'), toxicological information or from clinical experience, is known to produce a similar symptom picture to that of the patient. A remedy is homeopathic only by virtue of its ability to produce similar symptoms in the healthy to that of the patient for whom it is prescribed.

Remedy picture

The totality of symptoms produced by a remedy in a group of healthy provers.

Research

Research is a detailed, systematic study of a subject or an aspect of a subject which involves collecting and analysing data and information and synthesising these in new ways to generate new knowledge and understanding, or new approaches which have general application. Action research is one form of research which involves trying things out during the research process, evaluating the process and feeding this into the development of knowledge and practice.

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Respect

If you respect someone's opinion, judgment etc, you take it seriously, although you may not agree with it.

Responsiveness

The extent to which a service adapts to the expressed needs of users.

Sector

The term 'sector' is used to describe something which is part of a larger group of a similar kind. For example, the care sector is used to distinguish 'care' from other forms of activity in the economy. The term sector can also be used to distinguish parts of something smaller so within the care sector we also talk about sectors - both those which are focused on one type of service eg the Criminal Justice Sector and those which are focused on the nature of organisations eg the voluntary sector.

Services

Services are organisations or systems which are intended to provide something which the public, or an individual, needs or wants. Services include those specifically directed at health and social care, but also cover recreation, education, transport etc.

Settings

The surroundings in which a particular event or series of events takes place and which are significant in terms of people's everyday lives. Settings include: primary care, hospitals, schools, workplaces and cities.

Signs and symptoms

Those which the client exhibits - signs are objectively observable; symptoms are expressed. Presenting signs and symptoms are often those which clients want to be treated first.

(see also specific homeopathic definition of symptoms)

Symptom

A sensation, or a mental, emotional or physical state, consciously perceived by the patient or observer, which impairs the ability to survive and develop.

Characteristic Symptom predicated on the patient rather than indicative of a particular disease (pathognomonic).

Iatrogenic Induced by treatment or comments of physician.

Pathognomonic Indicative of a particular disease.

Priority Those symptoms judged as being of highest value for the purposes of identifying the correct remedy.

Symptom picture The totality of symptoms experienced by a patient and perceived by observers.

Stakeholders

If you hold a stake in something you have an interest in it, you are affected by any changes which may happen to it and have a right to influence its development.

Stereotype

A fixed general image that is held to represent a particular type of person or thing. If you stereotype someone, you use this image to assume that they will behave in a particular way.

Strategies

A strategy is the overall long term plan of how best to achieve something in a particular field. Operational plans put more detail on to a strategy providing information on how the different parts relate together, giving timescales for putting the plan into practice and specifying how it will be achieved.

Sustainability/sustainable development

Development that meets the needs of the present without compromising the ability of future generations to meet their own needs. It includes shifting the emphasis from protecting humans from environmental hazards to protecting the environment from human hazards.

Sustainable is also used to describe the nature of the interventions which practitioners choose for their clients. Sustainable interventions are capable of being sustained and used by the person concerned and hence incorporated into their daily life.

Targets

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A specified improvement in status by a given time - perhaps the best known targets at the present time are those set for the population of England in Health of the Nation (and its associated documents in Scotland, Wales and Northern Ireland).

Treatment goals

The aims which the client wishes to achieve through the therapy/treatment process. Goals should be agreed by the client and practitioner before therapy/treatment starts, and be subject to ongoing review. (The practitioner may identify a series of short-term goals/aims which have to be achieved in order to achieve the client's overall goal.)

Values

The values of a person or group are the moral principles and beliefs that they think are important in life and that they tend to live their lives by. If you value something, you think it is important and appreciate or want to possess yourself. Values carry with them duties and responsibilities which involve effort to achieve them and may involve making some form of sacrifice.

See also: ethics

Vital force

A hypothetical, intangible form of material or matter, postulated to possess etheric, field-like qualities which enable it to permeate physical states of matter, and in living beings, to direct the function of the organism in a purposeful way.

COMPONENT PARTS OF NATIONAL OCCUPATIONAL STANDARDS

Descriptions of knowledge, understanding and skills

People need to acquire knowledge, understanding and skills to enable them to act - the knowledge, understanding and skills which people need to develop to meet the national occupational standards consistently are identified as part of the standards development process. In a national occupational standard, the knowledge, understanding and skills which support the achievement of the standard are identified - so there is a direct and clear relationship between knowledge and action.

Key role

The occupational functions which have to be achieved in an occupational sector, or particular area of practice.

National occupational standard

A specification, agreed nationally, of good practice at work. The national occupational standard consists of the outcome which needs to be achieved, the performance criteria and range.

