



BSI Standards Publication

**Services of Medical Doctors
with additional qualification
in Homeopathy (MDQH) —
Requirements for health care
provision by Medical Doctors
with additional qualification in
Homeopathy**

National foreword

This British Standard is the UK implementation of EN 16872:2016.

BSI, as a member of CEN, is obliged to publish EN 16872 as a British Standard. However, attention is drawn to the fact that during the development of this European Standard, the UK Committee voted against its approval as a European Standard.

It is the opinion of the UK Committee that the document is not inclusive of all UK practitioners of homeopathy as the scope is restricted to doctors with an additional qualification in homeopathy.

The UK participation in its preparation was entrusted to Technical Committee CH/100/-/4, Homeopathic Services.

A list of organizations represented on this committee can be obtained on request to its secretary.

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English Version

Services of Medical Doctors with additional qualification in Homeopathy (MDQH) - Requirements for health care provision by Medical Doctors with additional qualification in Homeopathy

Services de santé des docteurs en médecine ayant une qualification complémentaire en homéopathie - Exigences relatives aux prestations de soins de santé fournies par les docteurs en médecine ayant une qualification complémentaire en homéopathie

Dienstleistungen von Ärzten mit Zusatzqualifikation in Homöopathie - Anforderungen an die Gesundheitsversorgung durch Ärzte mit Zusatzqualifikation in Homöopathie

This European Standard was approved by CEN on 6 August 2016.

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European foreword

This document (EN 16872:2016) has been prepared by Technical Committee CEN/TC 427 “Project Committee - Services of Medical Doctors with additional qualification in Homeopathy”, the secretariat of which is held by ASI.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by April 2017, and conflicting national standards shall be withdrawn at the latest by April 2017.

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. CEN shall not be held responsible for identifying any or all such patent rights.

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Introduction

Homeopathy was developed over 200 years ago by a German physician, Dr. Samuel Hahnemann, and has since evolved into a sophisticated practice of case-taking, diagnosis, prescription and long term care management. It is based on the principle of similars – “let like cure like” – which has been recognized by some physicians and philosophers for centuries, but it was Hahnemann who recognized the universality of this principle and made it the basis of a complete system of medicine with an own concept of health and disease described in his standard work *Organon of the Medical Art* [1]. Homeopathy which has evolved from and within the science of western, and particularly European, medicine, is practiced nowadays in more than 70 countries worldwide.

This European Standard was developed to specify minimum quality standards for homeopathic care in a medical context, ensuring high standards in the education, training and practice of homeopathy by medical doctors. Patients who choose homeopathy should be ensured of the quality and standard of care they will receive.

In addition, this standard aims at harmonizing professional standards in homeopathic practice by medical doctors across Europe and integrating high-quality homeopathy into European healthcare. It will help health care leaders to develop solutions that contribute to a broader vision of health and patient autonomy as recommended by the WHO *Traditional Medicine Strategy 2014-2023* [2].

1 Scope

This European Standard specifies the minimum requirements for medical doctors with additional qualification in homeopathy and their services.

This European Standard is not applicable to services provided by persons not being medical doctors, nor to the preparation of homeopathic medicines, nor to the methodology and practice of homeopathic provings.

2 Terms and definitions

For the purpose of this document, the following terms and definitions apply.

2.1

acute disease

rapid pathological process which has a tendency to finish its course more or less quickly, but always in a moderate time

[SOURCE: Hahnemann, The Chronic Diseases: Their Peculiar Nature and Their Homeopathic Cure]

2.2

chronic disease

disease, often with an imperceptible beginning, which dynamically affects the living organism to gradually deviate from the healthy condition

[SOURCE: Hahnemann, Organon of the medical art, §72]

2.3

constitution

pattern of physical and psychological characteristics that identify an individual, including physical and psychological reactions to stimuli and circumstances that occur in everyday life

2.4

direction of cure

progressive improvement in the patient's state indicated by directional changes in the disease process, namely from above downwards, from within outwards, from more important to less important organs and from the mental level to the physical level, and symptoms resolve in reverse order of their onset

Note 1 to entry: Direction of cure may be determined by changes in the disease process.

2.5

general symptoms

generals

phenomenon of a disease concerning the patient as a whole relating to more than one area or aspect

EXAMPLE Fever, sweat or weakness.

2.6

homeopathic medicine

homeopathic medicinal product prescribed according to the principle of similars

[SOURCE: 2001/83/EC as amended by 2004/27/EC, Art. 1(5)] [3]

2.7

homeopathic medicine selection

comparison and differentiation of the homeopathic medicines in question in order to find the most appropriate homeopathic medicine for each patient based on the principal of similars

2.8

homeopathic proving

method used in homeopathy by which the symptom profile of a homeopathic medicine is determined by the administration of doses of the substance in homeopathic potency to healthy volunteers that can elicit symptoms

Note 1 to entry: Corresponds to homeopathic pathogenetic trial.

