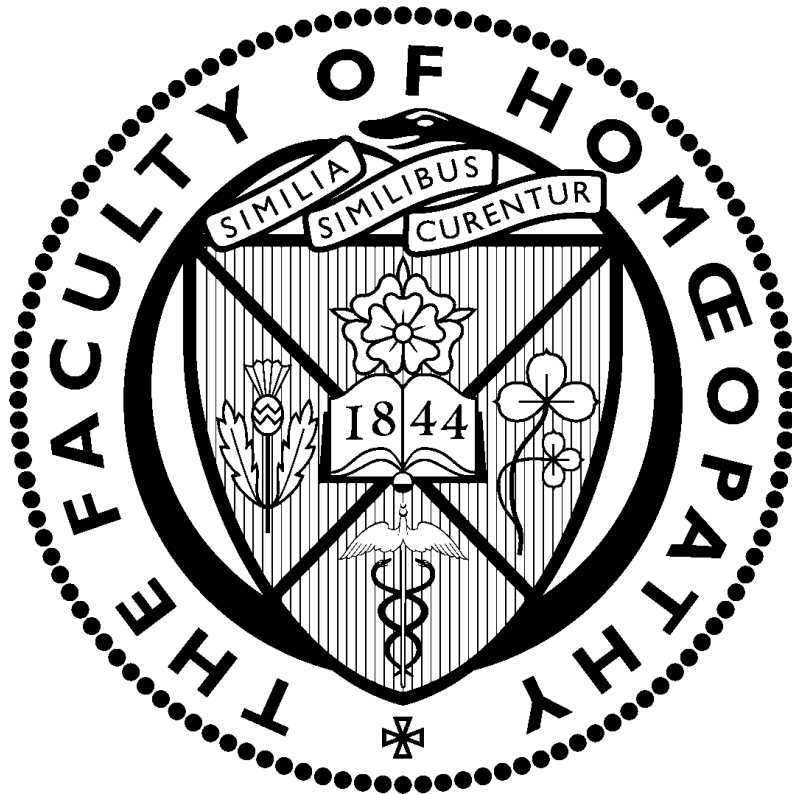


Faculty of Homeopathy
HIGHER SPECIALIST TRAINING



2010
GUIDELINES FOR TRAINEES

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HIGHER SPECIALIST TRAINING - GUIDELINES FOR TRAINEES

These guidelines are for trainees who entered training from the year 2004 onward. If you started training earlier and would like guidance on preparation of your dissertation and other requirements, please contact the Faculty's academic office.

1. Introduction

The Faculty of Homeopathy's Specialist Register and Higher Specialist Training programme have been developed as a third tier to existing training in medical homeopathy. The Faculty's core curriculum sets out the three levels of training:

- ❖ **Level 1** which leads to the Primary Health Care Examination;
- ❖ **Level 2** which prepares candidates for the Membership Examination;
- ❖ **Level 3** higher specialist training in medical homeopathy for independent specialist practice.

The Faculty also has the more specific aims of establishing a training pathway and set of standards that will persuade the governing postgraduate education bodies of our eligibility **for formal specialist status** and to provide purchasers, the public and health insurance companies with a **public register of members** who have acquired specialist status.

