

**REPORT ON THE INVESTIGATIONS INTO THE POSSIBLE
INTEGRATION OF HOMOEOPATHY, NATUROPATHY AND
PHYTOTHERAPY INTO A SINGULAR PROFESSION**

As commissioned by the
Professional Board for Homoeopathy, Naturopathy and Phytotherapy (PBHNP)
of the
Allied Health Professions Council of South Africa (AHPCSA)

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TABLE OF CONTENTS

TABLE OF CONTENTS	1
LIST OF ABBREVIATIONS	2
1. INTRODUCTION	3
2. INVESTIGATIONS	4
2.1 Background	4
2.2 Initial Proposal	8
2.3 Perceived Benefits	10
2.4 Barriers / Disadvantages	11
2.4.1 Perception of Loss of Image.....	11
2.4.2 Narrower Competitive Set.....	11
2.4.3 Perceptions of Compulsory Upgrading.....	11
2.5 Additional Consequences	11
2.5.1 Dispensing and Compounding.....	11
2.5.2 Identity of Professions.....	12
3. CONCLUSION AND RECOMMENDATIONS	12
3.1 Conclusion	12
3.2 Recommendations	13

LIST OF ABBREVIATIONS

AHPCSA	Allied Health Professions Council of South Africa
DOH	Department of Health
PB	Professional Board
PBHNP	Professional Board of Homoeopathy, Naturopathy and Phytotherapy
SADC	South African Development Community
SAPC	South African Pharmacy Council

1. INTRODUCTION

On 16 March 2010 the Professional Board of Homoeopathy, Naturopathy and Phytotherapy (PBHNP) mandated Dr Neil Gower to investigate the potential merger of all three professions into a single profession.

Three meetings were held in different regions with representatives of the various professions to present potential proposals, highlight the need for this consideration and also consider various concerns and proposals of the representatives. Discussions were intended to be open and raise any matter of potential difficulty, conflict or assistance.

A report of these meetings is contained in this document to assist the Professional Board of Homoeopathy, Naturopathy and Phytotherapy (PBHNP) to make a guided decision on the matter and how to proceed further on the basis of opinion garnered from these initial investigations. Any proposals and recommendations referred to herein are for further consideration of the PBHNP.

It is the finding of this report that a potential merger of any of the three professions referred to herein is worthy of further consideration and investigation by the PBHNP. This finding is based on the reaction and understanding of the potential mutual benefits for practitioners and professions concerned as well as the public and Department of Health seeking a standard form of healthcare that could easily be delivered to all South Africans.

Various proposals and recommendations for further investigation are provided at the conclusion of the report in order to facilitate further decision making by the PBHNP.

I would like to thank all individuals that assisted in these investigations by giving up their time to provide their opinion and insight.

2. INVESTIGATIONS

2.1 Background

Following the appearance of the discussion regarding possible merging of the three professions on the PBHNP agenda on a number of previous occasions without resolution, Dr Neil Gower was mandated on 16 March 2010 to conduct an investigation into the potential merger of all three professions under this Professional Board.

Dr Gower was mandated to do so in his personal capacity, however, requested that the Homoeopathic Association of South Africa (HSA) fund the initial investigations. The HSA agreed to such and all expenses related to the investigations in the three different regions were funded by the HSA in full.

One meeting was arranged in each region, namely: Gauteng, Kwa-Zulu Natal and the Western Cape where professional associations were requested to arrange for the representation of their profession by at least two colleagues at the meeting. Each educational institution in the respective region was requested to provide a representative of the institution to discuss / highlight matters that may be pertinent from an educational perspective. A small brief was provided to each representative in terms of the broad nature of the discussion, which included an indication that no decision-making process will be entered into any of the meetings but rather that each meeting will be an opportunity for open discussion. Meetings were arranged with representatives as indicated below:

Kwa-Zulu Natal – Durban Country Club, Durban – 20 April 2010

Dr Neil Gower Chairperson

Dr Richard Steele Homoeopathy

Dr Raj Latchminarain Naturopathy

**No representative for Phytotherapy attended*

**Representation from DUT was requested but none attended – meeting informally held later on 20 April 2010 with Dr David Naude, DUT*

Western Cape – Courtyard Hotel, Mowbray, Cape Town – 21 April 2010

Dr Neil Gower Chairperson

Dr Benjamin Herr Homoeopathy

Dr Krisitian Leisegang Homoeopathy

Dr Benita Perch	Naturopathy
Dr Leonie Curtolo	Phytotherapy
Dr Bernadine Grove	Phytotherapy
Dr Melissa Brown	School of Natural Medicine, University of the Western Cape

Gauteng – University of Johannesburg, Johannesburg – 12 May 2010

Dr Neil Gower	Chairperson
Dr Fransisca Gunther	Phytotherapy
Dr Pierce van Tonder	Phytotherapy
Dr Martin van Heerden	Naturopathy
Dr Adriaan Engelbrecht	Naturopathy
Dr Marelize Caminsky	Homoeopathy
Dr Danny Pillay	Homoeopathy
Dr Radmila Razlog	Department of Homoeopathy, University of Johannesburg

At the start of each meeting it was explained that these meetings would essentially form part of the first phase of investigations should it be found to be initially viable to continue pursuing this proposal. In addition, background as to the proposal's development was also presented.

With respect to regulation of the professions, homoeopathic practitioners have been required to hold statutory registration over the past 33 years. This is a fact not widely known or recognised, but the first registration of Homoeopathic and Chiropractic practitioners occurred as early as 1974. While the statutory Council with whom individuals were required to register has changed in name or composition, the timeline¹ as demonstrated below indicates the complexity and length of time the profession has undergone regulation and growth.

Year	Event
1974	The Chiropractors, Homeopaths, Naturopaths, Osteopaths and Herbalists Act, Act 52 of 1974 was in operation for approximately six months, which provided a window of opportunity for the registration of chiropractors, herbalists, homeopaths, naturopaths and osteopaths who qualified for registration.
1975	The registers for chiropractic, herbalism, homeopathy, naturopathy and osteopathy were officially closed, which meant that existing registered practitioners remained registered, but no new registrations in any of these professions was possible.

¹ Complementary Medicine Trust (CMT); 2000; **Complementary Medicine in South Africa: A Pilot Study**; pp. 4,5

- 1982 (1 August 1982): The Associated Health Service Professions Act, Act 63 of 1982 was implemented. This Act provided for the establishment of the South African Associated Health Service Professions Board and provided for application to be made to the Minister for the registers for chiropractic and homeopathy to be reopened.
- 1983 (6 October 1983): The SA Associated Health Service Professions Board wrote to the Minister and motivated a request that Act 63 of 1982 be amended to re-establish open registers for chiropractic and homeopathy and to provide for minimum education standards for registration in these professions.
- 1984 A national survey, “Investigation into the experience of the public with regard to the delivery of services by chiropractors, homeopaths, osteopaths, naturopaths and herbalists”, was conducted by the Human Sciences Research Council into the general public’s knowledge of and interest in chiropractic, homeopathy, naturopathy, osteopathy and herbalism. The HSRC found that at the time there was little knowledge and hardly any demand for naturopathy, osteopathy and herbalism services in South Africa. It was noted that the chiropractic course included elements of osteopathy and homeopathic course included elements of herbalism and naturopathy, but the only viable professions were chiropractic and homeopathy.
- 1985 The registers for chiropractic and homeopathy were re-opened. The registers for the professions of herbalism, naturopathy and osteopathy remained closed [*Ed.: These other registers were reopened by way of the publication of the Allied Health Professions Act in 2000, read together with the 2001 Regulations.*]
- 1995 Act 40 of 1995 was passed to amend the 1982 Act, changing the name of the council from the Chiropractors, Homeopaths and Allied Health Service Professions Council to Chiropractors, Homeopaths and Allied Health Service Professions Interim Council (“Interim Council”). One of the objects of the Interim Council was to make recommendations to the Minister of Health on the constitution of a new council. This change was precipitated by the move to include the registration of other modalities.
- 1996 (12 February 1996): Dissolved council and established Interim Council (Chiropractors, Homeopaths and Allied Health Service Professions Interim Council)
The 1974 registration process left many graduates unregistered and in 1996 the 20 year battle for registration of these practitioners was resolved with a special registration process that allowed them registration under special conditions, which included a two year council controlled upgrading process to ensure equitable standards.
- 1997 The term of office of the Interim Council was extended by one year (originally set up for a period of two years).
- 2000 The Chiropractors, Homeopaths and Allied Health Service Professions Amendment Bill 2000, extends the term of office of the Interim Council from 3 years to 5 years, with retrospective effect from 13 February 1999.
- 2000 The Chiropractors, Homeopaths and Allied Health Service Professions Council Amendment Bill 2000, which amends Act 63 of 1982, is tabled before parliament during 2000. It will establish the Allied Health Professions Council.
- 2006/7 The Allied Health Professions Amendment Bill 2006 is submitted to the Department of Health and expected to be tabled before parliament in the second half of 2007. A proposal is expected to be