2.9

homeopathy

medical approach aimed at improving the patient's health by the administration of homeopathic medicines

2.10

materia medica homeopathica

body of collected knowledge about the therapeutic properties of any substance used for healing in homeopathy

2.11

Medical Doctor with additional Qualification in Homeopathy

MDQH

medical doctor additionally trained in homeopathy and qualified to integrate homeopathy into patient care within the context of general medical practice, conventional specialist practice or full-time homeopathic practice

2.12

miasmatic theory

Hahnemann's theory explaining the aetiology and development of chronic or recurrent disease states which may be acquired or inherited and which may bring about a predisposition to a particular disease

2.13

modality

factor which aggravates or ameliorates a symptom or the whole clinical state of a patient

2.14

potency

degree to which a homeopathic medicine has been potentized

2.15

potentization

dynamization

method of preparing a homeopathic medicine by means of trituration or succussion in between each serial dilution

2.16

principle of similars

therapeutic use of substances to treat symptoms similar to those which they can induce in a healthy person

2.17

repertorization

technique of using a repertory to identify the homeopathic medicines whose materia medica corresponds most closely to the totality of the symptom picture of the patient

2.18

repertory

systematic cross reference of symptoms and disorders to the homeopathic medicines

2.19

repertory rubric

heading in the repertory that links the symptoms or signs or clinical diagnosis to the corresponding homeopathic medicines

2.20

suppression

treatment against the direction of cure

2.21

totality of symptoms

complete clinical picture including the mental, general and local symptoms of the patient

3 Competences

3.1 General

Homeopathy offers a different approach to the concept of illness and its relationship to the patient. MDQHs work in the same way as their conventional colleagues but integrate homeopathy into patient care. The MDQH shall bring to the consultation all the ethical and professional values, competence and responsibilities that are expected of a medical practitioner; forming an all-round assessment of the patient's needs, and cooperating with other health care practitioners whose care the patient is already receiving or may need.

3.2 Required knowledge and understanding

In addition to their conventional training the MDQH shall have knowledge and understanding of:

- a) the scope and value of homeopathy, and the ability to understand and integrate its contribution into patient care,
- b) health and of the dynamics of illness, together with an extended comprehension of chronic disease,
- c) communication skills, especially with regard to the characteristics of homeopathic case taking,
- d) the patient as an individual,
- e) the individual's capacity for self-regulation and self-healing, and the possibility of stimulating these processes,
- f) the importance of the therapeutic encounter itself,
- g) the scientific implications of the subject, its evidence base, and the arguments that underpin it,
- h) the limitations of homeopathy,

- i) the use of homeopathy as a complementary therapy in preventive, prophylactic and palliative care, and
- j) the need to operate within a safe medical context and within a broader care plan, which includes, as a must, the knowledge of medical diagnosis, prognosis, and conventional treatments.

3.3 Required abilities and skills

The MDQH shall be able to:

- a) obtain appropriate informed consent for providing homeopathic care,
- b) derive comprehensive data since prescribing of homeopathic medicine is based on a holistic assessment, as well as pathological indications, and all aspects of the case and of the patient are important,
- c) elicit symptoms and identify signs on a physical, emotional and mental level using case-taking, examination and all necessary additional analysis to select the homeopathic medicine,
- d) communicate clearly with patients, their families, and other healthcare professionals, and
- e) ensure patients are fully informed about their treatment choices and care.

3.4 Relationship between conventional and homeopathic approaches

The MDQH chooses the best medical approach for the patient, which may be conventional, homeopathic or both. The MDQH should know the indications and limitations of homeopathy, which, in part, depends on their education and experience. As a medical method, homeopathy may be used in both general and specialized medicine.

4 Clinical practice

4.1 Homeopathic case taking

A complete homeopathic case taking is the most important diagnostic instrument in homeopathy. During the homeopathic case taking, the indication for homeopathic treatment shall be assessed. In homeopathic case taking, the MDQH shall:

- a) understand the signs and symptoms of the condition in the sense of a conventional medical diagnosis and
- b) determine the data for a qualified homeopathic medicine selection.

The service requirements of homeopathic case taking shall comprise:

- c) registering spontaneously visible findings, behaviour and gestures,
- d) recording the patient's spontaneous report,
- e) identifying the symptoms in their totality in a guided report,
- f) exploring more precisely the most important details: mind and emotions, general and local symptoms including modalities,
- g) a complete case-taking, including medical, biographic and social history, and
- h) a complete family history.

In the context of homeopathic case taking, a careful physical examination shall be performed in order to detect, and describe in more detail, all physical signs and symptoms including externally visible signs.

4.2 Homeopathic case analysis

In homeopathic case analysis, the MDQH shall judge the symptoms and findings according to homeopathic principles.

The MDQH shall, in particular:

- a) identify the symptoms that are characteristic of each individual patient,
- b) assess the symptoms that are relevant for the medicine selection,
- c) identify the symptoms that are important for therapy monitoring (progress-relevant symptoms),
- d) analyse and assess the progression using the progress-relevant symptoms, considering the spontaneous progression to be expected and the principles of the direction of cure known in homeopathic practice,
- e) compare and differentiate the homeopathic medicines prioritized using the materia medica,
- f) be aware of the different approaches, methods and tools for finding the appropriate homeopathic medicines,
- g) be aware of how to use a repertory, and the limitations of its use.

4.3 Follow-up and case management

In the follow-up, which is the most important diagnostic instrument during the ongoing homeopathic treatment, the MDQH shall:

- a) ascertain whether the therapy plan of the last consultation has been followed and the homeopathic medicine has been appropriately taken,
- b) determine changes in symptomatology with regard to the homeopathic medication, self-medication and other influences,
- c) analyse and assess the changes,
- d) evaluate therapeutic success,
- e) check and modify the therapy plan if necessary, and
- f) decide on any further course of action.

4.4 Requirements for documentation of medical records

Documentation of medical records shall include the clinical state at the onset of a therapy, its changes during the course of treatment, any decisions made and therapeutic measures taken, and the clinical progression. This enables another MDQH with practical experience to understand the case. All consultations shall be chronicled.