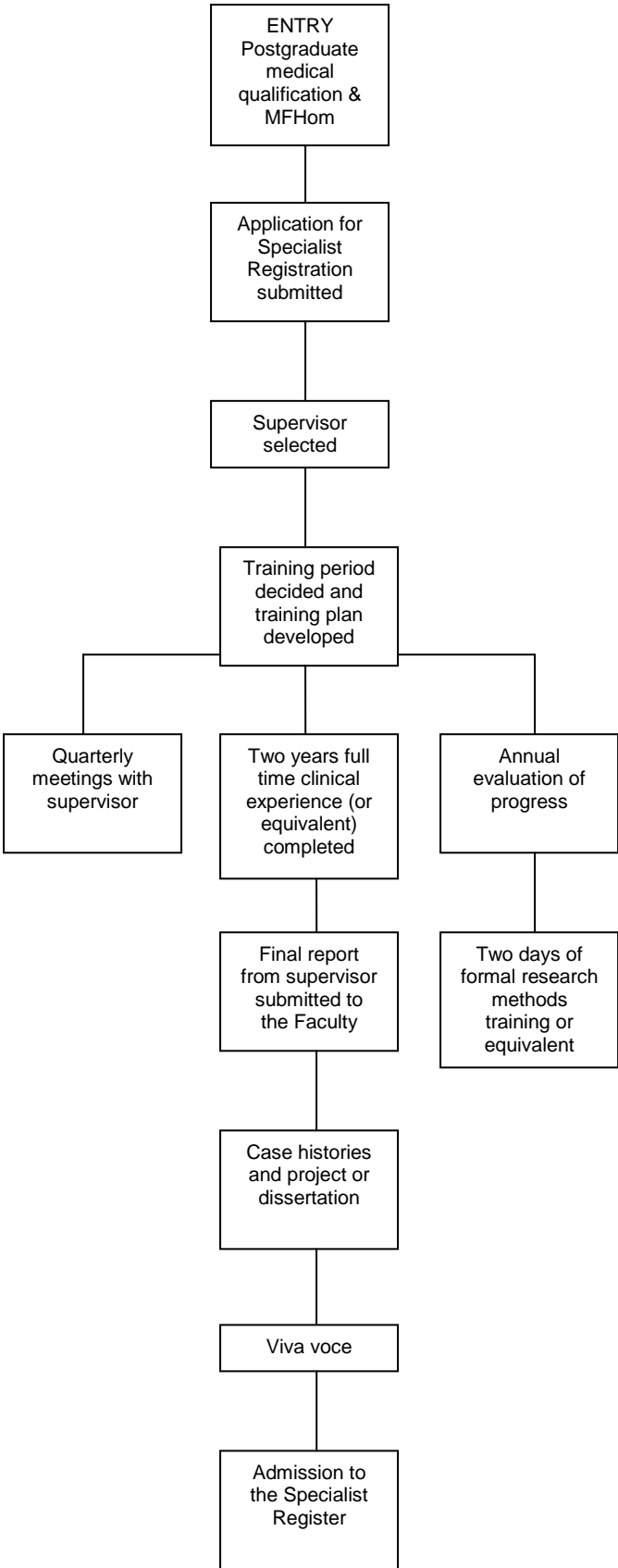
Due to the complexities of administering a specialist registration programme overseas, Faculty specialist registration is available to doctors who are living and practising in the UK or Republic of Ireland only.

Standard of practice expected of a 'specialist':

- ❖ Generalist or specialist expertise that equips doctors to practice independently in their chosen clinical setting, and that is comparable to other specialist medical disciplines.
- ❖ A greater depth of understanding of the patient's constitution and symptoms.
- ❖ A broader knowledge of a wide range of homeopathic medicines, their essential characteristics, their relationships and comparisons.
- ❖ The ability to identify homeopathic medicines and devise treatment strategies in the most complex cases.
- ❖ The ability to carry forward the homeopathic treatment to its fullest conclusion.
- ❖ The ability to present the role of homeopathy in patient care with authority, to other specialists and general practitioners, and to administrators.
- ❖ A commitment to audit, and a willingness to participate in clinical research.
- ❖ Willingness to promote Clinical Governance, including initiating and developing clinical audit.

The Faculty wishes to encourage doctors to progress beyond MFHom level, with the intention of promoting and developing excellence in the knowledge and practice of homeopathy, which is of key importance in the context of the emerging role of homeopathy within contemporary medicine.

THE TRAINING PATHWAY



2. The training pathway

Supervised clinical experience

Supervision is a key element of the training programme, and you will be required to complete the equivalent of two years full-time clinical experience in homeopathy, under the supervision of an accredited Faculty supervisor. A structured supervision programme will form the basis of your training.

Supervision will include working on the cases of patients you are actively managing, to learn from experience and to consolidate your knowledge and skills. It will involve identifying your particular learning needs and objectives and planning to meet these through regular, scheduled meetings with your supervisor.

Written work

During the course of your training you will also be expected to undertake written work. This should take the form of a diary or portfolio used to record learning objectives agreed with your supervisor and the activities undertaken to meet these. You will also be recommended to use a log book to record information about your consultations and to note points of particular interest or difficulty which can be discussed with your supervisor.

Annual appraisal of your progress, agreed by your supervisor is essential.

Research methods

The specialist training programme now requires completion of training in or experience of research methods equivalent to at least two days of the Faculty's research courses. The Faculty's Research Development Adviser Robert Mathie should be contacted for further information.

Tel: 01582 408683

Email: mathie@facultyofhomeopathy.org

Supervisors are advised that candidates should be encouraged to conduct systematic collection of their clinical data and that they consider this when deciding their dissertation topic.

Assessment

In addition to a final appraisal with your supervisor to ascertain your readiness for final assessment, the following will be required:

Case histories and dissertation

The first part of the assessment process involves submission of five case histories and a dissertation. The supervision period should allow time for you to accumulate material suitable for submission for use in case histories. The training period should also be used to work on a dissertation topic, based on a clinical or academic theme, and will provide you with an opportunity to explore an aspect of homeopathy that is of particular interest to you and will be a useful contribution to the scholarship of homeopathy; the research implications of this must be reflected in the dissertation.

