A Retrospective Survey Of Post-Graduate Career Paths Of Durban Institute Of Technology (DIT - Formerly Technikon Natal) Homoeopathic Graduates From 1994 To 2004.

By

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This mini-dissertation was submitted in partial compliance with the requirements for the Master's Degree in Technology: Homoeopathy, in the Faculty of Health Sciences at the Durban Institute of Technology.

I, Fotini Nicoleta Babaletakis, do hereby declare that this dissertation is representative of my own work, both in conception and execution.

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Signature of student Date

APPROVED FOR FINAL SUBMISSION

…… ……..

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TO MY PARENTS, JOHN AND MARIA:

FOR YOUR LOVE AND CARING SUPPORT.

ACKNOWLEDEMENTS

I would like to acknowledge the following people for their contribution to this study and to my homoeopathic education

My parents, without whose support I would never have been able to complete my degree.

Wendy and Blye Nell who welcomed me into their home for the greater part of my studies.

Dr Russell Hopkins who has kept me sane through it all.

Dr Ingrid Couchman for being a committed supervisor and doing a damn fine job of it.

Michelle Courage for her help whenever I asked and for all the laughs.

Dr David Naude for assisting with review of the work.

Nicholas Nell for friendship and laboriously doing the stats.

Dr Ashley Ross for all his time and input on everything

Dr Peter Frazer, Dr Ruth Bloch, Dr Florrie Kerschbaumer for giving of their time and sharing of their knowledge.

Indirani Sukhu at the Faculty of Health for collecting the questionnaire responses with a smile.

All respondents, a big thanks for taking the trouble to answer all those questions.

For those respondents who thanked me for undertaking this research and giving them the opportunity to voice their opinion, it's a pleasure.

ABSTRACT

The first formal Homoeopathic education programme in South Africa introduced Technikon Natal (now the Durban Institute of Technology – DIT). The course had its first intake in 1989 and has since produced some 10 years of graduates. The programme affords the graduate a Master's Degree in Technology in Homoeopathy (Ross, 2006).

Career paths regarding graduates of this programme have never been investigated. Such an investigation was deemed valuable to clarify areas of difficulty regarding the education provided and the profession as a whole, to ascertain the viability of Homoeopathy as a career. It also aimed to identify possible other career choices a graduate may have with the education received.

The study was limited to DIT Homoeopathic graduates from 1994 to 2004. The study was designed to investigate the demographic composition of the group, as well as other aspects of their career since graduation.

Data was collected via a self-administered questionnaire (Appendix A). The questionnaire was divided into four parts: Part A related to demographic data. Part B related to graduates that had never practiced Homoeopathy, Part C applied to graduates who have practiced but are not currently practising. Section D related to those graduates who were currently in Homoeopathic practice. Graduates were required to complete Part A and then to choose one

of the other sections that was relevant to them according to a definition of Homoeopathic practice provided.

The graduates were initially contacted via telephone or e-mail. Those willing to participate were sent questionnaires (Appendix A), an information letter (Appendix C) and an informed consent document (Appendix B), via post or e-mail. The responses were returned to a third party in the Faculty of Health Sciences at Durban Institute of Technology.

The researcher then captured the data, which was collectively analysed statistically using SPSS® for Windows version 13.1 and the results were interpreted.

The results reflected that the majority of graduates are currently in Homoeopathic practice. These graduates experience a wide range of difficulties regarding practice, especially regarding the financial aspect. Non-practicing graduates cited a wide variety of reasons for not practicing. These reasons related directly or indirectly to the education received and Homoeopathic practice as career choice. Some had a greater bearing on their decision than others.

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DEFINITIONS

Allied Health Professions Council of South Africa (AHPCSA):

Allied Health Professions Council of South Africa is a statutory council for Natural Health, responsible for the promotion and protection of the health of the population of South Africa and will effect this by regulating and setting standards for our registered professions, under act 63 of 1982.[1]

Curriculum:

Appointed course of study (Fowler and Fowler, 1966).

Graduate:

A holder of an academic degree. In this study refers to a Master's Degree in Technology in Homoeopathy from the Durban Institute of Technology (formerly Technikon Natal) (Fowler and Fowler, 1966).

HAS:

Homoeopathic Association of South Africa. The current body representing Homoeopaths and Homoeopathic students (Gower, 2006).

Homoeopathic Practice or Practice :

To exercise or follow homoeopathy as a registered profession, with or without monetary remuneration by means of providing a professional service to a formal patient base, from a fixed contactable address or addresses. (This

does not include informal consultation with family, friends and acquaintances) (Adapted from: Fowler and Fowler, 1966).

Law Of Similars:

A principal used in the practice of Homoeopathy which states: Any substance which can produce a totality of symptoms in a healthy human being can cure that totality of symptoms in a sick human being (Vithoulkas,1986).

MBChB:

Bachelor of Medicine and Bachelor of Surgery Degree. [4]

M.F.Hom.:

Membership of The Faculty of Homoeopathy. An international postgraduate accredited qualification available to medical doctors, from The Faculty of Homoeopathy based in the United Kingdom. [5]

M.Tech.: Homoeopathy (M.Tech.: Hom):

A Master's Degree in Technology in Homoeopathy (Durban Institute of Technology, 2005).

Pilot Study:

A preliminary study to assess the validity of an intended future study (Fink, 1995).

Qualification:

Qualification means any degree, diploma or certificate awarded after examination of a person's proficiency in a particular subject (South Africa 2001: R127).

Retrospective Study:

A survey of what is past (Fowler and Fowler, 1966).

SERTEC:

A Certification Council for Technikon Education (SERTEC, 1995).

SAHA:

South African Homoeopathic Association, a body representing Homoeopaths in South Africa, no longer in existence (Frazer, 2005).

CHAPTER ONE: INTRODUCTION

1.1 INTRODUCTION

Homoeopathy in South Africa has had a difficult history, it has been subject to restrictive laws regarding education and scope of practice. Only in the last 20 years or so has Homoeopathic education been legalized and a clear scope of practice been defined (Frazer, 2006). Thus it can be considered a profession still in its infancy in South Africa. In 1987 the first recognized tertiary programme for educating Homoeopaths was established at the then Technikon Natal, Durban, which has subsequently changed name to become Durban Institute of Technology (DIT). The programme, which is a Master's Degree in Technology: Homoeopathy (M.Tech.Hom.) was designed to be five years of full time academic study and one year of practical internship. The programme has produced some 10 years of graduates. As far as can be ascertained no other studies regarding the career choices of Homoeopathic graduates for tertiary institutions have been conducted world wide.

1.2 AIM OF STUDY

A Retrospective Survey of Post-Graduate Career Paths of Durban Institute of Technology (DIT - Formerly Technikon Natal) Homoeopathic Graduates from 1994 to 2004.

1.3 RATIONALE FOR STUDY

There is anecdotal evidence that many Homoeopathic graduates from Durban Institute of Technology (DIT) do not practice Homoeopathy, and those that do experience difficulty in running successful practices. This study was designed to give an overview of the following main issues regarding DIT Homoeopathic graduates:

1. The proportion of DIT graduates practicing Homoeopathy.
2. The demographic make up of practicing and non-practicing DIT Homoeopathic graduates.
3. Possible reasons for giving up or not practicing Homoeopathy at all.
4. Difficulties that the graduates may have in practice.
5. The career opportunities for DIT Homoeopathic graduates
6. The viability of Homoeopathy as a career as a whole.
7. General attitudes towards the Homoeopathic profession
8. General attitudes as regards the education they received.

1.4 BENEFITS OF THIS STUDY

This study aimed to benefit the Homoeopathic profession in the following ways:

1. Enable educators of future Homoeopathic students to structure a course that is potentially suited to the needs of the students and the expectations they have regarding Homoeopathy as a career choice.

2. Assist Homoeopathic graduates in understanding Homoeopathy as a career choice.
3. Provide vital information regarding potential difficulties faced by Homoeopathic practitioners so that political decision makers are able to develop of the profession as a whole taking the needs of the practitioner into consideration.

1.5 LIMITATIONS

1. Only Homoeopathic Graduates from Durban Institute of Technology were included in this study.
2. Only persons that graduated between and including 1994 to 2004 were considered for the study.
3. Only correctly completed questionnaires were analysed.

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

This retrospective study aimed to look at career choices of graduates from Durban Institute of Technology (DIT), and factors that influenced their decisions. This literature review will look at the history of Homoeopathy, the education, profession, current status of Homoeopathy and Homoeopathy as a career choice. Furthermore this will then be put into context with regards to other graduate studies.

2.2 HISTORY OF HOMOEOPATHY

2.2.1 Origin Of Homoeopathy

Born in 1775 in Germany, Samuel Hahnemann was the founder of Homoeopathy. He was a medical doctor and pharmacist. Through his studies he investigated the action of various substance on the human organism, which led him to conclude that cure was based on a set of principles. The most central of these principles was the Law of Similars or the idea that “like cures like.” He documented his findings in the Organon of the Healing Art, first published in 1800. He subsequently revised the document six times, resulting in the sixth edition of the Organon that lays out the guidelines on which Homoeopathy as a complete system of medicine is currently largely based (De Scheeper, 2001).

2.2.2 Homoeopathy In South Africa

Homoeopathy was registered with the Department of Health under Act 1964. In 1974, Act 52 of 1974 was in operation for approximately 6 months, which provided a window of opportunity for the registration of qualified Homoeopaths, after which the register was closed (Caldis, 2000).

In 1985, the register was re-opened and a governing body was established, currently know as the Allied Health Professionals Council of South Africa (AHPC), (Caldis, 2000).

In 1985, a bill was passed allowing tertiary Homoeopathic education to be formalised through government tertiary education institutions. A programme was laid out by the South African Homoeopathic Association (SAHA), that was approved by SERTEC (Educational Certification Council for Technikons), the Department of Health and the Department of Education. Standards of the programme were drawn up for Homoeopathic educational standards from all over the world including Holland, Mexico, Australia, England and Germany (Frazer, 2006).

Various institutions were approached and eventually Technikon Natal (now Durban Institute of Technology) agreed to run the programme. This programme, which was initiated in 1989, consisted of a five year full time training and research dissertation and internship. After completion of the

programme graduates were awarded a Master's Diploma in Homoeopathy, which was the converted to a Masters Degree in Technology in 1994.

In 1994, the Technikon of Witwatersrand became the second tertiary institution in South Africa to offer Homoeopathy as a higher education course, which has since changed its name to the University of Johannesburg (Frazer, 2006).

Technikon Natal/ Durban Institute of Technology produced its first graduates in 1994 and has over 140 graduates to date.

Students graduating from this course would then be eligible for registration with the relevant statutory body: The Allied Health Professions Council of South Africa (AHPCSA). Only practitioners registered with this council have the legal right to practice as Homoeopaths (South Africa 2001: R127). In South Africa, Medical Aid Societies will only recognise registered Homoeopaths.

2.3 HOMOEOPATHIC EDUCATION

2.3.1 Homoeopathic Education World Wide

There are many different levels of Homoeopathic education that are available world wide, ranging from correspondence courses, through to part time and full time courses in Homoeopathy. The registration of these courses for formal

accreditation is largely determined by the country, region or state legislation. (European and International Councils for Classical Homoeopathy, 1993).

2.3.2 Current Homoeopathic Education In South Africa

According to the European and International Councils for Classical Homoeopathy (1993), a trained homeopath should be able to work in a variety of roles ranging from an independent consultant in private practice through to being an integrated member of a team of therapists and diagnosticians working in an institutionalised setting. The range of educational experiences should prepare students for the full range of potential therapeutic experience they are likely to meet in practice.

A curriculum is more than simply a list of subjects; it should serve as a specification for the development and delivery of effective educational experience for student Homoeopaths, provide a guide for evaluation of the students and of the college course itself and facilitate on-going professional and curriculum development. This should include practical skills that are required; as well as the development of critical and selective use of established approaches to Homoeopathic practice. This is best obtained by supervision of students and newly qualified graduates by practitioners in a clinical context, (European and International Councils for Classical Homoeopathy, 1993).

The ECCH/ICCH Core curriculum Document (1993) outlines a training programme as the minimum requirement to produce competent professional Homoeopaths, which includes the following subjects with prescribed minimum duration of each:

1. Homoeopathic Philosophy
2. Homoeopathic Practice Methodology
3. Materia Medica
4. Anatomy, physiology, psychology, and pathological processes
5. Clinical training
6. Ethics
7. Health and Patient Education
8. Practice Management
9. Research

With the aim to teach all these areas in an integrated way as far as possible.

The DIT Homoeopathic training course covers all of these aspects of Homoeopathic education to a greater or lesser extent (Appendix G).

DIT has set the following as its mission statement:

“In accordance with Homoeopathic and naturopathic principles the vocational emphasis upon education and training of Homoeopaths upholds Hahnemann’s statement:

“The physician’s high and only mission is to restore the sick to health,

To cure as it is termed.”

As primary contact practitioners the students are trained to serve the South African populations taking cognisance of the holistic nature of man within his environment. The Department of Homoeopathy will aim to improve interdisciplinary relations with all persons involved and to produce graduates who will demonstrate:

a) The highest regard for patient welfare and consideration of each patient as an individual;
b) Competence in differential and holistic diagnosis in order to determine the cause of the patient's discomfort;
c) The ability to restore the patient to health by Homoeopathic and naturopathic therapeutics;
d) The knowledge to refer the patient to the appropriate health care professional in accordance with the patient's needs;
e) Interest in continued educational updatement and research projects of benefit to the health of mankind;
f) Self- motivation and the desire to cure the patient;
g) The willingness to become part of the community and health care team with the aim of improving health and relieving suffering of the sick;
h) The ability to question and arrive at an unbiased, logical reason for the cause and cure of the patient's malady" (Durban Institute of Technology, 2005).

Education plays an important role in career choices with regards to Homoeopathy. This research aimed at evaluating the extent that the education offered at DIT influenced the graduates' final choice of career.

2.4 HOMOEOPATHY AS A PROFESSION IN SOUTH AFRICA

2.4.1 Definition

According to Milani (1995), a former Chairperson of The Chiropractors, Homoeopaths and Allied Health Service Professions Council of South Africa, the Homoeopathic practitioner is like the medical practitioner. He/she is a primary contact practitioner using a different medicinal approach and not performing surgery. He/she makes a normal differential diagnosis based on physical and other examination method, prescribes medication and other therapeutic procedures.

2.4.2 Legal Aspects Of Practice

Rule 9(1) of the Health Professions Act, 56 of 1974, restricts free communication between complementary health professionals and medical professionals (South Africa, 2004:26497). On 11 October 1994, the Medical and Dental Council proposed to abolish this rule (Van der Veen, 1996). However, this has not yet come into effect and the limitations it might create for Homoeopathic practitioners will already have had an effect.

2.4.3 Supportive Homoeopathic Bodies

The Homoeopathic Association of South Africa (SAHA) was the original representative body of homeopaths that lobbied for major changes in South

African legislation regarding Homoeopathic education and scope of practice (Frazer, 2006).

Subsequently, a number of other bodies were formed by various individuals or groups of individuals, all having differing ideas of how the profession should develop (Ross, 2006).

Only recently, in 2004 was a cohesive body formed to represent Homoeopathic practitioners, students and educators alike. The new body established, the Homoeopathic Association of South Africa, better known as the HSA, has been committed to tackling a variety of problems the profession faces (Gower, 2006).

2.4.4 Current Attitudes Of Homoeopathy As A Profession Within The Medical Field

In a study to determine the perceptions of general practitioners and pharmacists in the greater Durban region towards Homoeopathy, Maharaj (2005) found that 65,75% of all respondents felt that Homoeopathy is a legitimate form of medicine (65,98% of GP's and 65,52% of pharmacists)

A survey to ascertain the perceptions of medical practitioners with regards to complementary medicine in health care in South Africa was done by Sukdev (1997). She found that although Homoeopathy was thought to be effective in the treatment of some conditions such as allergies, asthma, common cold and

hay fever, the majority of practitioners (77.01%) viewed complementary therapies as supportive, 27.95% believed it to be recuperative for illness, 26.39% see complementary medicine as preventative and only 14.59% viewed complementary medicine as a primary therapy.

Daphne (1997) conducted a survey of perceptions of pharmacists towards the role of complementary medicine in the context of health care in South Africa. The study showed that most pharmacists knew an average to substantial amount about Homoeopathy and thought it was more effective than any other complementary therapy. The main reason respondents held this perception was that Homoeopathic remedies contained herbal ingredients, and that patients had “faith” in it.

2.4.5 Future Development Of The Homoeopathic Profession

The future development of the Homoeopathic profession in South Africa is dependant on a number of direct factors, i.e.

1. Number of students enrolling in the tertiary Homoeopathic programme. According to Small (2004), the awareness level of the programme and Homoeopathy in general is very low.
2. The number of students completing the course and delays in qualification (Courage, 2006).
3. The amount of graduates going into and staying in Homoeopathic practice. According to Milani (1995) the Homoeopathic education and

profession in South Africa is geared towards primary health care. However, Weiss (2002) found that many medical students who do choose primary health care are apparently changing their minds once they are in the programme, and either switch to another field or leave the medicine altogether.

4. The number or proportion of Homoeopathic graduates that do practice Homoeopathy, but leave South Africa to do so. According to governmental statistical services, between 70 to 100 medical doctors have emigrated from South Africa per year from 1994 to 1998; this is apparently a conservative estimate (Jones, 1999). There is no data showing the amount of Homoeopathic graduates that have qualified and left the country, or the reasons why.

An assessment of these factors regarding Homoeopathic graduates will help determine the development of the profession in South Africa.

2.5 HOMOEOPATHY AS A CAREER

2.5.1. Knowledge Of Homoeopathy As A Career Choice

Small (2004) conducted a survey administered to Grade 12 learners to determine the level of knowledge regarding Homoeopathy and Homoeopathic education amongst this group. She found that 76% of respondents had never heard of Homoeopathy. After the study more than 80% of respondents with no previous experience of Homoeopathy displayed positive perceptions towards

Homoeopathy. In the same study it was found that 86 % of respondents who would not choose Homoeopathy as a career, of which 41.8% maintained that they did not know enough about Homoeopathy to choose it as a career. Small commented that it was certainly evident from the responses that many learners would consider a career in Homoeopathy should they be provided with sufficient information on it.

This elaborates on Murray (1994) who suggests that a survey be done on graduates of any particular department to be able to inform future applicants for the course on their career options and to help career's guidance councillors answer questions such as " Just exactly what job do students with my qualification get?"

2.5.2 Scope Of Homoeopathy In South Africa

Given the history of the course in Homoeopathy and as it is fairly new in historical terms, the researcher felt that it would be a good time to investigate the career paths other than, or in conjunction with, private Homoeopathic practice of graduates.

2.5.3 Experience Of Practice And Job Satisfaction

A study was done by Smith Randolf and Johnson (2005) surveying occupational therapists, physical therapists and speech-language

pathologists, regarding factors that contribute to career satisfaction and desire to stay in a job.

The study identifies intrinsic factors to be more important than extrinsic factors in this regard. In that study extrinsic factors were defined as those external benefits provided to the professional, such factors include flexible schedule, competitive pay, and continuing education. Intrinsic factors were divided into intrinsic-context and intrinsic-content. Intrinsic-context factors are less tangible but inherent to the job; they are controlled by outside forces but affect the professional's internal satisfaction. Factors included were adequate staffing, realistic workload, stable environment, and balance between work and home. Intrinsic-content factors are those controlled primarily by the professional and affect the professional's sense of self-efficacy and competence. These factors include having diversity in practice, providing direct patient care, having meaningful work and providing quality care.

In this study the researcher aimed to identify which factors extrinsic or intrinsic contributed to DIT graduates following a particular career path, especially as regards Homoeopathic practice.

2.6 OTHER GRADUATE STUDIES

2.6.1 General Graduate Studies

As no research has been done to date on Homoeopathic graduates and their career choices, it is important to look at other graduate studies to compare their findings.

There have been many studies conducted assessing the efficacy of graduate education world wide, over a large spectrum of fields, including various medical specialties (Lambert, Goldacre, Parkhouse, and Edwards, 1996), doctorate qualifications (Bradley, 2001), information technology (Hoffman, 2003) and engineering (Robinson, 1999).

A study done by Bradley (2001) on 4114 PhD graduates of 27 universities over 11 disciplines (Art History, Chemistry, Ecology, English, Geology, History, Mathematics, Molecular Biology, Philosophy, Non Clinical Psychology and Sociology) in the United States showed that graduate school does not adequately prepare students for the jobs they take. It was shown that education persists in preparing graduate students mainly for academic careers at research universities despite the ongoing shortage of such jobs. The study identifies a three-way mismatch between student goals, their training, and their actual careers.

In the light of these findings, and the fact that the Homoeopathic education in South Africa has never been assessed, a survey of Homoeopathic graduates will help indicate if the Homoeopathic education provided has working practical value, or if it tends to have an academic, theoretical slant, which makes employment of graduates difficult in the current market place.

In contrast, a study conducted on internal medicine – paediatrics combined residency graduates in the USA, shows that the principal activity of almost 70% of graduates was direct patient care. This represents the other side of the spectrum, where a large proportion of graduates are prepared for practical application of their training. This is an important finding as the article states that “academic training programmes face increasing political pressure to reallocate residency positions to favour primary care specialties”, and thus places the emphasis of skills on a practical rather than a theoretical level. (Lannon, Thomas, Geurin, Day and Tunnessen, 1999).

According to these findings, it would be of relevance to determine how practically applicable our current Homoeopathic training is, especially since the current South African health policy has its focus on primary health care, and thus emphasizes the need for basic practical skills rather than theoretical knowledge. In South Africa, the demand for higher education is fuelled by the demands of employers who want proof of a potential employee’s competence before employing them (SAQA, 1998).

Richter and Reubling (2003) developed a model for out-come assessment surveys for allied health educational programmes. This was in the USA where allied health refers to peripheral medical training. The model was developed using the Physical Therapy Education programme at Saint Louis University as a pilot. They recommend this model be adapted for educational programmes preparing students for health professions, assessments of clinical experiences to determine the student's readiness for work in the profession.

As the Homoeopathic education and profession are unique in a South African context, in that they are fairly new, only certain suggestions made by the model were utilized. Thus the model was adapted for the purposes of this research.

Relevant suggestions considered were to survey the following areas:

1) To assess the perceptions of graduates towards their preparation for practice.
2) To obtain information about graduates' professional activities since graduation.
3) To obtain demographic data, such as type of work, type of facility and patient type seen.

They suggest that these areas are surveyed in two groups
1) First year leaving graduates and 2) third year graduates.
The researcher decided to extend the sample size to all DIT Homoeopathic graduates as approaching the survey as the model suggested would not give

an adequate sample size for statistical analysis. The model also suggested a survey of employers. The researcher decided to omit this part of the study as there is no adequate information on formal employment of DIT Homoeopathic graduates.

2.6.2 Recent Research On Homoeopathic Graduates

Courage (2006) completed a survey on subject failure and delays in qualification of DIT graduates from 1994 to 2004. Her study covered that same sample group as this research, however it had a different focus altogether. Courage was investigating the certain difficulties that DIT Homoeopathic graduates may have had during their education process, while this research covers aspects of post graduation difficulties and experience.

2.7 MEASUREMENT TOOLS

2.7.1 Use And Importance Of Surveys

"Surveys are used most often to assess people's beliefs, attitudes, and self-reported behaviours. Researchers use surveys to describe behaviour and to develop causal hypotheses that can be tested in experiments, surveys cannot, by themselves, establish causality" (Mitchell and Jolley, 1992).

When designing the questionnaire it is important to ensure that the document is the correct length, that the questions are clear, unambiguous and to avoid

questions that are leading (Doman, Dennison, and Doman, 1993). This minimises respondent fatigue, biased answers, and vague responses.

2.7.2 Advantages and Disadvantages of Surveys and Questionnaires

The main advantages of surveys are:

1. They can be used to investigate problems in realistic settings,
2. Allow researchers to examine a large number of variables, which can be analysed with the help of multivariate statistics.
3. Data can be collected with less effort and expense than most other data gathering techniques, especially in the case of self-administered questionnaires (Mitchell and Jolley, 1992).

The main disadvantages are:

1. That independent variables cannot be manipulated as in experimental research.
2. Reliability and validity are not always easy to ensure. Quality and quantity of information secured depends heavily on the ability and willingness of respondents to cooperate (Cooper and Schindler, 2001).

2.7.3 Types Of Survey And Data

1. Descriptive survey: a descriptive research is a study that attempts to describe that which exists as accurately as possible. The purpose of a descriptive survey is to count, descriptive surveys chiefly tell us what

proportion of a population have a certain opinion or characteristic (Oppenheim, 1992).

2. Experimental survey: experimental designs are characterised by arranging to compare two or more groups, at least one of which is experimental. The other is a control or comparison group. The experimental group is given a new or untested, innovative programme, intervention or treatment. The control is given an alternative (Fink, 1995).
3. Qualitative survey: a qualitative research survey has an undefined scope and procedures are not strictly formalised, the approach is of a rather philosophical nature. Thus is characterised by open-ended questions requiring personal input and opinions (Mouton and Marais, 1990).
4. Quantitative survey: qualitative data collection is highly formalized, explicitly controlled, and has exactly defined range. Thus questions are of a precise nature (Mouton and Marais, 1990).

2.7.4 Advantages And Disadvantages Of Different Methods Of Surveying

The current literature on the advantage and disadvantages of methods employed in a survey have been collated into the following table:

Table 2.1 Table Showing Advantages And Disadvantages Of Different Methods Of Conducting A Survey.

Method	Advantages	Disadvantages
In Person Interviewing	- Higher response rates - More personal interaction - Controllable process	- Time consuming - Requires good social skills from interviewer - Difficult to cover wide geographic distribution of participants - Bias due to interviewer presence.
Postal / Mail Surveying	- Questionnaire can be completed at respondent's convenience - Greater assurance of confidentiality than personal inter-action methods - Standardized question format, reduces interviewing bias - Allows participants to have a widespread geographic distribution	- Lack of flexibility of questioning techniques - Low response rate - No control over quality of responses - No control over date of response - Inability to clarify any concerns the respondent may have
Telephonic Interviewing	- Quick -More anonymous than face to face interviews but still retains ability to resolve any concerns the	- May be assumed to be marketing ploy - Needs to have fairly simple and short

	participants may have	questions - No visual materials can be used - Bias due to personal contact with interviewer.
Internet/ email Surveying	- Answers already in electronic format - Very rapid response rate - Quick and easy to complete - Allows participants to have a widespread geographic distribution	- Not all potential respondents have access to email - Electronic reformat of document or unable to open document due to incompatible computer soft ware

(Babbie, 1994; Bailey, 1987; Dillman, 1978; Fowler, 1993)

2.7.5 The Design Of This Study

This survey was designed as a self-administered, descriptive, qualitative / quantitative questionnaire.

As a survey of this nature has never been previously conducted specific to Homoeopathic education, career experience and practice, the questionnaire was compiled from a number of different sources.

Section A, the demographic section, was largely based on and adapted from Verhoogt (2003), who conducted a clinical audit on registered Homoeopathic practitioners in Kwazulul Natal and Ferrucci (1995) who did a study of demographic data relating to clinical methods of Homoeopathic practitioners and students.

Guidelines regarding layout, wording and structure of a questionnaire as set out by Murray (1994), were used to formulate specific questions in Sections B, C and D of the questionnaire. These included:

- Using easy to understand words,
- Being very explicit with instructions,
- Using multiple choice questions,
- Creating opportunity for the respondent to give answers not anticipated by the researcher by including a “other, please specify or please elaborate” portion for particular questions
- A space for additional comments was left at the end.

A pilot study was done before the research was initiated to determine the validity of the questionnaire.

CHAPTER THREE: METHODOLOGIES

3.1 STUDY TYPE DESIGN

The study took the form of a descriptive (observational) survey. In this type of study no new groups are created, as in this case, the group being surveyed was DIT homoeopathic graduates from the years 1994 to 2004. More specifically, the survey was a cross sectional design, which is a portrait of the group at one point in time. In most cross sectional surveys the study population is representative of the group being studied (Fink, 1995). However, in the case of this research project, the group was small enough for all members to be included in the study. The survey was done by means of a self- administered questionnaire (Appendix A).

The sample group consisted of 134 participants, which made contacting them all both manageable and feasible. A minimum of fifty percent of the total group, i.e. 67 responses were required for statistical analysis; if this requirement had not been met then the research would have been declared null and void. This research obtained 88 (65.7%) viable responses one of which was a refusal to participate.

3.2 RESEARCH PARTICIPANTS

3.2.1 Inclusion Criteria

Participants were all graduates of Durban Institute of Technology, DIT (formerly Technikon Natal) Homoeopathic Department, from the first year of graduates of the course in 1994 to midyear graduates of 2004. The participants may have done part of their qualification at another institution or have received subject credits as a result of previous study of comparable subjects from another institution. Graduation implies having graduated from DIT, (formerly Technikon Natal), and excludes Homoeopathic practitioners that have qualified but have not yet formerly graduated, as there is a time lapse between the two.

3.3 DRAWING UP OF THE QUESTIONNAIRE

A questionnaire was drawn up (Appendix A). It consisted of 4 parts, only two of which would be answered by any one participant. Part A consisted of current demographic data and was compulsory for the response to be valid. Only one of Parts B, C or D were to be completed by any one participant. The participant would decide which part related to him or her according to their status in the following regard:

Part B was to be completed by graduates who had never practiced Homoeopathy.

Part C was to be completed by graduates who had once previously practiced Homoeopathy but were not currently practicing Homoeopathy at the time of the survey.
Part D was to be completed by graduates who were currently practicing Homoeopathy at the time of the survey.

A definition of Homoeopathic practice was drawn up for the purposes of this study and the participants made their selection of relevant parts to be filled in according to that definition provided. The first page of the questionnaire consisted of instructions and the formerly mentioned definition of Homoeopathic practice.

3.4 PRE- TESTING OF THE QUESTIONNAIRE

3.4.1 Statistician Assessment Of Questionnaire

Once the questionnaire had been drawn up, it was sent to a statistician for review. This was to determine whether the way in which the questions were asked and answers given were optimally done for easy and applicable statistical analysis. The statistician's comments were taken into consideration and the researcher made the appropriate changes.

3.4.2 Pilot Study

It was recommended that a pilot study be done to determine face validity as this questionnaire was constructed by the researcher and had not been used before.

3.4.2.1 Purpose Of A Pilot Study

According to Fink and Kosecoff (1985), the purpose of a pilot study is to assess the following:

- Will the questionnaire provide the needed information?
- Are certain questions redundant or misleading?
- Are the questions appropriate for the people who will be surveyed?
- Will the information collectors be able to use the survey forms properly?
- Are the procedures standardized?
- How consistent is the information obtained by the survey?
- How accurate is the information obtained by the survey?

3.4.2.2 Pilot Study Participants

A group of 12 people completed the questionnaire. The group consisted of:

Three DIT qualified Homoeopathic practitioners:

Three DIT Homoeopathic research students:

Three DIT qualified Chiropractors:

Three members of the public with a university degree:

Within these 12 participants, 3 were fluent in, but not first language English.

This group was selected because of the similarity to the respondents who eventually completed the survey as regards to education level, age and possible language barriers (Fink and Kosecoff, 1985).

The questionnaire was distributed to the 12 individuals for their comments and input on clarity, understandability and possible ambiguity of the questions. They were also asked to comment on the length of time it took to complete the questionnaire as well as suggestions for improvements to the document (Appendix E). After the assessment was completed, the suggestions were correlated and reviewed, and appropriate changes were then made to the questionnaire.

3.5 DATA COLLECTION

3.5.1 Obtaining List Of Participants

A list of graduates from 1994 to 2004 was obtained from the DIT Faculty of Health office. (Appendix F). A list of Homeopathic practitioners contact details was obtained from the Allied Health Professionals Council and cross-referenced with the list provided by the Faculty of Health. Contact details of graduates were also sourced from friends, family and colleagues of the

graduate as well as the Internet, telephone directory and graduates personally known to the researcher.

3.5.2 Telephonic Contact And Confirmation Of Address

All graduates were first contacted telephonically or through email, to introduce them to the researcher and the proposed research study.

The graduates' contact details were then confirmed as well as their willingness to participate in the study. Initial contact was also necessary to establish how they wanted to receive the questionnaire i.e. via e-mail, post, or hand delivery. All posted questionnaires were supplied with a return self-addressed envelope, and all participants received an informed consent form (Appendix B) and an information letter (Appendix C). It was anticipated that a number of graduates may be abroad during the time that this research was being conducted. Every effort was made to establish contact with these graduates either telephonically or via e-mail. Any graduates that could not be traced were then automatically excluded from the survey. Number of exclusions totalled 4.

3.5.3. Methods Of Data Distribution And Collection

Methods of data distribution and collection will be one of the following:

- Post
- E-mail

All responses were received by an independent party at the Faculty of Health Sciences, who had no direct association with the homoeopathic profession. The details of this person are as follows:

Postal address: The Faculty Assistant
Miss I Sukhu
DIT Faculty of Health
PO BOX 1334
Durban
4000

Or if hand delivered: Room MS 49
Mansfield School
Durban

Or email: sukhui@dit.ac.za

The names on the questionnaires were ticked off against a list of graduates so that a response rate could be determined. Thereafter the names were deleted from the questionnaires. Only then, did the researcher and her supervisor have access to the questionnaires.

3.5.4 Data Storage

All the answered questionnaires were confidential documents. Once the names had been deleted from the questionnaires they were stored in a locked filing cabinet in the custody of the researcher. Only the researcher and the research supervisor had had access to the anonymous files. In case of e-mail replies, the e-mail was printed and then deleted, with no traceable address or name appearing on the printed copy. The hard copy was then stored in the locked filing cabinet. All responses were sent to and received by the same independent person at the Faculty of Health mentioned above.

3.5.5 Response Time

The researcher allowed for a 2-week time lapse, for a response. After this time the participants were again contacted telephonically to confirm that they had received the questionnaire and as a reminder to complete and return the document. A further 2 weeks were allowed for return of questionnaires, after which time the non-complying candidates were excluded from the study. The entire process was conducted over a three month period as not all participants could be contacted simultaneously and frequently several attempts had to be made to make contact with some participants. The researcher then considered the data capture completed and proceeded with data analysis.

3.6 ACCOMPANYING DOCUMENTS

All questionnaires were accompanied by an informed consent document (Appendix B) and an information letter (Appendix C) with the contact details of the researcher and the research supervisor should any difficulties or questions have arisen. A letter of thanks was also sent out for every questionnaire, which was completed returned (Appendix D).

3.7 CRITICAL PATHWAYS IN THIS SURVEY

3.7.1 Tracing Potential Participants

The ability to contact all the graduates and confirm their contact details correctly so that distribution and data collection ran smoothly was of vital importance to the success of this research. Some of the graduates' contact details had changed several times since they had qualified and the researcher experienced difficulties in tracing them. Similarly, a number of the female participants had married since graduation and their surnames had changed, which also presented the researcher with difficulty in establishing initial contact.

3.7.2 Bad Or Non- Responses

3.7.2.1 Role Of The Information Letter

In trying to ensure compliance of participants, it was imperative to thoroughly inform graduates of the proposed research and to emphasize the importance of the information. Much care was taken in the presentation of the questionnaire to avoid the notion that the survey was simply a “marketing” ploy or that the information would be used against the respondent. A careful explanation of the intention of the study was laid out in the information letter, which each potential participant received. The information letter also clearly explained the measures, which were taken to ensure the confidentiality of the responses, to avoid responses that may have been given because they sounded proper, rather than truthful.

3.7.2.2 Time Constraints Of Participants

Another serious concern was that, due to the nature of the sample group, participants might be reluctant to spend their valuable time on completing the questionnaire. The questionnaire was limited to only the essential questions revolving around pertinent areas, which were identified by the researcher and confirmed by the pilot study. The questionnaire was structured so that there were questions, which required writing of details. Open- ended questions in the form of “Additional comments” were left until last so that participants could add any further information that they felt had been omitted earlier in their

answers. Each potential participant was also informed of the estimated time taken to complete the questionnaire, which according to the pilot study was approximately 20 minutes.

3.7.2.3 Convenient Methods Of Response

To encourage participation in the study, it was important to make the methods by which participants could respond as flexible and convenient as possible. Hence, each participant was offered 3 methods by which they could respond and could do so according to whichever method best suited him/her.

3.8 STATISTICS

3.8.1 The Key

Once the questionnaires were collected the researcher went through each one individually and created a list of categories for each question. These were assigned numbers and a key was drawn up. (Appendix H)

3.8.2 Data Analysis

Data was entered into Excel® XP™ for Windows™ .
Statistical analysis was conducted using SPSS® for Windows™ (Version 13.1) Software Suite. This statistical software programme is manufactured by SPSS® Inc, 444n. Michigan Avenue, Chicago, Illinois, USA.

3.8.3 Statistical Tests

The Phi Co-efficient and Kendalls Rank Correlation Co-efficient were calculated to determine the existence of correlations between demographic and educational variables and the responses given by individuals in the sample.

3.9 FLOW CHART OF PROCESS

Questionnaire was drawn up and statistician analysis of questionnaire

↓

Pilot Study was done on questionnaire

↓

Adjustments were made to questionnaire

↓

List of graduates obtained and contact details sourced

↓

Graduates were contacted telephonically or by email to confirm:

a) Their willingness to participate in the study

b) The method by which the would like to receive the questionnaire

↓

The questionnaires were sent out

↓

A 2-week time lapse was allowed for return of questionnaires

↓

Graduates who had not returned the questionnaires were telephoned to

a) Remind them to return questionnaires

b) Check if questionnaire had been received

↓

Further 2 weeks allowed to lapse for further response

↓

Data collection was completed

↓

Data was analysed

↓

Statistics were completed

↓

Final write up of study

CHAPTER 4: RESULTS

4.1 INTRODUCTION

Following the methodology described in Chapter 3, the study produced raw data in the form of completed questionnaires. Questionnaires consisted of a demographic section (Part A), completed by all respondents; and three sections exploring issues specific to the three identified subgroups: graduates who have never practiced (Part B), graduates who have practiced but are not currently practicing (Part C) and graduates currently practicing (Part D).

The specific objectives of the analysis were as follows:

(1) To describe the demographic characteristics of the population of graduates of the DIT.

(2) To quantitatively represent the issues pertinent to the population of graduates as explored in Parts B, C, and D.

(3) To quantitatively describe differences in responses across the three subgroups.

(4) To determine the existence of correlations between any of the demographic factors and the issues represented (as described by the frequency distribution of responses to the various questions.)

The analysis of the data was done using SPSS® for Windows™ (version 13.1) and Excel® XP™.

4.2 OVERVIEW OF RESULTS CHAPTER

4.2.1 Sample Characteristics

The population that the research aimed to describe comprised of graduates of the DIT M.Tech. Homoeopathy programme, as described in chapter 3.

4.2.2 Descriptive data

4.2.2.1 Demographics

These comprised distribution tables and graphs for the demographic data (Gender, Age Category, Ethnic Group, Language Preference, Marital Status, Number of Dependants and Geographical Demographics.)

4.2.2.2 Education

These comprised descriptions of central tendency and distribution frequencies for the data relating to educational aspects of graduates including:

- Academic History (previous education, registration at DIT, qualification from DIT, internship done and postgraduate education)
- Education Deficiencies
- Alternative Education Choices (where graduates would have chosen to study and why)
- Relevance Of Homoeopathic Education (usefulness of Homoeopathic education in current career)
- Continuing Homoeopathic Education

4.2.2.3 Career

These comprised measures of central tendency, and frequency distributions for the data relating the following aspects of graduates' careers:

- Demographics (length of time between qualification and practice, activities engaged in before practice, age on starting to practice, total time in active practice, number of practices run, full vs. part time practice and current occupation).
- Practice Management And Operations Factors

  Financial Aspects Of Practice Management (financing of practice, time before profit was shown, cost of consultation, supplementation of practice income).

  Operations Management (ease of starting practice, practice set up, nature of practice, methods of sourcing patients and difficulties experienced in practice).

  Patient Management (average patient numbers, use of prescription aids).

  Dispensing Practice (dispensary ownership, source of remedies).
- Job Satisfaction (level of satisfaction with career, reasons for not practicing, aspects of satisfaction with career choice, Homoeopathy as a career choice, alternative professions chosen)
- Intentions To Practice In The Future

4.2.2.4 Profession

These comprised measures of central tendency, and frequency distributions for the data relating to Homoeopathy as a profession (professional registration, support by the Homoeopathic profession, support by the medical profession, referral data and emigration data).

4.2.3 Analysis

The Phi Co-efficient and Kendalls Rank Correlation Co-efficient were calculated to determine the existence of correlations between demographic and educational variables and the responses given by individuals in the sample.

4.2.4 Comments

This comprised a description of the comments made by respondents. Further discussion of these in light of the above statistical analysis follows in chapter 5.

4.3 ABBREVIATIONS

Respondent = individual satisfying inclusion criteria who completed the questionnaire

H_0 = null hypothesis

H_1 = alternative hypothesis

S.D. = Standard deviation

z= Standardised z value for statistical measurements

p= two tailed probability of equalling or exceeding z/2

N.S. = No statistically significant difference

S = Statistically significant difference

If $p < 0.05$ then a significant difference was concluded (5% level of significance)

If $p > 0.05$ then no significant difference was concluded (5% level of significance)

4.4 SAMPLE CHARACTERISTICS

The population characteristics in terms of the responses received are describe in Table 4.1.