Documentation of case taking at the onset of treatment shall contain, in addition to the elements included in a standard case history:

- the prescribed homeopathic medicine, including its potency and dosage, and possible further therapeutic and diagnostic measures, and
- optionally, a brief explanatory statement as to verbal interventions, recommendations and advice given to the patient.

The documentation of a case history shall be formulated in the form of clinical symptoms, which – wherever possible – shall quote the patient's own words. For each relevant symptom, the details needed to determine the correct homeopathic medicine selection shall be contained, provided the patient is able to furnish the respective particulars.

In case analyses, it should be recorded in note form what exactly has been done for the case in question: Identification of the selection; indication of progress-relevant symptoms; identification of changed, or remedied and newly occurring symptoms.

5 Code of ethics and conduct

5.1 Basic principles

The MDQH shall follow the general principles common to all high quality professional medical services, as referred to in the Hippocratic Oath and in the declarations of the World Medical Association, especially:

- a) principles of individual rights, such as:
 - 1) the right of inviolability of the human body,
 - 2) the right to privacy,
 - 3) patient autonomy, and
 - 4) the right to good medical care;
- b) principles of services focusing on patient centred care.

5.2 Principles for the practitioner's attitude

Having regard to the doctor-patient relationship, the MDQH shall:

- a) treat the patient honestly and respect the patient's confidence. Specifically the MDQH shall:
 - 1) avoid inducing negative emotions,
 - 2) avoid unnecessary treatment, and
 - 3) avoid prescribing unnecessary medicines.
- b) respect the patient's integrity. Specifically, the MDQH shall:
 - 1) respect the patient as an autonomous individual who makes his/her own decisions and takes personal responsibility for him/herself,

- 2) be focused in his/her actions to help the patient become independent of care as quickly as possible,
 - 3) treat the patient as an equal – inform and involve the patient on his/her own physical, emotional and mental being,
 - 4) take the patient's philosophy of life into consideration,
 - 5) provide information and advice so the patient can make an informed choice, and
 - 6) respect the patient's right to consult another health care provider,
- c) pay sufficient attention to the problems presented by the patient and take sufficient time for a consultation,
 - d) only use treatments, to which a patient has consented after being sufficiently informed,
 - e) establish a relationship with the patient based on mutual trust, enabling the patient to express any problem or concern,
 - f) respect the confidentiality of all patients whose cases may be used in published papers, conference presentations or training lectures, by withholding or changing identifying details; written consent shall be obtained from the patient in order to present or publish the patient's case,
 - g) not disclose any information about any patient, except:
 - 1) when required to do so by rule of law,
 - 2) when there is a suspicion of child or elder abuse the competent authority shall be informed,
 - 3) if the patient has consented to the nature and extent of the disclosure, and
 - 4) in an emergency, or other dangerous situation, where the information may assist in the prevention of possible injury or death to the patient, or to another person;
 - h) practice under their own name, also in case of association in a group practice,
 - i) inform patients of an intention to retire or move from a practice and of arrangements made for the transfer of the practice to another doctor,
 - j) obtain the records from the previous doctor with the permission from the patient in the case of a patient transferring from one doctor to another,
 - k) strive for consultation and/or collaboration with other care providers involved in an individual patient's care for the benefit and well-being of patients. Specifically, the MDQH shall:
 - 1) refer patients to a colleague whenever an examination or treatment is beyond his/her ability, or to another appropriate health care practitioner whenever a patient can be better helped by them,
 - 2) guard against undesired conflict of treatments, and
 - 3) with the patient's consent only, consult with and/or refer to other colleagues involved in the treatment of that patient.

If the MDQH is not the patient's regular medical practitioner, the MDQH should advise the patient to maintain a relationship with his or her general practitioner. The MDQH may recommend to the patient that a referral to another medical doctor could be appropriate, if in all fairness:

- l) the doctor has lost professional objectivity towards the patient,
- m) the patient's expectations of the treatment are unrealistic,
- n) the MDQH feels unable to offer any further help, and
- o) the MDQH is of the opinion that a relationship based on mutual trust is disturbed.

5.3 Principles for therapeutic action

With respect to therapeutic actions the MDQH shall:

- a) be capable of acting according to the principles of homeopathy,
- b) avoid suppression. The preferred treatment shall be directed towards long-term general amelioration of the patient's condition, but in certain cases, the doctor may offer palliative care,
- c) explain the relationship between lifestyle and complaint to the patient and provide advice on self-care and prevention or refer to other healthcare professionals for advice on self-care and prevention,
- d) explain the choice of treatment before starting the therapeutic process,
- e) consider the self-healing power of every human being as a basic principle; the treatment supports, arouses or activates cure but, in some exceptional circumstances, is palliative,
- f) aim at enabling the patient's growth and/or development as a free individual, overcoming his/her problems or illness, and preserving the patient's independence,
- g) have acquired skills in the use of approved examination equipment and materials,
- h) undertake continuing professional development to maintain the required standards of knowledge, training and expertise. This is achieved by taking refresher courses and continuing professional development (CPD), by conferring with colleagues and consulting the professional literature,
- i) refrain from therapeutic actions he/she is not trained in,
- j) take personal responsibility for any therapeutic action; in the case of delegating treatment to other health care providers - not independently authorized - the final responsibility shall remain with the delegating doctor,
- k) be respectful about his/her profession and towards colleagues and members of other health care professions,
- l) make the results of his/her research and clinical experience known in a methodical and honest manner without distorting the facts and without keeping knowledge or methods of treatment to him/herself, and avoid inappropriate self-promotion and advertising or laying claim to secret or exclusive methods of treatment, or claiming that he/she is able to produce extraordinary cures, and
- m) renounce any actions contrary to professional ethics.