See also: outcome, performance criteria and range

Outcome

Describes what needs to be achieved - the actual or intended result of an action. This sentence is called the 'element title', because a standard is also referred to as an 'element of competence'.

Performance criteria

The most important things which have to be done to achieve the outcome. Each criterion is an important performance indicator. The criteria focus on three things: the results of effective action; the way in which things are done - the process; and things that must happen - desirable states.

Range

The range of circumstances in which the outcome will be demonstrated. This part of the standard picks up the important variations which are described in the outcome statement and the performance criteria.

Unit of competence

A description of a work function which has significant value in the occupation and which an individual can hold responsibility for achieving.

Section 6

How to access other National Occupational Standards which may be of interest

Standards aimed specifically at owner managers of small businesses have been developed. Some of the units in these standards may be relevant to homeopathy practitioners, particularly the following units from the Business Preparation Pre Start-up and Implementation standards:

- A1 Generate the business proposal
- A2 Determine the legal and financial requirements for setting up and operating the business
- A3 Plan the business operation
- A4 Plan the marketing strategy for the business
- A5 Determine the requirements for monitoring and controlling business operations and quality
- A6 Plan the human resource development within the business

Copies of these standards can be obtained from the Management and Enterprise Training Organisation, Russell Square House, 10-12 Russell Square, London, WC1B 5BZ, Tel 020 7872 9000.

Practitioners who are involved in training may find the following units from the national Training and Development standards of relevance:

- C25 Facilitate individual learning through coaching
- C26 Support and advise individual learners
- D11 Monitor and review progress with learners
- D32 Assess candidate performance

Copies of these standards can be obtained from the Employment NTO, Kimberley House, 47 Vaughan Way, Leicester, LE1 4SG, Tel 0116 251 7979.

Section 7

Other publications which may be helpful

Care Sector Consortium, 1998,
National Occupational Standards for Aromatherapy,
London, Local Government Management Board (Contact Improvement and Development Agency
on 020 7296 6600)

Care Sector Consortium, 1998,
National Occupational Standards for Reflexology,
London, Local Government Management Board (Contact Improvement and Development Agency
on 020 7296 6600)

Care Sector Consortium, 1998,
National Occupational Standards for Hypnotherapy,
London, Local Government Management Board (Contact Improvement and Development Agency
on 020 7296 6600)

Care Sector Consortium, 1997,
National Occupational Standards for Professional Activity in Health Promotion and Care,
London, Local Government Management Board (Contact Improvement and Development Agency
on 020 7296 6600)

Care Sector Consortium, 1997,
NVQ in Care Level 2,
London, Local Government Management Board (Contact Improvement and Development Agency
on 020 7296 6600)

Care Sector Consortium, 1997,
NVQ in Care Level 3,
London, Local Government Management Board (Contact Improvement and Development Agency
on 020 7296 6600)

Health Education Authority, 1998,
***National Occupational Standards for Professional Activity in Health Promotion and Care: A
Brief Guide,***
(ISBN 0 7521 1311 0) (Contact Marston Book Services on 01235 465565)

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Health Education Authority, 1998,
National Occupational Standards for Professional Activity in Health Promotion and Care: Results of the Pilot Survey,
(ISBN 0 7521 1310 0) (Contact Marston Book Services on 01235 465565)

Health Education Authority, 1998,
National Occupational Standards for Professional Activity in Health Promotion and Care: Case Studies,
(ISBN 0 7521 1312 7) (Contact Marston Book Services on 01235 465565)

Mansfield B and Mitchell L, 1996,
Towards a Competent Workforce,
Aldershot, Gower

Mitchell L, Harvey T and Rolls L, 1998,
“Interprofessional standards for the care sector - history and challenges” *Journal of Interprofessional Care,*
Vol 12, No 2, pp 157-168

National Health Service (NHS) Executive, 1998,
Using Occupational Standards and NVQs - Information Briefing Note,
NHS Publications

NHS Executive, 1998,
Delivering Quality Care - Using occupational standards to plan and deliver care services
(Available from the NHS Response Line - 0541 555455)

NHS Executive, 1998,
Care Sector National Occupational Standards - A guide to the revised standards and awards
(Available from the NHS Response Line - 0541 555455)

NHS Executive, 1998,
Professional Activity in Health Promotion and Care
(Available from the NHS Response Line - 0541 555455)

Winterton J and Winterton R, 1999,
Developing Managerial Competence,
Routledge, London (ISBN 0-415-18346-4). *This book provides evidence of the benefits of using national occupational standards for improving individual, organisational and business performance.*

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Feedback sheet

Name

Contact address/telephone number/Email

Comment on unit page

Comment on unit page

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