Table 4.1: Table Showing Population Size And Responses Received

	Number of Responses	Percentage of Responses
Total number of Graduates	134	
Number Contacted	130	97.01
Number of Responses	92	68.66
Refusals	1	0.75
Invalid	5	3.73
Sample Size	87	64.93

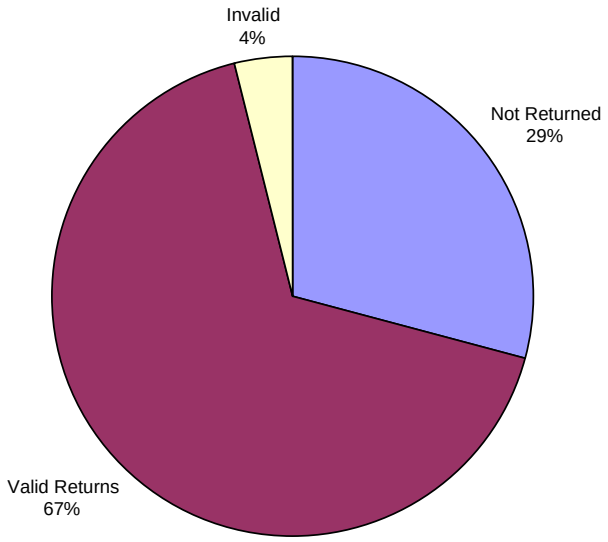

Figure 4.1: Chart Showing Breakdown Of Questionnaire Returns

Table 4.2: Table Showing Number And Percentages In Each Group From Total Viable Responses

	No. In Each Group	Percentage
Total	87	
Group B	9	10%
Group C	20	23%
Group D	58	67%

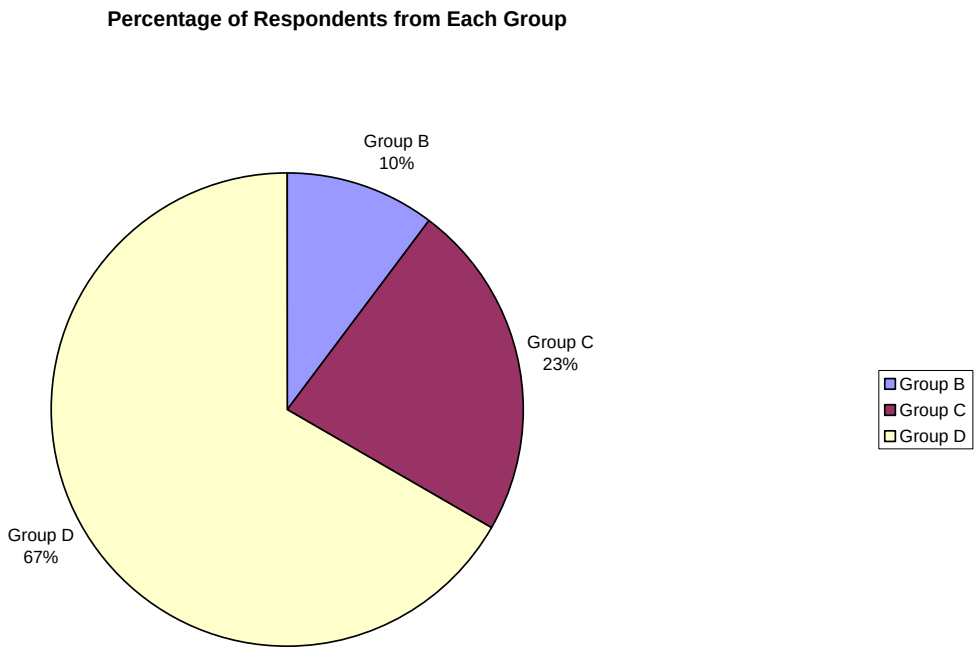

Figure 4.2: Chart Showing Percentage Of Respondents From Each Group

4.5 DESCRIPTIVE STATISTICS

4.5.1 Demographics

The data used for the following analyses were obtained from Part A.

4.5.1.1 Gender

Table 4.3: Table Showing Gender Distribution Of Respondents

Gender	No. Of Respondents
Male	30
Female	57

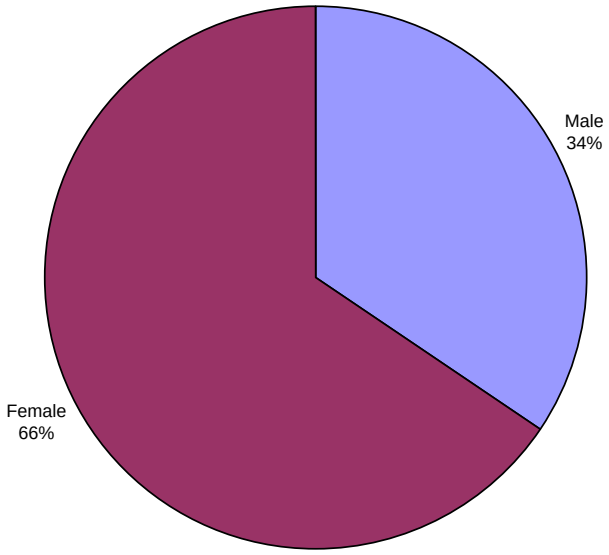

Figure 4.3: Chart Showing Gender Proportions Of The Sample

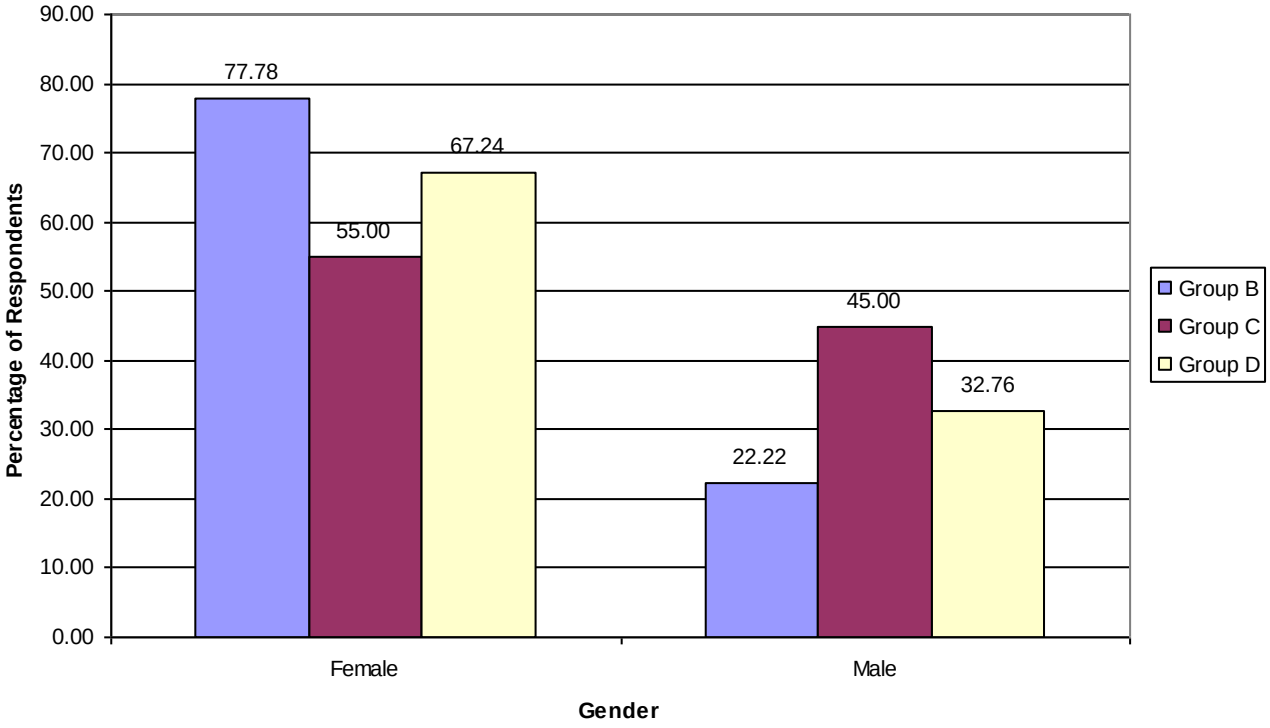

Figure 4.4: Graph Showing Comparative Gender Composition Of The Three Groups

As can be seen the gender composition is roughly homogenous across the three groups. The percentage of females varies from 77% to 55%, while the percentage males varies from 22% to 45%.

4.5.1.2 Age

Table 4.4: Table Showing Age Distribution Of Respondents (By Category)

Age Category	No. In Category
21-25 years	2
26-30 years	32
31-35 years	42
36-40 years	5
41-45 years	5
46-50 years	1
>51 years	0

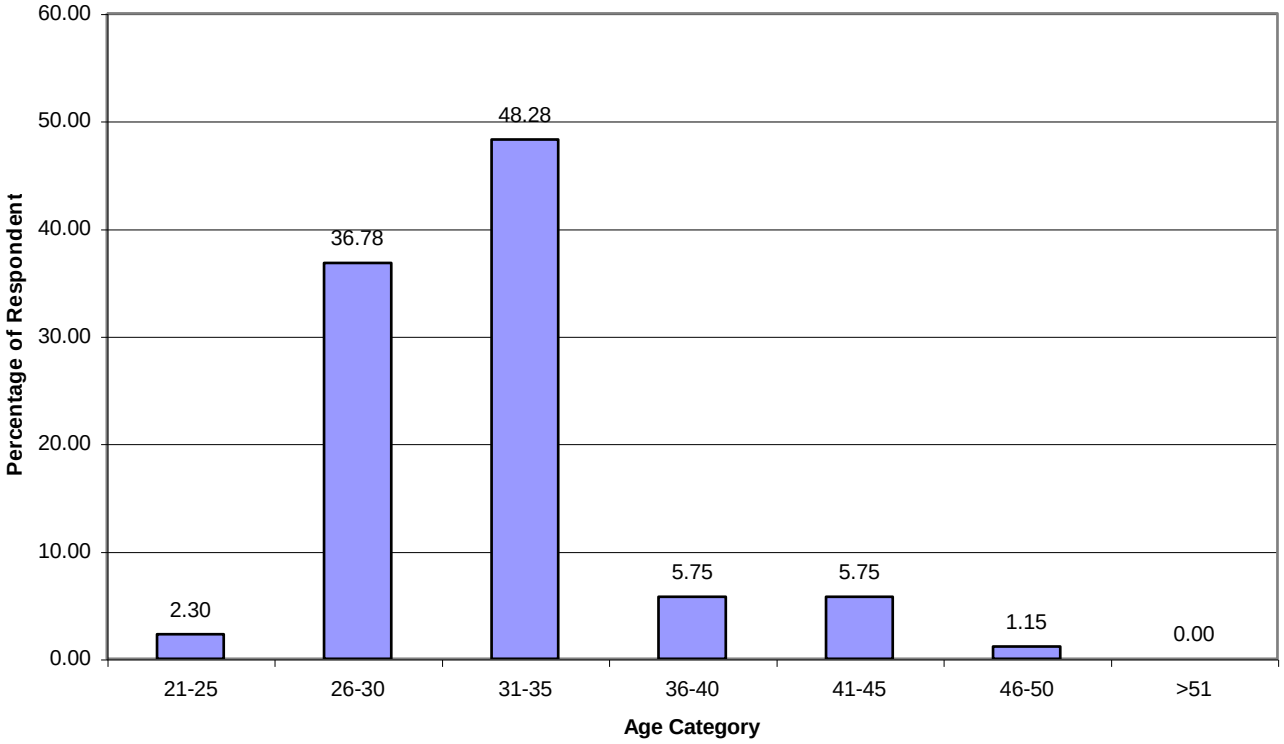

Figure 4.5: Graph Showing Age Distribution Of Sample

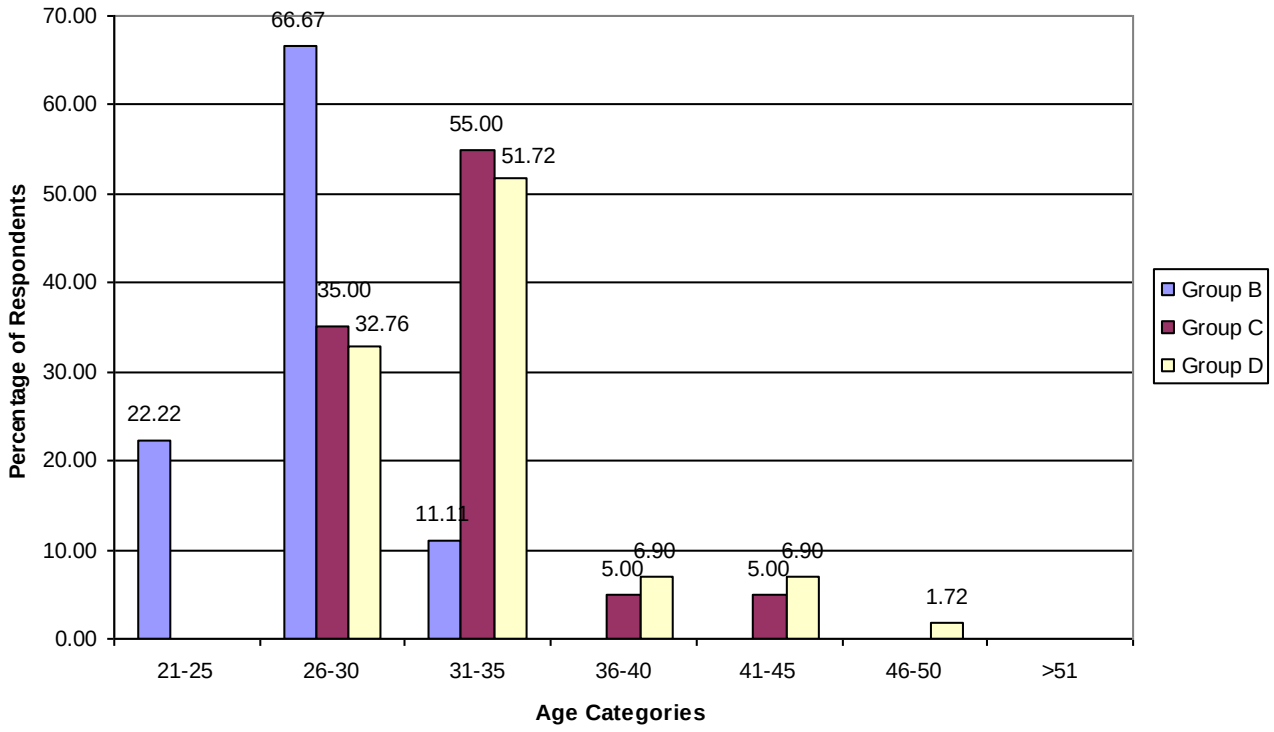

Figure 4.6: Graph Showing Comparative Age Distribution Of The Three Groups

It is interesting to note that Group B (graduates who have never practiced fall into the younger age categories. Both Group C and D fall into the older categories.

4.5.1.3 Ethnic Group

Table 4.5: Table Showing Ethnic Composition Of Sample

Ethnic Composition	No. Of Respondents
Asian	1
Black	1
Coloured	0
Indian	10
White	75

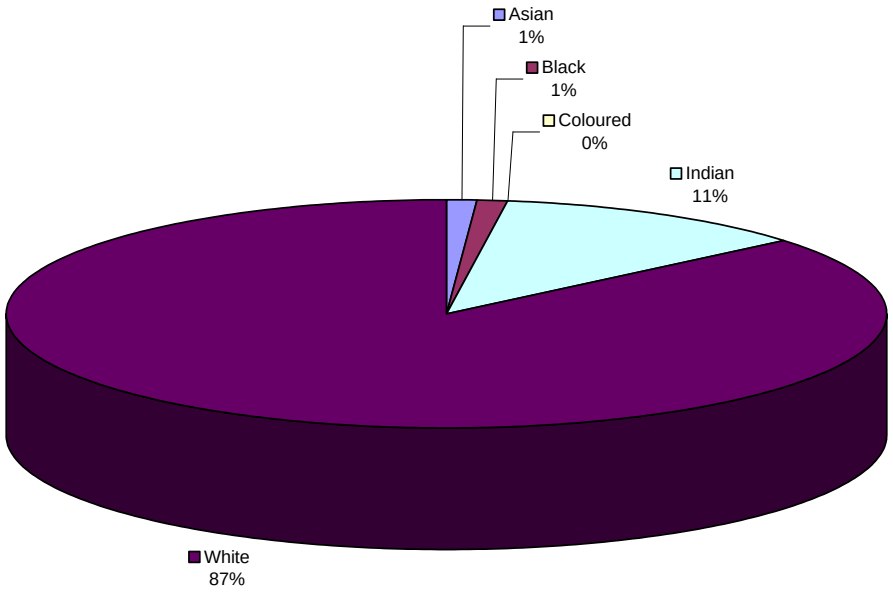

Figure 4.7: Graph Showing Ethnic Composition Of Sample

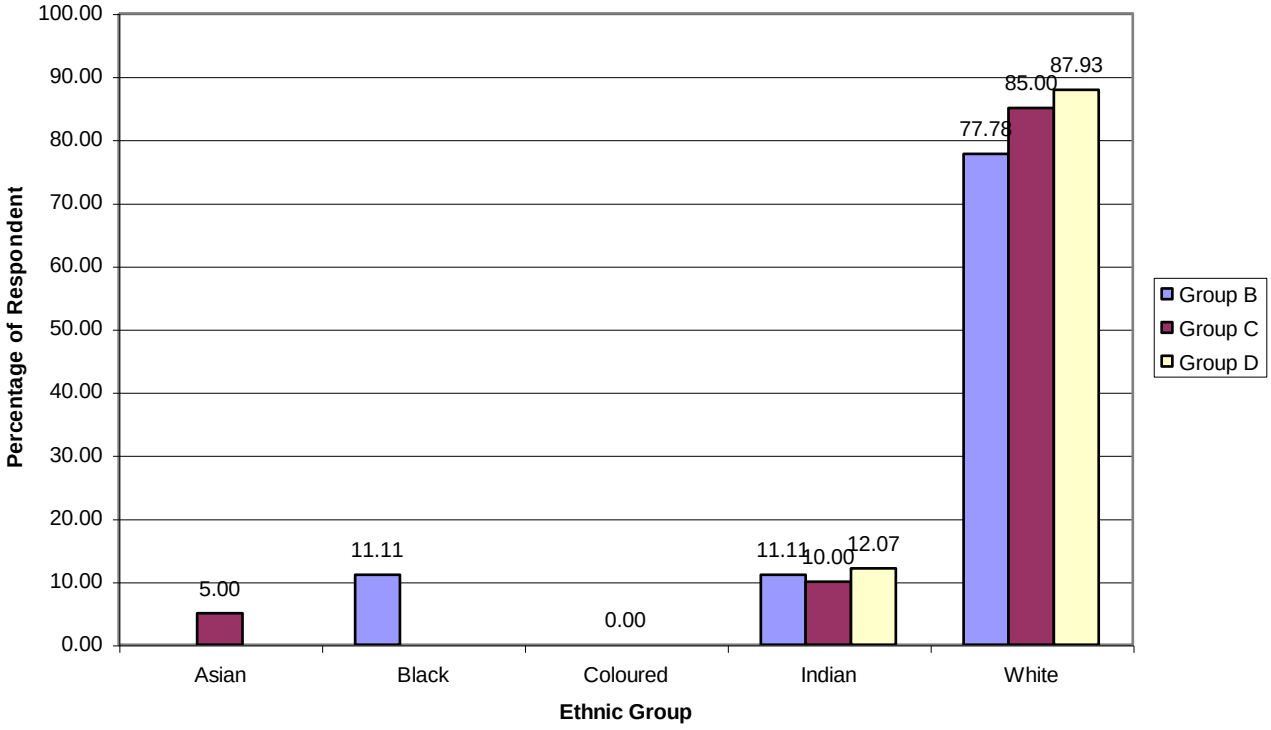

Figure 4.8: Graph Showing Comparative Ethnic Composition Of The Three Groups

4.5.1.4 Language

Table 4.6: Table Showing Language Preference Of Respondents

Language	First Language	Second Language	Third Language
Afrikaans	9	56	1
English	75	11	0
Other SA official Language	1	0	8
European	2	5	3
Asian	0	3	2
Middle Eastern	0	1	1
None	0	11	74

(Appendix I: South African official Languages)

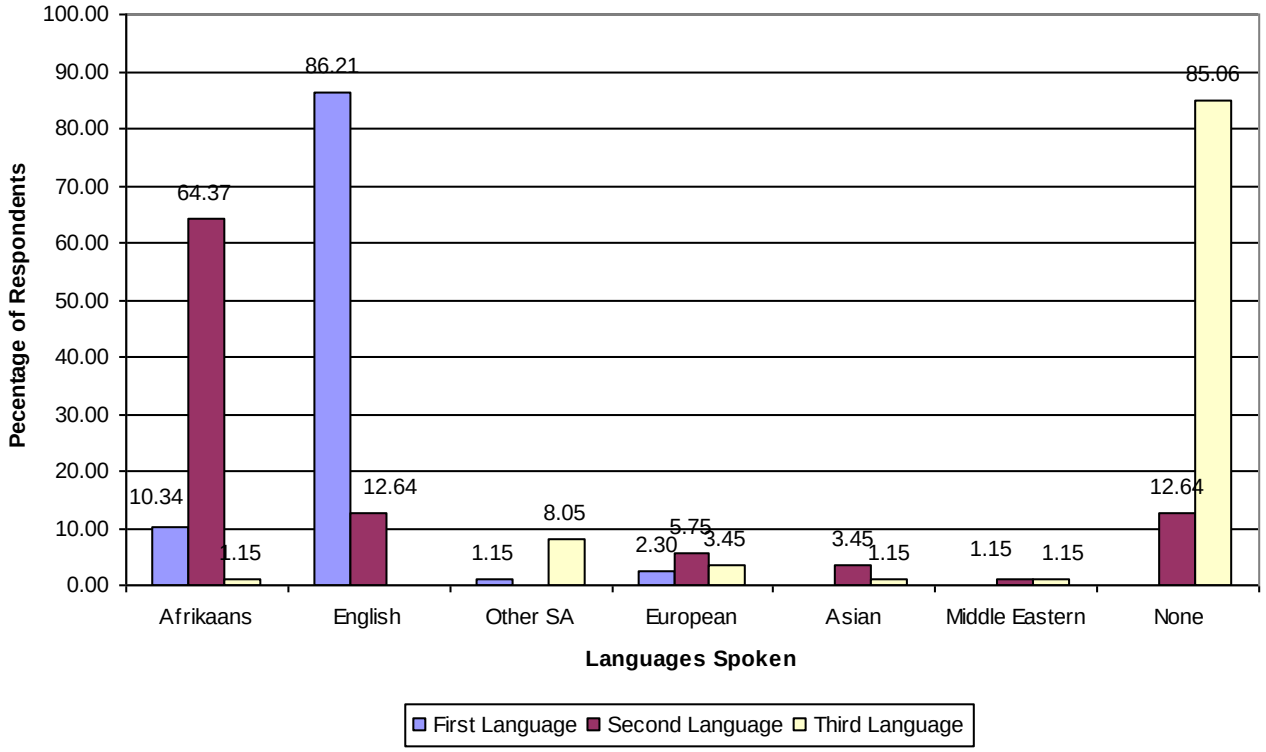

Figure 4.9: Graph Showing Language Preference Of Respondents

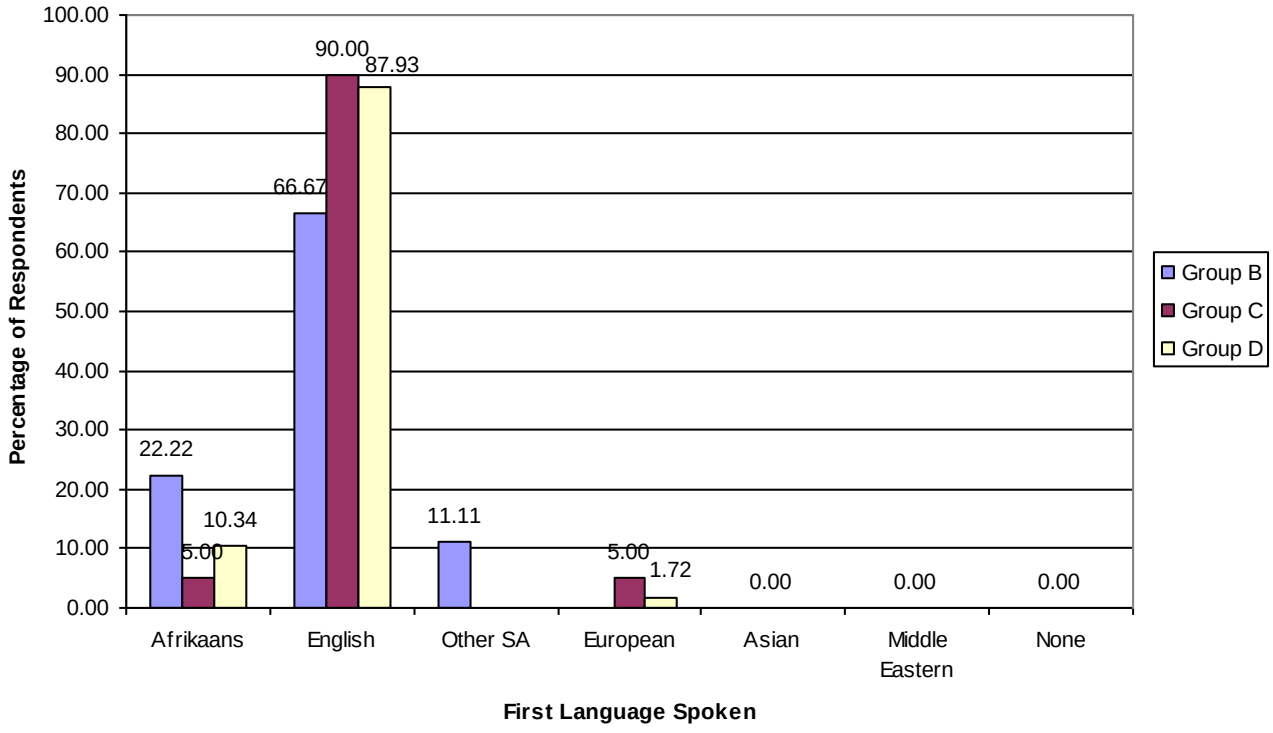

Figure 4.10: Graph Showing Comparative First Language Usage Of The Three Groups

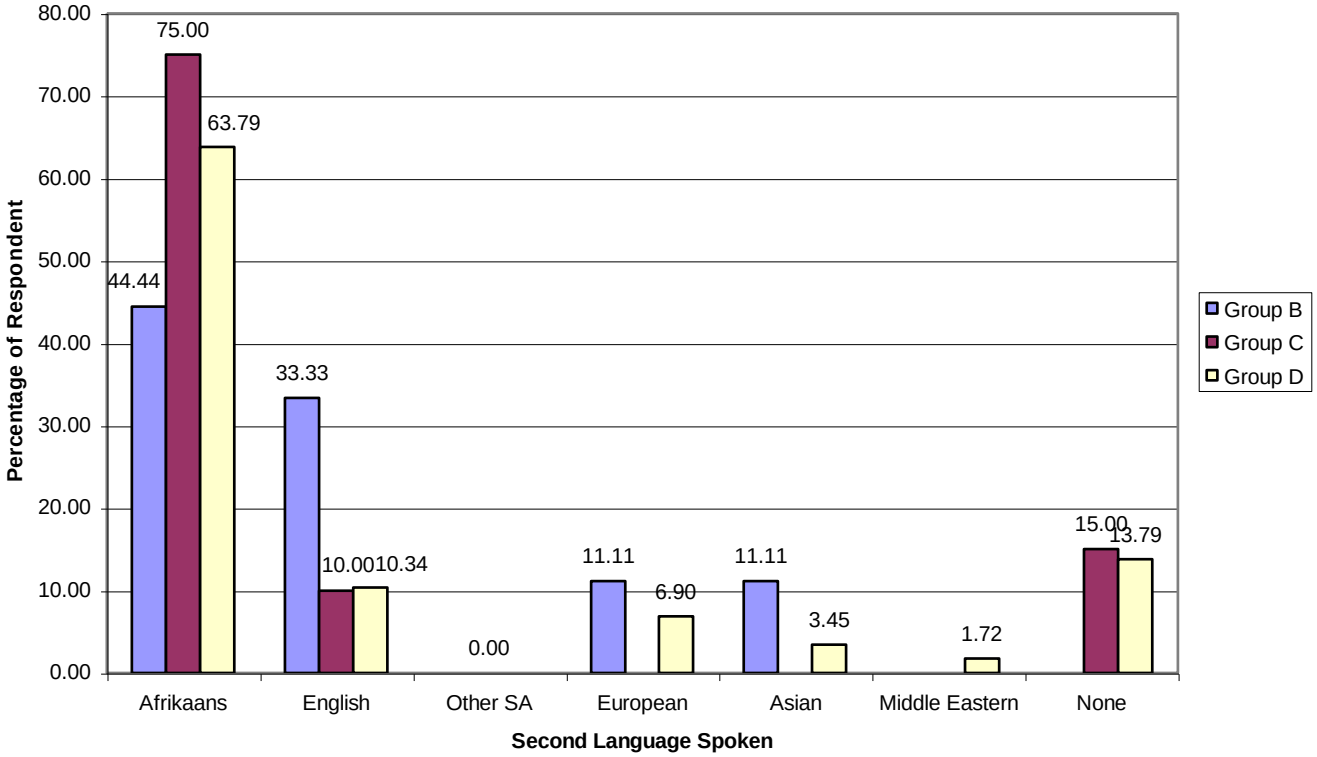

Figure 4.11: Graph Showing Comparative Second Language Usage Of The Three Groups

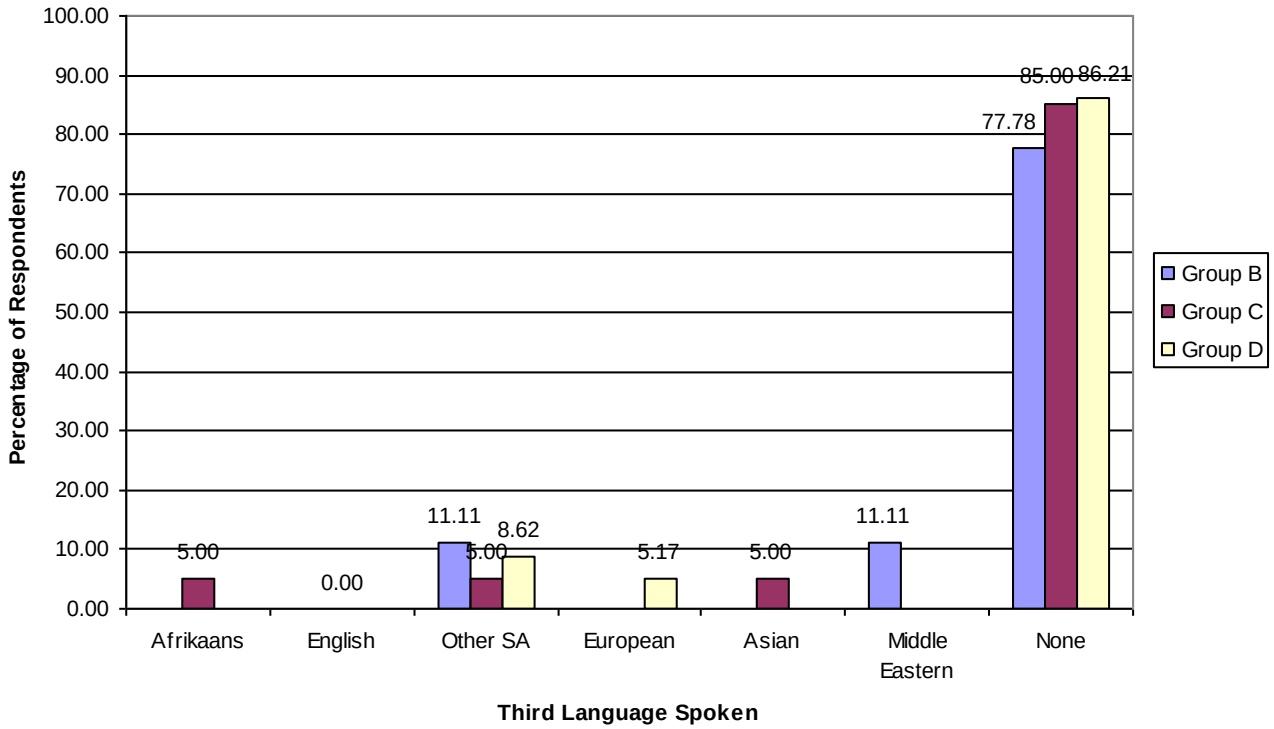

Figure 4.12: Graph Showing Comparative Third Language Usage Of The Three Groups

The above graphs demonstrate a fair degree of homogeneity across the three groups. This is in accordance with the ethnic composition of the population.

4.5.1.5 Marital Status

Table 4.7: Table Showing Current Marital Status Of Respondents

Marital Status of Respondents	No. of Respondents	Percentage of Respondents
Divorced	1	1.1%
Married	51	58.5%
Single	35	40.2%
Widowed	0	0%

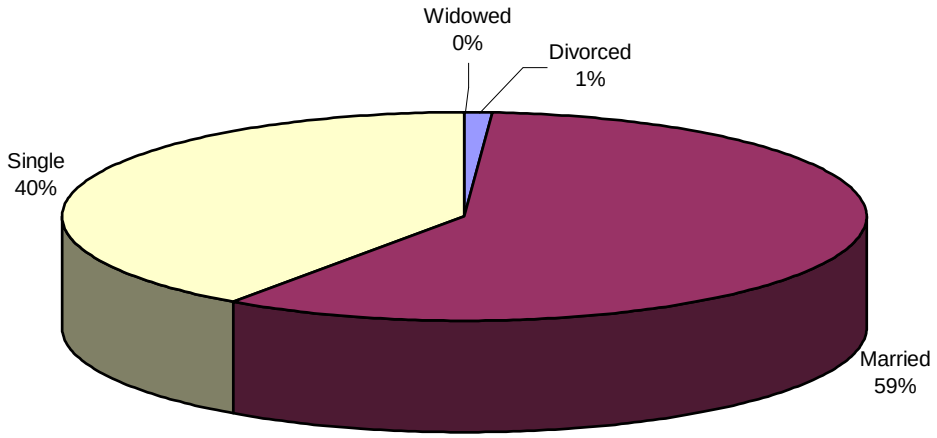

Figure 4.13: Graph Showing Current Marital Status Of Respondents

This population variable serves descriptive purpose only as the respondents may not have been married at the time of studying. Thus although no inference can be made to issues

arising during time of studying, it serves as an indicator in the general population of qualified graduates of the DIT.

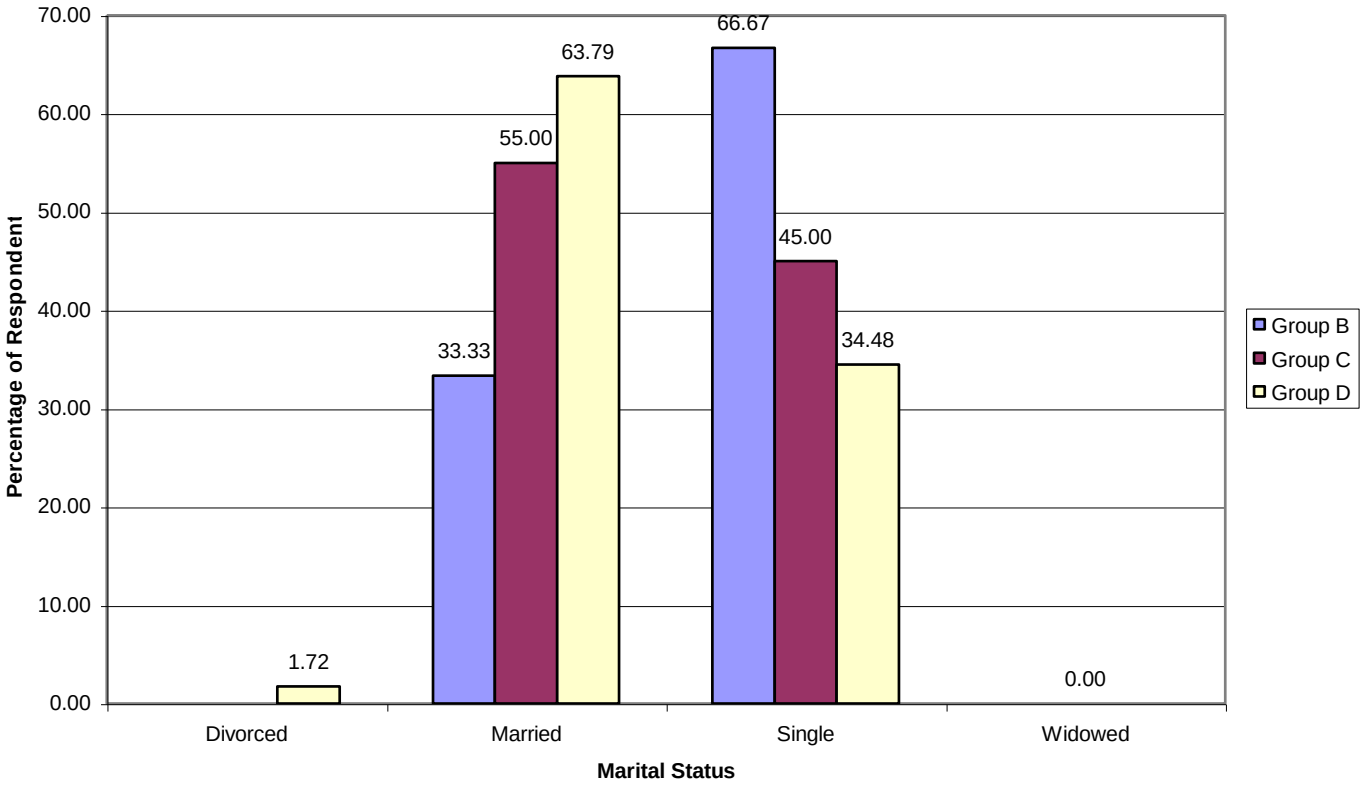

Figure 4.14: Graph Showing Comparative Marital Status Of The Three Groups

4.5.1.6 Dependants

Table 4.8: Table Showing Number Of Dependants Relying On Respondents

No. Of Dependants	No. Of Respondents
Zero	49
One	16
Two	17
Three	5

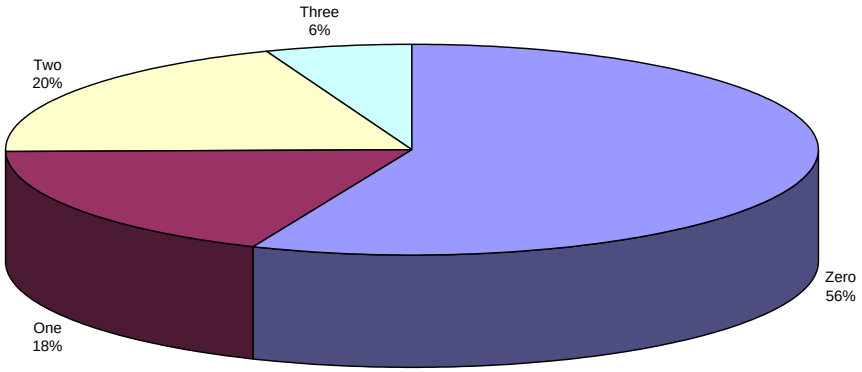

Figure 4.15: Graph Showing Number Of Dependants Relying On Respondents

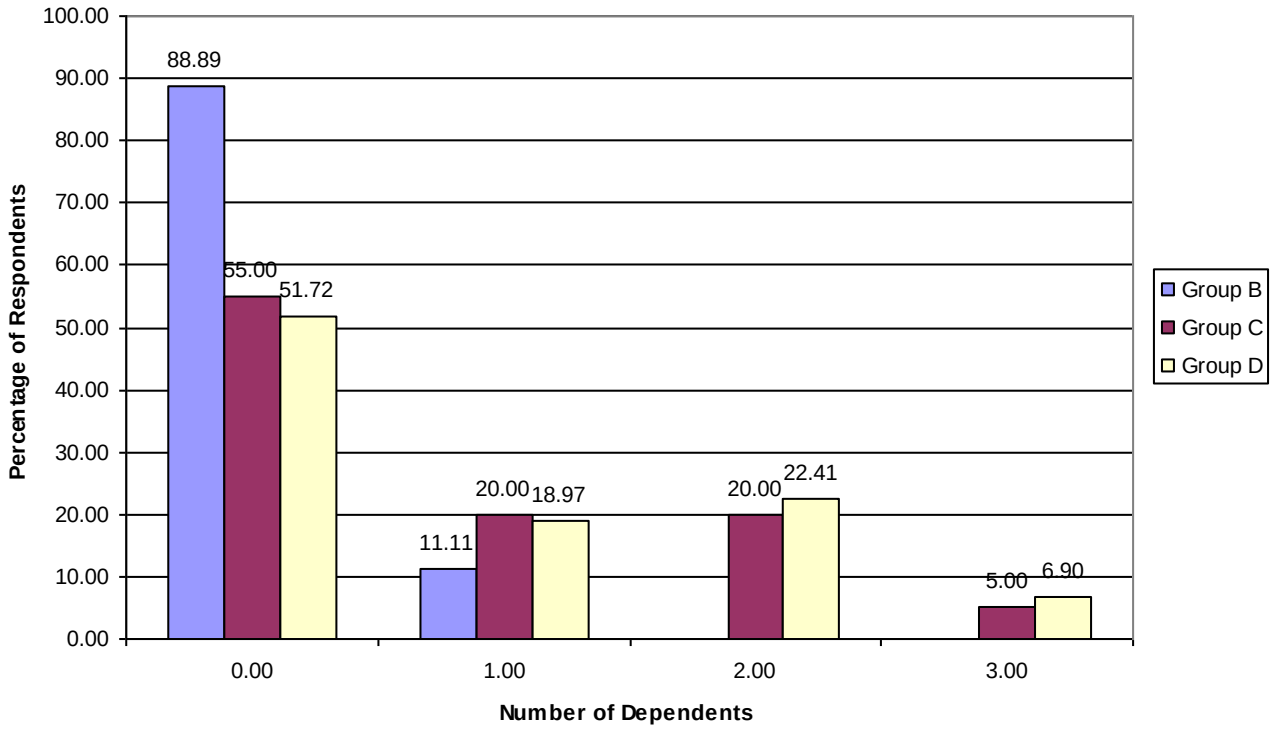

Figure 4.16: Graph Showing Comparative Number Of Dependants Of The Three Groups

The majority of respondents in Group B have no dependants. While Groups C and D both also reflect the majority with no dependents, the spread is slightly more even across the graph.