Candidates should note that the Faculty now encourages systematic practice-based clinical data collection in homeopathy and that a project of this type can comprise the dissertation. A controlled clinical trial is also a very acceptable form of dissertation. In either case, the Faculty's Research Development Adviser may be contacted for further information and advice.

The viva voce

The second and final stage of assessment consists of a viva voce examination which is based on a discussion of your case histories and dissertation. The viva is used as a means to explore the strengths and weaknesses of the work as a starting point for further enquiry into a candidate's knowledge and skill, intellectual ability, and personal and professional qualities as a physician.

3. Admission to the Specialist Register

Candidates who satisfactorily complete all stages of the programme will be awarded the Faculty's Certificate of Specialist Accreditation in Medical Homeopathy (CSAMH) and will be admitted to the Faculty's Specialist Register.

4. How to proceed

Eligibility

You must be a doctor, have passed the MFHom examination and have completed the necessary medical training, experience and registration relevant to general practice or a hospital speciality. If you are engaged in independent private practice you will be expected to maintain your medical knowledge and skills by participating in appropriate postgraduate education programmes.

Application for specialist registration training

You should complete the application form for specialist registration training which is available to download from the Faculty website www.facultyofhomeopathy.org. The application form is also available from the Faculty academic office on request.

You will be asked to provide information about your medical qualifications, career path to date and your proposals for homeopathic training and professional development. The information you provide will be used to construct an appropriate training programme.

All trainees must complete the equivalent of at least two years' full-time clinical experience in medical homeopathy, however to allow for individual patterns of practice the length of your training programme will be determined by the number of clinical sessions available to you in which you use homeopathy. Routine general practice sessions involving at least 30% homeopathic prescribing count for 1/3 of a full time session. An example of different training periods based on the number of sessions per week is shown on page 11 of this booklet.

There is no restriction on the stage in your career at which you enter specialist training, provided a sufficient level of clinical work has been maintained since MFHom, nor is there any limit to the time that may be taken to complete the training programme provided the requirements are fulfilled.

Supervision contract

Trainees will be helped to arrange supervision with an accredited supervisor, chosen from the Faculty's register of post-MFHom supervisors (available from the Faculty academic office).

Once you have a suitable supervisor the Faculty will ask you both to draw up a supervision contract. A copy of the supervisor contract, and information relating to specialist registration supervision can be found on pages 13-23 of this booklet. Through an initial meeting you will build on your outline training programme and draw up a training contract which must be returned to the Faculty. Your progress will be assessed annually by means of a mutual annual evaluation between you and your supervisor.

Candidates will be expected to pay for their supervision. The sessional rate will need to be negotiated between you and your supervisor.

Written work

Trainees are asked to keep a diary/portfolio to record learning objectives agreed with their supervisor and the study activities undertaken to meet these. The portfolio should include the clinical and educational events, articles read, encounters, problems and insights which have contributed to the learning process. The Faculty will also recognise these activities as CPD, a requirement for all MFHoms who wish to maintain their qualification.

It is recommended that you keep a simple log of the patients you are seeing. It will include information on the key features of a patient's problem and management, for example: your perception of what is to be 'cured' or the complexity of the problem, any obstacles, possible prescribing strategies, differential diagnosis of the remedies, potency issues and remedy reactions and points of particular interest or difficulty that will allow you and your supervisor to monitor your experience and training needs. This log may form part of any routine audit or data collection you are involved in, and will satisfy requirements of clinical governance.

Submission of written work

Case histories

Case histories should consist of chronic or complex illness which have been managed and followed up for at least five follow-up consultations. A suitable significant acute case should be long enough to be sure of complete resolution as the outcome.

Cases should be chosen to reflect your understanding of the difficulties and complexities of case analysis and management, as well as expertise. You should refer to the criteria below when preparing your case histories.

A good study should:

- ❖ Be complete - that it is sufficiently comprehensive in respect of the presenting problem.
- ❖ Demonstrate a high level of competence in conventional clinical management highlighting any consultation you have had with other practitioners or conventional medical treatment the patient has received thus far.
- ❖ Show the quality of rapport with the patient, and awareness of non-verbal cues.
- ❖ Explore key symptoms in depth, and their relative value (weighting).
- ❖ Explore how the symptoms impact on the daily life of the patient.
- ❖ Offer insight into the psychological aspects of patient's stories as well as discussion of the relevance of a patient's family history.
- ❖ Elaborate on the individualising characteristics of the patient, the illness and the case.
- ❖ Show in detail appropriate symptom selection for case analysis or repertorisation.
- ❖ Demonstrate appropriate and competent use of the repertory and/or materia medica.
- ❖ Include appropriate and thorough intelligent discussion of the differential diagnosis of the homeopathic prescription.
- ❖ Explain clearly the rationale for the choice of medicine, potency and dosage regime; showing differentiation of remedies and discussion of potency selection or frequency of dose.
- ❖ Demonstrate adequate and intelligent follow-up management.
- ❖ Provide a detailed intelligent and critical appraisal of the case and how successful your treatment was
- ❖ Demonstrate mature skill in all aspects of homeopathic management at a level above the MFHom.