5.4 Principles for day-to-day practice

In day-to-day practice, the MDQH shall:

- a) keep appointments properly,
- b) be available on clearly indicated days and times,
- c) contact the patient, with sufficient notice, to rearrange an appointment or arrange the reception of patients by a locum tenens if unable to keep an appointment. The locum doctor shall treat a patient only if it is within his/her competence,
- d) inform the patient properly at or before the first consultation, if possible in writing (by means of a brochure or public notice in the waiting room) about;
 - 1) memberships of professional associations,
 - 2) medical qualifications and what these imply, and
 - 3) the consultation fees, the duration and course of the treatment,
- e) make a flexible plan of treatment in consultation with the patient, and give a prognosis if possible,
- f) keep accurate and thorough records of the patient:
 - 1) gather only that data necessary for treatment,
 - 2) keep the records secure and confidential at all times, access being restricted to persons that are legally allowed access,
 - 3) dispatch forthwith free of charge all basic and essential information from that patient's case-notes, upon request from a patient, to supply a record of his/her treatments or to forward that patient's record to another colleague, and
 - 4) keep documentation of all cases for at least the minimum time according to national regulations,
- g) provide premises and examination equipment/materials that are functional and hygienic and safeguard privacy,
- h) at the end of the consultation, or shortly afterwards, give the patient a prescription with the name of the indicated homeopathic medicine, the dose, frequency and period of administration,
- i) be independent of commercial institutions or people in the medical/pharmacological field:
 - 1) shall refrain from preparing or selling medicines either in his/her own practice or through his/her own business,
 - 2) shall refuse commission for any medicines produced by a pharmacist/chemist,
- j) advertise in a proper and professional manner only for the purpose of informing members of the general public as to his/her location details and specialized practice of homeopathy, and
- k) allow authorized institutions to inspect his/her premises and also, if necessary, access to patients' records subject to the patient's written consent.

6 Education

6.1 General

The therapeutic objective as well as the practical approach to illness may differ in homeopathy as compared to conventional medicine. The Homeopathic Education Programme (HEP) shall prepare medical doctors to maintain and improve on best and safe homeopathic care for lifelong, self-directed learning and for continuing professional development. Professionalism with respect to knowledge, skills, attitudes and behaviour shall be developed.

Due to medical education regulations within Europe, the national educational institutions' standards for accreditation on this subject will apply. If national regulation is lacking, the CEN/TC 427 standard for accreditation will apply.

6.2 Basic requirements of the Homeopathic Education Programme (HEP)

6.2.1 Admission requirements

All applicants shall be medical doctors or medical students, and for practicing they shall be admitted to practice as medical doctor in their country of residence.

6.2.2 Requirements of the Homeopathic Education Programme (HEP)

The HEP, including course lectures, applied training and examinations, shall be organized by an institution with expertise in homeopathy.

Teachers shall be experts with experience on the subject of their course.

Training should comprise class teaching with sufficient clinical training and clinical experience for an equivalent minimum of at least 350 h. One third should concern clinical training. The applicant should have the possibility to complete the training within the period of 3 years of part-time study.

Teaching methods such as e-learning, webinars, supervised homework, etc., may be implemented as they develop.

6.3 Learning outcomes

6.3.1 Main outcomes

The HEP shall prepare MDQHs for:

- a) maintaining and improving on best and safest homeopathic care for lifelong, self-directed learning for continuing professional development, and
- b) further professionalism (i.e. knowledge, skills, attitudes and behaviour expected by patients and society).

6.3.2 Required knowledge and skills

During the HEP the student should comply with the knowledge and skills as described in 3.2. and 3.3. and should:

- a) demonstrate a defined body of knowledge, understanding, clinical and procedural skills, as well as professional attitudes for providing effective, patient-centred care,
- b) have fuller understanding of health and of the dynamics of illness, and a new perspective on chronic disease,
- c) have a renewed and broadened interest in clinical medicine,

- d) develop clinical and communication skills; particularly in case taking and in the ability to listen attentively to the details of the patient history, and to study carefully the 'march of events' in the development of the disease,
- e) awareness of the capacity for self-regulation and self-healing, and the possibility of stimulating these processes,
- f) show that they effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during and after the homeopathic encounter; understanding of the importance of the therapeutic encounter itself,
- g) have awareness of the scope and value of homeopathy for the physician's own patients or the community in which they work, and the ability to understand and integrate its contribution to patient care; demonstrate that they are an integral participant in the provision of healthcare,
- h) show responsibility in using their expertise and influence to advance the health and wellbeing of individual patients, communities and populations,
- i) demonstrate commitment to reflective learning as well as the creation, dissemination, application and translation of homeopathic/medical knowledge; show awareness of the scientific implications of the subject, its evidence base, and arguments that surround it, and
- j) show that they are committed to the health and wellbeing of individuals and society through ethical practice, profession led regulation and high personal standards of behaviour; show perceptiveness of the patient as an individual and as a person, and of all the aspects of the human condition.

6.3.3 Delivery of the Homeopathic Education Programme (HEP)

The HEP should:

- a) encompass integrated practical and theoretical instruction,
- b) guarantee best and safe care by thoughtful practice and feedback, and
- c) ensure that the candidates achieve the learning outcomes as specified in Annex A.