delivered by the AHPCSA to amend the name of the Council to reflect the more internationally accepted Complementary and Alternative reference as well as to avoid confusion with Allied Health professions as registered with the HPCSA.

With reference to the above timeline, a survey was conducted in 1984 indicating that the only two viable professions worth considering registering were Chiropractic and Homoeopathy. It was for this reason that homoeopathy was afforded a scope of practice which included elements of both Naturopathy and Phytotherapy.

The professions of Naturopathy and Phytotherapy had registers and training established in 2000. Following the opening of additional registers in 2000, the elements within the education program of homoeopathy that were now contained in new professions were lessened while new professions existed with smaller scopes of practice.

Tertiary education in homoeopathy was initiated at the Technikon Natal in 1987 (now Durban University of Technology) and in 1994 at the Technikon Witwatersrand (now University of Johannesburg). This while tertiary education in Naturopathy and Phytotherapy is offered by the University of the Western Cape and has been since 2002.

Various problems persist despite the long period of time for which homoeopathic practitioners have been registered and despite the growing number of regulated professions such as phytotherapy and naturopathy:

- Very few fixed employment beyond private practice and academia are offered to graduates of any institution resulting in:
 - Few graduates of high calibre are attracted to the programs;
 - The programs fail to attract vast numbers of black students hampering the professions' abilities to transform;
- No internship opportunities have as yet been provided by either the state or AHPCSA;
- Practitioners of the three professions are bound to servicing the private sector with a growing number of practitioners and static level of need affecting financial viability of new practices;
- Practitioners find it difficult to transfer their qualifications between countries due to a lack of common identity in terms of scope of practice with other professions registered internationally;

- Educational institutions are thus currently accepting students, qualifying them to a high degree of skill with little chance of employment and advancing difficult, financially onerous circumstances on graduates to begin their own businesses.

Based on the brief background highlighted above, the proposal of the merger of all three professions (or any combination thereof) would have to take into consideration the following concerns:

- The viable broadening of the scope of practice of the new joint profession
- The identity of the new profession
- The emergence of the new profession into public healthcare
- The potential contribution to public healthcare
- The professional development of the new profession
- The impact on education providers
- The international standing of the new profession

2.2 Initial Proposal

The initial proposal consists of creating a new profession from the other two professional registers in order to create a combined scope of practice and singular base identity. The ability of individual practitioners to maintain their own specific identities should also be considered to be maintained.

Three possible mechanisms of how to go about forming this change have been proposed while a possible name ideology has also been proposed.

2.2.1 Mechanism of Rationalisation

- Option 1

This involves the creation of a new register for practitioners wanting a combined scope of practice. Only those practitioners who qualify in terms of prescribed statutory stipulations of education requirements would be permitted registration in this category.