5. Guidelines for the preparation of the dissertation

The following guidelines although at first sight very prescriptive, are intended to simplify and clarify the standards expected for the submission of the dissertation and for its assessment by the examiners. The dissertation should be of sufficient quality to be publishable in a homeopathic or other medical journal in an abridged form and to be a potentially useful resource for future research or educational purposes.

General

Candidates will need to discuss their proposal with their supervisor and may also wish to discuss ideas for their dissertation with the Dean.

Systematic Clinical Data Collection or Research Projects

Approval for such projects will require:

- ❖ agreement on a suitable topic with the supervisor and support from the academic office if appropriate, agreement by your employer concerning the use of facilities for the purpose of the project;
- ❖ if applicable, a visit by a nominee of the academic office to your place of work prior to or during the project to determine that the facilities are appropriate to the work envisaged.

All research data/observations should be recorded sequentially in an A4 hard-backed notebook, or its electronic equivalent. If other forms of recording data are envisaged, this must be cleared with the academic office. Examiners may request to see the original raw data during the examination of the dissertation. Candidates are encouraged to contact the Faculty's Research Development Adviser for further information and advice.

All of the material submitted for the dissertation should be your own work. In particular, observations and interpretations suggested by others must always be acknowledged by either reference to published work or reference to personal communication. However, the excessive use of personal communications may reflect badly on the project.

Research Projects Based on a Review of the Literature

Although much of the guidance given below is primarily designed for research-based projects, much of it is also relevant to literature reviews and should be followed as closely as possible. Dissertations should represent the critical assimilation of the known facts and published opinions about a problem or topic and should attempt to provide original insights without excessive speculation. Material should be presented in a structured, scientific manner using figures and tables as appropriate. The research implications of your work must be discussed in such dissertations.

Level of Knowledge Expected

Projects should reflect broad background knowledge of homeopathy and an in-depth critical knowledge of the subject under review. The candidate should expect to be asked searching questions about the project in the *viva voce* examination.

Submission of the Dissertation

TWO copies must be submitted to the academic office by the agreed deadline. They should be kept together in such a way that the document can easily be taken apart for photocopying, for example with treasury tags.

General Format

Theses should be typed, double spaced, and on A4 sheets. All pages should be numbered: Roman numerals for the title page, summary, acknowledgements and table of contents; Arabic numerals for the main text, references and appendices. The length of the dissertation should be between 7,500 and 10,000 words excluding figures, tables, references and appendices. All pages figures and diagrams should be clearly numbered. The title page should bear the approved title of the dissertation, the candidate's name and the name of the establishment where the work was done. The summary of the dissertation should be of no more than 300 words and should be placed immediately after the title page.

Arrangement of the Dissertation

The dissertation should normally be divided into:

- (a) Summary
- (b) Acknowledgements
- (c) Glossary
- (d) Table of contents
- (e) Introduction
- (f) Materials and methods
- (g) Results
- (h) Discussion
- (i) References (Harvard style)
- (j) Appendices

Abbreviations

Abbreviations must be defined at the first mention and should not normally be used in the title or summary. They should be summarised in a table or glossary at the beginning of the thesis.

Title and Summary

The title should be specific, informative and concise. Symbols, formulae and arbitrary abbreviations should not be included in the title. The summary, which can be in structured sections, should not be included in the title. It is also a good idea not to use abbreviations in the summary. The summary, which can be structured in sections, should be less than 300 words. It should be intelligible by itself and summarise the plan, procedures, key findings and conclusions from the study. The summary should be written in the past tense, except perhaps the last section dealing with conclusions.

Introduction

The purpose of the study should be clearly stated and introduced with references to the published literature relevant to the subject. Published papers and texts should be quoted and critically evaluated to make clear to the reader the background to the problem or subject being investigated or studied. The candidate should have read all the material cited and may be required to supply copies of all papers referred to in the thesis, with the exception of books and book chapters, when a copy of the table of contents or the computer database reference (in the case of books on disc) will suffice.

Materials and methods

Sufficient details of methods, including statistical methods, should be given, to enable others to repeat the work. For published procedures, only a brief resume of the methods and modifications, if any, are adequate.