4.5.1.7 Geographical demographics

Table 4.9: Table Showing Country Of Birth And Country Of Citizenship Of Respondents

Country	No. Of Respondents Born in Country	No. Of Respondents Holding Citizenship in Country
South Africa (RSA)	83	85
Zimbabwe (ZIM)	2	0
United Kingdom (UK)	1	3
Israel (IS)	1	1
Ireland (IR)	0	2
New Zealand (NZ)	0	1

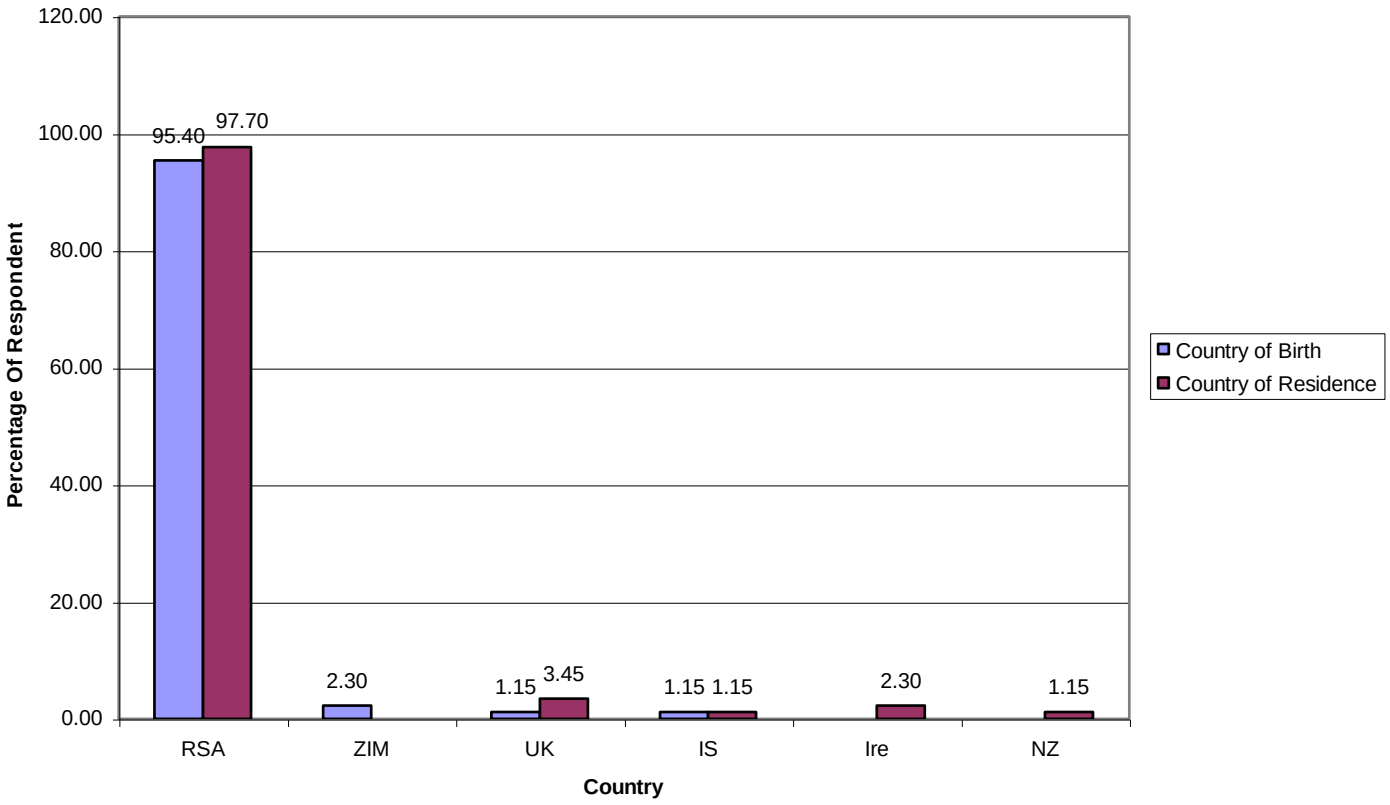

Figure 4.17: Graph Showing Country Of Birth And Country Of Citizenship Of Respondents

Table 4.10: Table Showing Breakdown Of Geographic Distribution Of Respondents

Country		Province		District Municipality Area	
RSA	68	Eastern Cape	3	Amatole (East London)	1
				Nelson Mandela (Port Elizabeth)	1
				Cacadu	1
		Kwazulu-Natal	40	eThekweni (Durban)	31
				UThungulu	4
				Umgungundlovo (Pietermaritzberg)	3
				Ugu	1
				Ukhanyakude	1
		Gauteng	16	Johannesburg	15
				Tshwane (Pretoria)	1
		Western Cape	9	Cape Town	8
				Eden	1
UK	8	London	8		
Netherlands	1				
Germany	1				
USA	3	California	1		
		Florida	1		
		Oregon	1		
Australia	1				
Malawi	1				
Israel	1				
Egypt	1				
Travelling	2				

40 of the 87 (46.0%) respondents (qualified graduates of the DIT) have remained in Kwazulu-Natal. The three largest representations thereafter are Gauteng (16 out of 87 i.e. 18.4%), Western Cape (9 out of 87 i.e. 10.3%) and London, U.K. (8 out of 87 i.e. 9.2%). (Appendix J for maps of South African provinces and municipal areas).

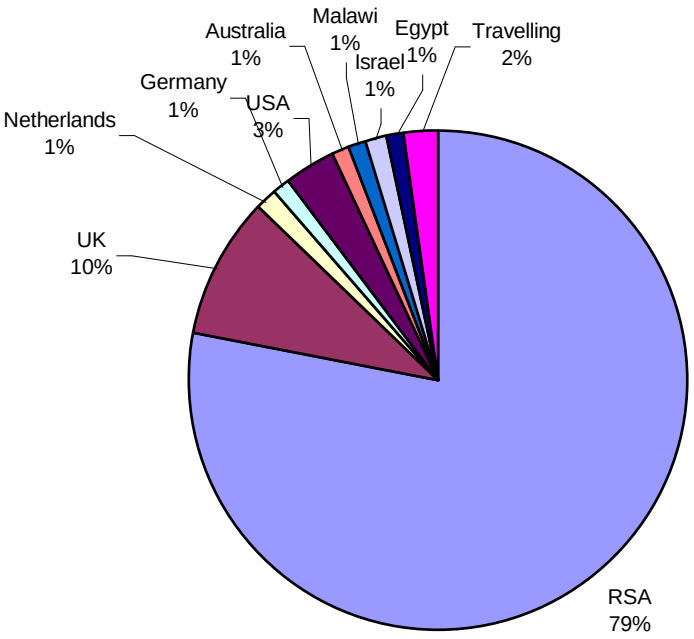

Figure 4.18: Showing Percent Distribution Of Respondents By Country

9 (10.34%) out of the entire group of respondents are practicing overseas.

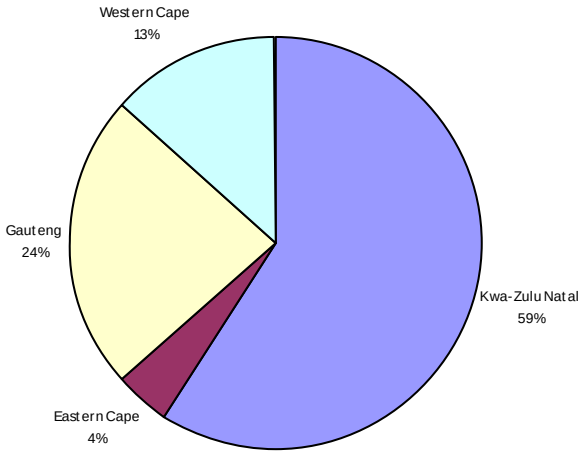

Figure 4.19: Showing Percentage Distribution Through Provinces Of Respondent In South Africa

4.5.1.8 Financial Details

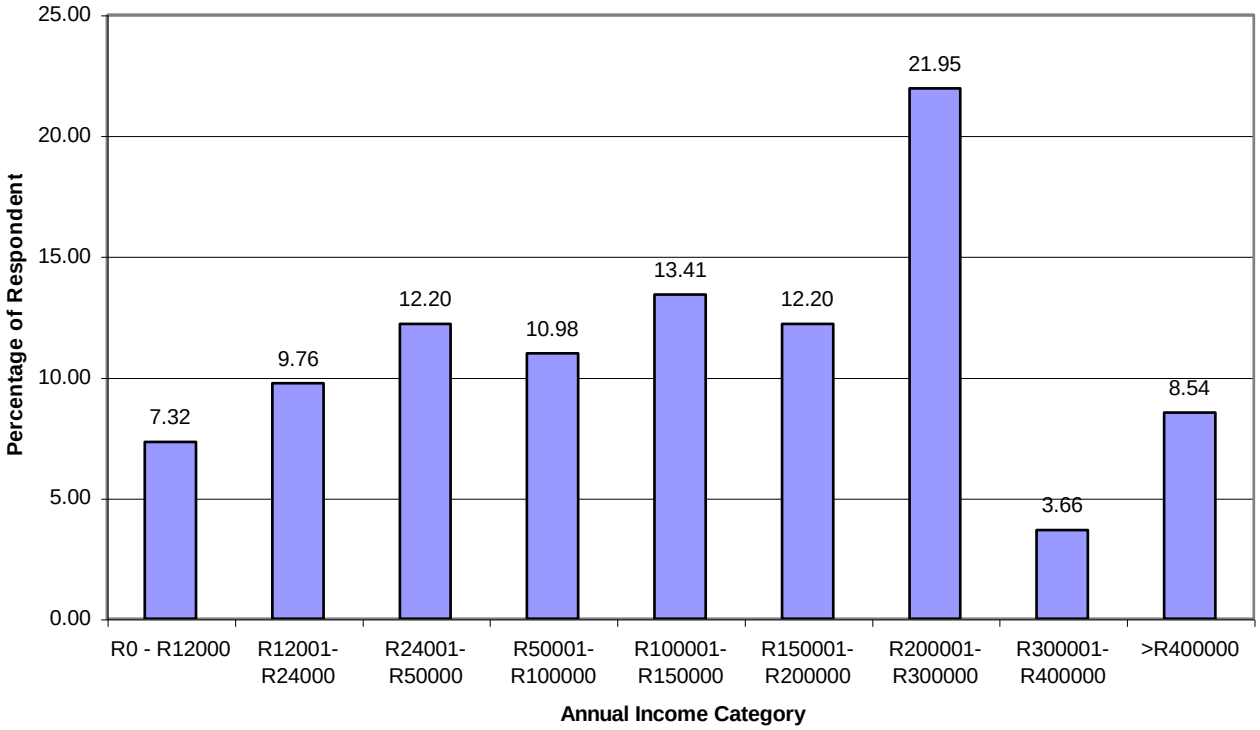

Figure 4.20: Graph Showing Distribution Of Respondents Across Annual Income Levels

It is worth noting that of the 7 respondents who earn >R400000 per annum, only 2 practice in South Africa. The others are distributed between USA (2), UK (2), and the Netherlands (1). The income level is high because the earnings in dollars, pounds and euros were converted to rands at current exchange rates. Further, of the 3 respondents earning between R300001 and R400000, 2 practice in the UK and the other is not practicing Homoeopathy (although working in South Africa). These indicate that the higher earnings potentials are not being realised by Homoeopaths practicing in South Africa.

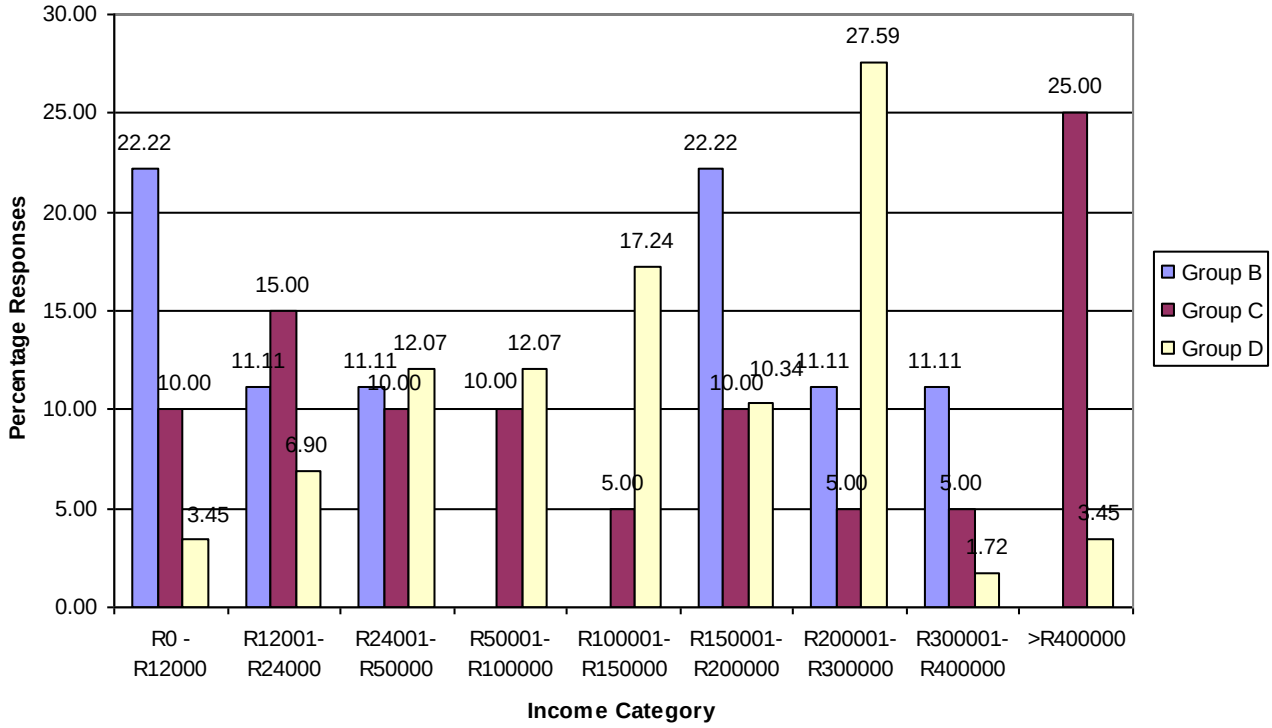

Figure 4.21: Graph Showing Relative Annual Income Distribution Across The Three Groups

4.5.2 Education

4.5.2.1 Academic History

4.5.2.1.1Previous Education

Table 4.11: Table Showing Level Of Previous Qualification Of Respondents

Level of Qualification	1st Qualification	1st Qualification (%)	2nd Qualification	2nd Qualification (%)
None	58	66.7%	84	96.6%
Degree	24	27.6%	1	1.2%
Diploma	5	5.7%	2	2.3%
Certificate	0	0%	0	0%

Worth noting is the fact that of the 29 who had some level of previous qualification, only 15 had completed it while the other 14 had not completed the qualification. So 15 0f 87 (17.2%) had completed a qualification before registering for the course.

Table 4.12 and Figure 4.22 Provide further detail of where, and in what field the previous qualification was obtained.

Table 4.12: Table Showing Institution The Previous Qualification Was Obtained From

Institution	1st Qualification	2nd Qualification
None	58	84
University	25	2
Technikon	2	1
Private Institution	2	0

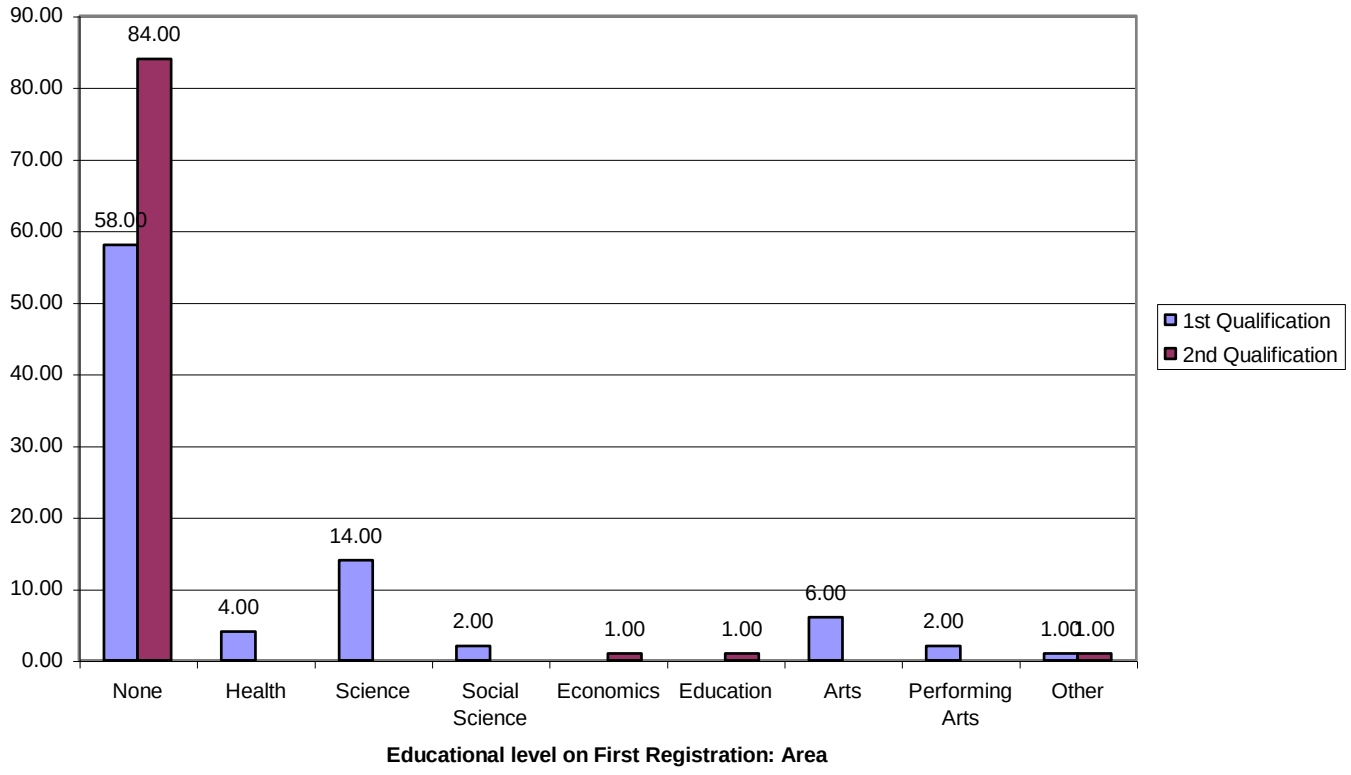

Figure 4.22: Graph Showing Field Of Study Previous Qualification Was Obtained In

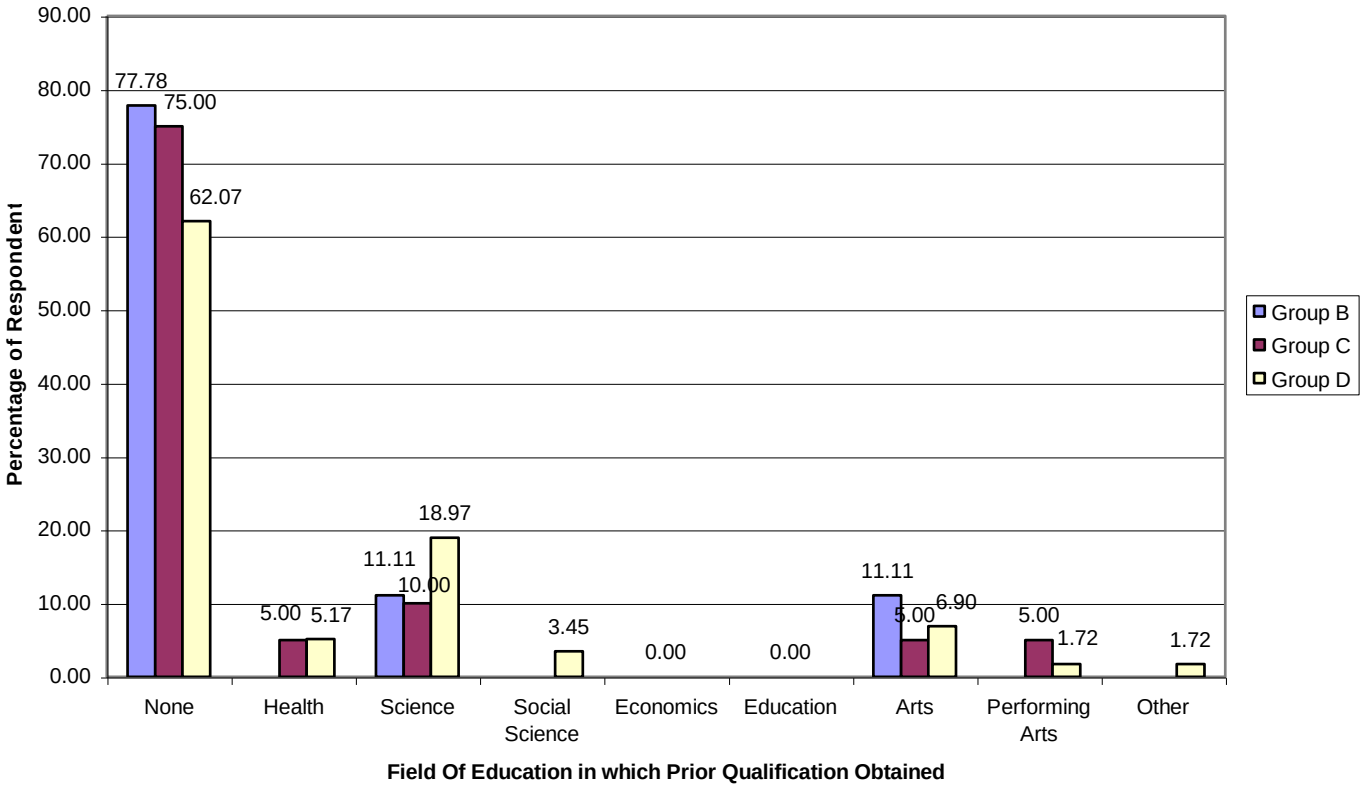

Figure 4.23: Graph Showing Field Of Education Prior Qualification Obtained

It is interesting to note that the respondents in Group D had higher overall education levels as represented by the qualifications obtained prior to qualifying. Further Group B had the lowest i.e. highest proportion of respondents with no prior qualifications.

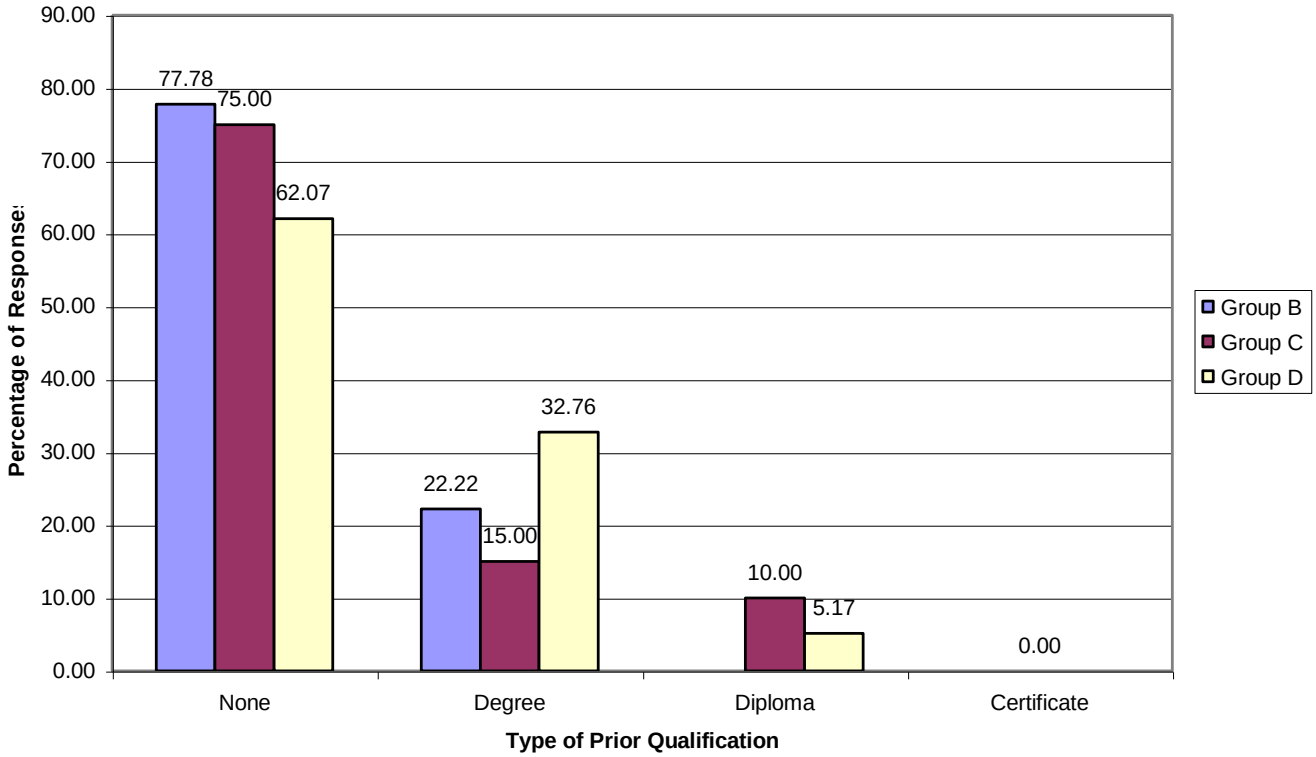

Figure 4.24: Graph Showing Types Of Prior Qualifications Across The Three Groups

This further supports the hypothesis that respondents in Group D had higher overall educational levels. 32% of Group D had obtained degrees prior to studying Homoeopathy.

4.5.2.1.2Registration At DIT

Table 4.13: Table Showing Calendar Year Of First Registration

Calendar Year First Registered	No. Of Respondents
1988	2
1989	8
1990	12
1991	13
1992	9
1993	6
1994	7
1995	7
1996	9
1997	10
1998	4
1999	0

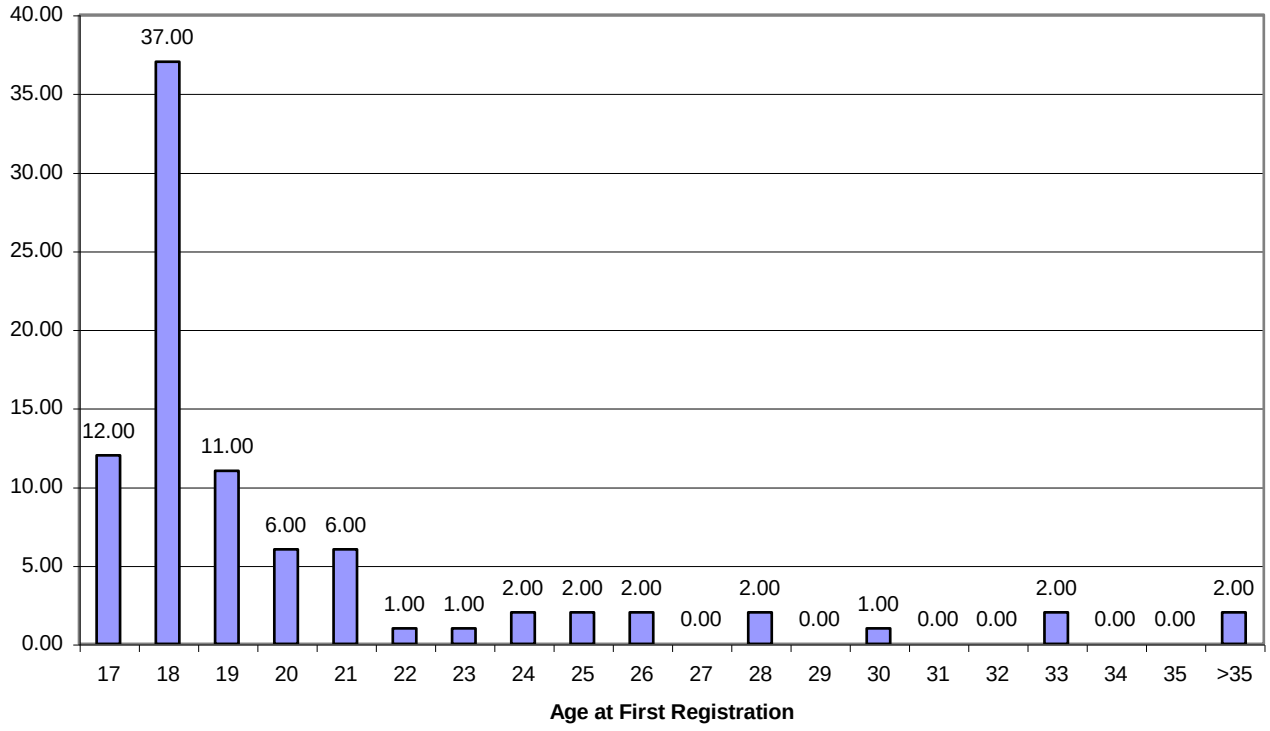

Figure 4.25: Graph Showing Age Distribution Of The Sample On First Registration

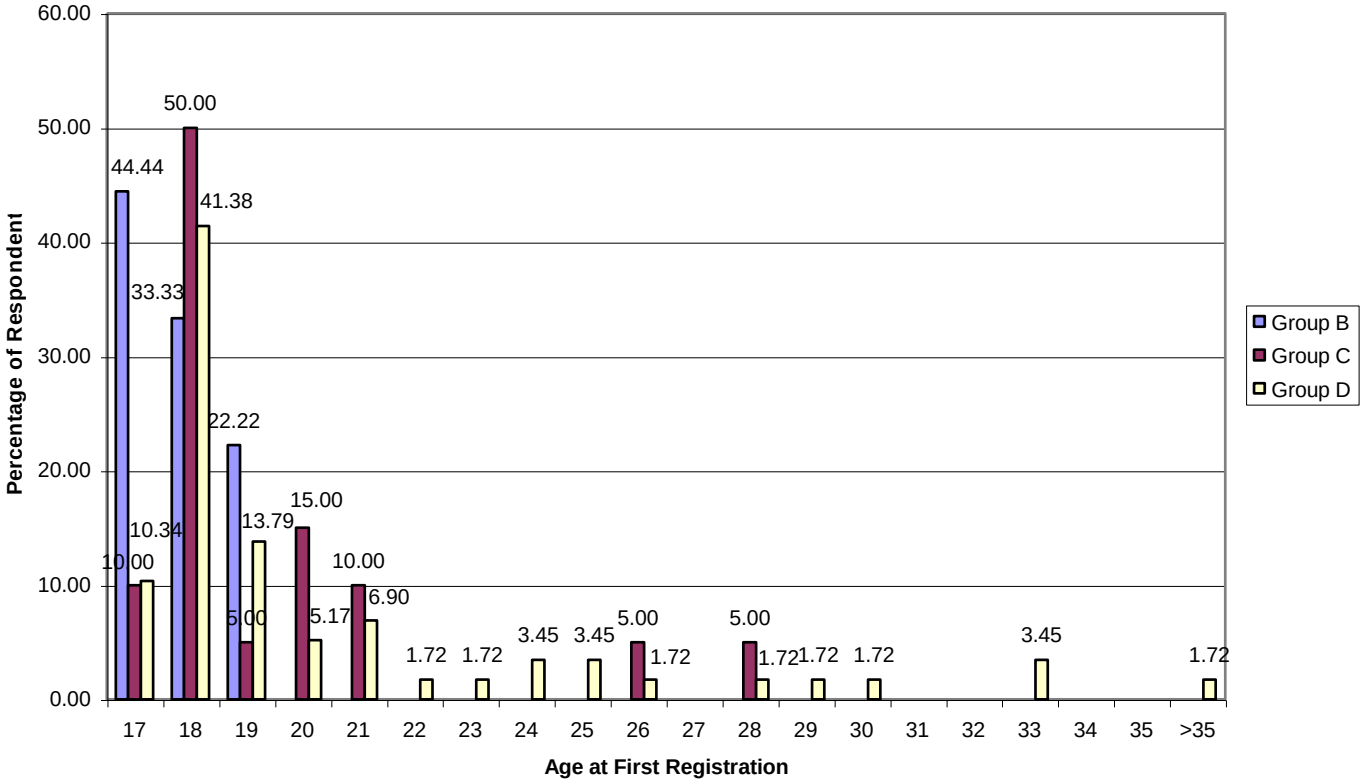

Figure 4.26: Graph Showing Age At First Registration Among The Various Groups

4.5.2.1.3 Qualification

Table 4.14: Table Showing Year Of Qualification Of Respondents

Year of Qualification	No. Of Respondents
1992	0
1993	1
1994	7
1995	6
1996	8
1997	7
1998	7
1999	8
2000	5
2001	10
2002	12
2003	13
2004	3

Table 4.15: Table Showing Age On Qualification From DIT

Age Category on Qualification	No. Of Respondents	Percentage Of Respondents
<20	0	0%
21-25	50	57.5%
26-30	26	29.9%
31-35	7	8.0%
36-40	2	2.3%
>40	2	2.3%

Note the majority of the graduates are in the 21-25 year old category.

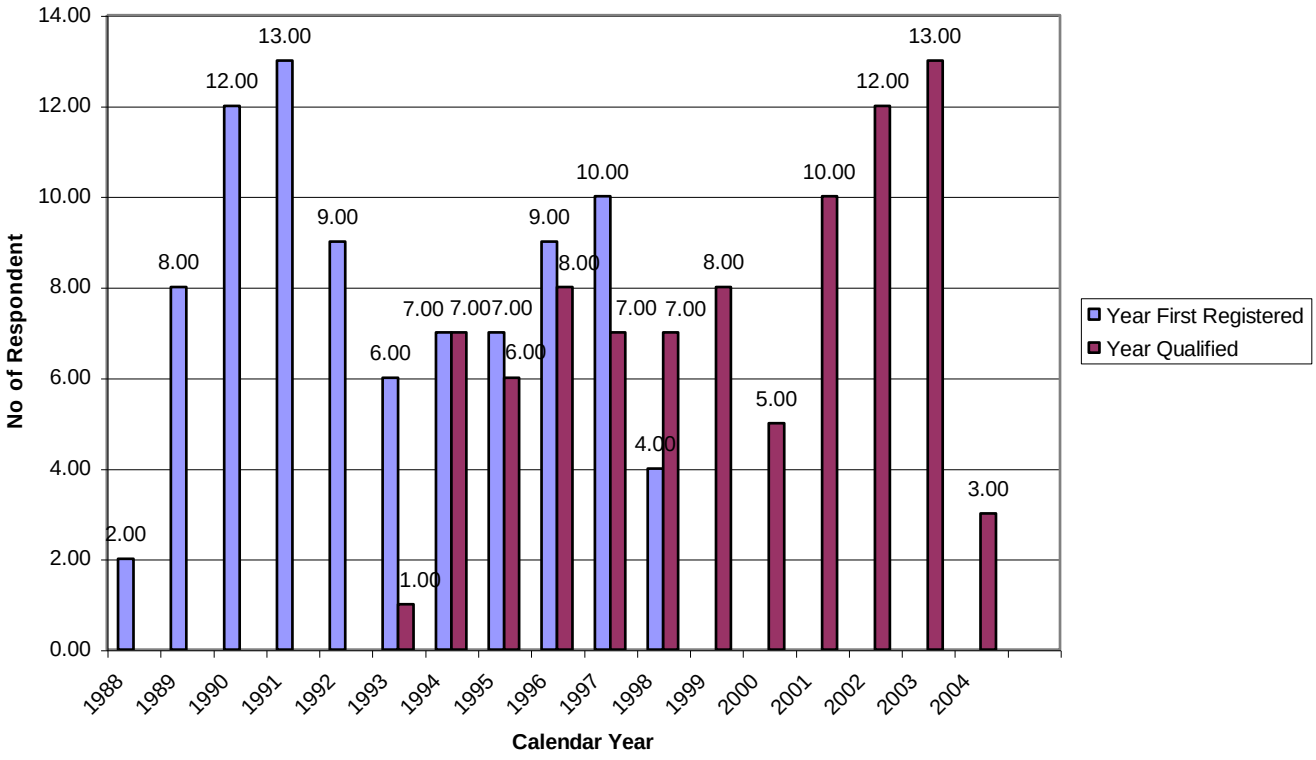

Figure 4.27: Graph Showing Year Of First Registration Vs Year Of Qualification Of The Respondents

The above graph shows that the no of graduates qualifying in a particular year is slightly less than the number of students first registering in the calendar year 6-7 years earlier.

Table 4.16: Table Showing Mean Time Taken To Complete Research, Qualify And Graduate After Completion Of Final Academic Year.

Mean Time Between Completion Of 5th Year And Completion Of Research Thesis	Standard Deviation	Mean Time Taken To Complete Degree From Year Of First Registration	Standard Deviation	Total Mean Time To Graduation
1.34 years	1.03	5.68 years	1.04	6.02 years

This table reflects the fact that the research component is a significant source of delay in qualification. The mean length of time however is in accordance with the length of time a Masters level thesis would require. What may contribute to the length of time taken to qualify is that the time taken for research is cumulative (i.e. only completed after the 5th academic year is complete).

4.5.2.1.4 Internship

Table 4.17: Table Showing Details Of Internships Completed

Internship Undertaken	No. Of Respondents	Type Of Internship Undertaken		Length Of Internship Undertaken	
No	35				
Yes	52	Hospital	0	<6 Months	13
		Overseas	0	6 -12 months	38
		DIT Clinic	24	12- 18 months	0
		Private Practice	27	18 - 24 months	0
		Rural Clinic	4	>24 months	2
		Other Clinic	3		

The majority of respondents (59.8 %) had undertaken some form of internship.

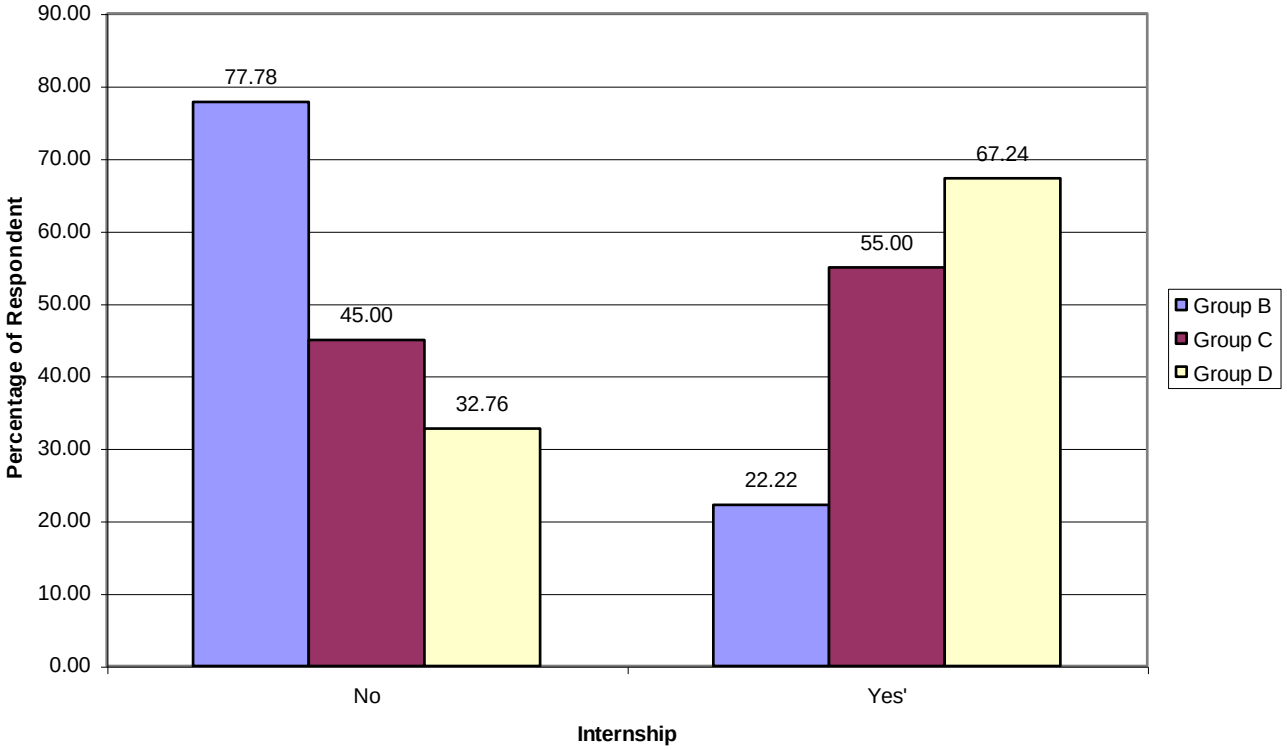

Figure 4.28: Graph Showing Breakdown Of Whether Internship Undertaken According To Group

Interesting to note is that the respondents who have remained in practice (Group D) have the highest relative percentage of having undertaken internships.