This option while ensuring a high level of quality standard would result in the creation of a new register and further split the involved professions negating part of the original intention to investigate the merger.

- Option 2

Option 2 would be to close all registers for further registration and along compulsory lines register each practitioner from each of the 3 professions in the new register within a stipulated time period. Practitioners would be given an option to complete training within this time period or face deregistration.

Again, while this option provides for the maintenance of standards it may be counter to the individual desires of existing practitioners and may also have the potential of creating great conflict and split professions.

- Option 3

This option would consider the current profession with the broadest scope of practice (currently homoeopathy) as the basis for the merger where the scope of practice of this profession could be amended to incorporate all elements of the other two professions. Once the scope of practice has been broadened, the registers of Naturopathy and Phytotherapy would be closed for further registrations and the entire registers migrated to the Homoeopathic register. The choice of homoeopathy as the base profession is based on the fact that the scope of practice of Homoeopathy currently provides for that of Naturopathy as well as elements of Phytotherapy.

The title and identity of this register may be amended in order to reflect the combination of professions while also providing for the identity of practitioners within this register to refer to themselves as “Homoeopath”, “Naturopath” or “Phytotherapist” in addition to this new profession name. This may provide additional options for specialisation and generic base educational programs which may retain a certain professional slant dependant on their origins.

In addition to the broadening of the scope of practice to explicitly provide for the practices of naturopathy and phytotherapy, additional amendments may be considered to allow this profession to play a greater role in the public health of South Africa. These may be investigated and discussed in further phases of the proposal.

2.3 Perceived Benefits

The current situation is such that the homoeopathic profession, while much larger in numbers (539 registered practitioners)² and with a stable education environment, is seeking greater opportunities for its graduates and to contribute more to the healthcare status of the South African public and so are considering sweeping changes to their current scope of practice in order to facilitate such.

Meanwhile, Naturopathy (a small profession with only 92 registered practitioners² of which it is estimated only approximately 30% hold singular registration) exist with a very narrow scope of practice and in common with Phytotherapy (32 registered practitioners²) are unable to provide substantial professional representation for their professions nor rapidly grow either profession.

The overall viability of three professions constrained to the realms of private healthcare with isolated, limited scopes of practice has thus been questioned. The inability of all three professions to provide substantial employment opportunities without relying entirely on the ability of graduates to start up financially onerous private practices profoundly affects the quality, number and type of student into each of the educational programs. A comprehensive profession with a unified scope of practice would not only provide a greater identity for potential students but also provide an opportunity (with the correctly broadened scope of practice) for participation within the public health system. This would provide both employment and possible internship opportunities.

The aspirations for transformation of the three professions are severely impacted by the current lack in employment opportunities where graduates of disadvantaged financial backgrounds are unable and unwilling to consider a profession which would require a high level of capital injection in order to study and generate income.

In addition, currently the three professions are not easily recognised by international registration bodies (statutory or otherwise) where conflicts with scope of practice and profession name have come into being. It would be additionally advantageous to align the combined profession to one that is already well recognised internationally in order to provide

² Allied Health Professions Council of South Africa (AHPCSA); (2010); Email Communication regarding registration numbers; Person: Anneke Kotze, Date: 10 August 2010

for an easier transfer of students, to initiate graduate transfer programs and to provide for a transfer of skills between the various countries.

2.4 Barriers / Disadvantages

2.4.1 Perception of Loss of Image

Professional representatives have argued against the merger for the feeling that once a merger were to take place the individual identity of the various professions would disappear or be harmed to an extent that would cause greater hurt than the potential benefits gained.

An allied argument against the merge would be that professions may require an individual re-examination of their scopes of practice but not necessarily a change of name as they have created excellent identities with the rest of the world and the work to grow the profession internationally should be undertaken by the professional associations concerned.