Results

These should be presented in clear concise and simple language, with the use of tables and/or figures located near the relevant part of the text. The narrative should lead the reader through the findings and draw attention to specific important points where appropriate. In some circumstances, it may be particularly important to organise the results in a manner that gives chronological information on the approach to the topic being studied.

SI units, quantities and abbreviations must be used where appropriate. It should be ensured that all units are unambiguous. Time of day should be given on the 24-hour system.

Replicate observations should not usually be given. It is better to offer the mean and a measure of variability, in the form of standard deviation (S.D.), standard error of the mean (S.E.M.) or the coefficient of variation (C.V.). Always state which. Special care should be taken and assistance sought, if necessary, for the choice of statistical tests and data analysis. It is wise to seek statistical advice before embarking on data collection. This section should also provide information, if relevant, on the specificity and sensitivity of any of the methods used.

Tables

Each table should be on a separate page and numbered consecutively with Arabic numerals in the order in which it occurs in the text. A table needs a self-explanatory title with footnotes, if any appearing on the same sheet as the table. Each column in a table should have a heading with clearly defined units. Figures and tables should not normally be used to present the same data. Some data may instead be stated concisely in the text.

Illustrations and graphs

Figures should only be used if and when they have real utility. When an experiment has provided many observations, these may be better presented graphically than in the form of a table. A diagram may sometimes be more effective than a table to highlight a certain point but the original data must be available for inspection elsewhere (e.g. in the appendix). Each illustration should have a serial number in Arabic numerals and be supplied with an informative heading and an explanatory legend to make it intelligible by itself.

Discussion / Conclusions

This section should reflect the candidate's grasp of both the theoretical and experimental (or practical) aspects of the work completed. It should emphasise the significant findings and argue logically in support of the conclusions drawn from them. Description of other people's published work or repetition of data already given in the results section should be avoided. Instead an effort should be made to establish the relevance of the results to the existing body of knowledge, and to link the conclusions with the aims and objectives of the project set out in the introduction section.

References

Only essential references, verified against the original documents should be cited and must be based on the name and year (Harvard) system. List all authors when six or fewer; when seven or more, list only the first three and add *et al.* The titles of journals should be abbreviated according to the 'List of Journals Indexed' published in Medline (Index Medicus). The style to be used is shown in the following examples.

Journal article

Betti L.A., Brizzi M., Nani D., Peruzzi M. (1997). Effects of high dilutions of Arsenicum album on wheat seedlings from seed poisoned with the same substance. *Br Hom J.* 86: 86-89.

Chaudhuri A. & Behan P.O. (1999). Chronic Fatigue Syndrome is an Acquired Neurological Channelopathy. *Hum Psychopharmacol. Clin. Exp.* 14: 7-17.

Dunstan RH. McGreggor NR., Watkins JA., et al. (1999b). Changes in plasma lipid homeostasis observed in chronic fatigue syndrome patients. *J. Nutr & Environmental Med.* 9: 267-279.

Book or chapter in a book

Goldberg D. (1972). *The detection of Psychiatric Illness by Questionnaire.* London: Oxford University Press.

Marks I. (1986) Behavioural Psychotherapy in *Maudsley Pocket Book of Clinical Management:* 37-39 & 45-46. Bristol, England: Wright.

Citation of authors in the text should appear in the form:

Fisher (1998) or (Fisher, 1998). More than one author should be cited in chronological order as: Holloway *et al.*, 1987; Walker & Huddleston, 1988). If several works by the same author(s) in the same year are cited, they should be distinguished by adding a, b, c etc. to the date. (See example above).

Appendices

All raw data used in the dissertation should be recorded in a clearly structured way and made available for inspection.

Presentation

The presentation of the project is very important to the overall assessment. A badly presented piece of work is unlikely to be considered acceptable however good the science or content. The dissertation should reflect a high degree of scholarship.

Candidates should consult their project supervisors about the layout of the dissertation, presentation of the findings, tables and figures, and the statistical analysis of the data. The candidate should ensure that the supervisor is given enough time to read the final version of the write-up. Even a very good dissertation can be spoiled by typographical errors and poor grammar.

Assessors will review your cases and project/dissertation critically. They will expect the work to reflect your own knowledge and thinking, and to demonstrate the advanced homeopathic knowledge and skill to be expected from a specialist in homeopathy.

When you are nearing completion of your training programme the Faculty will write to you three months before the next scheduled viva to invite you to submit your cases and project/dissertation for assessment. If the annual and final appraisals submitted to the Academic office by your supervisor recommend that you are ready for specialist accreditation your cases and project/dissertation will be assessed. If both documents are found to be satisfactory you will be asked to proceed to the viva stage.