Relatively more of the respondents from Group B never undertook internships.

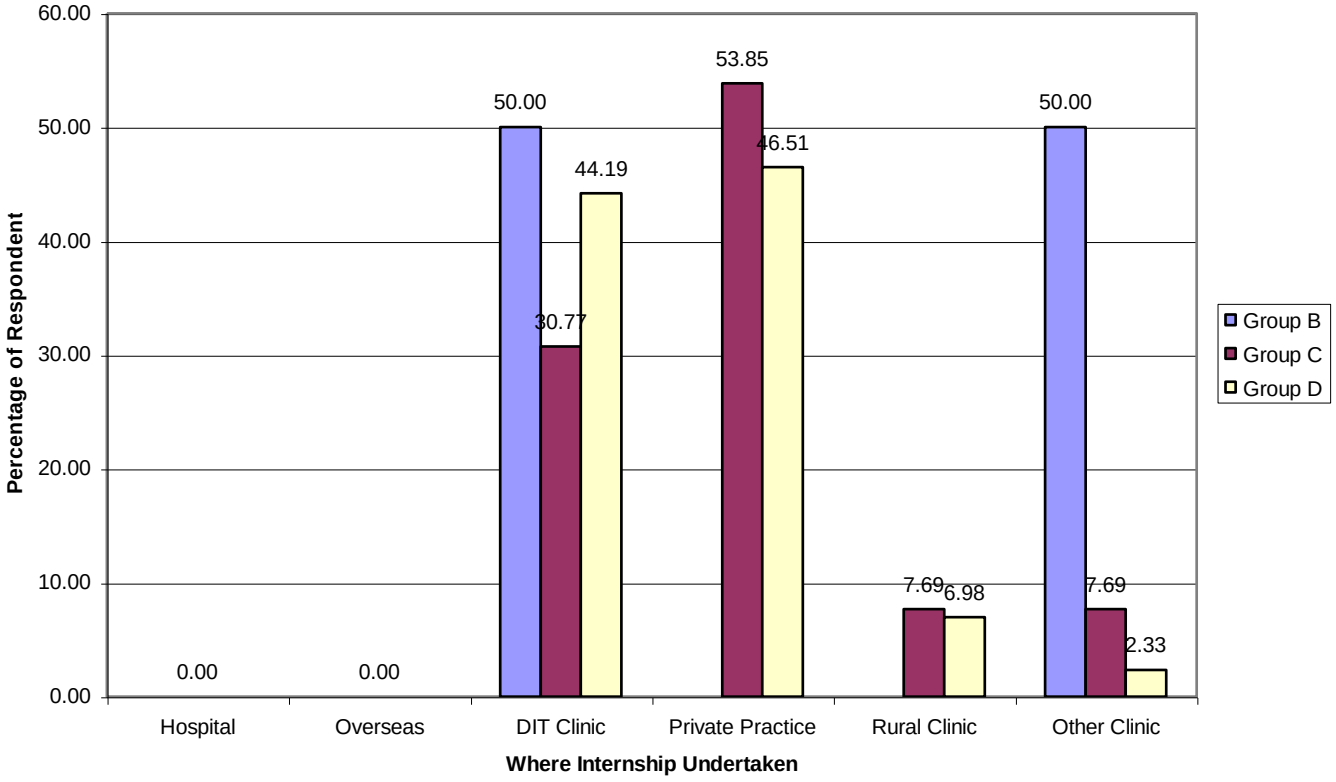

Figure 4.29: Graph Showing Where Internships Were Completed

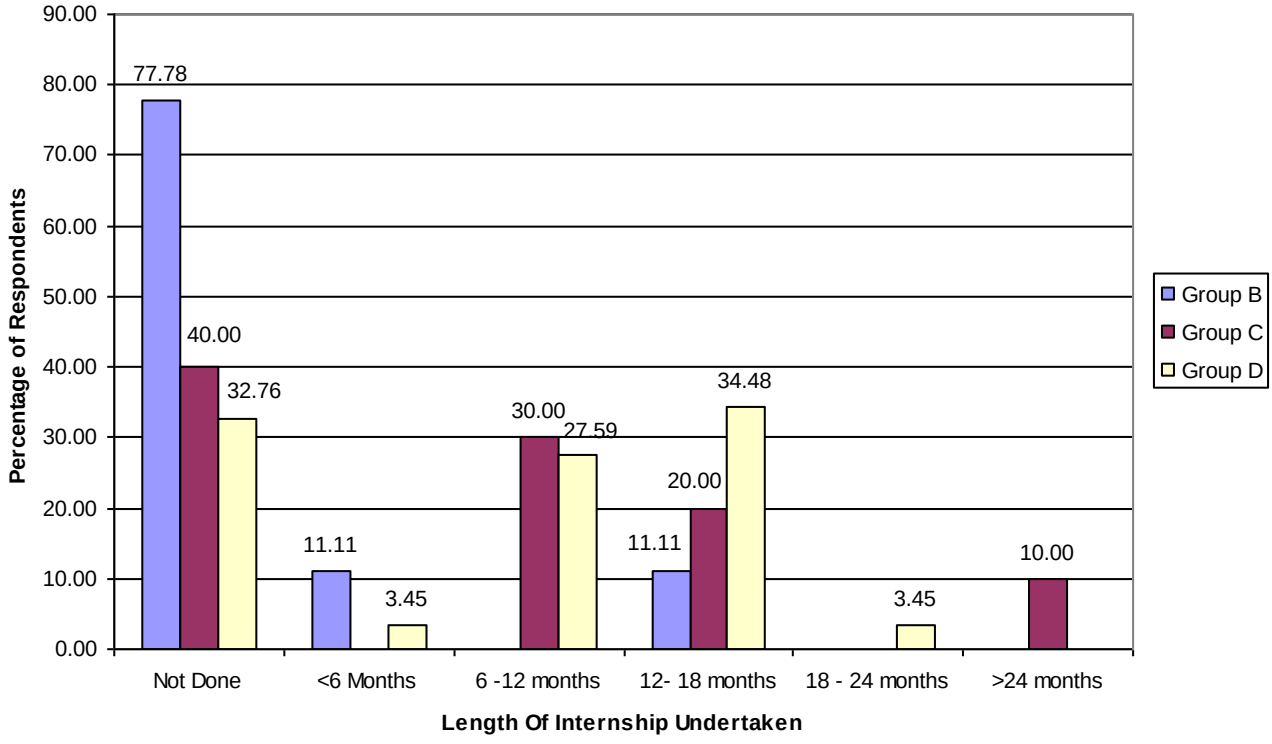

Figure 4.30: Graph Showing Length Of Internships Undertaken

4.5.2.1.5 Post Graduation Education

Table 4.18: Table Showing Type Of Qualifications Obtained After Completion Of M.Tech. Homoeopathy

Type Of Qualification Obtained	No. Of Respondents: 1st Qualification	No. Of Respondents: 2nd Qualification
None	60	84
Extension of Homoeopathic Studies	5	
AHPC Registered Profession	10	
Alternative Health Methods not AHPC Registered	9	2
Other	3	1

Table 4.19:Table Showing Level Of Qualifications Obtained After Completion Of M.Tech. Homoeopathy

Level of Qualification	No. Of Respondents: 1st Qualification	No. Of Respondents: 2nd Qualification
Degree	3	0
Diploma	7	1
Certificate	17	1

Table 4.20: Table Showing Institution Qualification Obtained From

Institution Obtained From	No. Of Respondents: 1st Qualification	No. Of Respondents: 2nd Qualification
University	4	0
Technikon	3	0
Private Institution	19	2

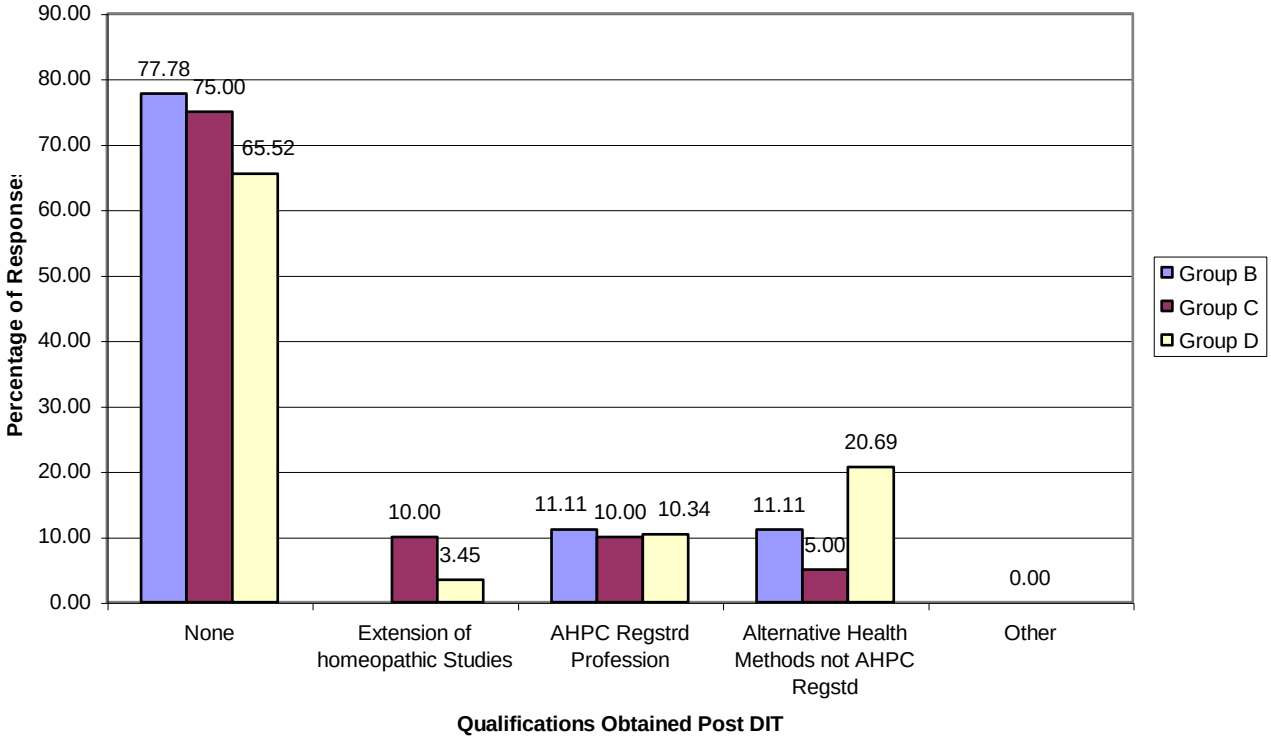

Figure 4.31: Graph Showing Field Of Education In Which Qualification Was Obtained After Graduating From DIT

(Appendix K: List of AHPC Registered Professions)

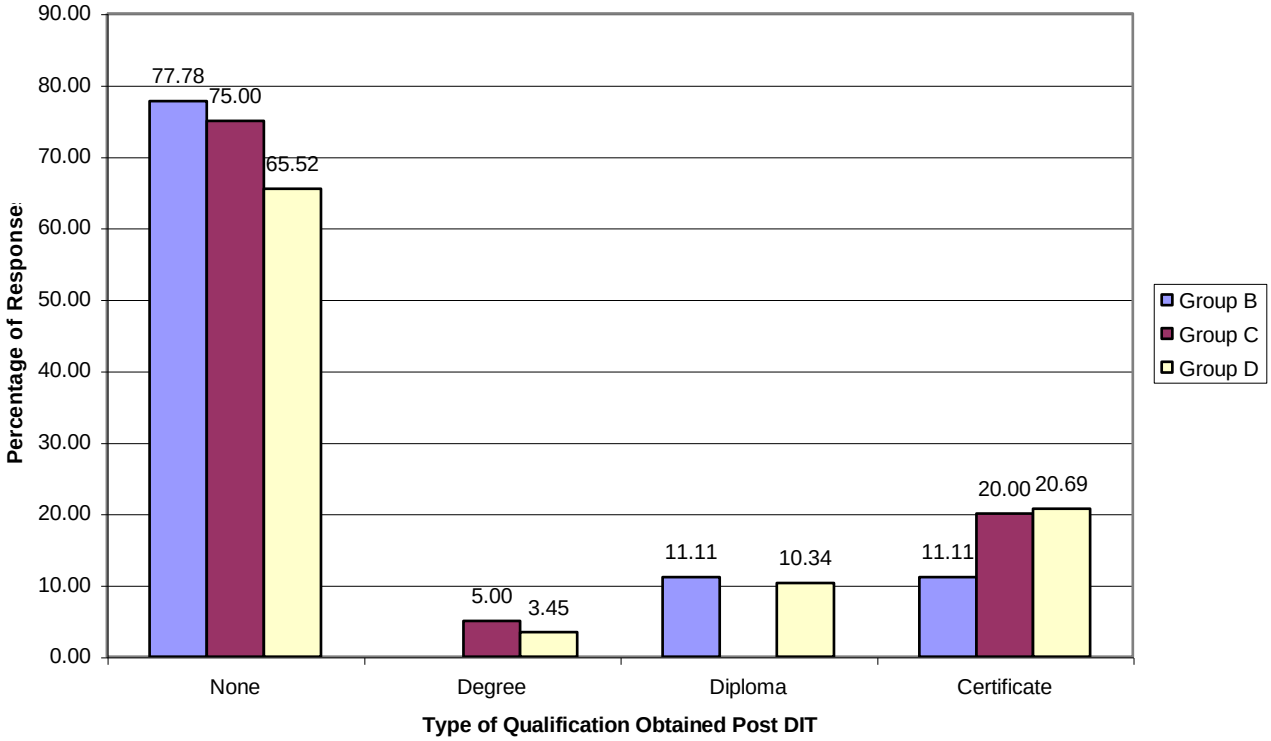

Figure 4.32: Graph Showing Type Of Qualifications Obtained Across The Three Groups After Graduating From DIT

4.5.2.2 Education deficiencies

Table 4.21: Table Showing Whether Respondents Felt Their Education Was Lacking

Perception Education Lacking	Group B	Percentage	Group C	Percentage	Group D	Percentage	Total	Percentage
No	0	0%	2	10.00%	5	8.62%	7	8.05%
Yes	8	88.89%	18	90.00%	52	89.66%	78	89.65%
Not Applicable	1	11.11%	0	0%	1	1.72%	2	2.30%

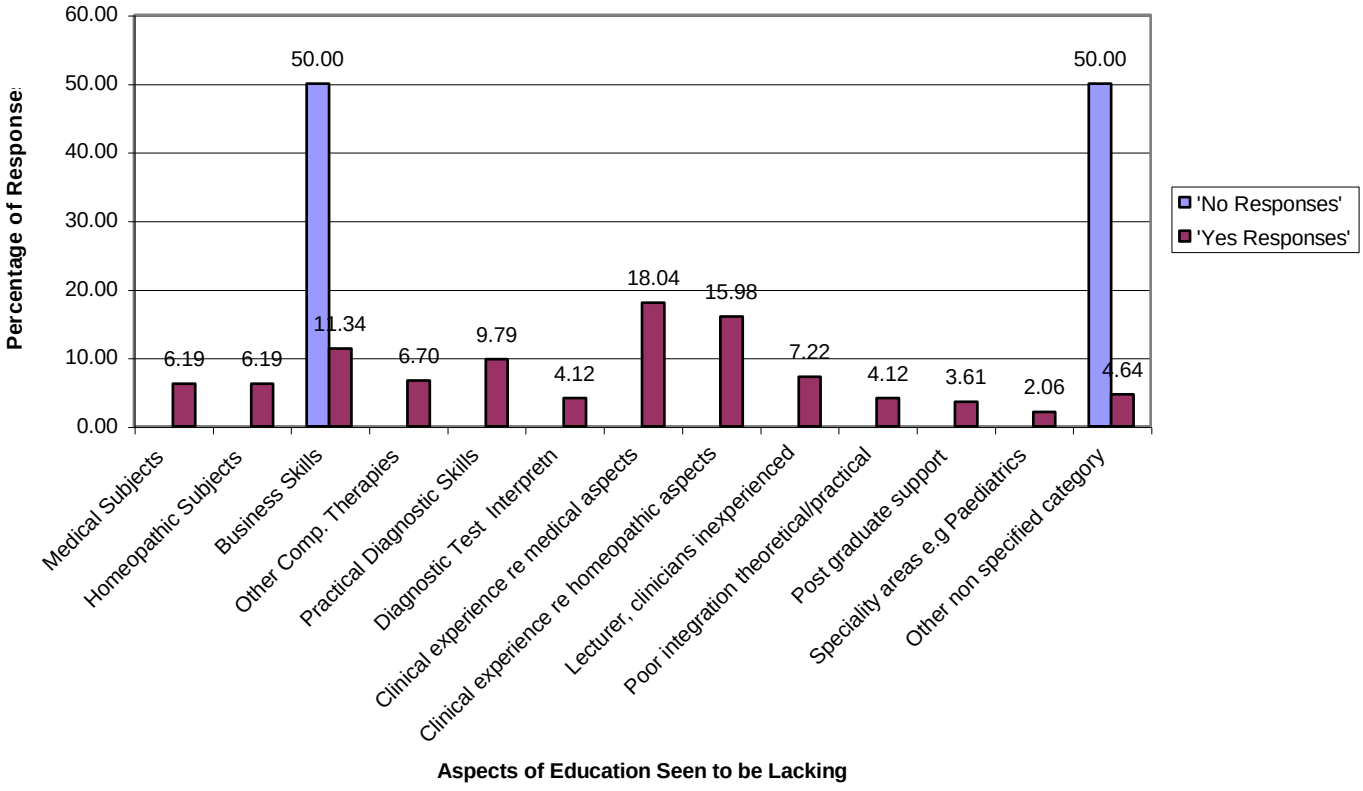

Figure 4.33: Graph Showing Percentage Of Responses That Found Education To Be Lacking.

Note respondents were able to give more than one answer to this question thus the graph reflects percentage of responses by the respondents. Most graduates felt that there was some aspect of their education that was lacking. With only two responses feeling that the education was adequate.

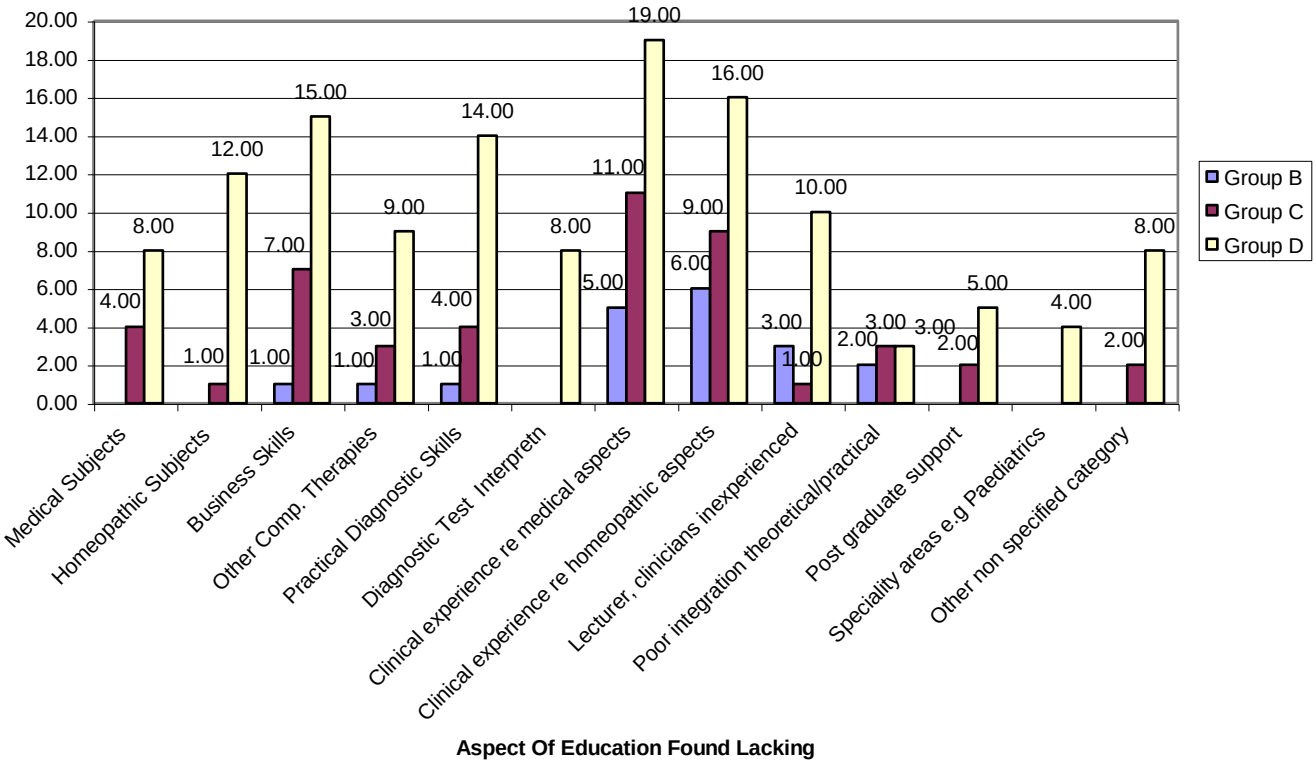

Figure 4.34: Graph Showing Aspects Of Education Found Lacking

Clinical/practical experience regarding medical aspects, as well as clinical experience regarding Homoeopathic aspects of the consultation, were the chief aspects lacking in the education (as perceived by all the respondents). It is worth noting that only those graduates who had never practiced placed the lack of Homoeopathic clinical experience higher than the lack of medical clinical experience. Both groups who had practiced felt the lack of medical experience to be more important. Two aspects of the education also found lacking (which

may have contributed to the above) were the lack of experience of clinical, lecturing and teaching staff as well as a lack of integration of theoretical information.

4.5.2.3 Alternative Education Choices

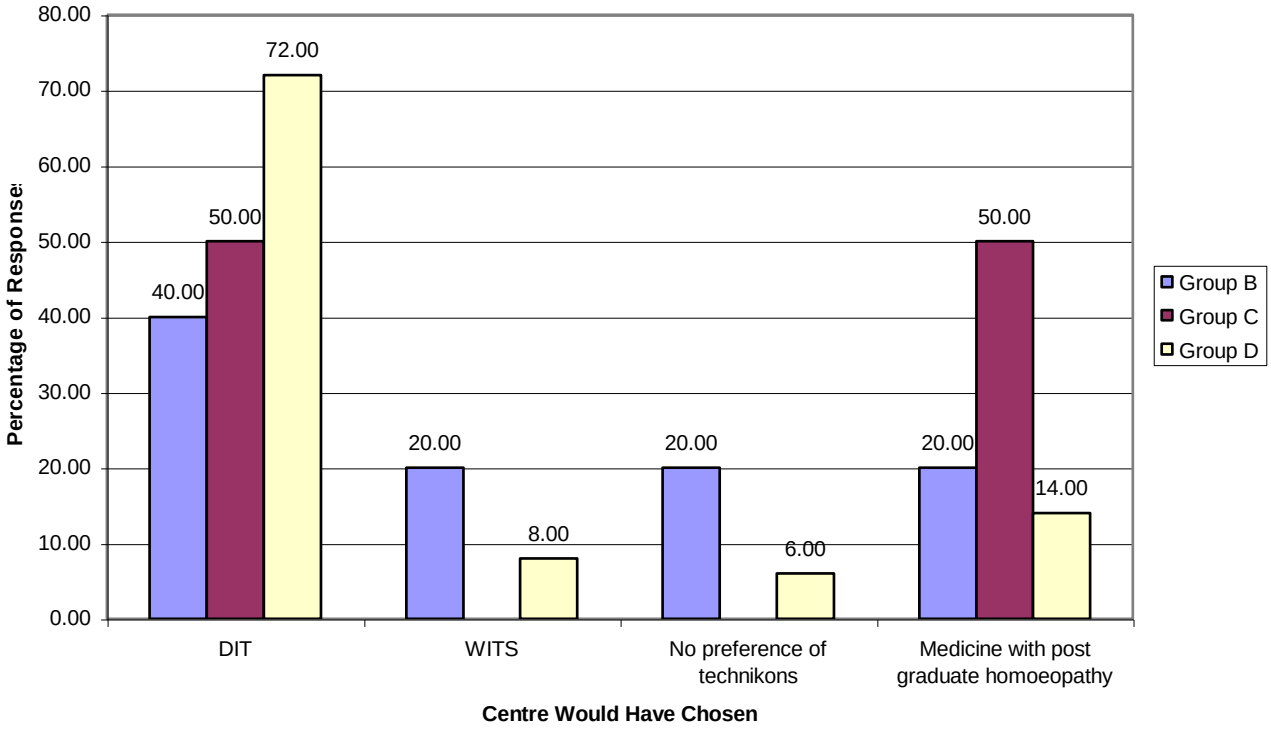

Figure 4.35: Graph Showing Where The Respondents Would Have Chosen To Study Again

Table 4.28 reflects if respondents would choose to study homoeopathy again or not, the Figure above shows the centre that graduates who would study Homoeopathy again, would choose.

Most respondents, across all groups, chose DIT. As the questionnaire only included DIT graduates.

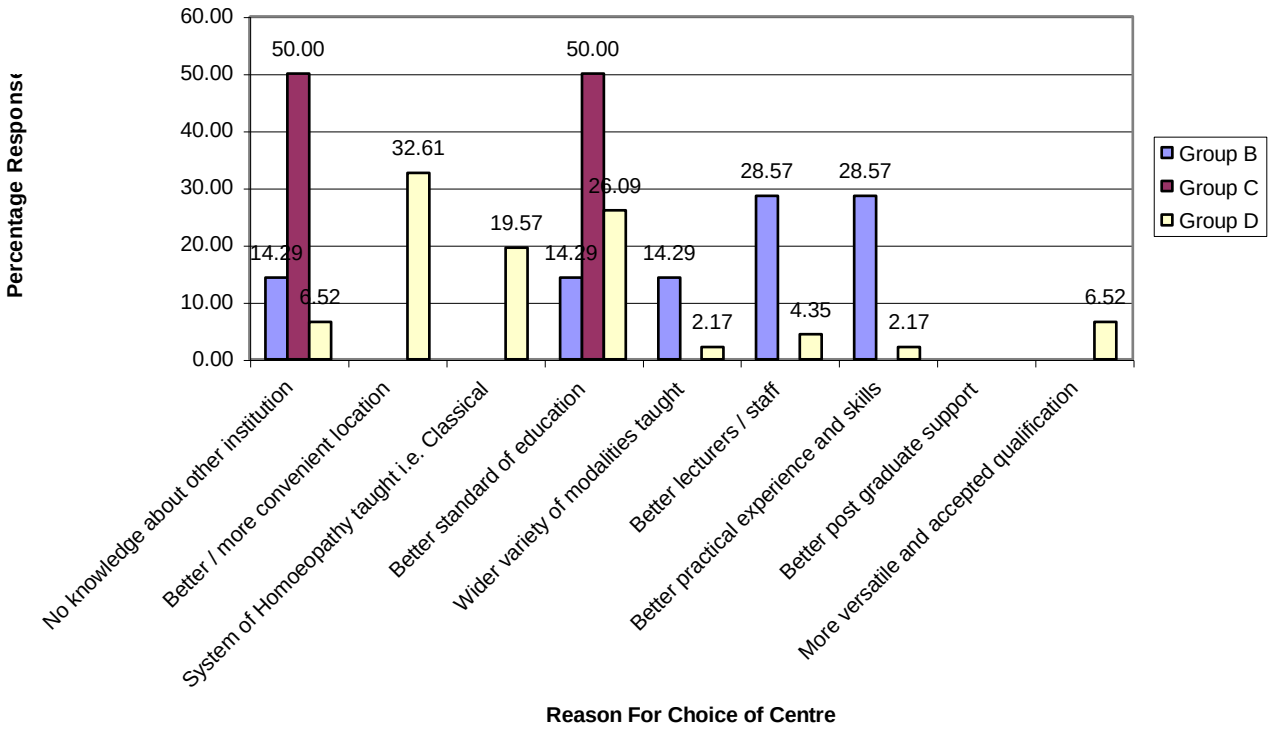

Figure 4.36: Graph Showing Reasons For Choice Of Alternative Centre

Figure 4.36 above in combination with Figures 4.34 and 4.33 reflect the educational and institutional shortfalls in the profession. While most (or a large percentage) would choose to study again if they had the choice, issues around the standard of education, the strength of the qualification, quality of the lecturing staff, and the system of Homoeopathy taught qualify this expression of satisfaction with the profession.

4.5.2.4 Relevance Of Homoeopathic Education

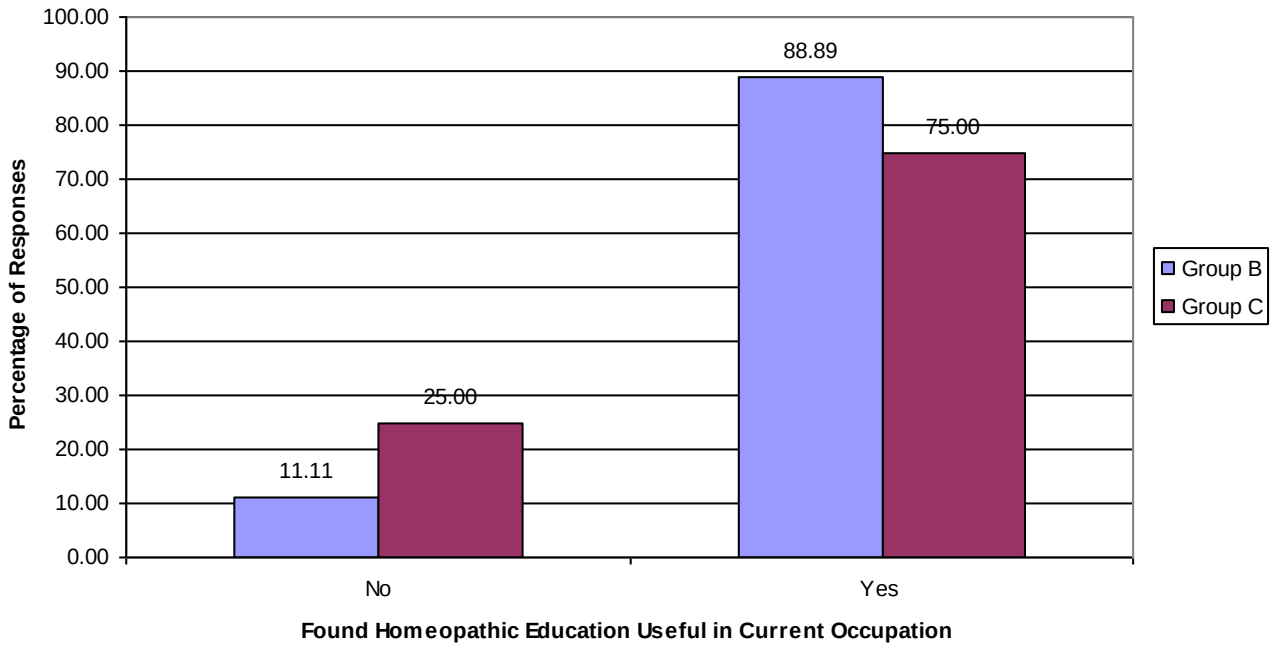

Figure 4.37: Graph Showing Whether Homoeopathic Education Is Useful In Current Occupation

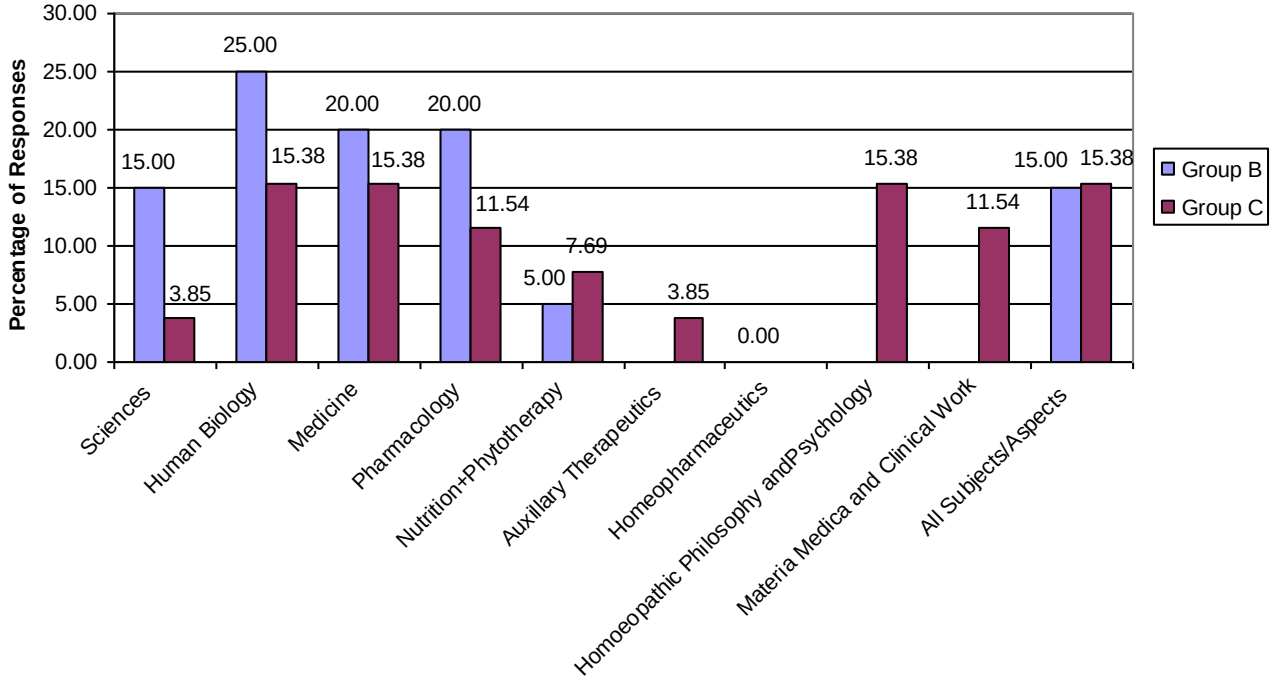

Figure 4.38: Graph Showing Aspects Of Education Useful In Current Occupation

Group B found the medical science subjects the most useful for current occupation. Group C reported a more balanced outlook in which a broad range of subjects was found to be useful.

4.5.2.5 Continuing Homoeopathic Education

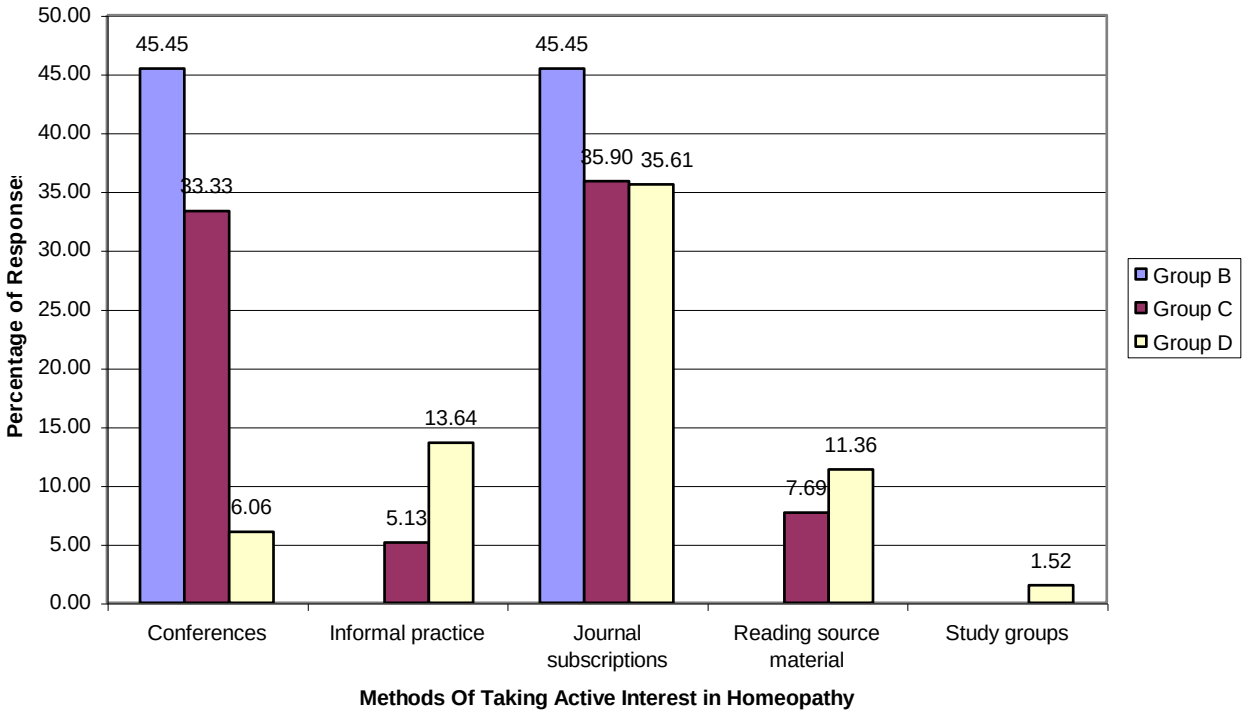

Figure 4.39: Graph Showing Ways Of Pursuing An Active Interest In Homoeopathy

The avenues explored in pursuing an active interest in Homoeopathy are congruent across the 3 groups. Groups C and D follow more ways of pursuing interest, possibly reflecting a greater investment in continuing to explore Homoeopathy.

4.5.3 Career

The responses given by respondents from Groups C and D were compared graphically to highlight any differences for later statistical consideration regarding Homoeopathy as a career. Responses to the questions common to these two groups were evaluated. Furthermore the responses from Groups B and C were compared graphically to determine the differences between the two groups regarding their current career choice. Responses to the questions common to these groups were evaluated.

4.5.3.1 Demographics

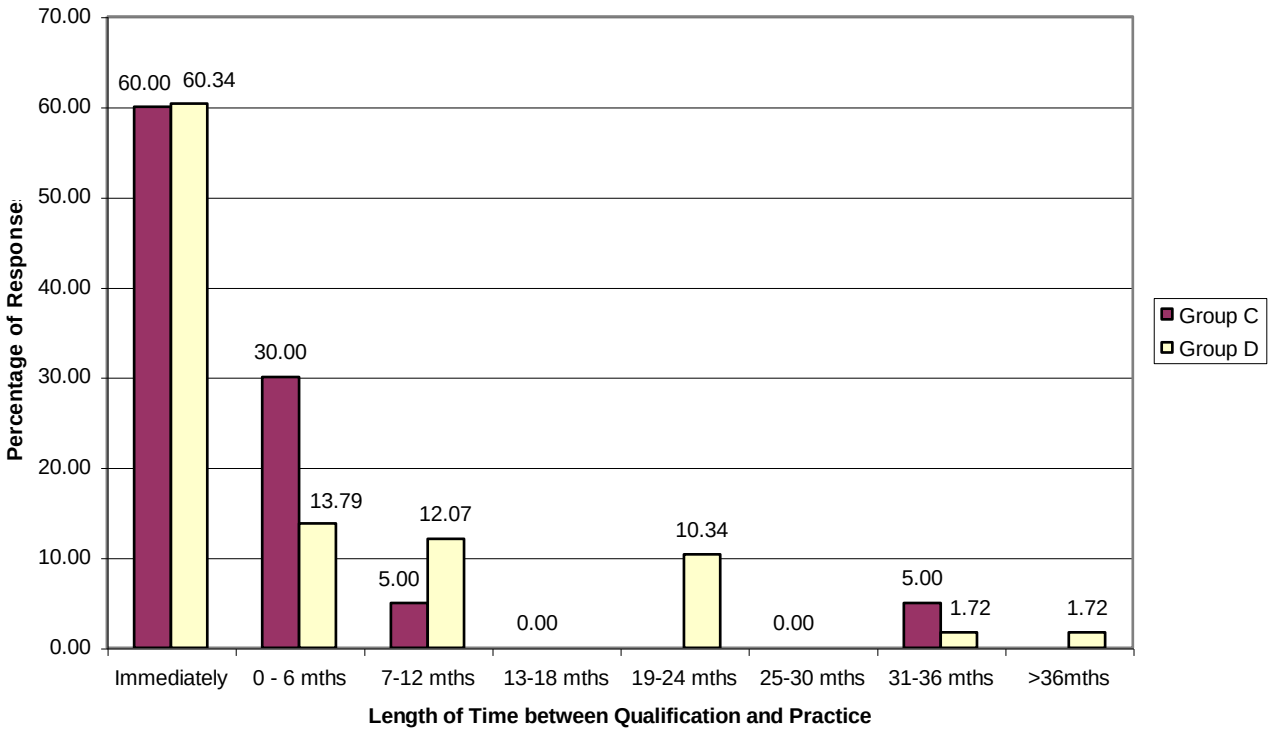

Figure 4.40: Graph Showing Length Of Time Between Qualification And Practice

Most respondents proceeded immediately into practice. 90% of both groups had started practicing within a year of graduation. There seems to be no relationship between this length of time and whether the respondent would stay in practice.