6.4 Examination

At the end of each year an exam may be conducted and at the end of the course programme an exam shall be conducted. The objective of the examination is to assess the participants' broader and deeper homeopathic knowledge and skills acquired to independently apply the knowledge presented in the taught courses and be able to perform a homeopathic consultation and select treatment. Guidelines for examinations can be found in Annex B.

6.5 Continuing professional development (CPD)

6.5.1 CPD for MDQHs

MDQHs shall be motivated towards participation in continuing education, and shall be expected to follow the national requirements for CPD that prevail in his/her own country, or that may be proposed by his/her own school of homeopathy, to enhance both homeopathic and conventional knowledge and skills.

He/she should participate in national or international courses, meetings, congresses, workshops, seminars or other scientific events, relevant to homeopathy, through which they will be awarded appropriate CPD/CME points.

6.5.2 CPD of the profession

The MDQH shall accept responsibility for dissemination of personal experience and new knowledge.

Annex A (normative)

Curriculum

A.1 Synopsis

On successful completion of training, in addition to the attributes described in Clause 3 under general competences, MDQHs shall have:

- a) a comprehensive knowledge of the history, principles and concepts of homeopathy as described in Hahnemann's standard works '*Organon of the Medical Art*' and '*The Chronic Diseases, their peculiar nature and their homeopathic cure*', and the ability to communicate these to others,
- b) sufficient, supervised clinical experience in homeopathy,
- c) a comprehensive knowledge of the materia medica and comparative materia medica of major homeopathic medicines,
- d) the ability to identify the indicated medicines reliably and to differentiate between them,
- e) an understanding of the different homeopathic therapeutic approaches,
- f) the ability to apply their knowledge appropriately to a wide range of health needs,
- g) an understanding of the role of homeopathy in integrated patient care,
- h) an understanding of the different potencies and the pharmaceutical forms that homeopathic medicine may be dispensed in; understanding how to write a homeopathic prescription,
- i) awareness of research activities and evidence relating to homeopathy and the ability to communicate these,
- j) awareness of the basic principles of research methodology, and
- k) awareness of auditing measures in homeopathic clinical practice.

Medical doctors trained to this level shall be eligible to sit the qualifying examinations of the official regulating bodies for MDQHs in their respective countries. Their status shall be maintained by fulfilling the requirements for continuing professional development in homeopathy and in the relevant core medical discipline proposed by those organizations.

A.2 Syllabus

A.2.1 General

Learning objectives are shown in italics. The more specific learning outcomes are shown in plain type.

A.2.2 The care process

A.2.2.1 The role of homeopathy

The student shall understand the appropriateness of homeopathy to the needs of the patient.

The student shall know the scope and limitations of homeopathy, indications for its use and obstacles to its effectiveness; be able to judge the indications for homeopathy or another form of treatment; and be able to assess the case from a conventional medical point of view. He/she shall be able to assess indications for use of homeopathy in relation to the disease presented by the patient. (The concept of a 'natural disease', as understood in homeopathic philosophy, is discussed elsewhere in this document.)

A.2.2.2 The role of the medical doctor

The student shall understand the attributes, responsibilities and personal work style of the MDQH vis-à-vis her/his conventional role and the role of other healthcare practitioners.

The student shall be aware of his/her role and responsibilities in the context of the national healthcare system, and shall understand that a MDQH's attitude towards providing care does not differ essentially from that of any medical doctor. On the other hand he/she shall understand the fact that in homeopathy the patient's existential subjectivity is highly valued, and that it is therefore the doctor's task and responsibility to be self-aware. He/she shall also be conscious of the influence of personal emotions and aware of personal shortcomings and characteristics which may affect the doctor-patient relationship.

He/she shall learn to understand her/his personal style, how it affects the consultation, and how to apply it appropriately and effectively.

A.2.2.3 The consultation process and the doctor-patient relationship

The student shall enhance his/her understanding and skills relating to the doctor-patient relationship and shall understand the motivation of the patient and his/her responsibility in the care process.

The student shall acquire knowledge and understanding of patient-centred factors in the consultation and care process, including patient motivation and expectations, and the ability to take these into account when discussing and planning treatment.

The student shall understand more fully the subjectivity of the patient's experience of illness; the importance of the doctor's self-awareness and reflective practice; the dynamics of the doctor-patient relationship, and become more skilful applying this understanding during the consultation and case taking process.

A.2.2.4 Continuity of care and record keeping

The student should develop best practice in record keeping for continuity of care and for maintaining clinical standards.

The student should know and be able to apply the essentials of good record keeping for care planning and effective follow-up care, audit and research. He/she should have the necessary knowledge and skills to be able to keep a full record of consultation, case taking and analysis, homeopathic medicine selection and treatment. This should enable continuous assessment of the progress of the case, and facilitate communication with others involved in the care of the patient and, when appropriate,

facilitate participation in data collection for audit and research purposes, all with written permission from the patient.

A.2.2.5 Integrated care

The student shall develop best practice in procedures to ensure effective integration of care.

The MDQH shall understand his/her role of providing a second opinion in relation to other health care practitioners, and the responsibility and ethical issues attached to this. He/she shall develop an attitude of openness, mutual respect and partnership towards communication with colleagues, the broader medical community and the public. He/she shall develop best practice in documentation and communication for liaison with colleagues and other health care practitioners, and for informing the patient and their family about the intended therapy, its potential and limitations.

A.2.2.6 Patient information

The student shall develop best practice in providing information to patients and the public.