Published dissertations

You can find some examples of edited dissertations written by specialist register candidates in *Homeopathy* journal:

Robinson T. Responses to homeopathic treatment in National Health Service general practice. *Homeopathy* 2006; 95: 9–14.

Souter K. Heuristics and bias in homeopathy. *Homeopathy* 2006; 95: 237–244.

McGuigan M. Hypothesis: do homeopathic medicines exert their action in humans and animals via the vomeronasal system? *Homeopathy* 2007; 96: 113–119.

Thompson TDB, Thompson EA. "In at the deep end": an intensive foundation training in homeopathy for medical students. *Homeopathy* 2009; 98: 107–113.

6. Viva voce

Discussion will take the form of questions about the dissertation and cases and will usually take up to an hour. There will be two assessors present, neither of whom will be your supervisor. Both will have studied the cases and dissertation or project.

The assessors will look for evidence of a level of competence in homeopathic management which demonstrates the ability to work independently in a specialist consultant role, with appropriate general medical knowledge and skills, broad awareness of the patient's needs, and the ability to integrate with other health care practitioners to the patient's greatest benefit. They will also be looking for evidence of your ability to contribute to the development of homeopathic medicine as a specialist discipline.

If in the opinion of the examiners you have not yet reached this level of competence, you will be invited to reapply for assessment in the future.

Viva's will normally be held twice a year, in the spring and autumn and dates are included in the Faculty's examination calendar. Dissertations and cases will need to be sent to the Faculty office with an assessment application form by a specific deadline normally two months before the viva date. The examination calendar and application forms are available from the Faculty's academic office or on the Faculty's website www.facultyofhomeopathy.org.

If you have any queries about the specialist registration or questions about your eligibility please contact the Faculty at the following address:

Academic Office, Faculty of Homeopathy, Hahnemann House, 29 Park Street West, Luton LU1 3BE
Tel: 01582 408680 Fax: 01582 723032 Email: info@facultyofhomeopathy.org

7. Required clinical experience

Criteria of clinical experience for eligibility for the Certificate of Specialist Training in Medical Homeopathy (Level 3 training)

The following proposals were approved by the Academic Board on 16th July 1998:

- ❖ Clinical experience must be supported and monitored by a named, accredited supervisor. Additional support may also be provided by a peer acting as mentor, or a peer group, approved and supported by a tutor.
- ❖ Clinical experience will be based on a minimum full time rate of seven dedicated clinical sessions per week for 46 weeks per year for two years (= 644 sessions).
- ❖ A dedicated clinical session may be held in an NHS hospital or clinic, in a general practice setting or in private practice.
- ❖ A dedicated session is three and a half hours, but may be composed of a number of shorter periods (for example, three x 70 minutes).
- ❖ Three routine GP surgery sessions in which homeopathy is prescribed in approximately 30% of consultations will be deemed equivalent to one dedicated session. A sample record of homeopathic prescribing in general practice may be required.
- ❖ The period of time required to accumulate the specified number of sessions is shown in the following table:

Sessions per week	Time required (Yrs)	Sessions	Time (yrs)
7	2	3½	4
6	2¼	3	4½
5	2¾	2¾	5
4½	3	2¼	6
4	3½	2	7

For example:

A general practitioner working one session a week as a clinical assistant (1 specialist session), and six sessions a week using homeopathy as part of his or her GP repertoire (equivalent to two specialist sessions), and providing one session or equivalent of dedicated time within the practice or privately (one specialist session), amounting to four sessions per week in total, would require three and a half years to register the necessary clinical experience.

Changing patterns of clinical activity over time will be taken into account when making these calculations.

8. Role of the supervisor

An experienced physician who maintains their own professional development programme and who undertakes to provide:

- ❖ Clinical care skills including specialist level homeopathy (as defined by CSR and definitions of independent practice).
- ❖ A resourced learning environment which includes access to suitable consulting space, decision support tools, references.
- ❖ Adequate knowledge of external learning resources.
- ❖ Informed advice on time and resource management, skills development, record administration and audit.
- ❖ Support through clinical and learning difficulties.
- ❖ Insight into the interdisciplinary responsibilities of the homeopathic physician.
- ❖ Clear learning aims and objectives and the framework for training progress logging.
- ❖ A flexible mix of learning formats including clinical observation, supervision and peer-group interaction.
- ❖ Encouragement of research for the improvements of homeopathy.

9. Responsibilities of the supervisee

- ❖ Will fulfil criteria for higher specialist training outlined by the Faculty.
- ❖ Agrees to engage in the agreed program or give timely notice for changes in requirements.
- ❖ To maintain their training log and provide training feedback as required.
- ❖ To respect the training environment and the wishes of the patients.
- ❖ To maintain confidentiality in all matters.