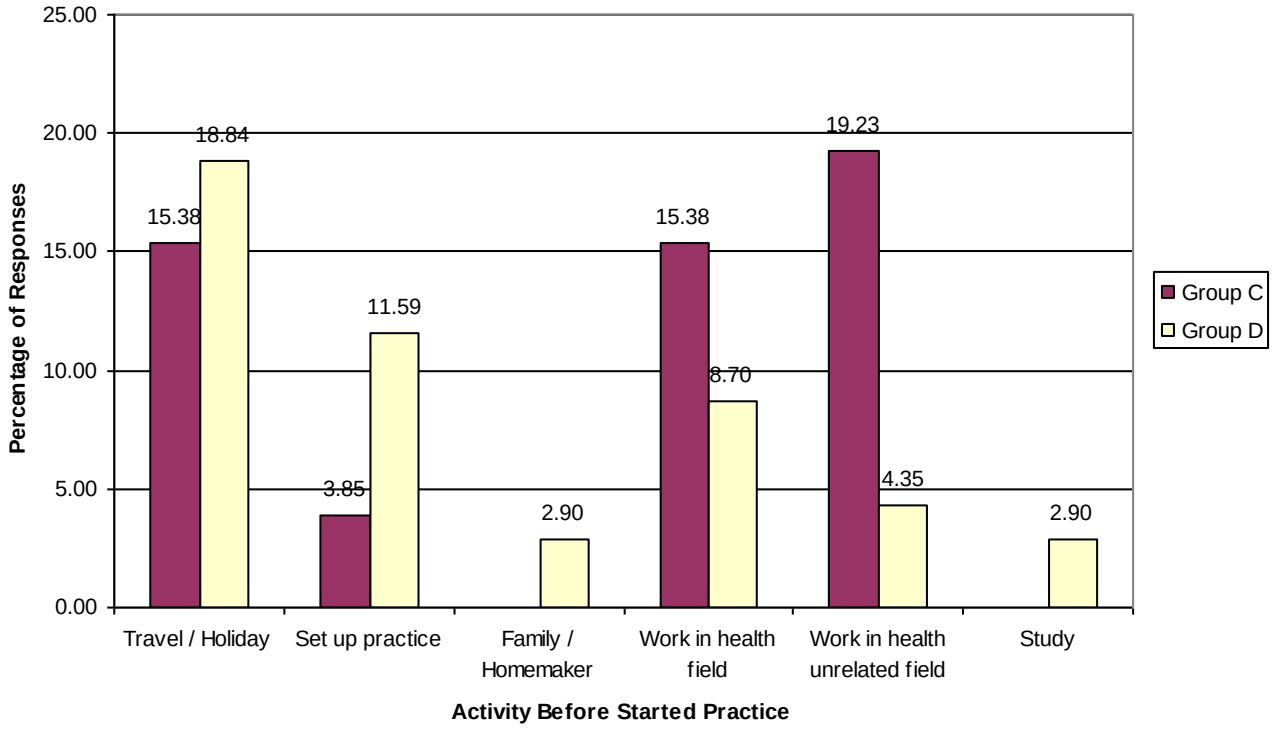

Figure 4.41: Graph Showing Activities Engaged In Before Practicing

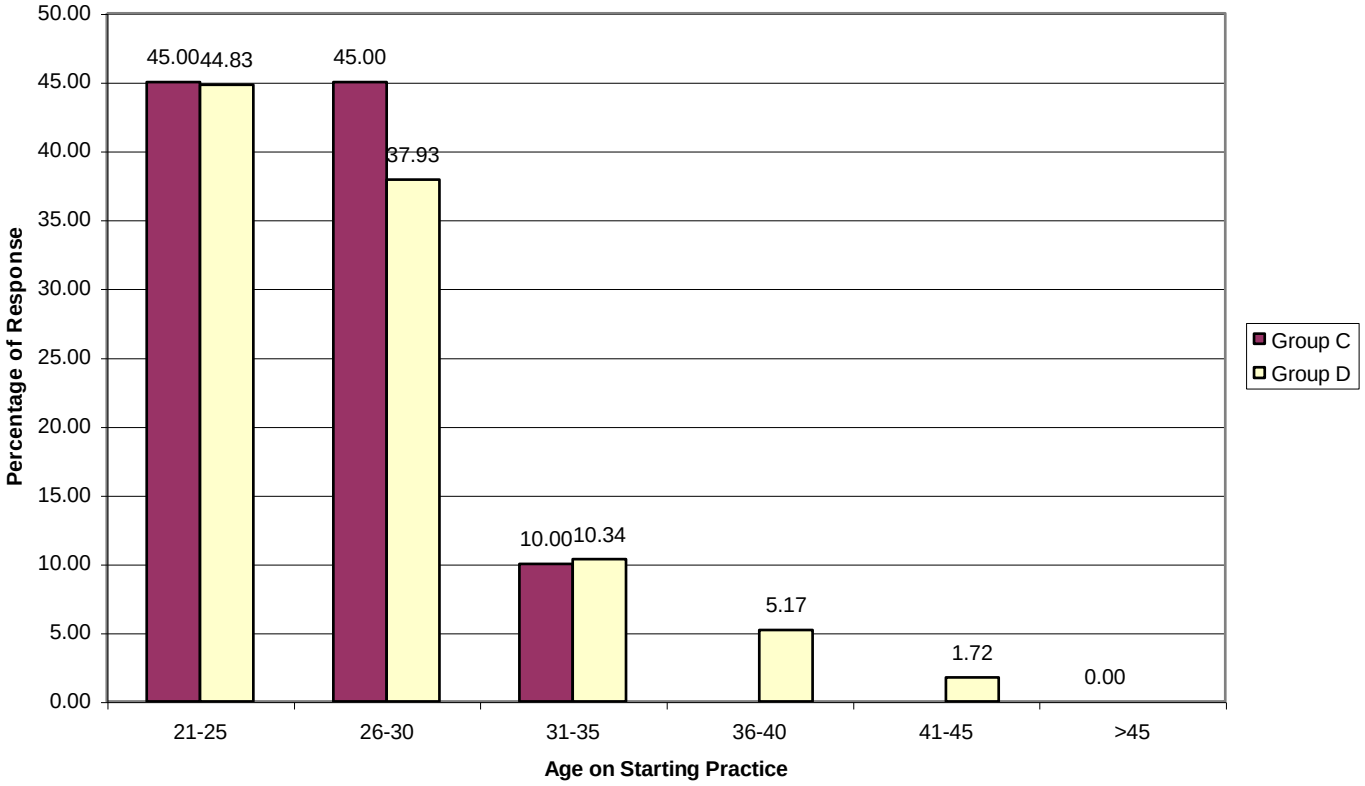

Figure 4.42: Graph Showing Age On Starting Practice

This graph again suggests no predictive relationship between age of starting and failure of practice (i.e. no longer practicing). The distributions of starting ages is very similar across both Groups. Worth noting is the extended tail in the distribution of Group D. All respondents that commenced practice after the age of 35 were part of Group D.

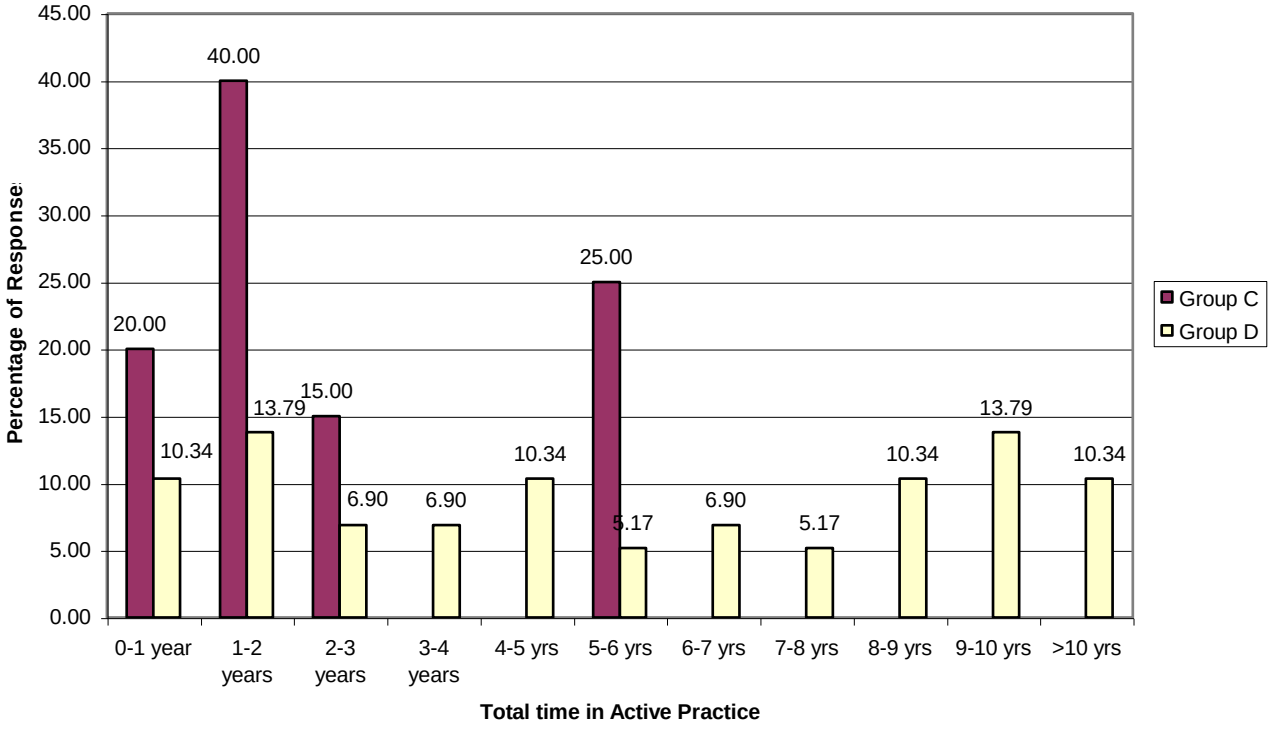

Figure 4.43: Graph Showing Total Time In Active Practice

This graph would suggest that the initial 3 years of Homoeopathic practice are critical in determining if an individual will continue to practice. Although 25% of Group C had been in active practice for 5-6 years the possible explanation for this is discussed in chapter 5.

Table 4.22: Table Showing Number Of Practices Run By Respondents

No. Of Practices	Percentage Of Respondents In Group C	Percentage Of Respondents In Group D
1	70.00%	86.21%
2	10.00%	10.34%
3	20.00%	3.45%

There is larger percentage of respondents from Group C reporting running three practices than in Group D.

Table 4. 23: Table Showing Nature Of Practice: Full Vs Part Time

Nature Of Practice	Percentage Of Respondents In Group C	Percentage Of Respondents In Group D
Full time	52.38%	63.79%
Part time	42.86%	36.21%
Both	4.76%	0.00%

There was lower a level of respondents who practiced full time in Group C.

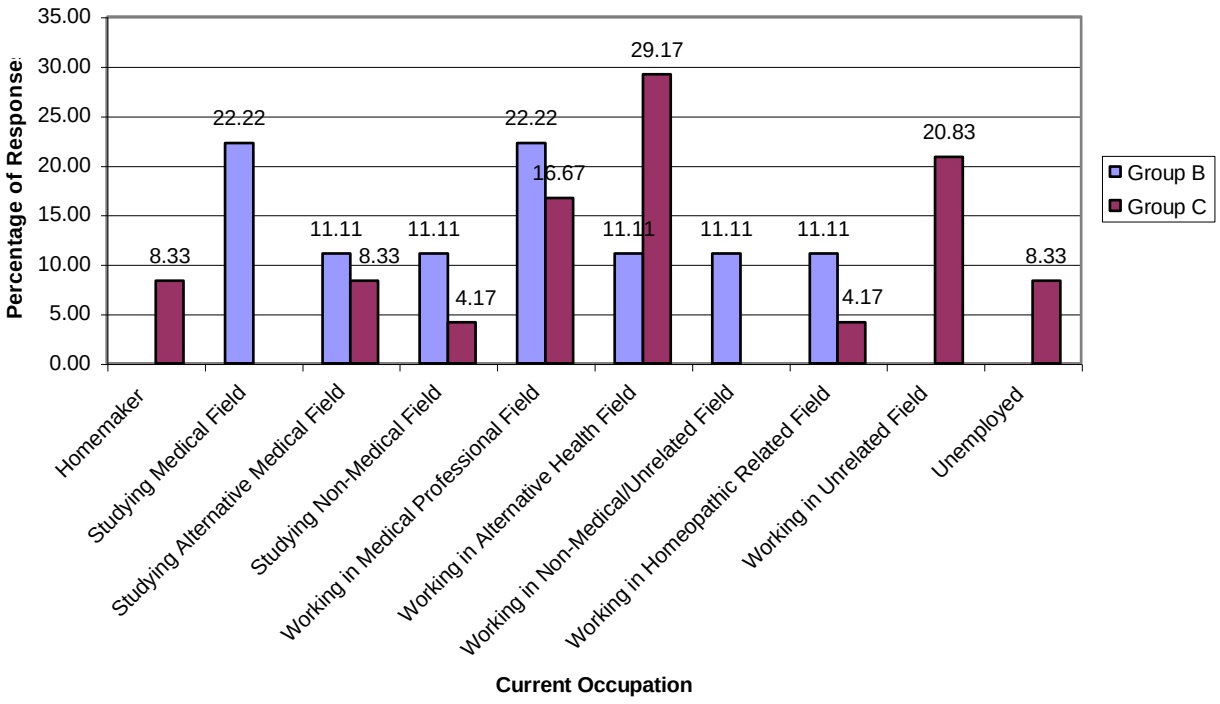

Figure 4.44: Graph Showing Current Occupation

Most responses indicated that, while not practicing Homoeopathy, a large proportion of respondents (from both Group B and C) are involved in the general medical field: studying medical field, studying an alternative medical field, or working in the medical professional field as well as the alternative medical field. It is interesting to note that 45% of the respondents from Group B are working or studying in the medical field. This is as compared to 16% of respondents from Group C.

4.5.3.2 Practice Management And Operations Factors

The following questions explore the practical, management and financial aspects of running a practice.

4.5.3.2.1 Financial Aspects Of Practice Management

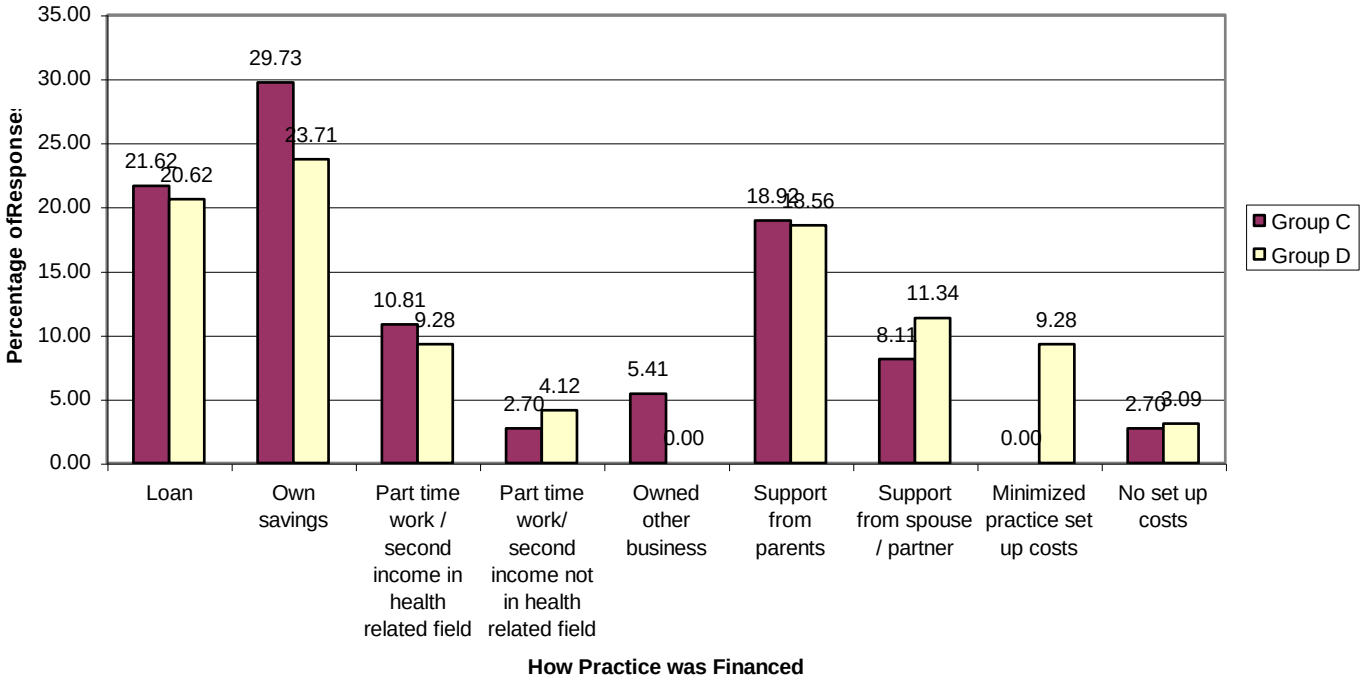

Figure 4.45: Graph Showing How Practice Was Financed

The above figure shows, the homogeneity of the methods used by both groups suggest that this is not a predictive factor in the success of the practice.

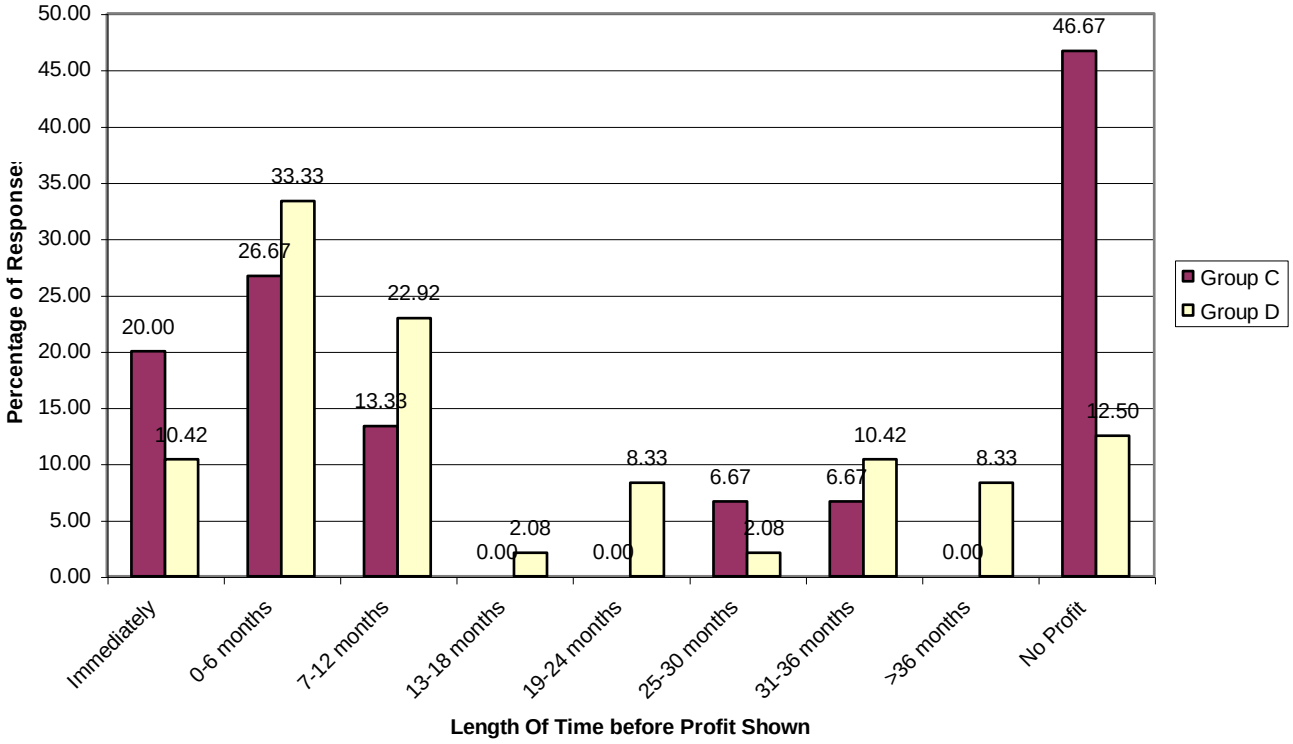

Figure 4.46: Graph Showing Length Of Time Before Profit Was Shown

Note that for Group D only 23% of the practitioners took longer than 2 years to make a profit.

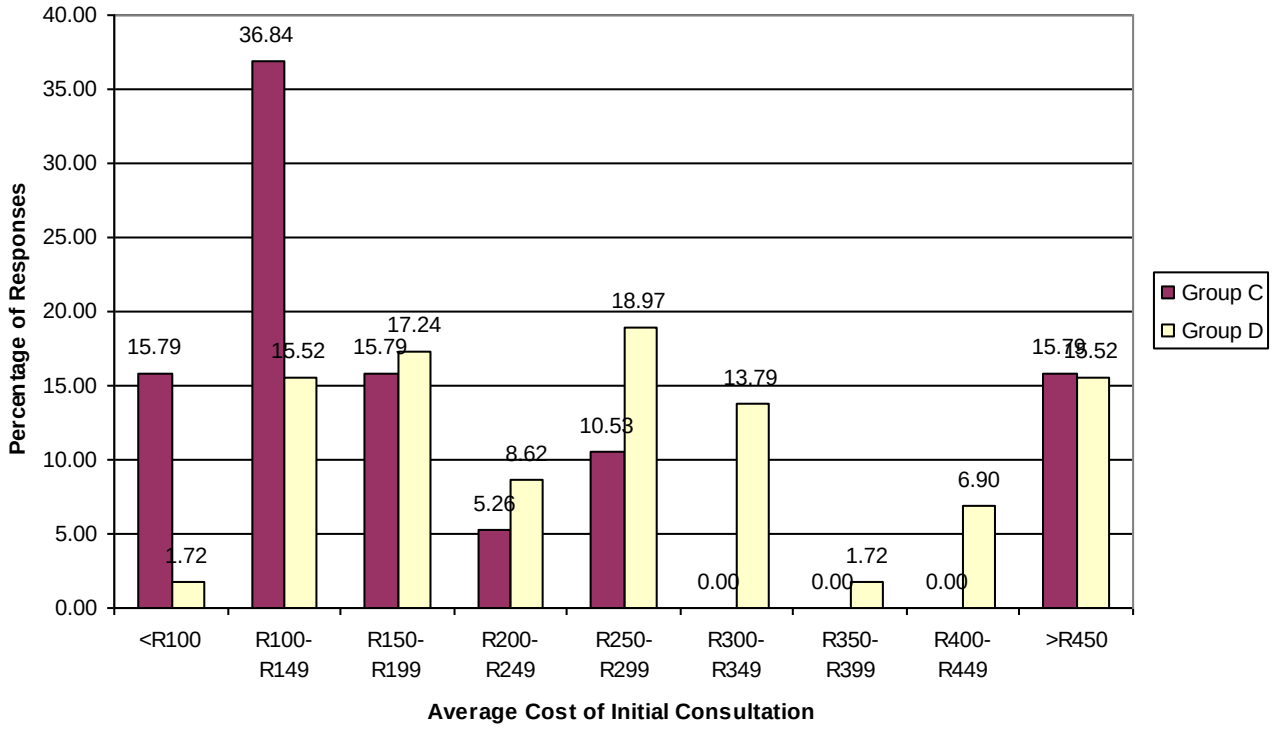

Figure 4.47: Graph Showing Average Cost Of Initial Consultation

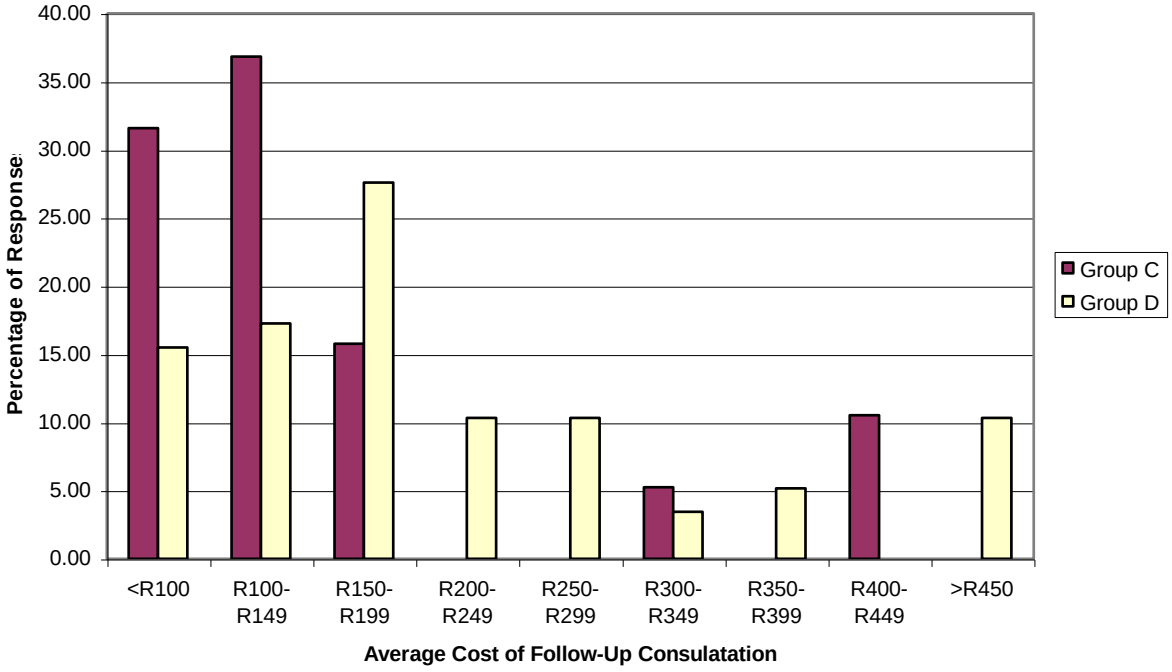

Figure 4.48: Graph Showing Average Cost Of Follow Up Consultation

The figures for the costs of initial and follow up consultations exhibit similar characteristics to the patient numbers graph. Respondents from group C are clustered in the lower levels of consultation charges.

The respondents for Goup D are more evenly spread across the price scale. This would support the second explanation above. If the low levels of charging were contributing to the failure of practices in Group C, we should see a high level of charging in Group D. This is not the case however.

It is worth noting that in all the above figures there are outlier values in the distributions of Group C. This further supports the assertion that while the majority of Group C respondents stop practicing in the first 3 years, a few continued into the 5th and 6th year.

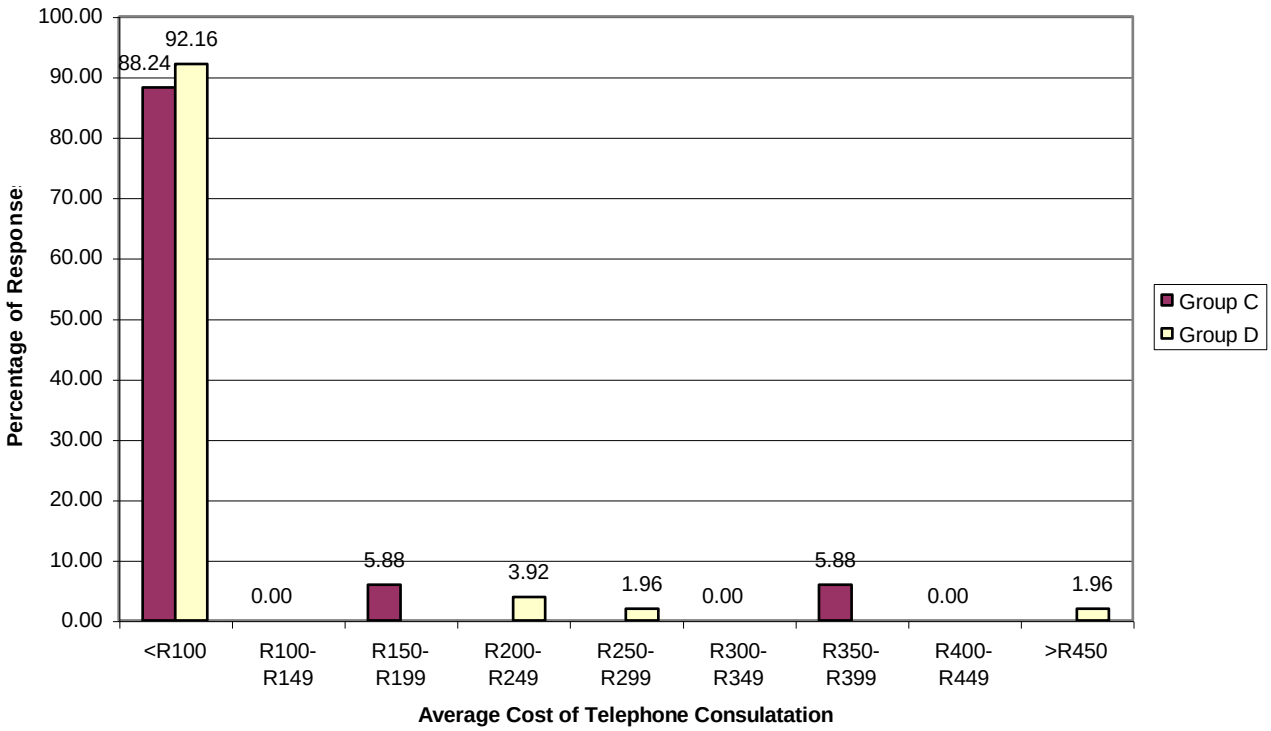

Figure 4.49: Graph Showing Average Cost Of Telephone Consultation

Note that the existence of high charges for telephone consultations could be reflective of exchange rate differences, as well as including medication costs in the consultation fee.

Table 4.24: Table Showing Whether Income Is Supplemented

Income Supplemented	Percentage Of Respondents In Group C	Percentage Of Responses In Group D
No	20	22.41%
Yes	80	77.59%

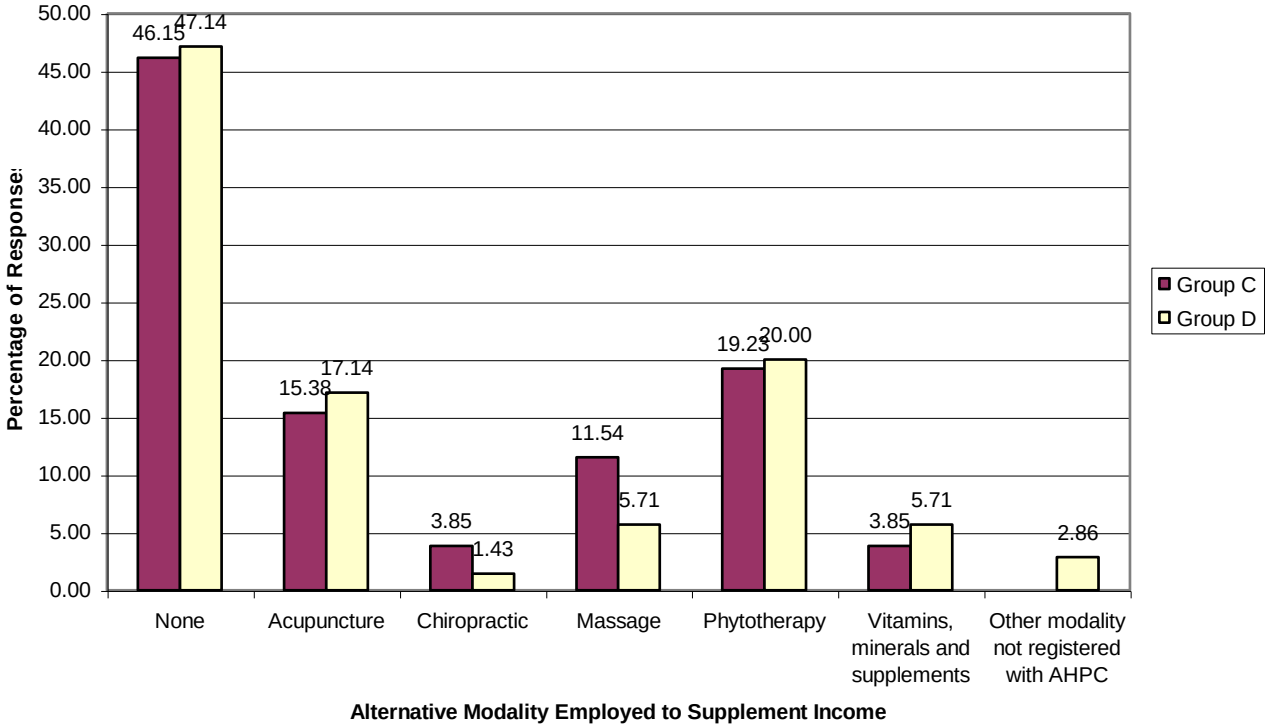

Figure 4.50: Graph Showing Alternative Modality Used To Supplement Income Within The Consultation

Note that most respondents needed to supplement income. However 46% and 47% (Group C and Group D respectively) did not use alternative modalities within the consultation.

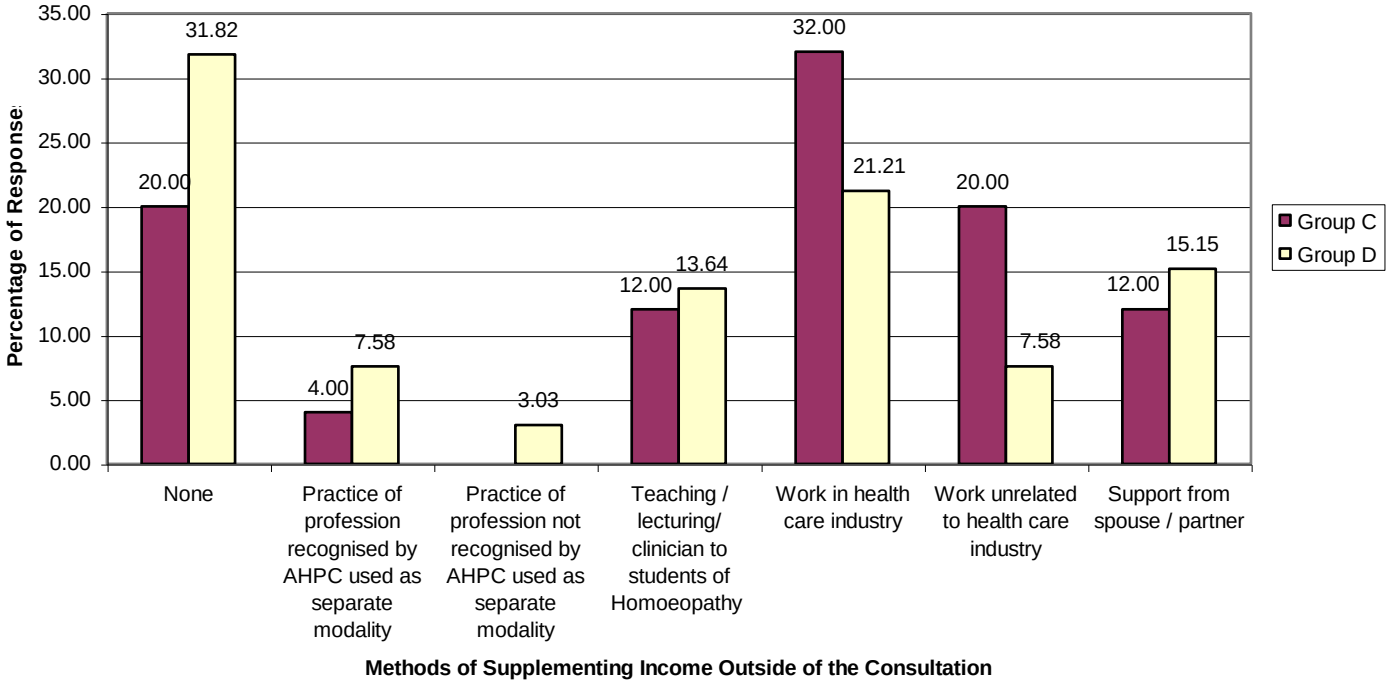

Figure 4.51: Graph Showing Method Used To Supplement Income Outside Of The Consultation

There is a fair degree of correspondence between the responses given by the two groups in terms of supplementing income outside the Homoeopathic consultation. 32% of Group D and 20% of Group C do not use outside sources. A large proportion of respondents either work in health care industry of lecture/teach or act as clinicians. A significant percentage of both groups are supported by a spouse. Note that 20% of responses from Group C while only 8% of Group D responses indicate working in an unrelated field.

4.5.3.2.2 Operations Management

Table 4.25: Table Showing No Of Respondents Who Found It Easy To Start Practice

Found It Easy To Start	Percentage Of Respondents In Group C	Percentage Of Respondents In Group D
No	70%	67.24%
Yes	30%	32.76%

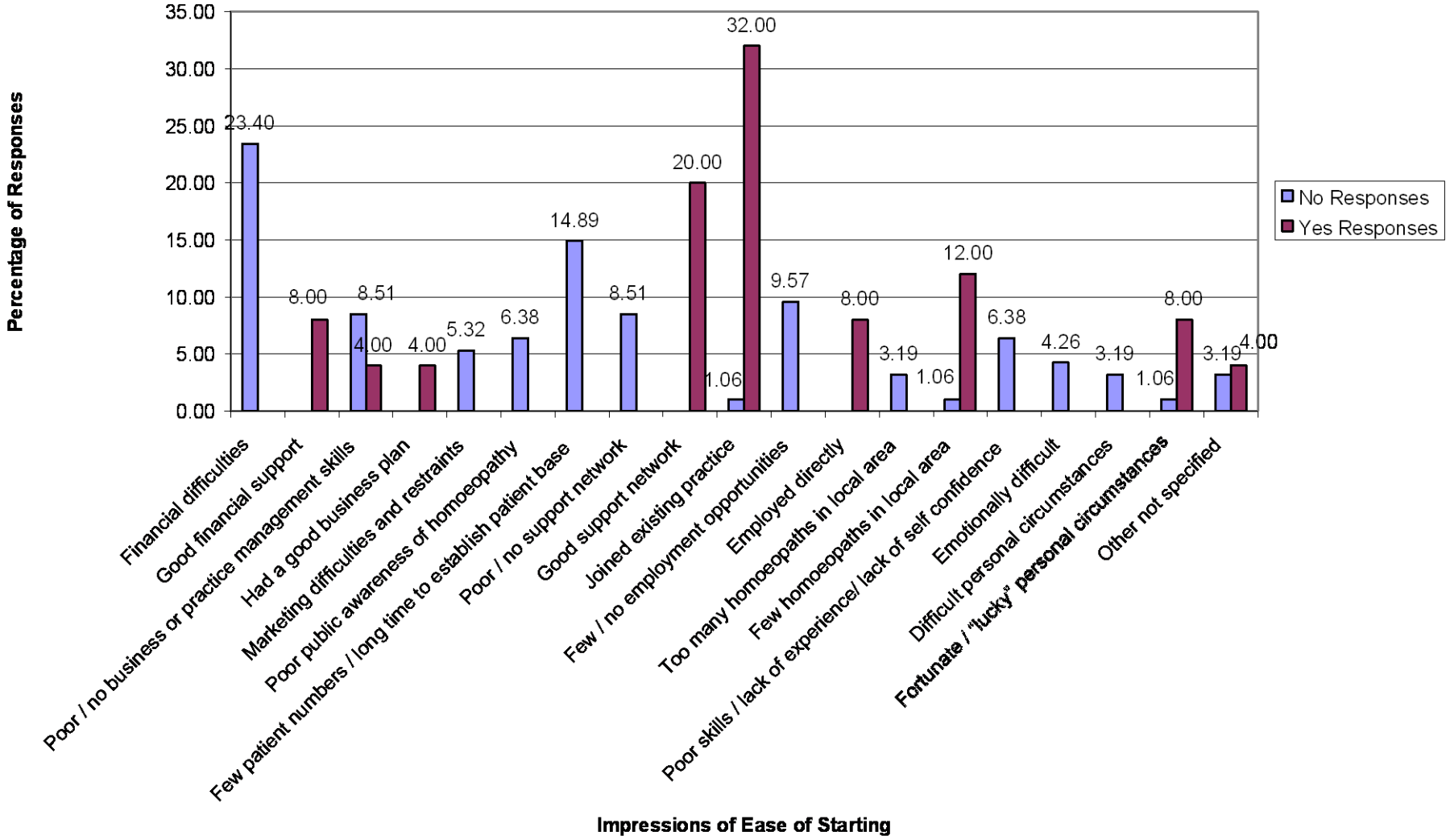

Figure 4.52: Graph Showing Percentage Responses With Impressions Of Ease Of Starting Practice Or Not

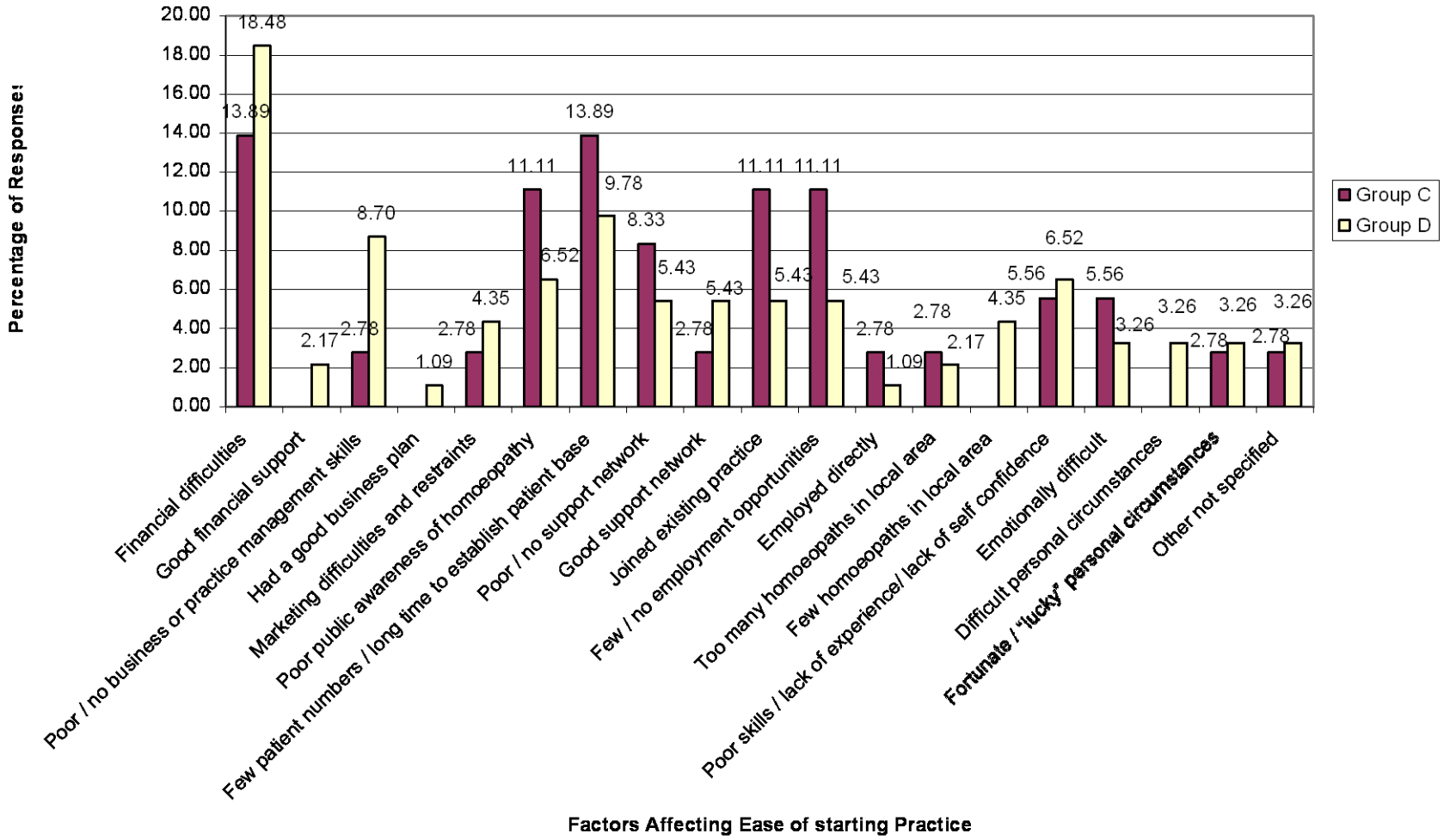

Figure 4.53: Graph Showing Factors Affecting Ease Of Starting

A wide range of responses were reported which affected the ease with which practice was started. Both Group C and D had a similar distribution of responses. Significant areas were Financial difficulties, poor no business/practice management skills, low patient numbers/length of time taken to establish a patient base, lack of employment opportunities and poor skills/lack of experience and lack of confidence.