The student shall be able to communicate timely, appropriate and sufficient information regarding the aims, expectations and process of treatment to individual patients and the public. He/she shall be able to give the patient appropriate information about the treatment, the homeopathic medicine and about the possibilities and limitations of homeopathy in general, in each particular case. Students shall be able to explain homeopathy as a method and their personal way of practicing it for the benefit of colleagues or the public.

A.2.3 Case management and clinical record

A.2.3.1 History and principles

The student shall have thorough knowledge of the principles of homeopathic method and its historical and contemporary development.

The student shall have a thorough knowledge and understanding of the homeopathic body of thought, concepts of disease and healing, potentization, action of homeopathic medicine and Hahnemann's miasmatic theory, as well as its systematic application in acute and chronic disease. He/she shall have sufficient knowledge of the historical development of the concepts and models that constitute the homeopathic method, as they are implied in the original literature and their interpretation and development in contemporary thought and practice. This includes knowledge of the different prevailing homeopathic schools and doctrines, and awareness of the controversial subjects within the homeopathic scientific community. He/she shall be able to assess the indication for the use of the homeopathic method as it relates to the complaints presented by the patient.

A.2.3.2 The evidence base

The student shall have knowledge of relevant research methods and evidence relating to homeopathy.

The student shall have outline knowledge of *in vivo*, *in vitro*, cellular, plant, animal and human experiments, basic clinical research, and significant trials, meta-analyses, etc.

A.2.3.3 Case taking and analysis

The student shall have a thorough knowledge of methods of case taking and analysis and skill in their application.

The student shall be skilled in eliciting, formulating, analysing and recording history, symptomatology, individuality, homeopathic medicine selection, and repertorization (knowledge of the set-up and the use of different repertories), in short and long-term case management. He/she shall have all the necessary skills, particularly communication skills, to take and analyse a case: to collect all necessary data for the choice of a medicine by means of interview, physical examination and all further indicated

means; to check if the collected data are complete (totality of symptoms); to assess the relative value of relevant symptoms to select the simillimum, by synthesis or pattern recognition, repertorization and knowledge of materia medica, and to identify other treatment strategies; to detect obstacles to homeopathic treatment and identify any possible means of eliminating them; to assess the reaction to the homeopathic medicine (direction of cure); to analyse an acute case; to perform a constitutional analysis in a chronic case; to analyse an acute episode during the treatment of chronic disease.

The student shall understand the prognosis of homeopathic treatment in relation to the vitality, age and medical history of the patient, and the general medical-nosological diagnosis. He/she shall have the skill to keep long-term case management transparent, so that the aim and feasibility of the treatment is kept constantly under review.

The student shall be aware of the different types of repertorization, using books and/or computer repertories, including the selection of repertory rubrics and the use of different repertorization strategies.

The student shall be skilled in eliciting and analysing the reactions to the homeopathic medicine.

A.2.3.4 Materia medica

The student shall have extensive knowledge of the homeopathic materia medica, according to the prescribed list of homeopathic medicines and the required depth of knowledge of each.

The student shall know the sources and development (origin of the substance, pathophysiologic and toxic effects, pathogenic symptoms in the original sources, the picture of the homeopathic medicine developed from the experience of many generations of homeopathic practitioners, proving symptoms, clinical symptoms, relationship to other homeopathic medicines), categories, remedy pictures (symptom patterns), homeopathic medicine selection and relationships, of the prescribed homeopathic medicines; the origin of the homeopathic materia medica, including provings, clinical verification; the relationship of homeopathic medicines (homeopathic medicine selection); the development, characteristics and use of different materia medicas and different repertories. A prescribed minimum list of 100 homeopathic medicines shall be defined by the school responsible for education and training in each country, subject to general consensus.

A.2.3.5 Therapeutics

The student shall possess thorough knowledge and understanding of therapeutic methods, and skill in their application.

The student shall have a thorough knowledge of therapeutic indications, prescribing strategies and the use of potencies, and be skilled in applying this knowledge throughout the progress of the case. He/she shall have the knowledge and ability to choose a strategy that fits the case; to choose the appropriate potency, having a sufficient knowledge of different potency scales and their effects; to determine the indications for homeopathic treatment in general and in a given acute or chronic case; to choose and justify the strategy in a given acute or chronic case; to determine and justify all practical steps that shall be taken on the basis of the case analysis; to undertake chronic and long-term case management; to recognize and interpret the reactions to the homeopathic medicine, and develop the strategy accordingly; to recognize and treat inter-current acute states during the treatment of chronic disease; to understand the principles which determine the prognosis of homeopathic treatment in relation to the chosen strategy, homeopathic medicine and potency.

A.2.3.6 Clinical experience

The student shall acquire practical skill in homeopathic clinical method.

Students shall acquire homeopathic clinical skills by exposure to patients under the supervision of experienced MDQHs appointed by their school. Clinical practice shall include practical work alongside theoretical studies. Several forms of training are proposed, as follows:

- a) Hospital and out-patient clinics.
- b) In the presence of the training course supervisor, the student either:
 - 1) observes the consultation, or
 - 2) takes responsibility for the consultation under the supervision of the training course supervisor.
- c) Consultation without the training course supervisor being present and clinical exercises (paper cases, video cases, life cases). The objective of this aspect of training programme is to ensure that the student is able to demonstrate the ability to use their homeopathic knowledge, clinical management and therapeutic skills. If possible, the students should have taken part in a proving, as this enhances their observational capacities.
- d) The student may be supervised by different training course supervisors. In that case a coordinator shall be appointed. The coordinator shall contact the supervisors and organize the practical training. He/she also monitors the student, in that he/she has fulfilled required study hours by checking the student's trainings booklet.