Supervision Contract

Guidelines for creating or completing the supervision contract

The notes that follow are intended to help you to complete the standard supervision contract form provided, or to create a contract of your own. The purpose of the contract is to establish a solid basis of understanding and agreement about the role of supervision in the specialist registration training programme, and the work to be done between supervisor and supervisee. It will outline the essential elements of the learning process and help you to plan a programme of work for the year ahead. The notes broadly follow the format of the supervision contract and give examples of what should be included.

Education Plan

- ❖ Facilitated self-assessment. Find out learning needs and learning objectives of the supervisee.
- ❖ What does the supervisee want out of training?
- ❖ What does the supervisee need to learn in the year?
- ❖ What is the best way of reaching the supervisee's learning objectives and needs?

Schedule of Meetings

- ❖ Schedule of meetings should include months and dates of all meetings for the whole year in question.
- ❖ Location of meeting. Where will these meetings be held?
- ❖ Length of meetings. How many hours will meetings be? (It is recommended that meetings last approximately two hours and occur every two to three months).
- ❖ Clinical supervision and opportunities to sit in with the supervisor are not essential, but are recommended. If it will be included please note when and where these sessions will take place.
- ❖ Agreed preparation for each session. How many months/days/hours prior to a meeting will the supervisee share the materials for discussion with the supervisor and vice versa?

Recording the Educational Process

Both the supervisor and supervisee should keep a record of the educational process to enhance review and evaluation.

- ❖ Log of consultations. How will the supervisee log consultations? By worksheet, log book, by computer, etc.
- ❖ Log of outcomes. How will the supervisee log outcomes? By worksheet, log book, computer, etc. (worksheet is enclosed).
- ❖ Log of supervision sessions. This would be both for the supervisor and the supervisee. This would include date, content discussed, action/follow-up items and topics for next meeting. This would also include telephone meetings, etc. (worksheet is enclosed).

Feedback

How do you plan to share feedback? Maybe it will be incorporated into each session at the beginning or the end, or perhaps a separate meeting.

- ❖ Feedback from supervisor to supervisee will be achieved through what means?
- ❖ Feedback from supervisee to supervisor will be achieved through what means?

Preferred Communication Methods

Preferred methods and times of communication between scheduled supervision sessions. For example do you prefer being contacted on your mobile on weekdays from 8am-6pm, email anytime, only on Wednesday afternoons during working hours by phone, etc.

- ❖ Preferred contact method for supervisor.
- ❖ Preferred contact method for supervisee.

Supervisor Fees

Supervisee and supervisor should discuss the fees that will be required per meeting/session or by year, however the supervisor and supervisee feel it best dealt with. It is recommended that fees be appropriate to the work situation of both supervisor and supervisee.

- ❖ Note amount agreed to by session/meeting, month, year, etc.

Evaluation

An integral part of the supervision process is to review it periodically. To maintain a high standard of educational training the Faculty requires an evaluation be performed annually to assure that learning objectives are being met. The Faculty has included the forms that will be used for the evaluation process.

- ❖ Please note in the contract the date and time when this mutual evaluation will take place.

If creating your own contract, note that the supervisor will be assessing the supervisee for the Specialist Register and that the Faculty will be assessing the supervision process as a whole, itself. The supervisor's report to the Faculty should be based upon a process of mutual appraisal of the supervisee's progress and readiness for final assessment at the due time.

Incompatibility Issues

When the relationship between supervisor and supervisee becomes difficult there should be an agreed upon way of seeking help from the Dean of the Faculty to reach a mutually beneficial resolution to a difficult situation.

- ❖ Outline how communication with the Dean will be handled. Will the supervisee take the lead role or will the supervisor?
- ❖ When should this communication occur? After one altercation or dispute or after multiple problems that could not be resolved between the supervisor and supervisee?

Confidentiality Clause

Please note that you must have a confidentiality clause if creating a contract. All specific patient communications must be considered confidential. In essence, please use the rules of good practice and judgement when sharing information on the supervision process outside supervision sessions.

Signature of Agreement

The two parties must sign, to note their agreement of what is detailed in the contract itself and that they will try to adhere to the plan outlined.