Again the homogeneity of responses across the two groups (both in terms of the percentage who found it easy to start and in terms of the specific factors affecting this) suggests that the difficulty or ease of starting a practice is not a predictive factor in the sustainability of the practice.

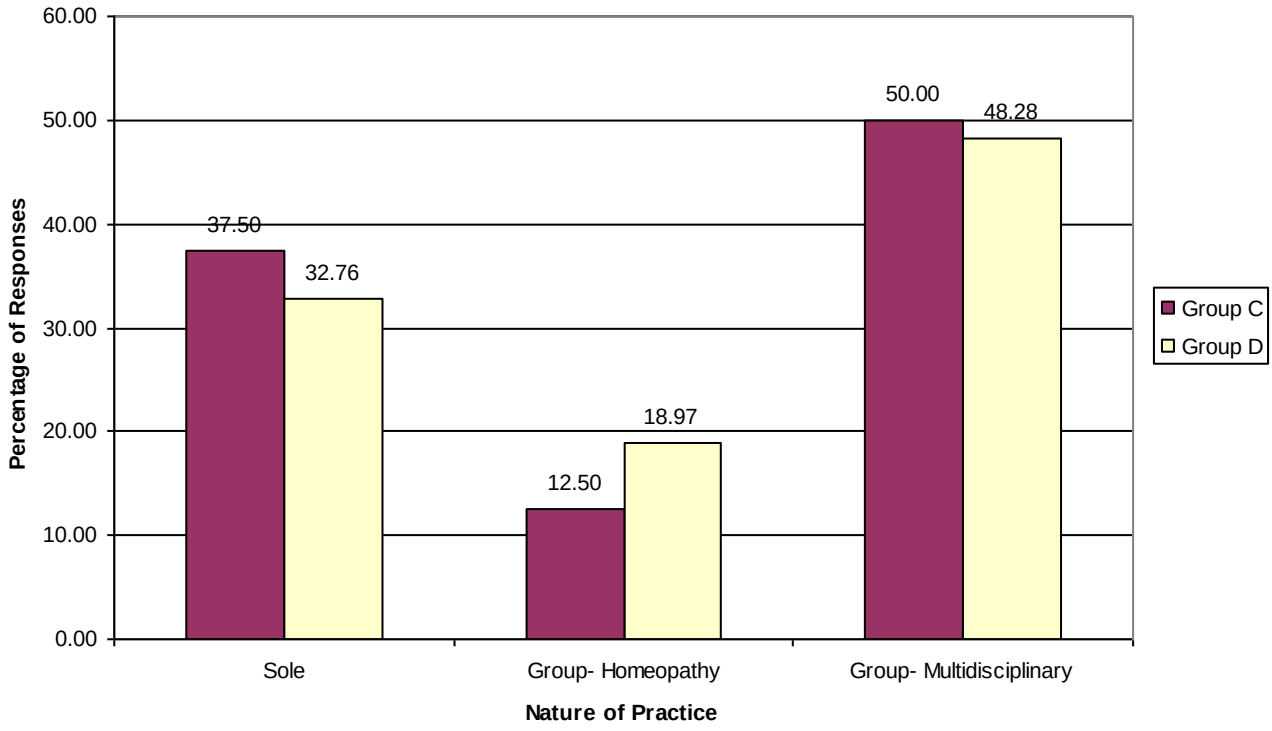

Figure 4.54: Graph Showing Nature Of Practice: Sole Vs Group

The majority of respondents in both groups practice/d in a group multi-disciplinary setting. This may reflect the fact that it is easier to practice with this support (both clinically and practically e.g. sharing costs of receptionists, rent and telephone lines). The least followed form was the group Homoeopathic set up.

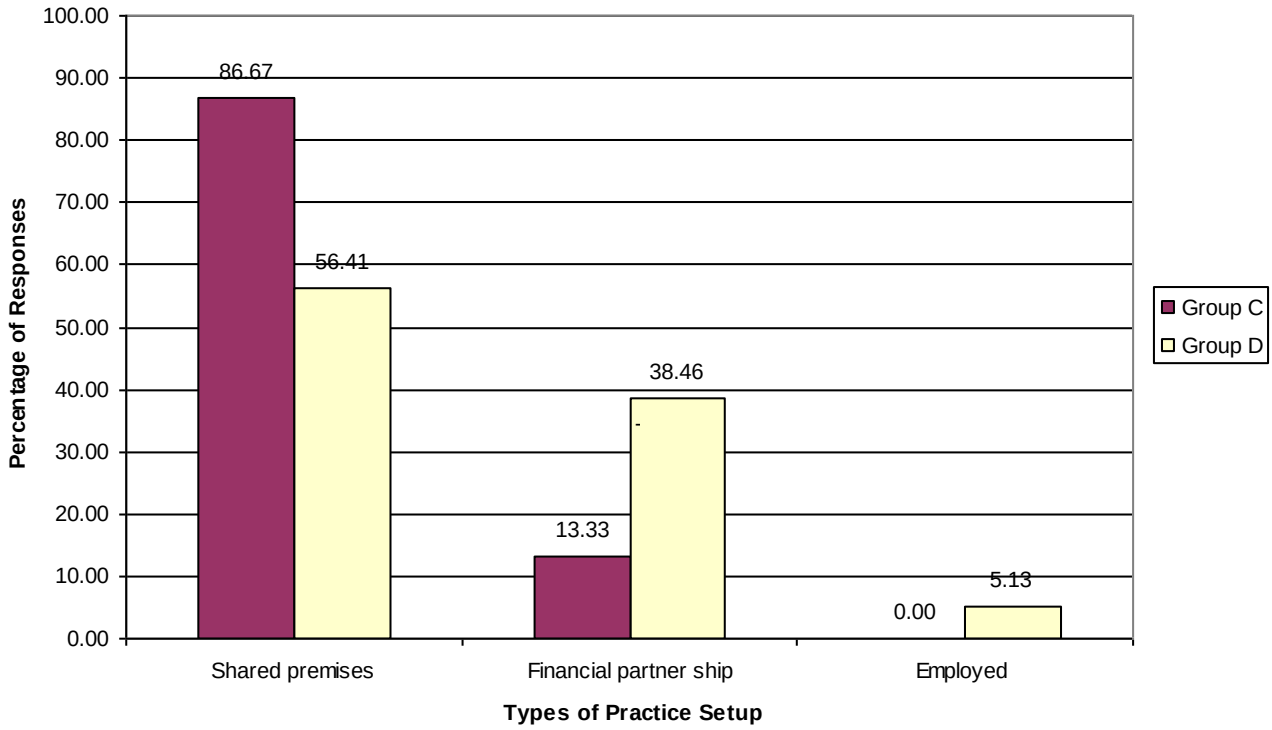

Figure 4.55: Graph Showing Nature Of Practice: Types Of Practice Set-up

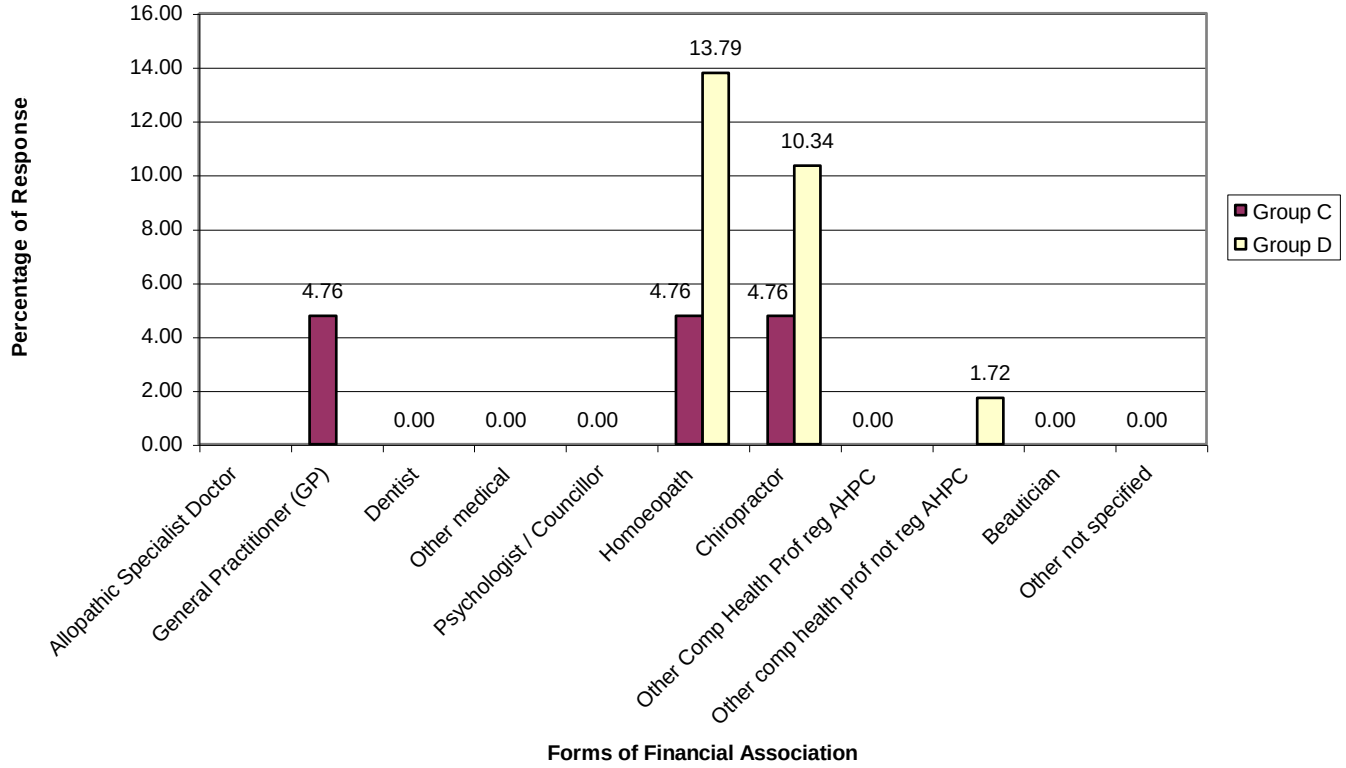

Figure 4.56: Graph Showing Nature Of Practice: Professions In Financial Association With

(Appendix K: List AHPC Registered Professions)

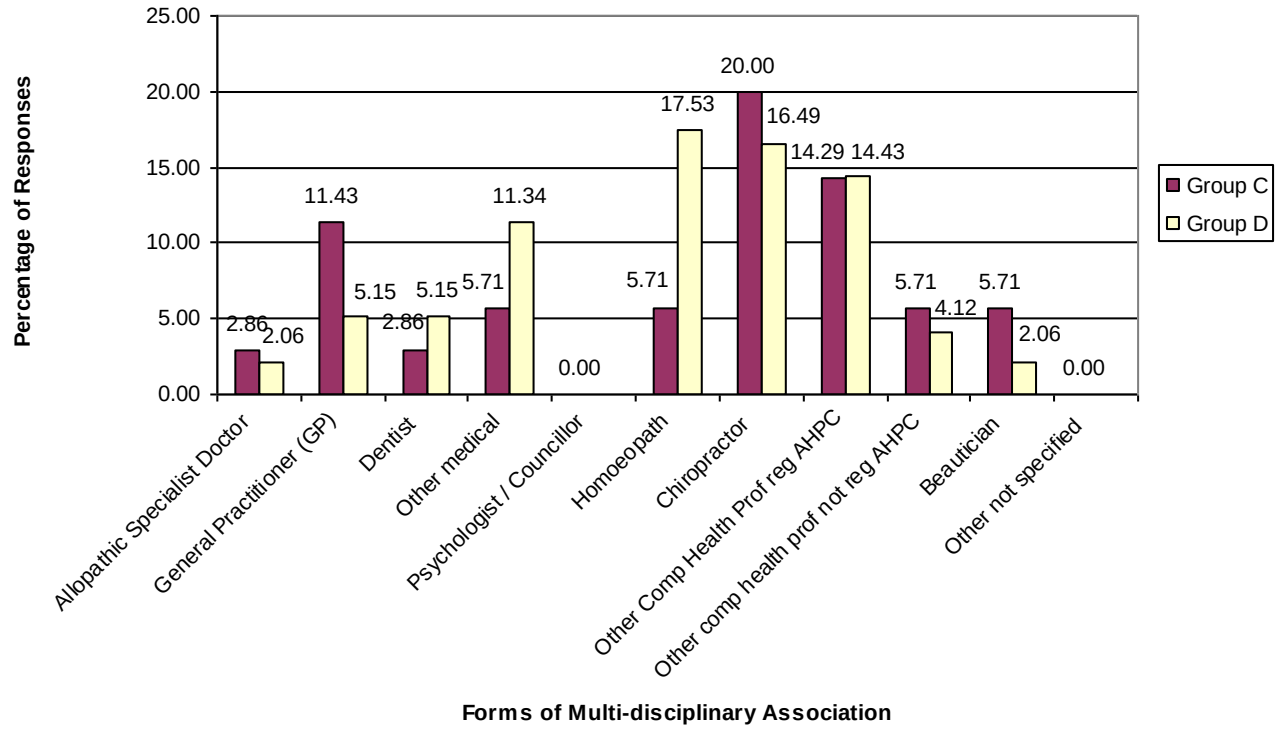

Figure 4.57: Graph Showing Nature Of Practice: Forms Of Multi-Disciplinary Practice

The above figures reflect the relative isolation of Homoeopaths engaging in practice. Most Homoeopaths have no form of association with other professionals. The biggest form of association is in a group multidisciplinary setting with other Homoeopaths and chiropractors. Very little financial association is undertaken.

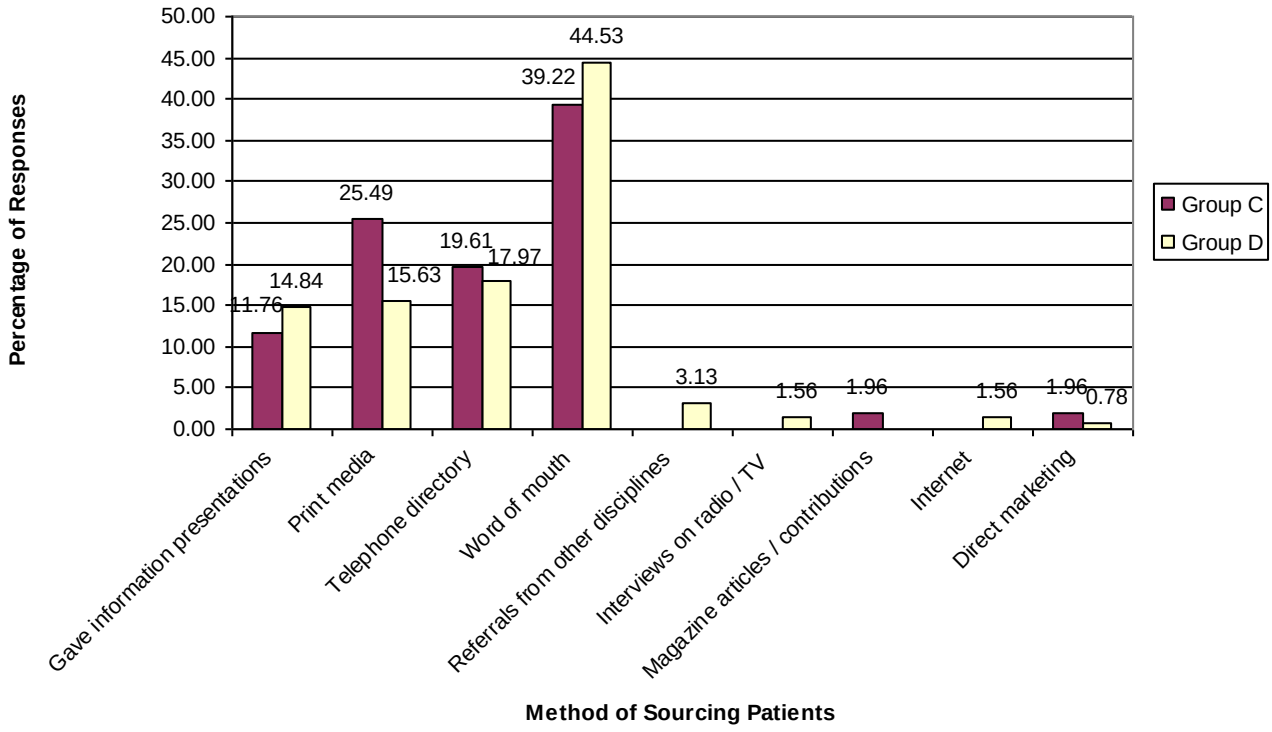

Figure 4.58: Graph Showing Methods Of Sourcing Patients

Word of mouth is the most often cited source of patients for most respondents across both groups. This in sense indicates a non-approach, as it does not require active effort. However it is difficult to quantify the importance of these elements as the question did not grade the responses in terms of the importance to the practice.

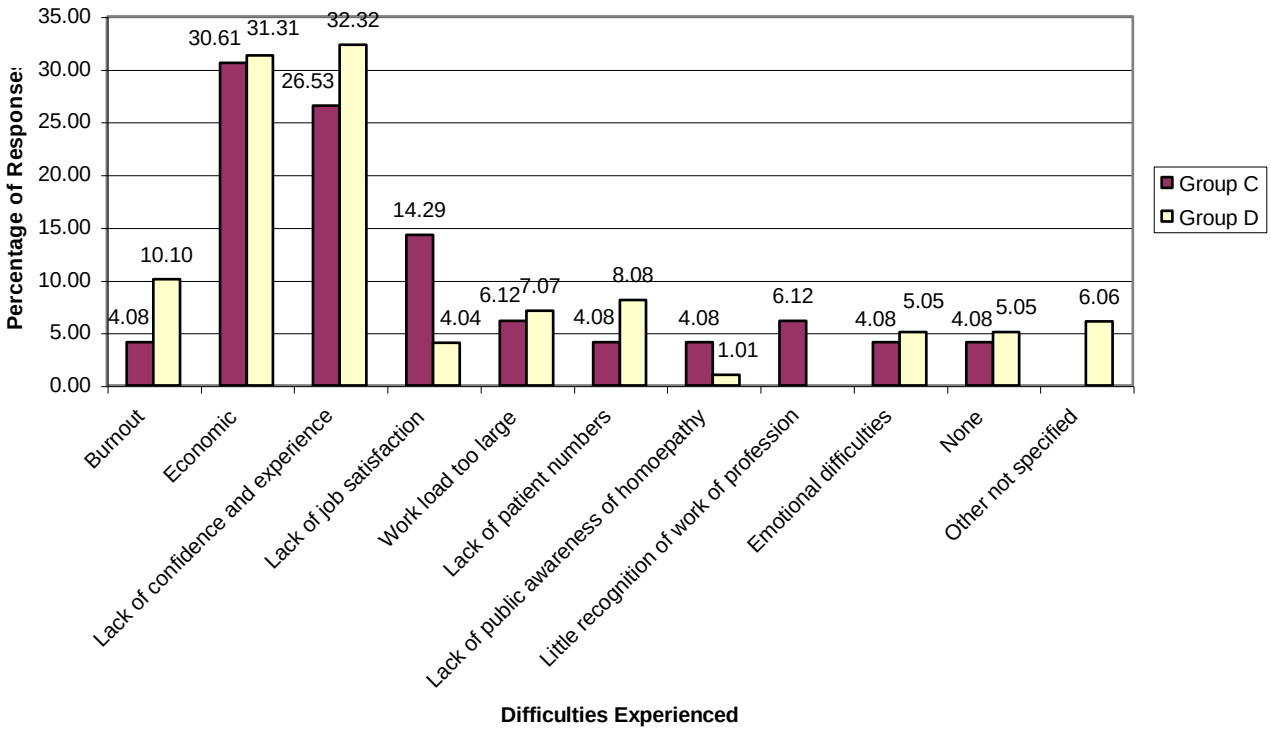

Figure 4.59: Graph Showing Difficulties Experienced In Practice

The main issues facing both Groups are Economic/Financial and Lack of Experience and Confidence. A significant percentage (10%) of practicing Homoeopaths experience a problem with burnout.

4.5.3.2.3 Patient Management

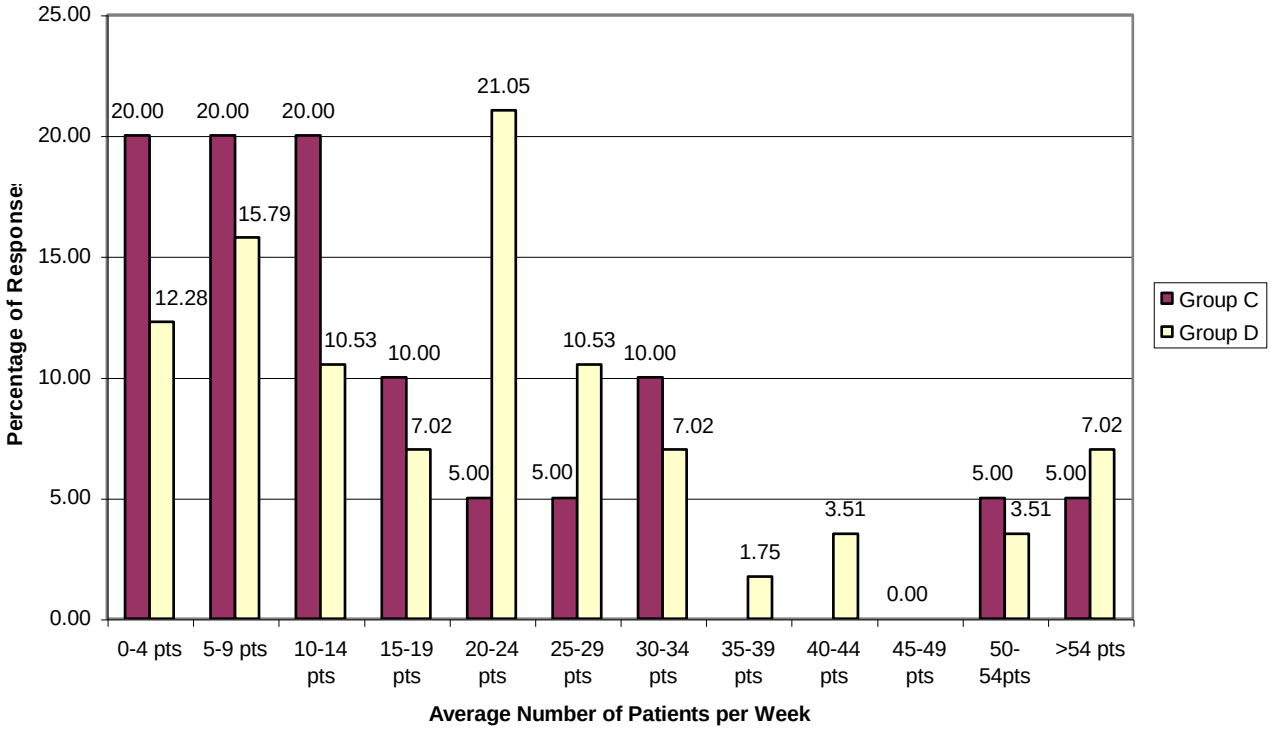

Figure 4.60: Graph Showing Average Numbers Of Patients Seen In A Week

The Group C respondents had low weekly patient numbers. In Group D, 20% of respondents reported seeing 20-24 patients per week. 30% reported seeing more than 25 patients per week (with 10% seeing more than 50 patients a week) and the balance saw fewer than 20 patients per week on average.

The trend line for Group C is tending to zero due to the fact that there are no experienced Homoeopaths in this group still practicing.

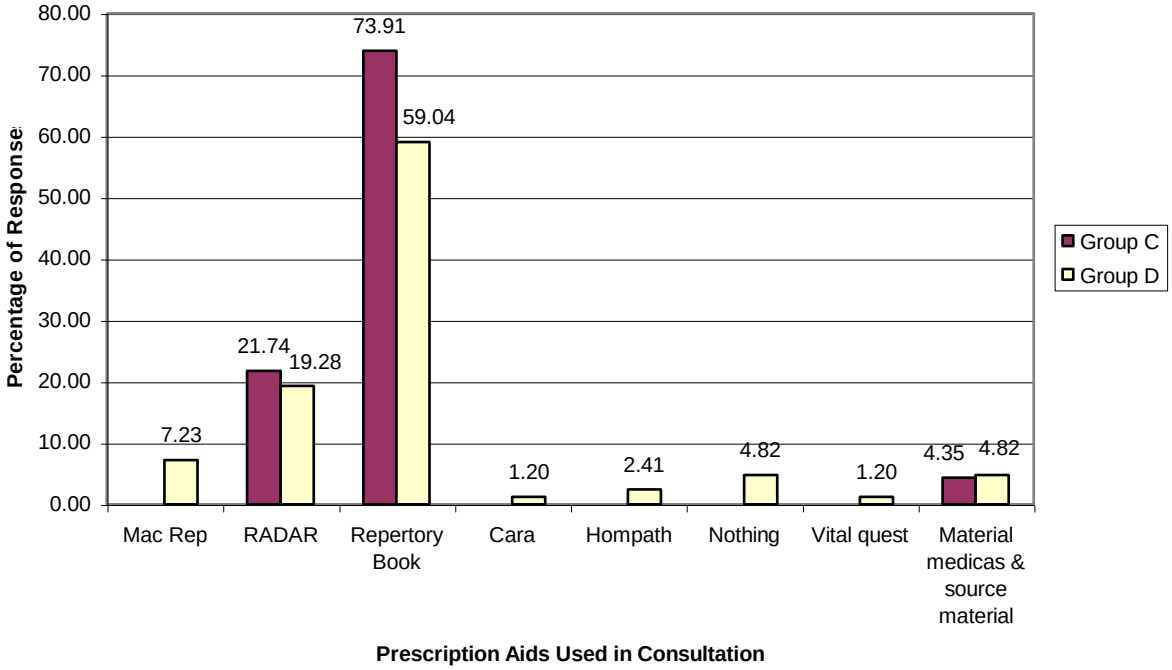

Figure 4.61: Graph Showing Frequency Of Use Of Prescription Aids In Consultation

Most Homoeopaths (73% of Group C and 59% of group D) make use of a repertory as an aid to prescription. The RADAR software package is also widely used. More disturbing is the 4% of practitioners who do not make use of any prescription aid or reference material.

4.5.3.2.4 Dispensing practice

Table 4.26: Table Showing Percentage Of Respondents In Each Group Using Their Own Dispensary

Use Own Dispensary	Percentage Of Respondents In Group C	Percentage Of Respondents In Group D
No	15.00%	10.34%
Yes	85.00%	89.66%

Interestingly a higher percentage of graduates who no longer practice did not have a dispensary. This could have contributed to a difficulty with patients due to the added effort the patient would have had to go to.

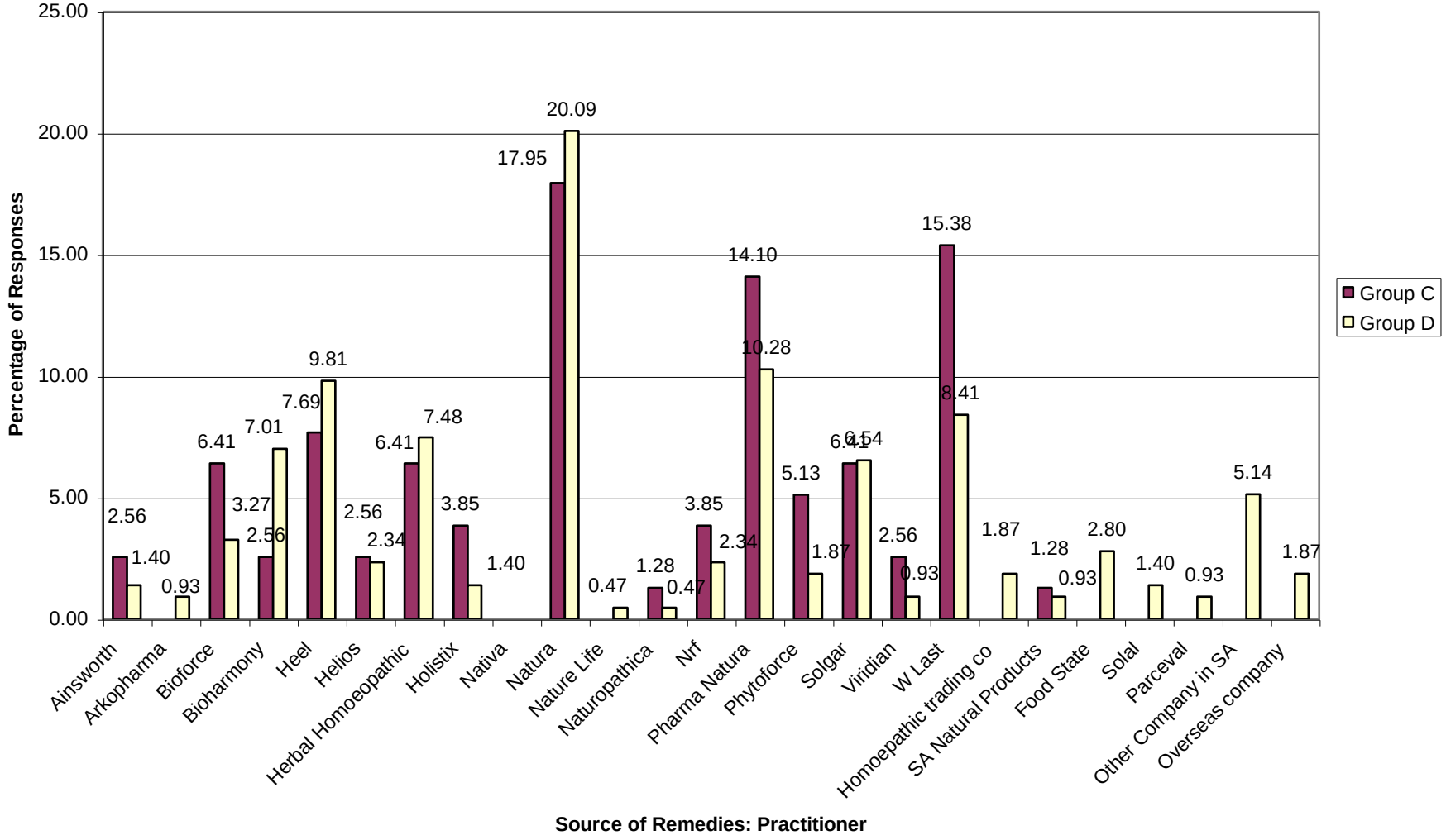

Figure 4.62: Graph Showing Where Practitioners Obtained Remedies

The above figure demonstrates a close degree of correspondence between the companies used by both currently and not- currently practicing Homoeopaths. The three most common responses were Natura Laboratories, Pharma Natura, and W. Last. These represent the most well known of the Homoeopathic supply companies. Further these companies all supply simplex remedies in a variety of potencies, as well as complex remedies and alternative 'pseudo-Homoeopathic' preparations (Gemmotherapeutics, Tissue salts, Creams, etc). In the main the balance of the companies reflected above deal with adjunctive therapeutic options rather than classical Homoeopathic treatments. These include vitamins, minerals, phytotherapies, and Homeotoxicologic and Anthroposophical preparations.

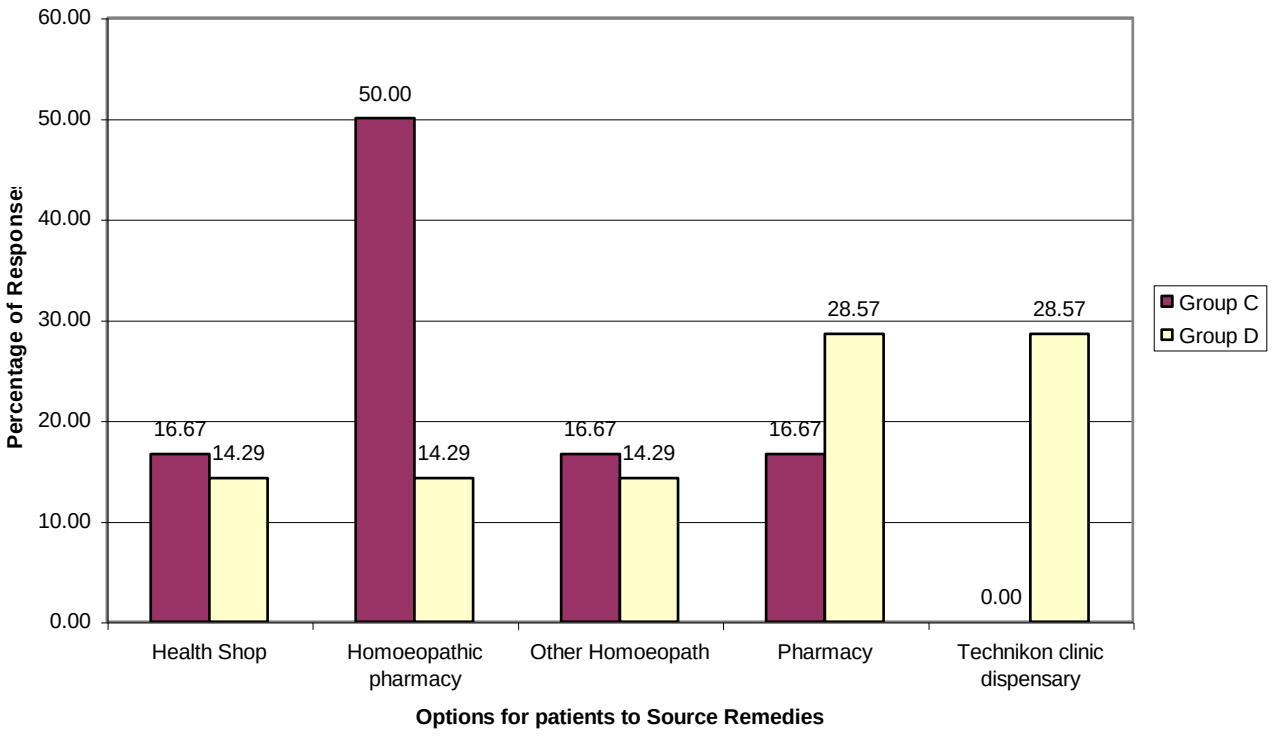

Figure 4.63: Graph Showing Where Patients Could Source Their Remedies

The alternative sources respondents suggested to patients were fairly homogenous across both groups. 50% of Group C (not currently practicing Homoeopaths) responded that patients source remedies from a Homoeopathic pharmacy.

4.5.3.3 Job Satisfaction

This was explored through direct questions, which asked explicitly whether respondents were satisfied with their career choice (as well as what aspects were involved in this experience). Indirect questions alluding to this aspect of the career chosen are included in other sections e.g. would choose to study Homoeopathy again (and why/why not, where they would have chosen to study or what alternatives they would have chosen instead), as well as financial considerations. All these aspects are discussed together in chapter five.

While Group D is the only group currently practicing Homoeopathy, satisfaction with career choice by other graduates reflects indirectly on the state of the Homoeopathic profession i.e. if someone is satisfied with another career.

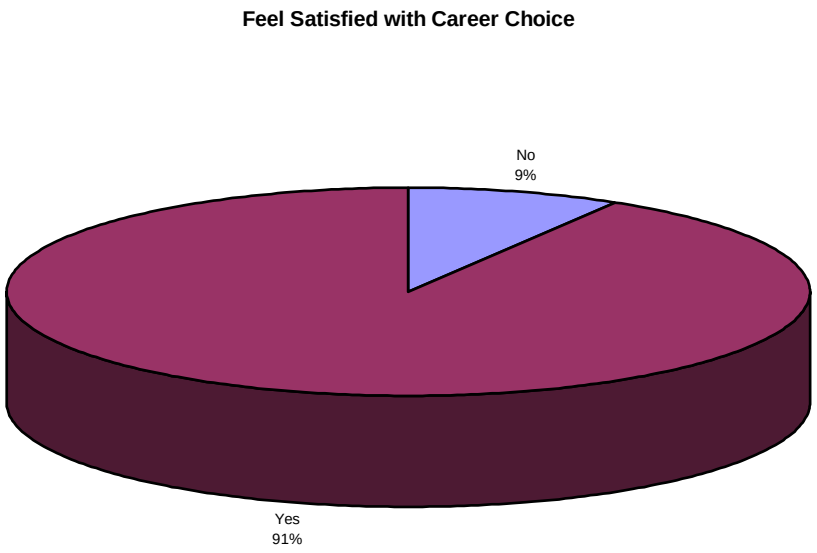

Figure 4.64: Showing Satisfaction Levels Of Practicing Homoeopaths (Group D) With Homoeopathy As A Career

91.4% of respondents reported being satisfied with their career choice, current practice of Homoeopathy. This high level is explained by the fact that those not satisfied would presumably have stopped practicing and engaged in another option.