2.4.2 Narrower Competitive Set

It is possible that by creating a merger of professions a greater number of practitioners offering the same skills may be present / constrained to private healthcare.

2.4.3 Perceptions of Compulsory Upgrading

With the unification of scopes of practice and possible further broadening thereof, it is possible that practitioners may rebel against the notion of a “forced” change when they wish only to continue as they currently are.

2.5 Additional Consequences

2.5.1 Dispensing and Compounding

Phytotherapists and homoeopathic practitioners are currently permitted to Dispense and Compound medicines in terms of their current scopes of practice. Naturopathic practitioners are currently only permitted to dispense.

Should the merger take place, Naturopathic practitioners would have the requirement of undertaking a compounding set of training recognised by the South African Pharmacy Council (SAPC) in order to be registered for the appropriate license.

2.5.2 Identity of Professions

The identity of all three professions may be altered as a new professional is created which may result in some adaptation required by the public but more specifically to be promoted by the professional associations concerned.

2.5.3 Professional Representation

A merger of all three professions would result in the re-structuring of the professional associations linked to these professions to ensure the development of a single, effective professional association.

3. CONCLUSION AND RECOMMENDATIONS

3.1 Conclusion

The proposal for the rationalisation of the three professions under the PBHNP has been found to warrant further investigation as those individuals consulted, once understanding of the intention and complete picture agree unanimously that the proposals may be worth further consideration as long as certain criteria and concerns are addressed in the mechanism for the merger.

These concerns and possible solutions may include:

- The selection of a mechanism which provides for broadening of scope of practice while not enforcing the upgrading by ensuring that practitioners are solely responsible for utilising any method for which they are not trained. A possible consideration for ethical guidelines and unprofessional conduct would be such a stipulation subject to stringent disciplinary action by the PBHNP and AHPCSA.
- Following a broad consultative process in the development of the merged profession with practitioners, educational institutions, allied professions, government as well as SADC region regulators in order to ensure the development of a viable sustainable profession capable of operating within the region and internationally.
- Seeking a mechanism by which the individual professional identities of the various practitioners need not be entirely compromised while also catering for a system which provides for further educational development and “specialisation”.
- The role of the merged profession and potential public benefit should be something that received support from the Department of Health prior to initiating any changes in

legislation in order to ensure some form of public role and thus potential internship and employment opportunities.

3.2 Recommendations

These recommendations are solely for the consideration of the PBHNP.

Following reaction of all individuals concerned it is considered opinion of the drafter that the motion be further considered and the following phases for investigation be followed:

- Phase 1 – Initial Investigations
 - investigations with small numbers of professional representatives (complete)
 - consideration by PBHNP as to the viability of the proposals and the most suitable mechanism for merger

- Phase 2 – Expanded Investigations
 - Discussions and investigations in to the ability of all tertiary institutions to institute the changes required and the willingness to engage in any such proposal
 - Review of the local legislation for precedents of mergers of professions or establishment thereof including the expansion of scopes of practice
 - Consideration and investigation of SADC country legislation and the need for legislative reform most notably: Namibia, Botswana, Zimbabwe, Zambia, Mozambique, Lesotho, Swaziland, Mauritius.

- Phase 3 – Detailed Proposal
 - PBHNP to consider detailed proposal for implementation
 - Final development of proposal

- Phase 4 – Presentation of Proposal
 - Presentation of proposal to all members of affected professions and cast of votes thereon
 - Presentation of proposal to Department of Health for support and guidance

- Phase 5 – Final Decision to Implement or Disregard

It should be noted that at any time the proposal may be discarded if considered by the PBHNP to be unworkable or not achievable in any justifiable form.

The costs of these investigations should be borne by the PBHNP as far as possible, while the other professional associations should be requested to assist financially or with additional expertise if requested by the PBHNP.

Should the PBHNP wish to continue with further investigations, the recommendations of this report is that an investigation committee be appointed (not more than 3 individuals) with a chairperson that can report to PBHNP on further progress at every stage.