PLEASE NOTE - A copy of the complete contract should be sent to the Faculty academic office. Please send by post to: Lisa Peacock, Faculty of Homeopathy, Hahnemann House, 29 Park Street West, Luton LU1 3BE Fax: 01582 723032

SCHEDULE OF MEETINGS

Schedule of all meetings: _____

Location of meetings: _____

Length of meetings: _____

Clinical supervision involved? Yes No

If yes how many and when are they planned:

Agreed amount of time prior to meeting to set agenda and share items for discussion:

RECORDING THE EDUCATIONAL PROCESS

Supervisee will be logging consultations by: _____

Supervisee will be logging outcomes by: _____

Supervisee and supervisor will be logging supervision meetings/sessions by: _____

FEEDBACK

Feedback between supervisor and supervisee will be accomplished by: _____

PREFERRED COMMUNICATION METHODS

What is the preferred method and times for reaching the supervisor outside of meetings:

What is the preferred method and times for reaching the supervisee outside of meetings:

In an emergency, how can the supervisor reach the supervisee: _____

In an emergency, how can the supervisee reach the supervisor: _____

SUPERVISOR FEES

The agreed fee for the Supervisor is: _____

EVALUATION

The supervisor and supervisee will be performing an annual evaluation. The evaluation process is a required portion of the supervision contract and forms are provided by the Faculty. This is meant to improve the supervision process.

Evaluation will be scheduled for: _____

Assessment Information: The supervisor will be assessing supervisee for the Specialist Register. The Faculty will be assessing the supervision process itself.

INCOMPATIBILITY ISSUES

When unable to overcome difficulties amicably, the supervisor or supervisee will contact the Dean of the Faculty. How and under what circumstances will contact be made with the Dean:

CONFIDENTIALITY

All sessions and discussions between supervisor and supervisee must remain confidential. A breach in confidentiality will not be allowed.

SIGNATURE OF AGREEMENT AND UNDERSTANDING

We, the supervisor and supervisee, agree to meet to the best of our abilities the key elements of the contract as written.

Supervisor Signature: _____ Name: _____

Supervisee Signature: _____ Name: _____

Date: _____

**Once finalised and signed please send one copy to
 Faculty of Homeopathy, Academic Office, Hahnemann House,
 29 Park Street West, Luton LU1 3BE**

HIGHER SPECIALIST TRAINING – EVALUATION SUMMARY SHEET

This is a summary sheet for submission to the Faculty. The Faculty will be monitoring the supervision process to ensure that the supervision experience is a positive one. This summary serves as evidence that a mutual exchange between the supervisor and the supervisee has occurred.

The following Evaluation Summary is for:

Supervisor _____

Supervisee _____

Evaluation conducted on _____

1. What concerns were raised during the evaluation?

2. What recommendations were made to improve the educational benefits of supervision?

3. What actions/changes did both parties agree would enhance the learning process?

4. When will these changes be implemented?

5. When is the next evaluation scheduled?

Please sign to assure that what is summarised is indeed true and mutually agreed upon.

Supervisor: _____ **Date:** _____

Supervisee: _____ **Date:** _____

**Return this form to: Lisa Peacock, The Faculty of Homeopathy, Academic Office, Hahnemann House,
29 Park Street West, Luton LU1 3BE**

For queries please call the Academic Office on 01582 408680.

HIGHER SPECIALIST TRAINING – EVALUATION FORM FOR THE SUPERVISEE

This evaluation form is part of an important process to ensure that your learning and training experience is the best possible. To reach those ends, the Faculty of Homeopathy has established an evaluation process where both supervisor and supervisee share their perceptions of each other's performance in an open discussion to enhance the supervisor/supervisee relationship and the total learning and teaching experience. Please outline in brief terms your responses to the following questions. You will be sharing details with your supervisor when you meet. This is meant as a preparatory tool for outlining your discussion.

FOR THE YEAR ENDING:

1. Please note the highlights of your education/training for the evaluation period.

2. How many meetings, in person or by phone have you had with your supervisor during the evaluation period? Do you think it was adequate?

3. How has your supervisor assisted you in your educational and training goals?

4. Are there areas where you believe your supervisor has not given you enough support? If yes, please list areas where you would like to see enhanced support.

5. What are your goals for your education over the next year?

HIGHER SPECIALIST TRAINING – EVALUATION FORM FOR THE SUPERVISOR

This evaluation form is part of an important process to ensure that your supervisory experience is the best possible. To reach those ends, the Faculty of Homeopathy has established an evaluation process where both supervisor and supervisee share their perceptions of each other’s performance in an open discussion to enhance the supervisor/supervisee relationship and the total learning and teaching experience. Please outline in brief terms your responses to the following questions. You will be sharing details with your supervisee when you meet. This is meant as a preparatory tool for outlining your discussion.

FOR THE YEAR ENDING:

1. Please note the highlights of your supervisee’s education/training for the evaluation period.

2. How many meetings, in person or by phone have you had with your supervisee during the evaluation period? Do you think it was adequate?

3. In what areas do you find the supervisee particularly strong?

4. What skills do you think the supervisee can improve upon with further training?

5. What would you outline as a plan for the supervisee’s training/education for the year?