A.2.3.7 Introduction of modern teaching methods

The teaching institutions may integrate different modern training methods into their curriculum. *The student shall acquire the skills to handle these new techniques.* The following methods are already accepted on a broader scale: e-learning, i-learning, webinars, supervised homework.

A.2.3.8 Pharmacy

Students shall acquire knowledge of methods of homeopathic pharmacy.

Students shall know the various methods for preparation of the medicines, the different potency scales and their application, the variety of dosage forms and their application.

A.3 Continuing professional development (CPD)

A.3.1 CPD for medical doctors

The student shall be motivated towards participation in continuing professional development, and shall be expected to follow the national requirements for CPD that prevail in his/her own country, or that may be proposed by his/her own school of homeopathy, to enhance both homeopathic and conventional knowledge and skills.

The student shall develop the willingness and ability to keep up to date with advances in conventional and homeopathic medicine, and to gain from a variety of learning experience; shall appreciate the importance of staying informed about recent developments by reading literature, attending refresher courses and congresses, etc. On an individual level he/she shall develop the habit of continuously evaluating the results of treatment, and working within the bounds of his/her therapeutic skill. On an inter-colleague level, he/she shall develop the habit of discussing his/her work with colleagues,

individually or in peer-groups, and, if necessary with representatives of other disciplines. He/she shall learn to translate the learning gained from professional publications into consequences for his/her own professional behaviour. He/she shall be able to read scientific literature, judge its quality and benefit from it. He/she shall be informed about methodological problems in homeopathic research, and be familiar with the ways in which new knowledge is to be distributed by means of publication in journals, on the internet, contributing to congresses, etc.

A.3.2 CPD of the profession

The student shall accept responsibility for dissemination of personal experience and new knowledge. The student shall have an awareness of, and willingness and ability to use opportunities to disseminate his/her own learning and new knowledge within conventional and homeopathic medicine. On an inter-colleague level, he/she shall discuss his/her work with colleagues, individually or in peer-groups, and with representatives of other disciplines. He/she shall be able to contribute to the development and distribution of the materia medica by means of documentation and evaluation of his/her own patient data. He/she shall be committed to informing the profession of new knowledge and insights from publications or other sources about conventional medicine which are relevant for the homeopathic profession. The student shall be encouraged to develop a willingness to contribute to teaching, tuition and supervision.

Annex B **(informative)**

Guidelines for examinations

An examination in homeopathy should meet the following standards:

- a) The examination shall be open only to medical doctors registered with appropriate medical authorities in their own country who have completed a course of training which conforms to the standards set out in previous sections of this document.
- b) The panel of examiners should include a majority of medical doctors with a minimum of five years' experience in the practice of homeopathy, approved by the representative body of MDQHs in that country.
- c) The examination shall ensure that successful candidates fulfil the medical homeopathic educational requirements specified in this document in respect of the profile of the MDQH. That is, the description presented here of the roles, functions and responsibilities of a MDQH appropriate to the clinical setting in which he/she works.
- d) The examination shall test the learning objectives - knowledge, skills and attitudes - specified in this curriculum:
 - 1) homeopathic principles and the history of their development (the principle of similars and its application to therapy);
 - 2) the concept of individualization; the perception and evaluation (hierarchy) of the totality of symptoms;
 - 3) the process of searching for the most similar homeopathic medicine(s) that has (have been) shown to provoke, in a healthy organism, the symptoms manifested by the patient;
 - 4) determination of the dose and the appropriate potency, as well as its correct administration;
 - 5) evaluation of the patient's reactions to a homeopathic treatment;
 - 6) knowledge of the conditions for repeating the dose and dilution;
 - 7) the concept of chronic disease; the development of illness and disease; prevention of illness;
 - 8) the ways in which homeopathic medicines have been found to have homeopathic value and, in particular the procedure necessary for the proving of homeopathic medicines by controlled experiments;
 - 9) the approach used in emergencies, defective and terminal cases, mental disorders, one-sided cases, etc.;
 - 10) knowledge of the indications and limits of the homeopathic method; the concept of palliation and incurability;
 - 11) long term case management; comprehension of nosologic entity and homeopathic medicine selection (cross-references);

- 12) clinical and therapeutic methods;
 - 13) case taking and analysis;
 - 14) repertorization;
 - 15) materia medica;
 - 16) prescribing strategies;
 - 17) consultation techniques, including communication skills and the doctor-patient-relationship case management and following up;
 - 18) the scientific and evidence base of homeopathy;
 - 19) the integration of homeopathy within the broad spectrum of medical care. It will ensure that they can be applied competently and sensitively across a wide spectrum of morbidity and human need, both in the context of general medical practice, conventional specialist practice or full-time homeopathic practice.
- e) The examination shall expect the MDQH to possess the competencies appropriate to his/her general medical training and any other specialist training he/she has received and makes available to the public. It will not necessarily, however, take this for granted and the candidate may be expected to demonstrate a satisfactory level of general medical competence, sufficient to enable him/her to practice with the degree of independence required of a general practitioner or independent private medical practitioner, and that shall satisfy the requirements of the relevant accrediting and regulating authority for medical practice in his/her country.
- f) The examination shall consist of a combination of assessment techniques which require candidates to demonstrate their theoretical and practical knowledge, skills and attitudes. For example:
- 1) written papers, which may include (at the discretion of the examining body) multiple choice questions, essay type questions, modified essay questions (clinical problem solving scenarios), standardized cases, or other such methods;
 - 2) presentation of cases, managed by the candidate, which demonstrate general clinical competence, a good relationship with the patient, and homeopathic skills in case-taking and analysis, prescribing and follow-up care;
 - 3) face-to-face appraisal, using live patients and/or case studies to explore the candidate's knowledge, understanding and competence in case analysis and management.