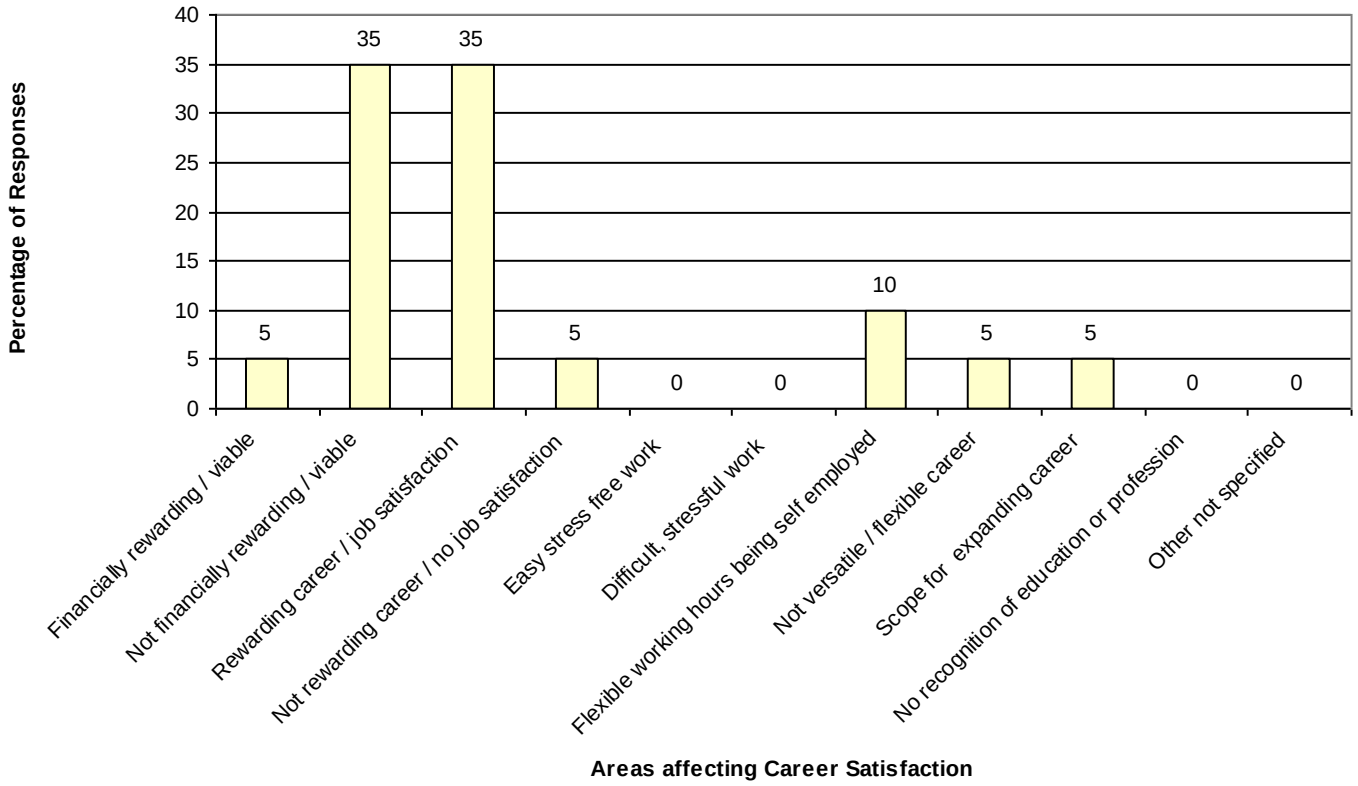

Figure 4.65: Graph Showing Issues Of Satisfaction With Practicing Homoeopathy

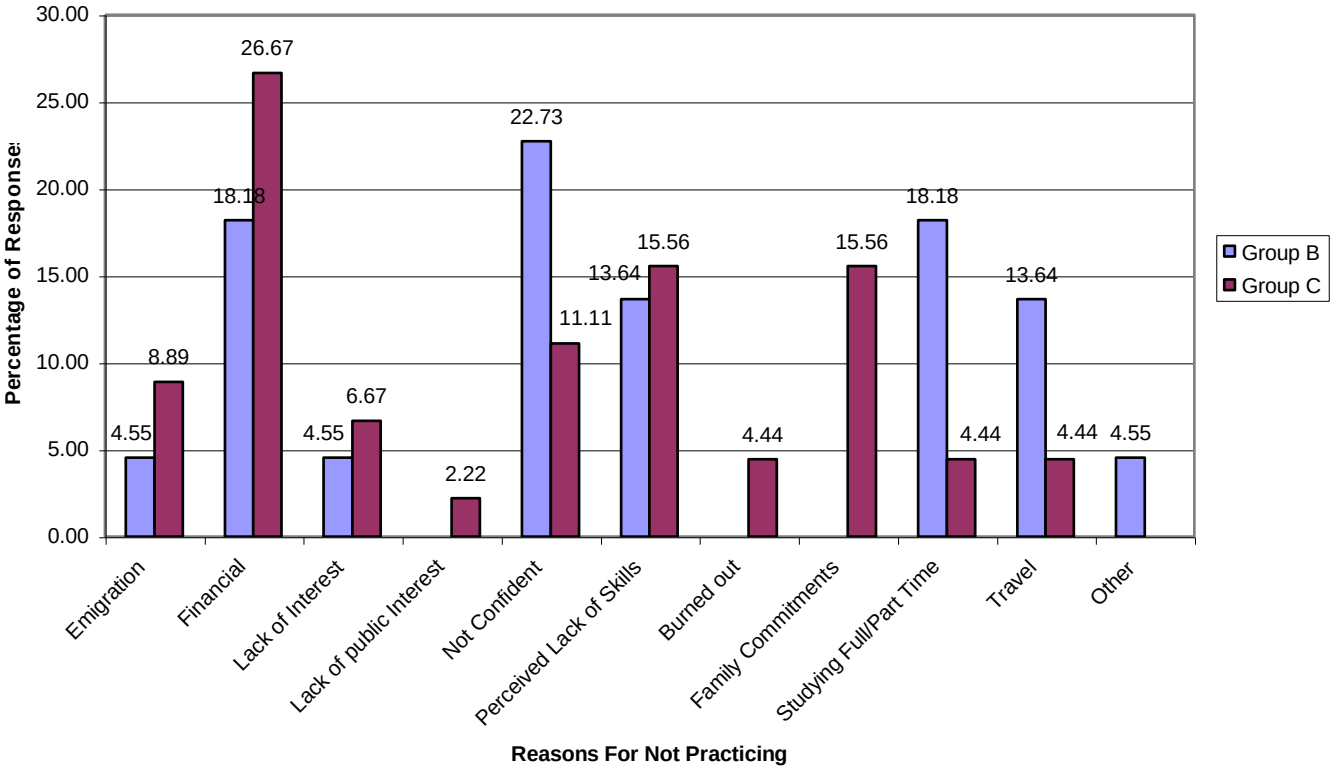

Figure 4.66: Graph Showing Reasons For Not Currently Practicing

The above reflects the fact that financial reasons provide the most compelling reason to stop practicing. Perceived lack of skills and family commitments were also noted as important reasons. For Group B, Lack of confidence, financial concerns and other study commitments were the most represented reasons. It is worth noting that the most frequent reason given for not practicing was lack of confidence. Of the 9 respondents in this group 6 were between 21 and 25, 2 between 26 and 30, and only 1 between 30 and 35 years of age. Further 7 of the respondents had only qualified after 2001. These two factors could explain the lack of confidence as well as the financial reason for not practicing. The third most frequent reason for not practicing was Studying. This may also follow from the younger age and more recent qualification of these respondents. This difference reflects the different nature of the two groups.

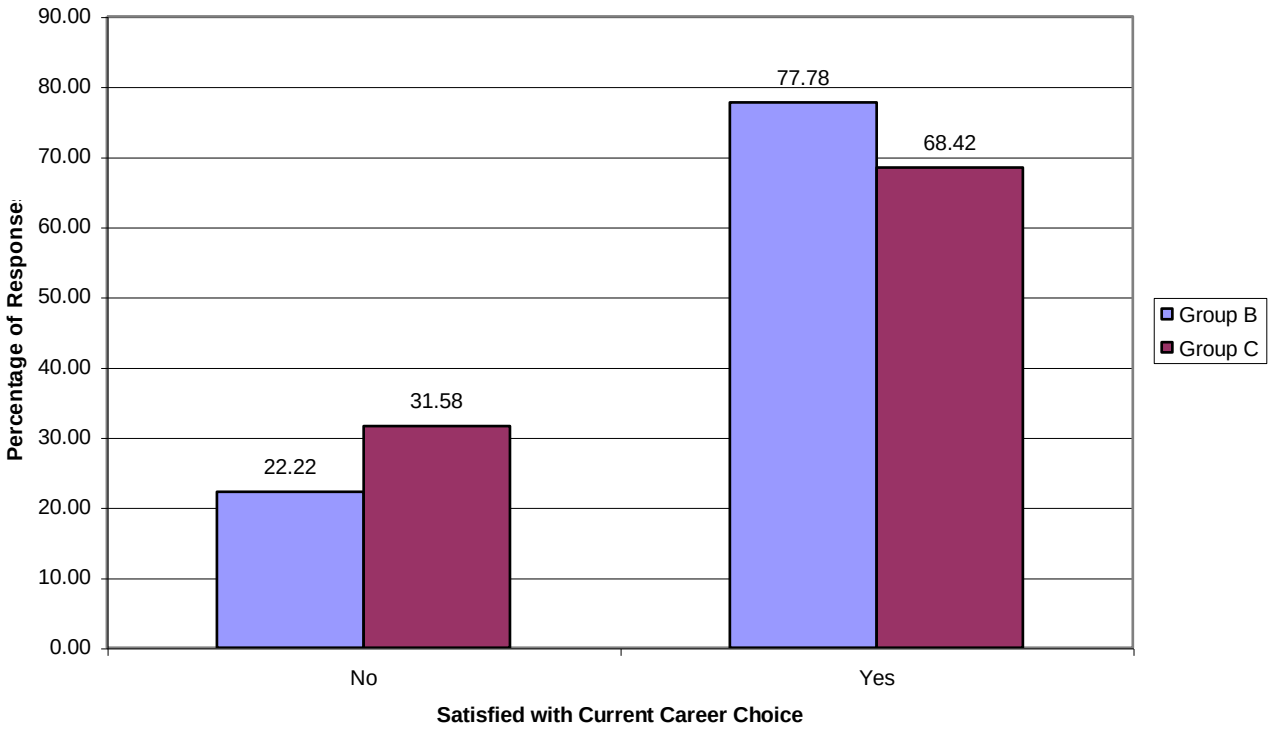

Figure 4.67: Graph Showing Whether Satisfied With Current Career Choice (Not Currently Practicing Homoeopathy)

The higher percentage of respondents who reported not being satisfied with their current career choice (22% and 32% in Group B and C respectively) may reflect that these respondents were constrained from practicing although would still like to engage in practice. This is reinforced in Section 4.5.3.5 (Intentions to Practice again)

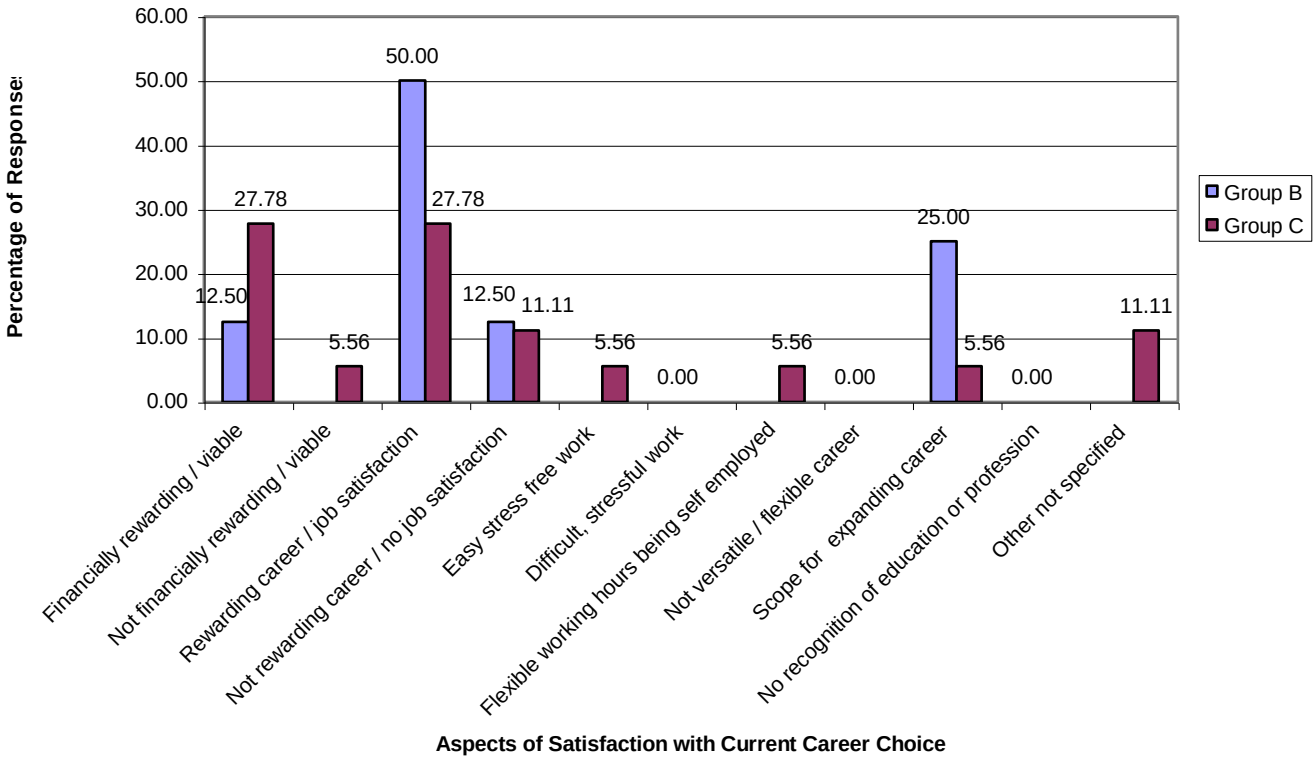

Figure 4.68: Graph Showing Aspects Of Satisfaction With Current Career Choice

It is interesting to note that financial reasons for not practicing were most often indicated.

4.5.3.4 Alternative Career Choices

Table 27: Table Showing Percentage And Numbers Of Respondents Of Whether They Would Study Homoeopathy Again

	Total Number	Total Percent
Yes	61	70.11%
No	26	29.89%

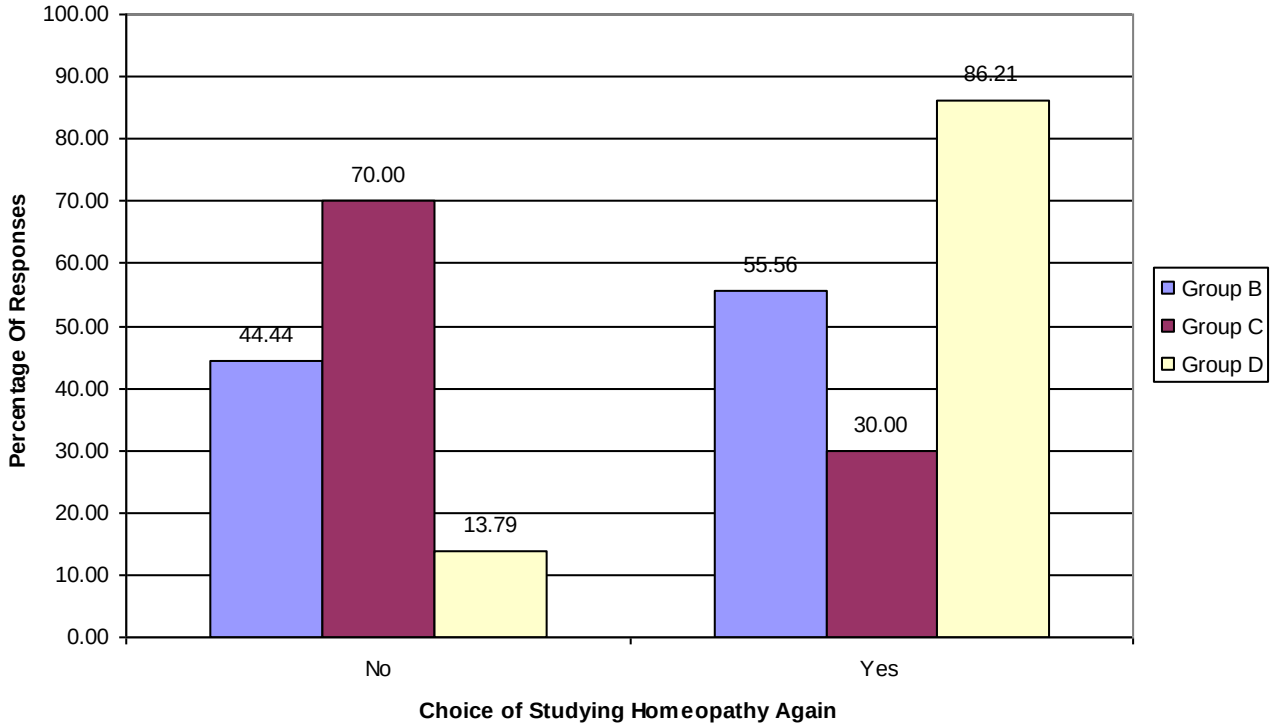

Figure 4.69: Graph Showing Whether Respondents Would Choose To Study Homoeopathy Again If They Had The Choice

Most of the currently practicing Homoeopaths would choose the same path. This indicates a level of satisfaction with their current career choice. Similarly of the non-practicing Homoeopaths who used to practice (Group C) 70% would not follow the same choice of study. Again this indicates a level of satisfaction at having stopped practicing as a career. The split in the responses of Group B (58% indicating they would study again, and 42% indicating they would not) reflects the multi-factorial nature of the decisions/inability to practice. Choosing to study again despite not currently practicing possibly indicates a level of commitment and satisfaction with Homoeopathy as a philosophy and an intention to practice in the future.

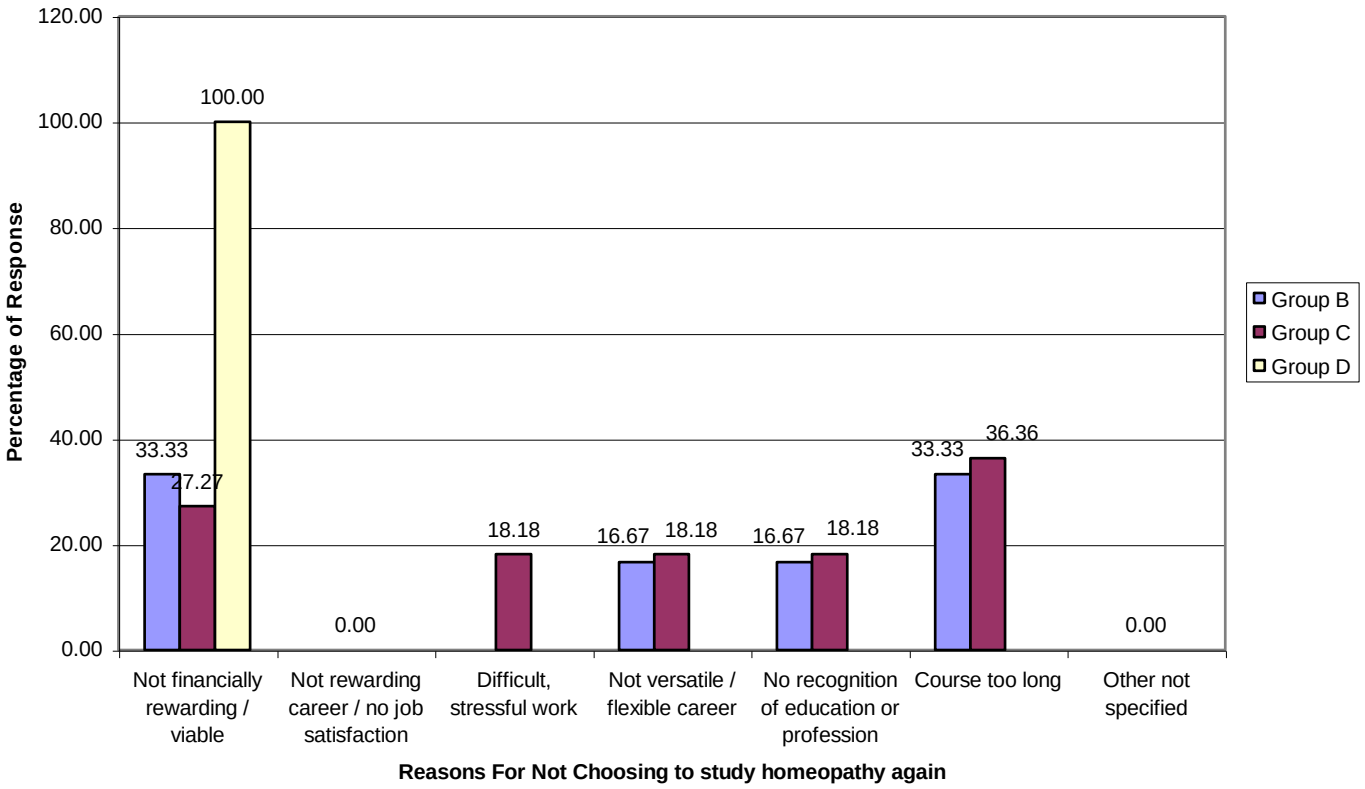

Figure 4.70: Graph Showing Distribution Of Reasons For Choosing Not To Study Homoeopathy Again

Note that although 100% of the respondents from Group D used the lack of financial reward/viability as a reason, only 12% of the respondents would not have chosen Homoeopathy again if they had the choice.

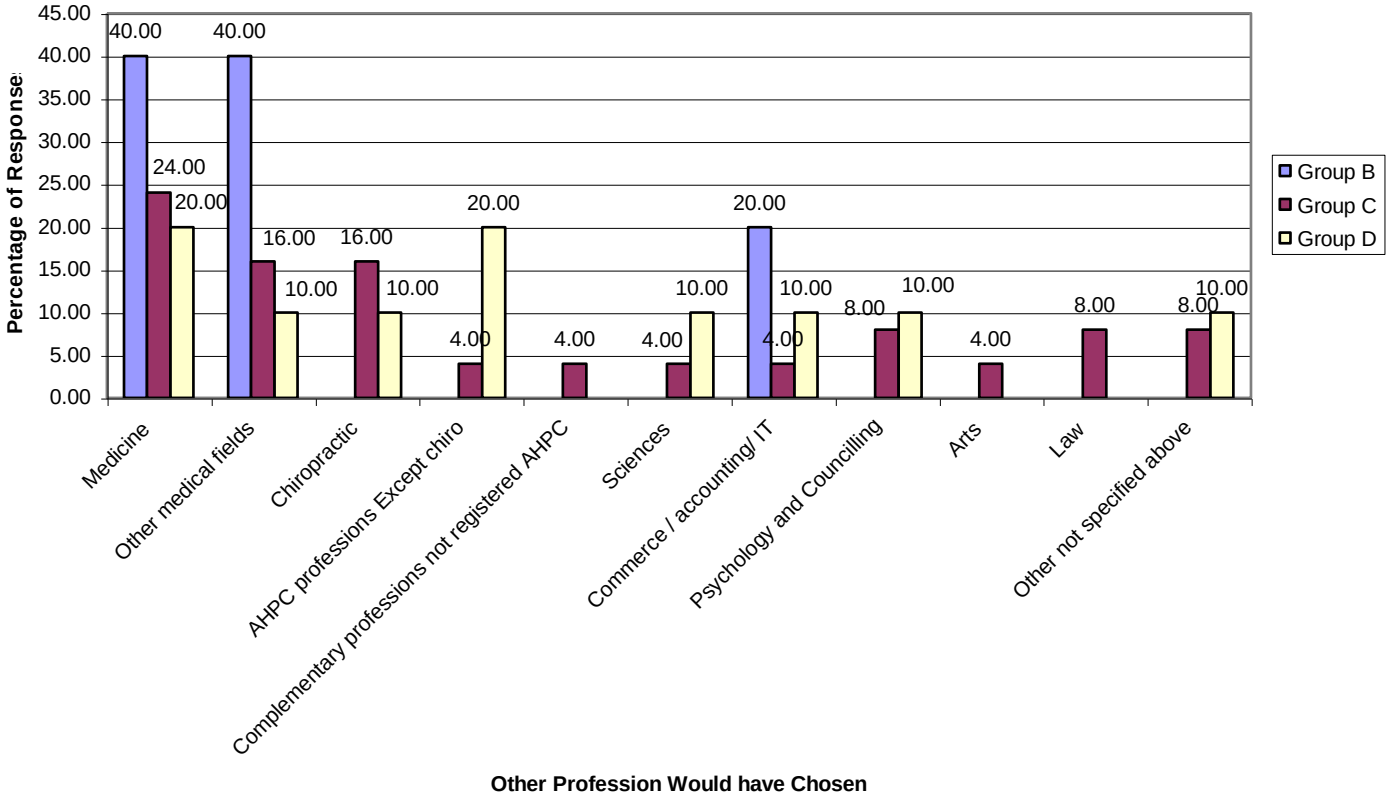

Figure 4.71: Graph Showing What Respondents Would Have Chosen To Study Again.

(Appendix K: List of AHPC Registered Professions)

Medicine, other medical fields and other alternative health professions make up most of the responses (what they would have chosen to study if they could choose again) i.e. these respondents feel they would like to be in the general health field.

4.5.3.5 Intension To Practice Again

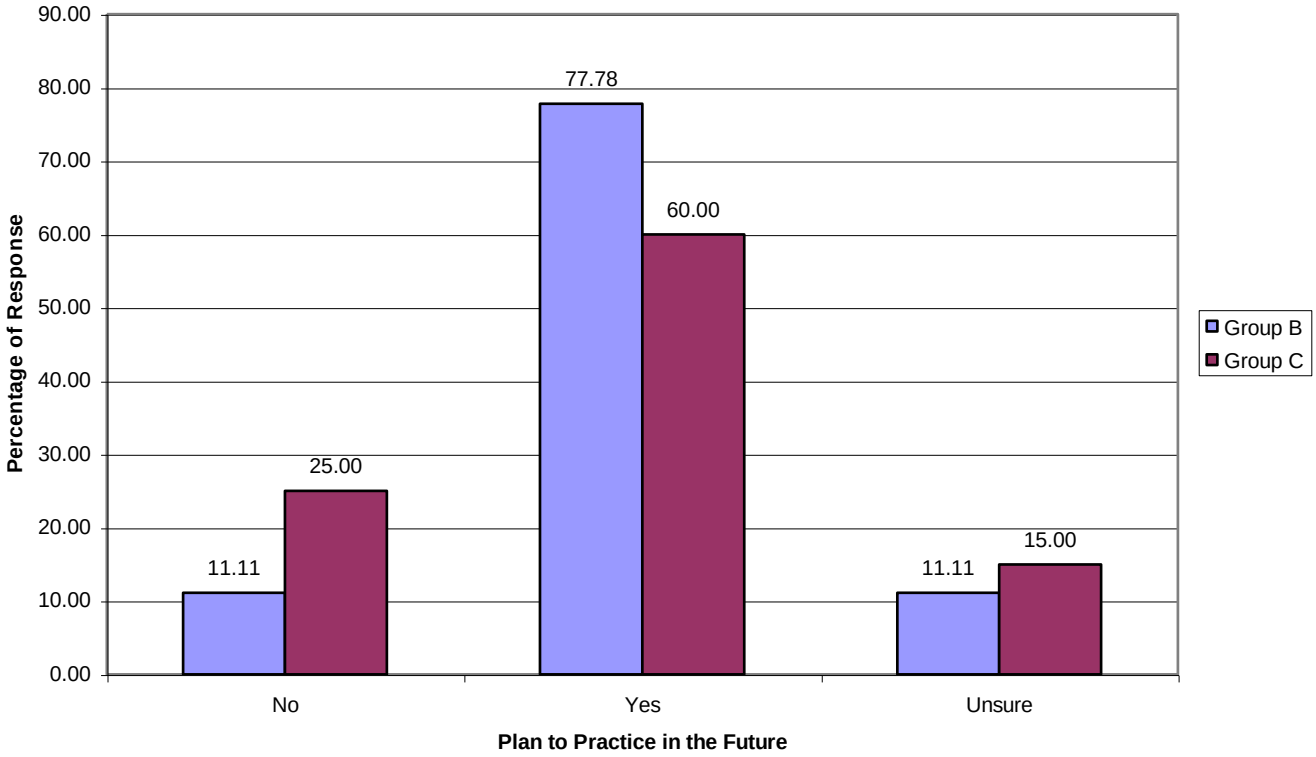

Figure 4.72: Graph Showing Whether Planning To Practice Again In The Future

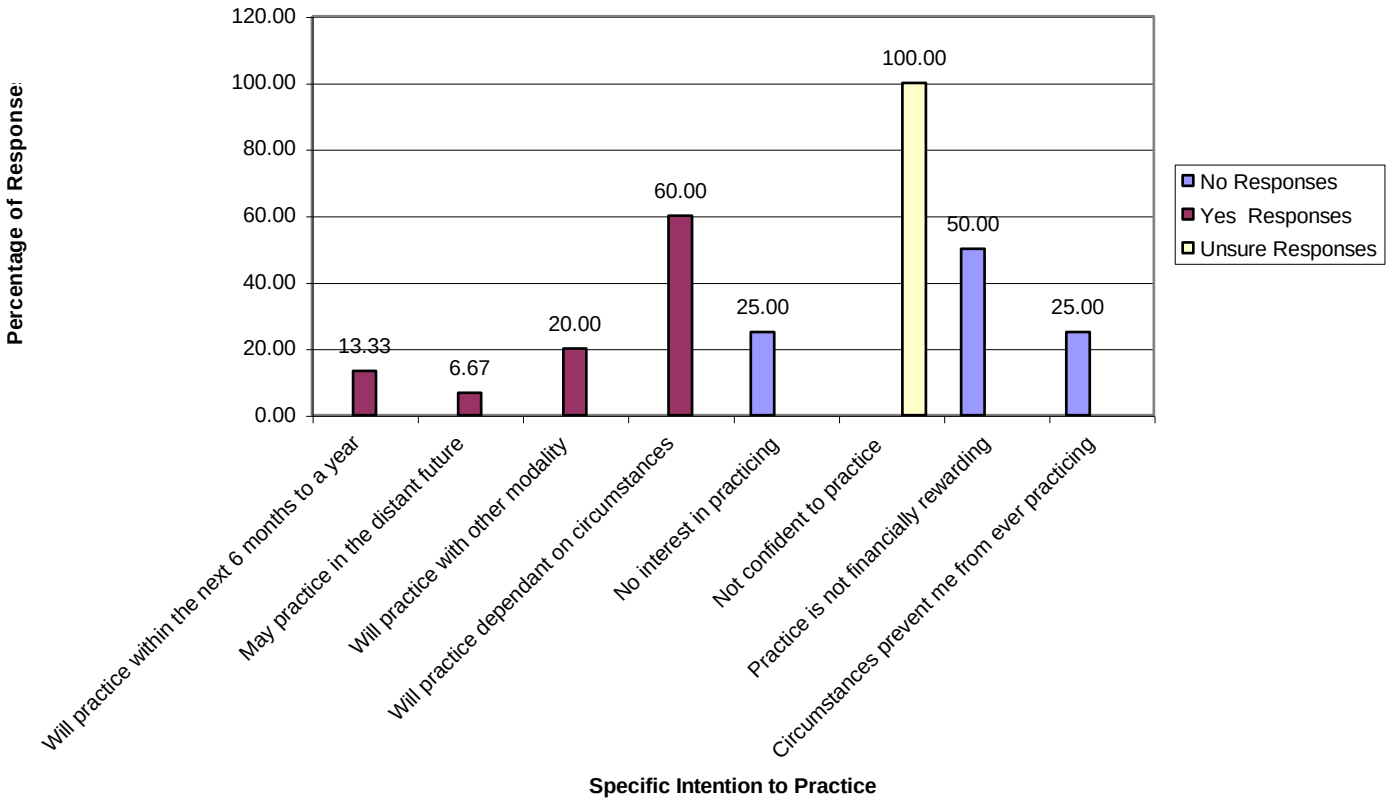

Figure 4.73: Showing Total Responses With Specific Intention To Practice Or Not

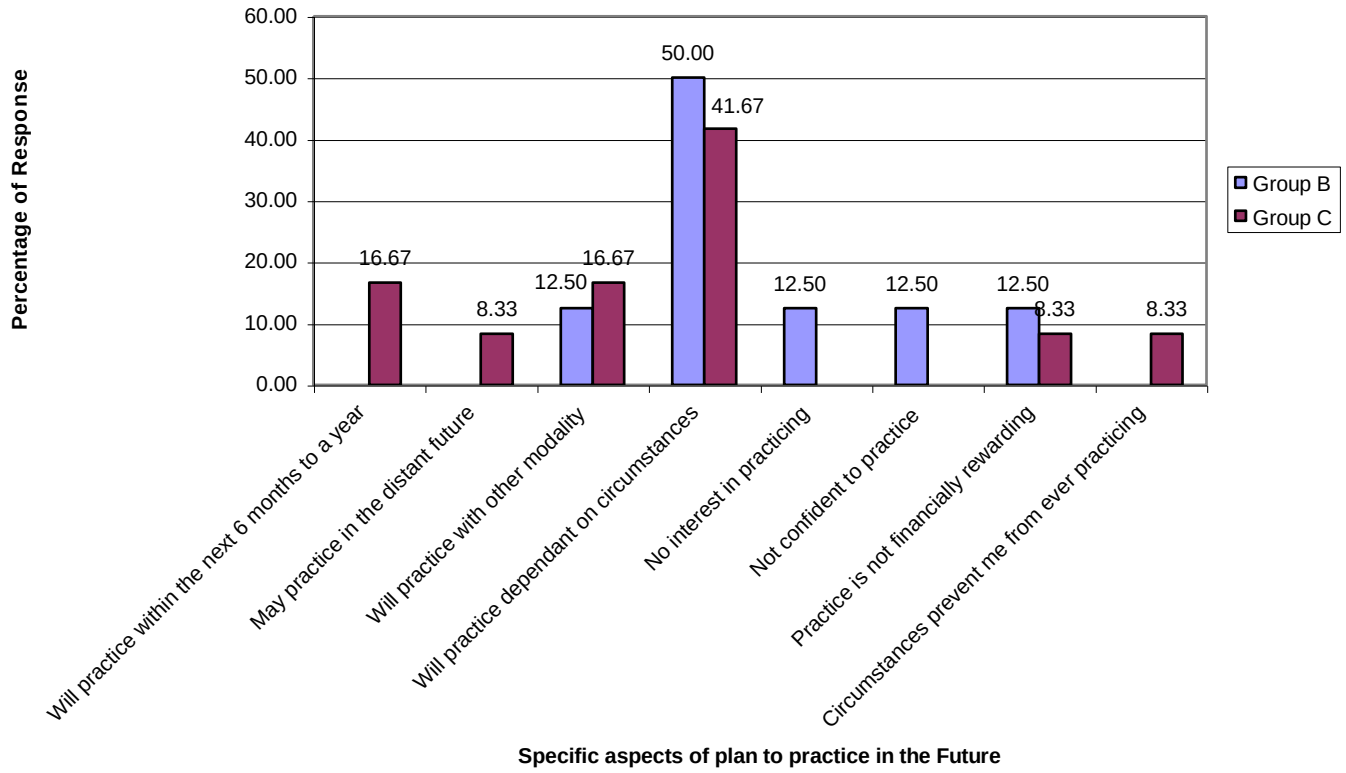

Figure 4.74: Graph Showing Plans Regarding Practicing In The Future

The intention to return to practice (78% of Group B and 60% of Group C) would seem to indicate that the subject/system of Homoeopathy is attractive, although the practical aspects are a constraint in pursuing Homoeopathy as a profession.

4.5.4 Profession

4.5.4.1 Registration

Table 4.28: Table Showing Professional Boards Respondents Registered With

Name Of Board	No. Of Respondents
None	17
Allied health Professions Council	64
Board of Health Care Funders	11
Other Official Board (other country in Health Field)	7
Other Official Board (same country non-health field)	1

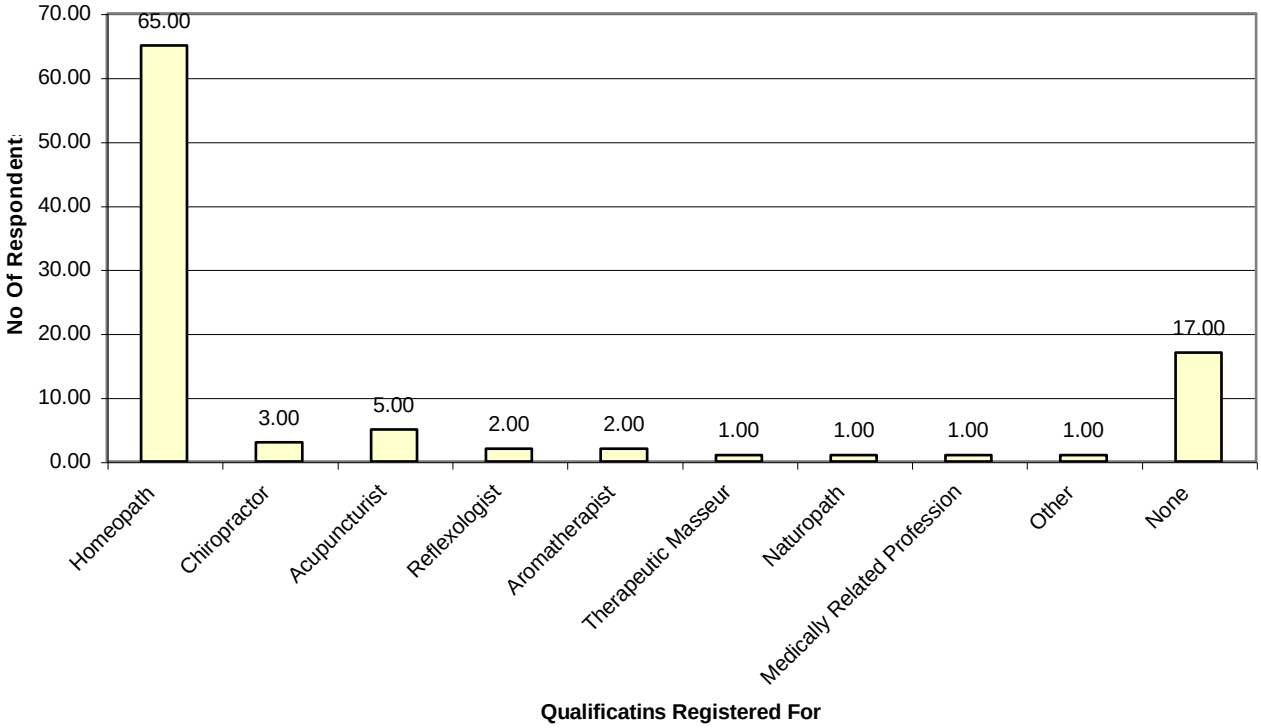

Figure 4.75: Figure Showing Distribution Of Professions Respondents Registered For

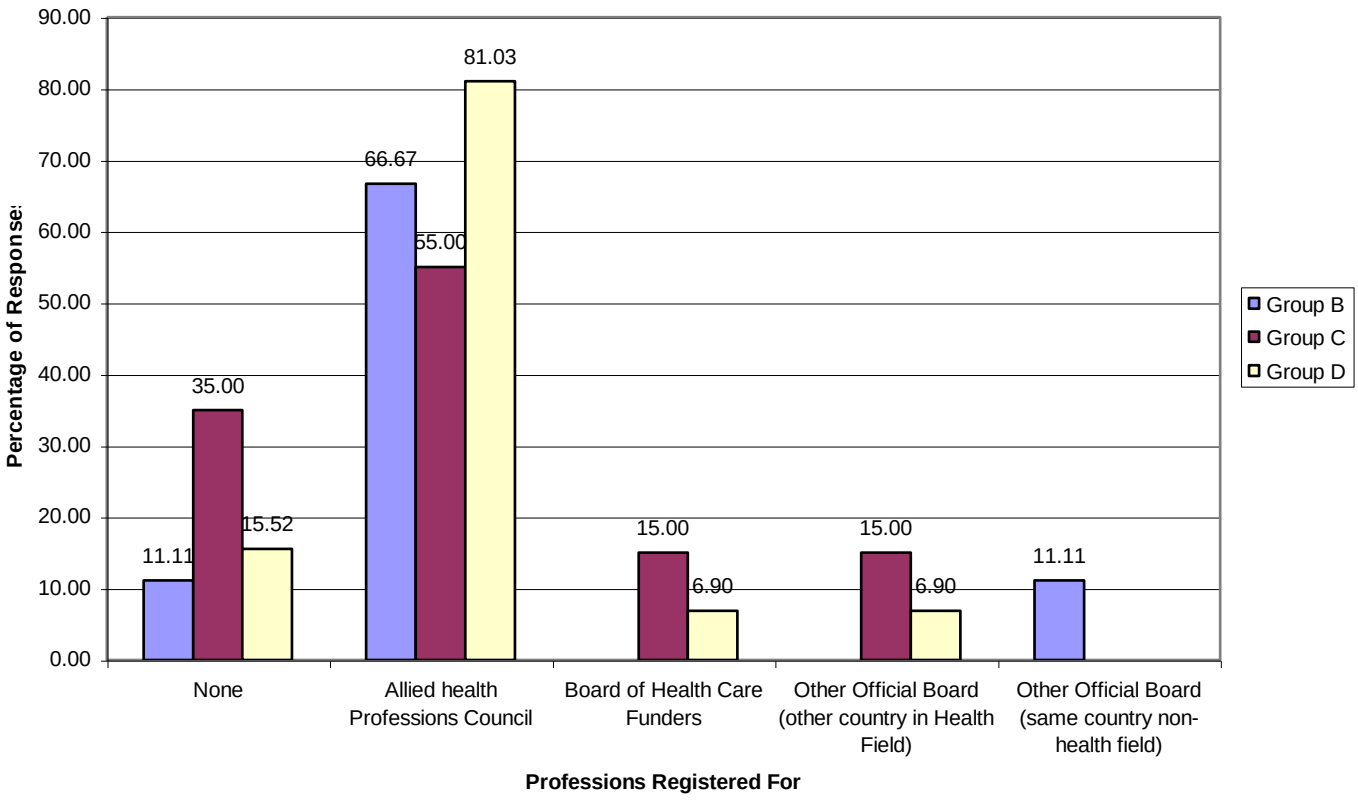

Figure 4.76: Graph Showing Professions Registered For Across The Three Groups

4.5.4.2 Interaction Within Homoeopathic Profession

Table 4.29: Table Showing Whether Respondents Felt They Had The Support Of The Profession