These techniques should be shown to conform to the prevailing standards of professional assessment.

The examination may be conducted wholly or in part either centrally or by accredited schools within a member state, according to the approved method for implementing these standards by the lead organization for MDQHs within each member country and its Board of Examiners. Where responsibility for any part of the assessment is delegated to a school affiliated to that lead organization, the organization will be responsible for accrediting and moderating the process.

The examination may be set in separate stages to assess different parts of the syllabus at different times, at the discretion of the lead organization, provided that it meets these standards in every other respect.

A dissertation may be required by some examining bodies, but is not regarded as an appropriate form of assessment at this level of qualification.

On completion of the HEP and after passing an examination, the medical doctor should be qualified to integrate homeopathy into patient care within the context of general medical practice, conventional specialist practice or full-time homeopathic practice. A certification/diploma in Homeopathy may be issued by the authorized bodies for MDQHs in their respective countries.

Annex C (informative)

Recommended list of homeopathic medicine to be taught

A prescribed minimum list of 100 homeopathic medicines shall be defined by the school responsible for education and training in each country, subject to general consensus.

Table C.1 — Recommended list of homeopathic medicine to be taught

Nr.	Name	Nr.	Name	Nr.	Name
1	Aconitum	51	Colocynthis	101	Mezereum
2	Actaea racemosa (Cimicifuga)	52	Conium	102	Monilia albicans (Candida alb.)
3	Aesculus hippocastanum	53	Croton tiglium	103	Moschus
4	Agaricus muscarius	54	Crotalus horridus	104	Naja tripudans
5	Ailanthus glandulosa	55	Cuprum metallicum	105	Natrium carbonicum
6	Allium Cepa	56	Cyclamen europaeum	106	Natrium muriaticum
7	Aloe	57	Drosera rotundifolia	107	Natrium phosphoricum
8	Alumina	58	Dulcamara	108	Natrium sulphuricum
9	Ambra grisea	59	Echinacea Angustifolia	109	Nitricum acidum
10	Ammonium carbonicum	60	Equisetum hyemale	110	Nux moschata
11	Ammonium muriaticum	61	Euphrasia officinalis	111	Nux vomica
12	Anacardium	62	Ferrum metallicum	112	Opium
13	Antimonium crudum	63	Ferrum phosphoricum	113	Passiflora incarnata
14	Antimonium tartaricum	64	Fluoricum acidum	114	Petroleum
15	Apis	65	Folliculinum	115	Phosphoricum acidum
16	Argentum metallicum	66	Gelsemium	116	Phosphorus
17	Argentum nitricum	67	Glonoinum	117	Phytolacca
18	Arnica	68	Graphites	118	Platinum metallicum
19	Arsenicum album	69	Hamamelis	119	Plumbum metallicum
20	Arsenicum iodatum	70	Hepar sulphuris	120	Poumon histamine
21	Asa foetida	71	Histaminum	121	Podophyllum
22	Aurum metallicum	72	Hydrastis	122	Psorinum
23	Badiaga	73	Hyoscyamus niger	123	Pulsatilla nigricans
24	Baptisia tinctoria	74	Hypericum	124	Pyrogenium

25	Baryta carbonica	75	Ignatia amara	125	Radium bromatum
26	Belladonna	76	Iodium	126	Rhus toxicodendron
27	Bellis perennis	77	Ipecacuanha	127	Ricinus communis
28	Berberis	78	Iris versicolor	128	Ruta graveolens
29	Blatta orientalis	79	Kalium bichchromicum	129	Sanguinaria
30	Borax	80	Kalium bromatum	130	Secale cornutum
31	Bromium	81	Kalium carbonicum	131	Sepia
32	Bryonia	82	Kalium iodatum	132	Silicea
33	Calcarea carbonica	83	Kalium muriaticum	133	Spongia
34	Calcarea fluorica	84	Kalium phosphoricum	134	Stannum metallicum
35	Calcarea phosphorica	85	Kalium sulphuricum	135	Staphisagria
36	Calcarea sulphurica	86	Kalmia latifolia	136	Stramonium
37	Cantharis	87	Lac caninum	137	Sulfur
38	Capsicum	88	Lachesis	138	Sulphuricum acidum
39	Camphora	89	Ledum palustre	139	Sulphuricum iodatum
40	Carbo vegetabilis	90	Lilium tirgrinum	140	Symphytum officinale
41	Carcinosinum	91	Luesinum (Syphilinum)	141	Tarentula hispanica
42	Causticum	92	Lycopodium	142	Thuja occidentalis
43	Chamomilla	93	Magnesium carbonicum	143	Tuberculinum avis
44	Chelidonium	94	Magnesium muriaticum	144	Tuberculinum bovinum
45	China	95	Magnesium phosphoricum	145	Urtica urens
46	Cicuta virosa	96	Magnesium sulphuricum	146	Valeriana officinalis
47	Cina	97	Medorrhinum	147	Veratrum album
48	Cocculus	98	Mercurius corrosivus	148	Zincum metallicum
49	Coffea cruda	99	Mercurius cyanatus		
50	Colibacillinum	100	Mercurius solubilis		

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