Perception Of Support	No. In Group B	Percentage	No. In Group C	Percentage	No. In Group D	Percentage	Total	Percentage
No	8	88.9%	10	50%	25	43.1%	43	49.43%
Yes	1	11.1%	6	30%	32	53.1%	39	44.83%
Not Applicable			4	20%	1	1.8%	5	5.74%

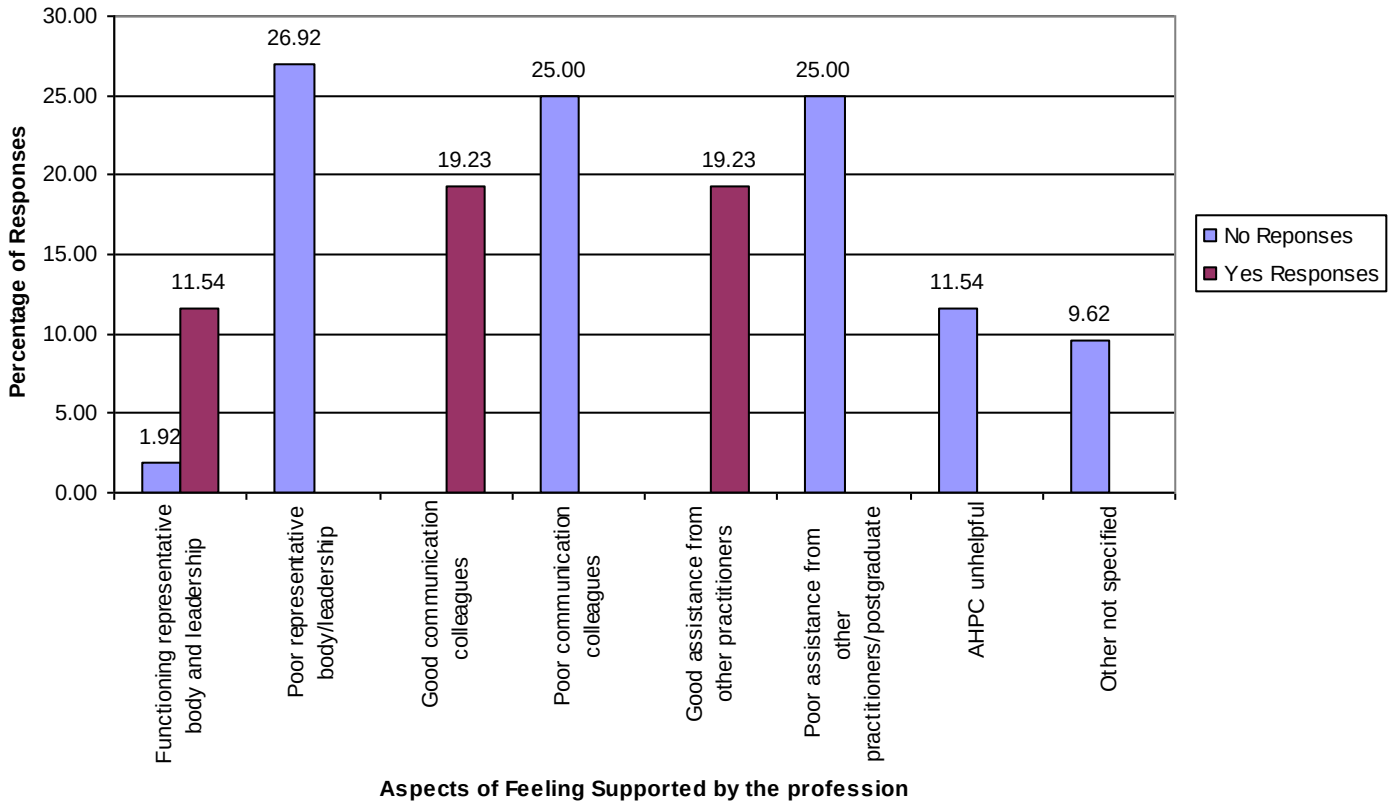

Figure 4.77: Graph Showing Percentage Responses In Total Of Aspects Of Feeling Supported By The Homoeopathic Profession Or Not

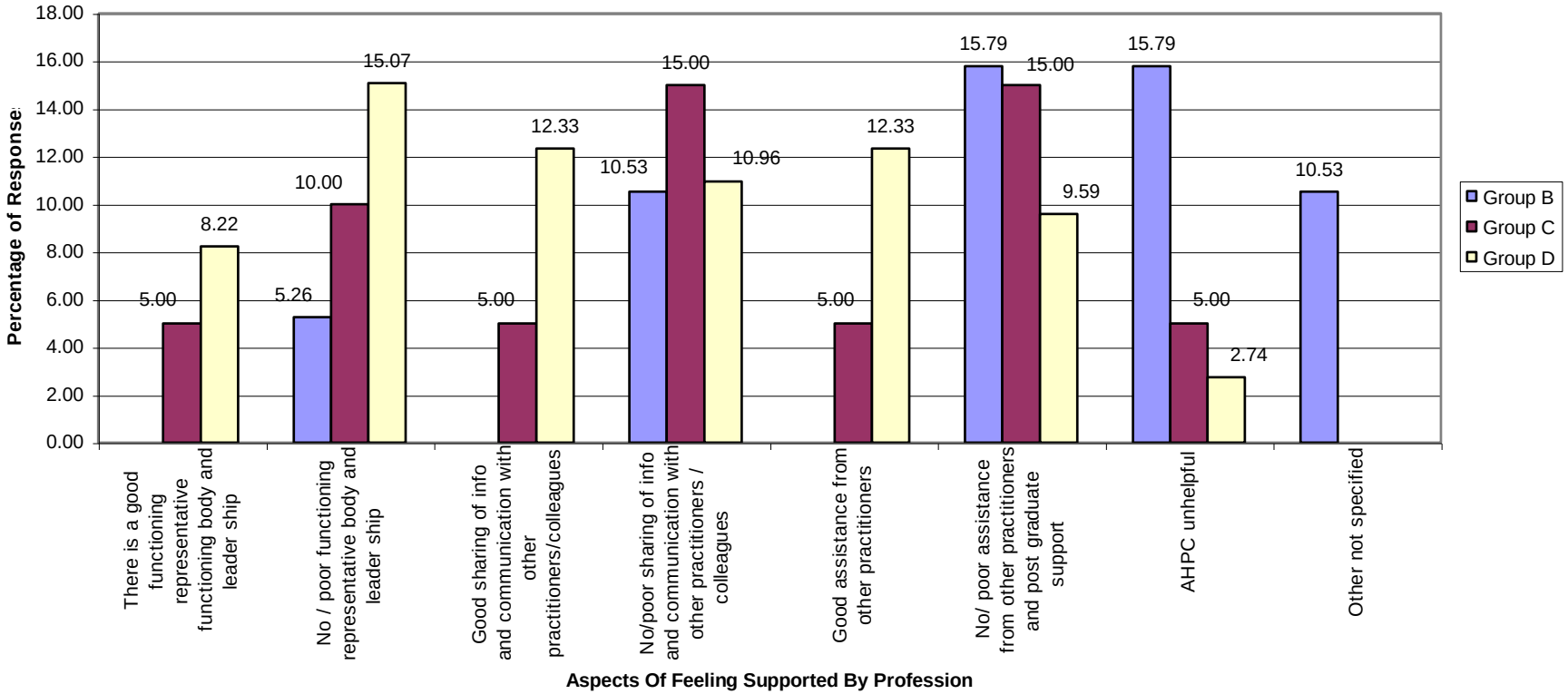

Figure 4.78: Graph Showing Aspects Of Feeling Supported By The Profession

This graph shows the general perception of the integration of the profession in terms of representation at organisational level, professional identity, and impression of the AHPCSA. The responses of practitioners in Group D were more evenly spread across the issues. This reflects the greater sample size, as well as a wider experience of the issues pertaining to the profession (as compared to non practicing and never practiced Homoeopaths).

4.5.4.3 Interface With Other Health Professionals

These questions relate to the level of integration into the general medical environment (both alternative and allopathic). Taken together with the forms of association above, they contribute to an understanding of the place of the profession relative to other professions.

Table 4.30: Table Showing Whether Respondents Felt They Were Part Of The General Medical Profession

Perception Of Inclusion Into General Medical	No. In Group B	Percentage	No. In Group C	Percentage	No. In Group D	Percentage	Total	Percentage
No	7	77.8%	10	50%	37	63.7%	54	62.07
Yes	1	11.1%	8	40%	20	34.5%	29	33.33
Not Applicable	1		2	10%	1	1.8%	4	4.60

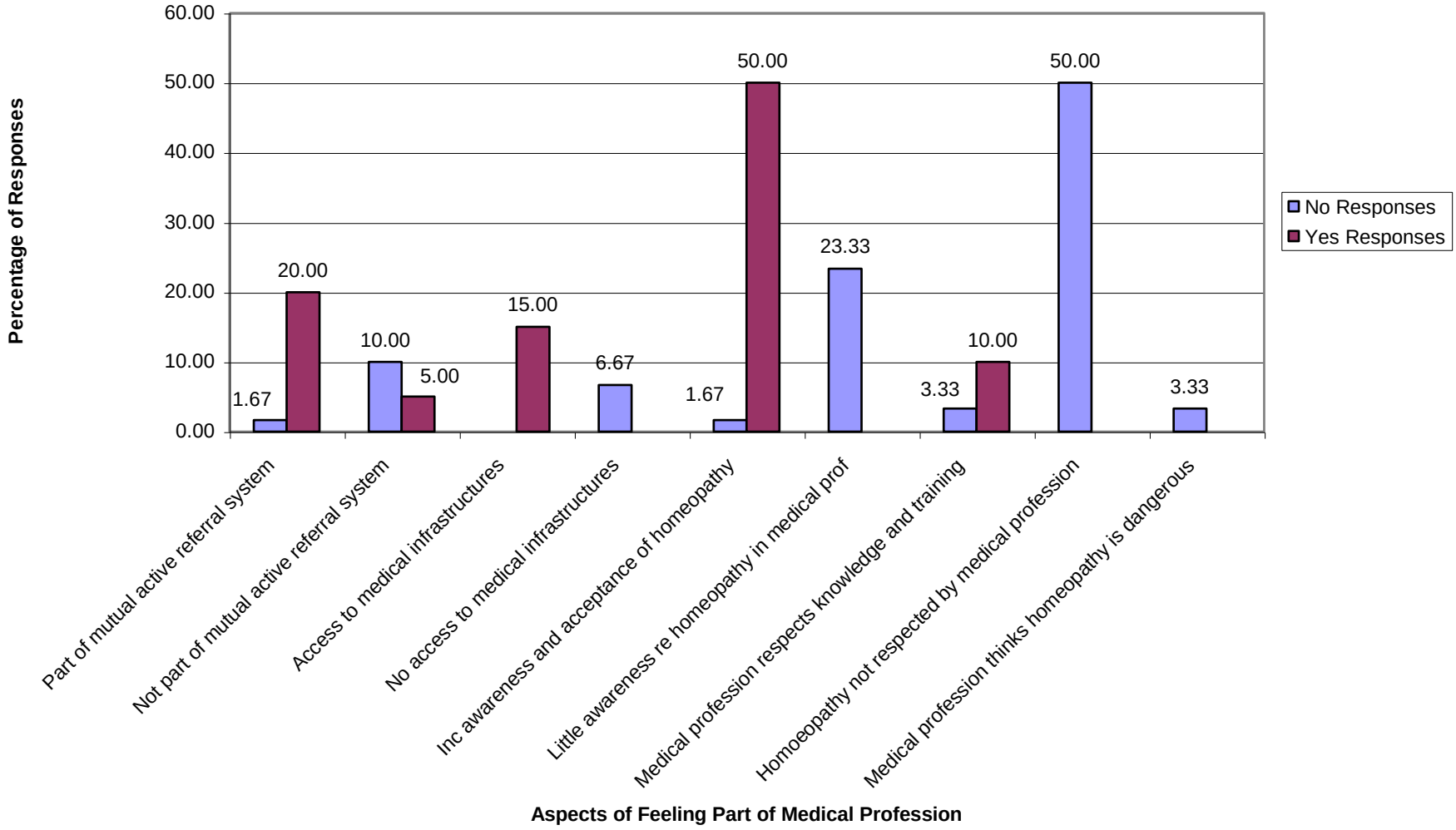

Figure 4.79: Graph Showing Percentage Of Total Responses With Aspects Of Feeling Part Of The Medical Profession

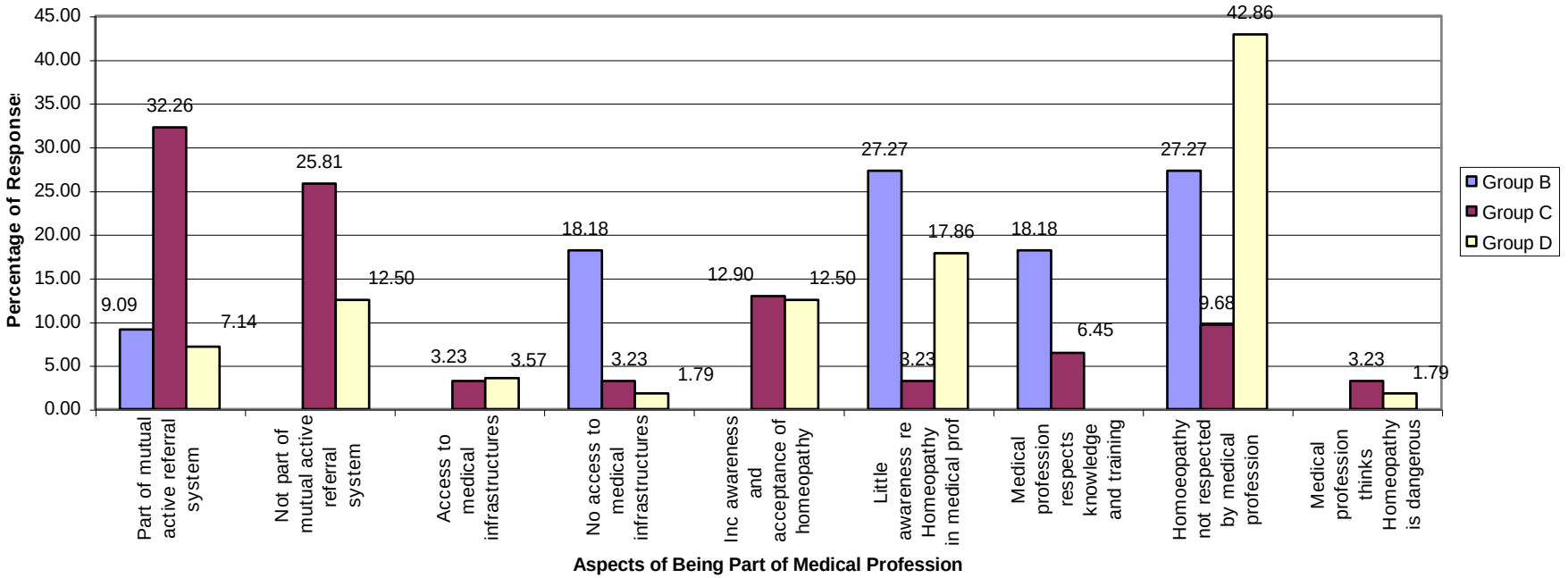

Figure 4.80: Graph Showing Perceptions Of Being Part Of The Greater Medical Profession

A lack of respect for Homoeopathy was seen as the major aspect around this issue by respondents in Group D. Currently practicing Homoeopaths also feel not part of an active mutual referral system, possibly caused by a low level of interest in Homoeopathy. Group B similarly reflected an experience of exclusion in terms if lack of access to medical infrastructure, as well as the lack of respect for and the low level of interest in Homoeopathy. Group C reflected a much higher feeling of inclusion (32% of responses indicated an inclusion in an active mutual referral system), although the balance of responses re-enforced the perception of exclusion and lack of access felt by Groups B and D.

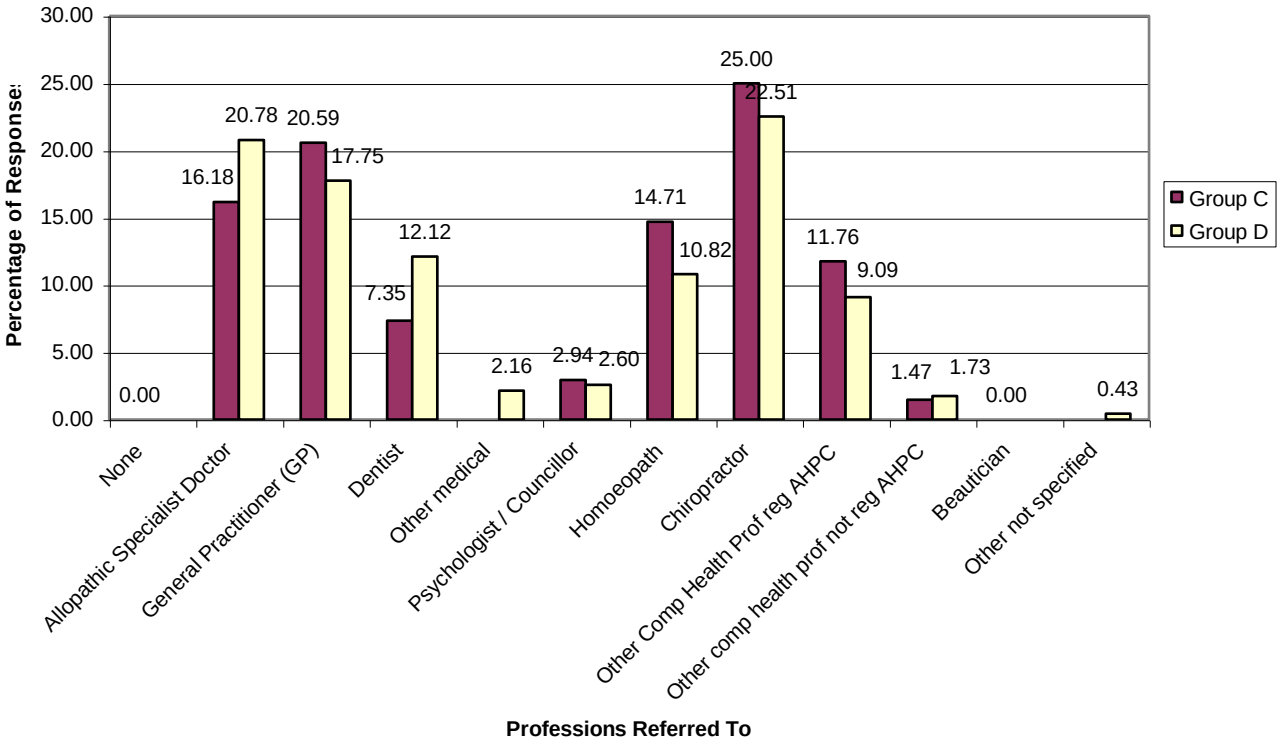

Figure 4.81: Graph Showing Professions Referred To

Most practicing Homoeopaths make use of the referral system to direct patients. The majority of respondents refer on to other Homoeopaths and chiropractors as well as GP's and specialists. The relative distributions of professions referred to is fairly uniform across both groups.

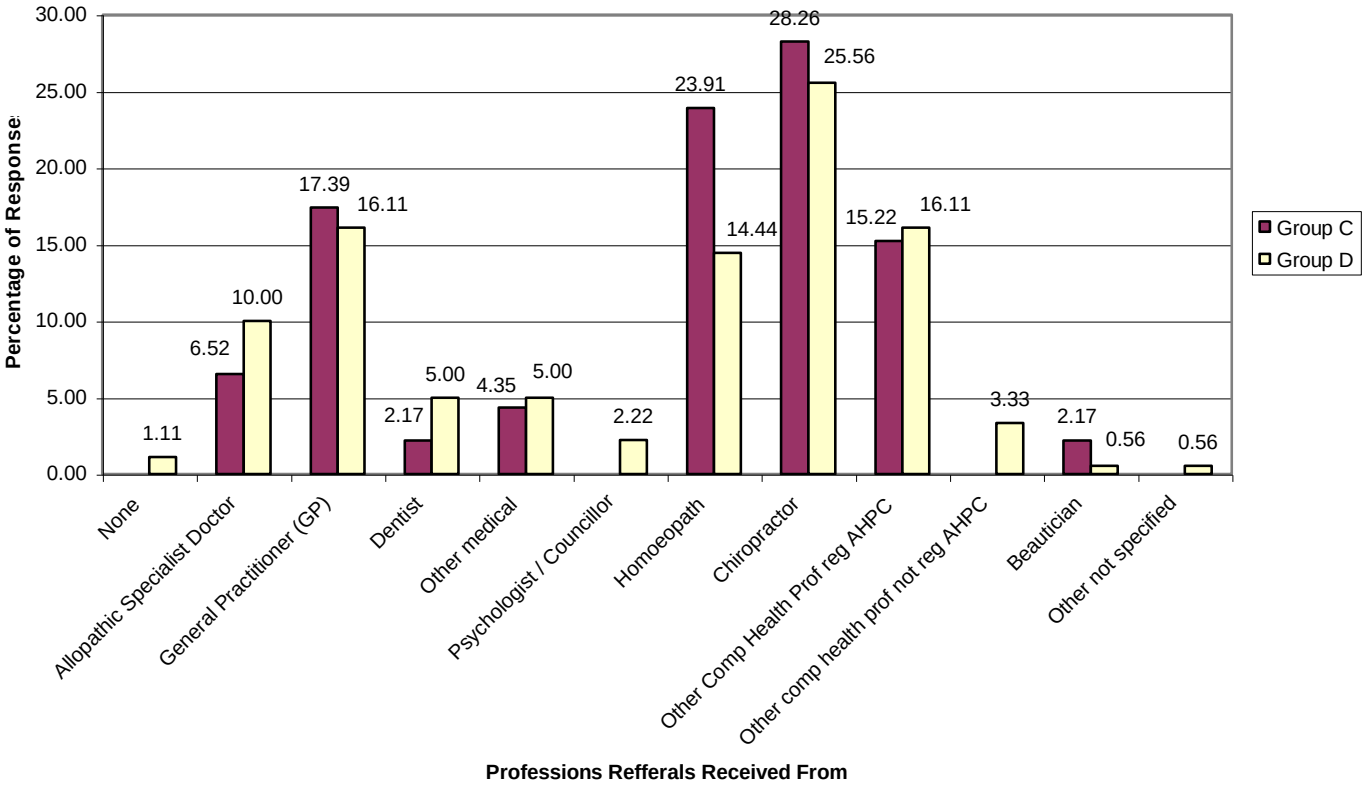

Figure 4.82: Graph Showing Professions Received Referral From

This figure again reinforces the association between the Homoeopathic and chiropractic profession. Most of the respondents indicate having received a referral from other Homoeopaths, or chiropractors. A significant proportion (15%) of both groups had received referrals from GP's.

4.5.4.4 Reasons For Emigration

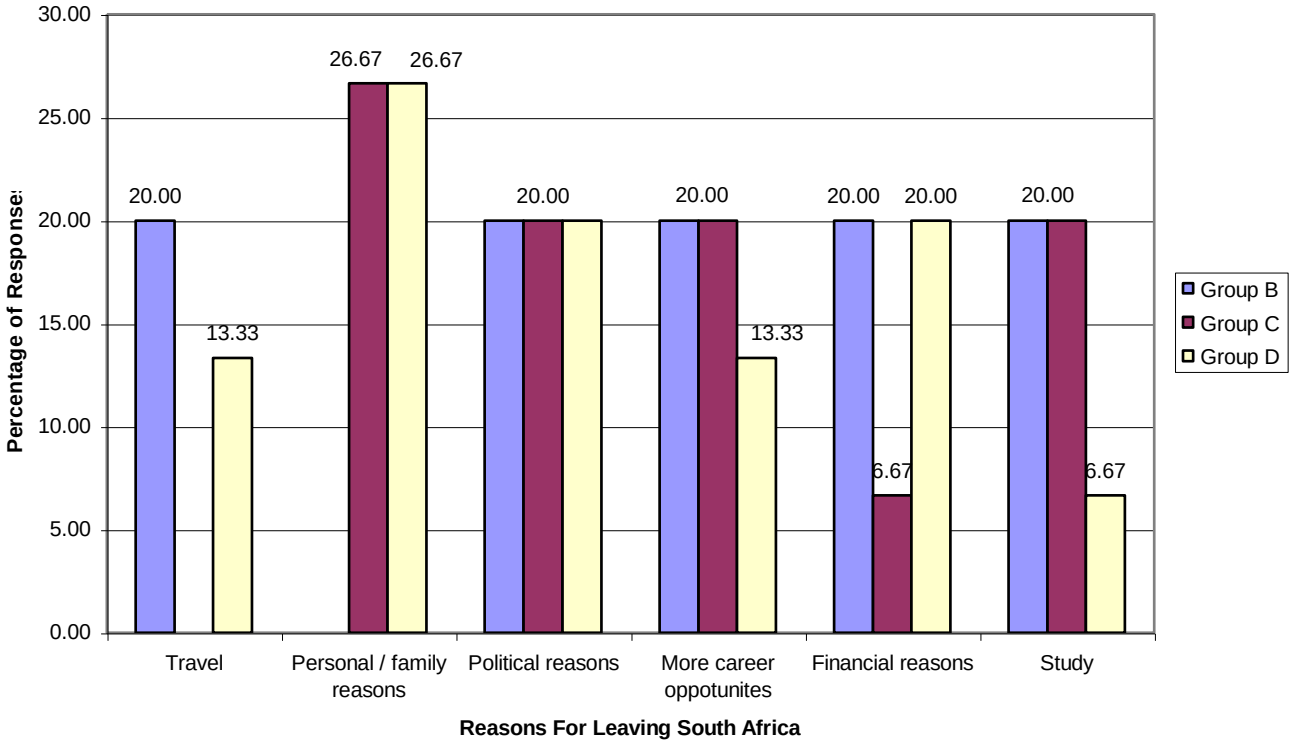

Figure 4.83: Graph Showing Reasons For Emigration

The above graph shows a large degree of uniformity. Due to the small number of respondents who have actually left the country though (7 (12.1%) from Group D, 9 (45%) from Group C, and 2 (22.2%) from Group B) it is difficult to make any meaningful conclusions. Further most of the respondents still live in South Africa, although have left the country before.

4.6 CORRELATION ANALYSIS

In terms of the objective described in the introduction, the relationship between the demographic and academic variables and the responses given was explored. This was done by hypothesis testing using the Pearsons Chi Square Co-efficient. The level of significance was set at 5% i.e. p<= 0.05.

The following variables describing the population parameters were used in the correlation analyses.

Table 4.31: Table Showing Variables Describing Population Characteristics Used In Correlation Analysis

Variable	Population Characteristic Described
Gender	Gender of Respondent
Country	Geographic Location: Country
Prov	Geographic Location: Province
Municipal	Geographic Location: Municipal Area (if living in SA)
Age	Age of Respondent
Ethnic	Ethnic Group of Respondent
Maritl	Marital Status of Respondent
Depndts	No. of Dependants relying on Respondent
First_lang	First Language preference of Respondent
Income	Annual Income Category
Year_first reg	Year of First Registration at DIT
Age_first_reg	Age at First Registration at DIT
Edu_lev	Prior Education Level at Registration at DIT
Tme_tkn	Time taken to complete research dissertation
Interns	Whether Internship was undertaken
Years_comp	No of years taken to complete M.Tech
Year_qual	Year of Qualification
Age_qual	Age on Qualification
Edu_after	Level of Education attained after Graduating from DIT
Reg_brds	Professional Boards Registered with at AHPCSA

4.6.1 Hypothesis Testing- All Graduates (Groups B, C And D)

Null hypothesis 1: There was no significant correlation between the demographic grouping of the respondents (as described by one of the variables in Table 4.x) and their responses to issues common to all graduates.

Alternative hypothesis 1: There was a significant correlation between the demographic grouping of the respondents (as described by one of the variables in Table 4.30) and their responses to issues common to all graduates.

Correlations between Demographic variables (as described by one of the variables in Table 4.30) and the following factors/issues were assessed:

- Whether an active interest is taken in Homoeopathy (Act_int)
- Level of Satisfaction with current occupation whether practicing or not.(Sat_curr)
- Whether respondents felt their Homoeopathic education to be lacking (Edu_Lack)
- Whether respondents felt supported by the profession (Support), whether respondents felt accepted as part of the general medical profession (Accepted)
- Whether the respondent would choose to study Homoeopathy again if they had the choice (Study_again), where they would choose to study (Where), or if not why not (Why_not)) and what would they have studied instead (What_instead) and
- Reasons for leaving South Africa if they have. (Left SA)

Significant correlations were established i.e. H_0 was rejected for certain categories. The significant correlations are shown in Table 4.32

Non-significant values are indicated by “N.S.”, while significant correlations are indicated by marking z- and p-values.

Table 4.32: Table Showing Test Statistics For Correlation Of Demographic Variables And Responses To Common Issues

Demographics Vs Issues Common To All Homoeopaths	Value	df	P Value (2-sided)
Country * Education Lacking	89.939(a)	18	0
Country * Support By Homoeopathic Profession	53.339(a)	18	0
Country * Accept By Medical Profession	44.138(a)	18	0.001
Country * Where Would Choose To Study Again	60.952(a)	36	0.006
Country * Left SA	281.590(a)	63	0
Province * Support By Homoeopathic Profession	44.702(a)	14	0
Province * Accept By Medical Profession	34.122(a)	14	0.002
Province * Left SA	125.904(a)	49	0
Municipal Area * Support By Homoeopathic Profession	39.396(a)	26	0.045
Municipal Area * Left SA	119.356(a)	91	0.025
Ethnic Group * Education Lacking	19.360(a)	6	0.004
Ethnic Group* Support By Homoeopathic Profession	19.385(a)	6	0.004
First Language * Where Would Choose To Study Again	27.791(a)	12	0.006
Annual Income * Satisfaction With Career	28.720(a)	16	0.026
Annual Income * Left SA	80.048(a)	56	0.019
Years Comp * Active Interest In Homoeopathy	12.294(a)	5	0.031
Years Comp * Support By Homoeopathic Profession	24.034(a)	10	0.008
Year Qualified * Where Would Choose To Study Again	60.656(a)	44	0.048
Education After Qualification * Active Interest In Homoeopathy	11.885(a)	4	0.018
Education After Qualification * Education Lacking	29.870(a)	8	0
Education After Qualify * Accept By Medical Profession	18.282(a)	8	0.019
Education After Qualify * Left SA	46.646(a)	28	0.015
Registered Boards * Education Lacking	10.255(a)	4	0.036
Registered Boards * Support From Homoeopathic Profession	11.536(a)	4	0.021
Registered Boards * Accept Medical Profession	14.928(a)	4	0.005
Registered Boards * Why Not Study Again	39.550(a)	10	0
Registered Boards * Left SA	45.962(a)	14	0

Table 4.33: Table Showing Schematic Of Correlations Between Demographic Variables And Responses To Common Issues (N.S. Is A Not Significant Correlation While S Is Significant)

	act int	satcurr	stdygain	Edu lack	support	accept	study gain	where	why not	what instead	left sa
Gender	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
country	N.S.	N.S.	N.S.	**S**	**S**	**S**	N.S.	**S**	N.S.	N.S.	**S**
Prov	N.S.	N.S.	N.S.	N.S.	**S**	**S**	N.S.	N.S.	N.S.	N.S.	**S**
muncipa;	N.S.	N.S.	N.S.	N.S.	**S**	N.S.	N.S.	N.S.	N.S.	N.S.	**S**
Age	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
Ethnic	N.S.	N.S.	N.S.	**S**	**S**	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
Maritl	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
depndts	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
first lang	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	**S**	N.S.	N.S.	N.S.
income	N.S.	**S**	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	**S**
year first reg	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
agefirstreg	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
edu lev	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
tme tkn	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
Interns	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
years comp	**S**	N.S.	N.S.	N.S.	**S**	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
year qual	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	**S**	N.S.	N.S.	N.S.
agequal	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
edu after	**S**	N.S.	N.S.	**S**	N.S.	**S**	N.S.	N.S.	N.S.	N.S.	**S**
reg brds	N.S.	N.S.	N.S.	**S**	**S**	**S**	N.S.	N.S.	**S**	N.S.	**S**

Null hypothesis 2: There was no significant correlation between any of the variables describing demographic grouping of the respondents (as described by one of the variables in Table 4.34).

Alternative hypothesis: There were significant correlations between variables describing demographic grouping of the respondents (as described by one of the variables in Table 4.34).

Significant correlations were established i.e. H_0 was rejected for certain categories. The significant correlations are shown in Table 4.34.
Non-significant values are indicated by “N.S.”, while significant correlations are indicated by marking p-values.

Table 4.34: Table Showing Correlations Between Variables Describing The Population Of Homoeopathic Graduates

Correlations Between Different Population Parameters For Homoeopathic Graduates	Value	df	Asymp. Sig. (2-sided)
Gender * Annual Income	23.248(a)	8	0.003
Gender * Year Qualified	22.995(a)	11	0.018
Gender * Year Qualified	22.995(a)	11	0.018
Country * Annual Income	96.766(a)	72	0.027
Country * Year Qualified	158.918(a)	99	0
Country * Age Qualified	233.045(a)	144	0
Country * Education After Qualification	86.648(a)	36	0
Country * Registered Boards	55.859(a)	18	0
Province * Years Comp	111.168(a)	35	0
Province * Age Qualified	164.177(a)	112	0.001
Province * Registered Boards	43.016(a)	14	0
Municipal * Age Qualified	245.261(a)	208	0.039
Age * Year First Registered DIT	101.328(a)	50	0
Age * Age First Registered	232.879(a)	70	0
Age *Prior Education Level	53.906(a)	30	0.005
Age * Time Taken Research	202.962(a)	150	0.003
Age * Internship Done	19.132(a)	5	0.002
Age * Year Qualified	90.305(a)	55	0.002
Age * Age Qualified	187.029(a)	80	0
Ethnic Group * Time Taken Research	201.367(a)	90	0
Ethnic Group * Age Qualified	106.049(a)	48	0
Ethnic Group * Registered Boards	28.364(a)	6	0
Marital * Year First Registered	38.269(a)	20	0.008
Marital * Interns	6.844(a)	2	0.033
Marital * Year Qualified	35.843(a)	22	0.032
Dependants * Year First Registered DIT	51.767(a)	30	0.008
Dependants * Years To Complete M Tech	33.262(a)	15	0.004
Dependants * Year Qualified	62.578(a)	33	0.001
First Language * Time Taken	121.513(a)	90	0.015

4.6.2 Hypothesis Testing- Non-Practicing Graduates Whether Not Currently Practicing Or Never Practiced (Groups B And C)

Null hypothesis 1: There was no significant correlation between the demographic grouping of the respondents (as described by one of the variables in Table 4.34) and their responses to issues common to non-practicing Homoeopaths.

Alternative hypothesis 1: There was a significant correlation between the demographic grouping of the respondents (as described by one of the variables in Table 4.35) and their responses to issues common to non-practicing Homoeopaths.

Correlations between Demographic variables (as described by one of the variables in Table 4.35) and the following factors/issues were assessed:

- Current Occupation (curr_occ)
- Whether Homoeopathic Education was found useful in the current occupation (edu_useful)
- Whether respondents plan to practice in the future

Significant correlations were established i.e. H_0 was rejected for certain categories. The significant correlations are shown in Table 4.35.

Table 4.35: Table Showing Significant Correlations Between The Variables Describing Population Characteristics And Responses To Issues Common To Non-Practicing Graduates

The Variables Describing Population Characteristics And Responses To Issues Common To Non-Practicing Graduates	Value	df	Asymp. Sig. (2-Sided)
Country*Current Occupation	57.396(A)	35	0.01
Ethnic Group * Current Occupation	46.944(A)	21	0.001
First Language * Current Occupation	43.480(A)	21	0.003
Year First Registered DIT * Education Useful	85.036(A)	64	0.04
Year Qualified * Education Useful	105.027(A)	80	0.032

Null hypothesis 2: There was no significant correlation between any of the variables describing demographic grouping of the respondents (as described by one of the variables in Table 4.36).

Alternative hypothesis: There were significant correlations between variables describing demographic grouping of the respondents (as described by one of the variables in Table 4.36).

Significant correlations were established i.e. H_0 was rejected for certain categories. The significant correlations are shown in Table 4.36

Table 4.36: Table Showing Correlations Between Variables Describing The Population Of Non-Practicing Homoeopathic Graduates

Variables Describing The Population Of Non-Practicing Homoeopathic Graduates	Value	df	Asymp. Sig. (2-sided)
Gender * Income	18.781(a)	8	0.016
Country * Year Qualified	77.755(a)	50	0.007
Country * Age Qualified	75.669(a)	45	0.003
Country * Education After Qualification	38.154(a)	20	0.008
Age * Prior Education Level	39.531(a)	16	0.001
Age * Internship	10.572(a)	4	0.032
Age * Years To Complete M.Tech	34.775(a)	16	0.004
Age * Education After Qualification	32.735(a)	16	0.008
Age * Registered Boards	18.596(a)	8	0.017
Ethnic Group * First Lang	29.806(a)	9	0
Ethnic Group* Prior Education Level	30.318(a)	12	0.003
Ethnic Group * Years To Complete M.Tech	35.974(a)	12	0
Ethnic Group * Age Qualified	43.339(a)	27	0.024
Dependants * Age Qualified	50.948(a)	27	0.004
Dependants * Registered Boards	15.687(a)	6	0.016

Table 4.37:Table Showing Correlations Between Variables Describing The Population Parameters Of Non-Practicing Graduates

Demographics Vs Issues Common To Non-Practicing Homoeopaths	Value	df	Asymp. Sig. (2-sided)
Gender * Income	23.248(a)	8	0.003
Age * Internship	19.132(a)	5	0.002
Age * Age qualified	187.029(a)	80	0.000
Ethnic Group * Province	90.596(a)	21	0.000
Ethnic Group * Age qualified	106.049(a)	48	0.000
Year First Registered DIT * Internship	43.449(a)	10	0.000
Year First Registered DIT * Age qualified	202.576(a)	160	0.013
Age First Registered DIT * Country	201.554(a)	126	0.000
Age First Registered DIT * Age qualified	556.582(a)	224	0.000

4.6.3 Hypothesis Testing- Graduates Who Have Practiced (Whether Or Not Currently Practicing) (Groups C And D)

Null hypothesis 1: There was no significant correlation between the demographic grouping of the respondents (as described by one of the variables in Table 4.38) and their responses to issues common to Graduates who have practiced.

Alternative hypothesis 1: There was a significant correlation between the demographic grouping of the respondents (as described by one of the variables in Table 4.38) and their responses to issues common to Graduates who have practiced.

Correlations between Demographic variables (as described by one of the variables in Table 4.38) and the following factors/issues were assessed:

- Length of time after qualifying taken to start practicing (Long_qual);
- Age practice was started (Age_Strt);

- Total time in practice (Tot_time);
- Number of practices running (or run) (No_Prac);
- Geographic Location of Practice (Country, Province and Municipality) (Coun1, Prov! And Muncpl1);
- Whether the Respondents found it easy to start (Easy);
- Whether respondents practice/d part-time of full-time (Prt_Full);
- Fee charged for an initial consultation (Cost1);
- Fee charge for a follow-up consultation (Cost2);
- Fee charged for a telephone consultation (Cost3);
- Whether the respondent supplements/ed income derived from Homoeopathic practice (Suppl);
- How long did it take to reach a profit (Prof_Long) and
- Whether the respondent owned their own dispensary or not (Disp).

Significant correlations were established i.e. H_0 was rejected for certain categories. The significant correlations are shown in Table 4.38.

Table 4.38: Table Showing Significant Correlations Between The Variables Describing Population Characteristics And Responses To Issues Common To Graduates Who Have Practiced.

Demographics Vs Issues Common To Homoeopaths Who Have Practiced (Whether Currently Practicing Or Not)	Value	df	Asymp.Sig. (2-sided)
Country * Initial Consultation Fee	333.433(a)	264	0.002
Country * Time To Reach Profit	163.996(a)	96	0.000
Province * Supplement Income	11.860(a)	5	0.037
Municipal Area * Age Started Practice	237.784(a)	195	0.02
Municipal Area * Age Started Practice	220.560(a)	175	0.011
Ethnic Group * Time To Start Practice After Qualify	58.087(a)	30	0.002
Dependants * Country	29.687(a)	15	0.013
First Language * Number Practices	18.527(a)	6	0.005
First Language * Dispensary Owned	8.602(a)	3	0.035
Age First Registered DIT * Age Started Practice	298.670(a)	210	0.000
Age First Registered DIT * Time In Practice	595.968(a)	490	0.001
Age First Registered DIT * Municipal Area	258.630(a)	182	0.000
Age First Registered DIT * Initial Consultation Fee	489.165(a)	406	0.003
Prior Education Level * Time To Start Practice After Qualify	160.788(a)	90	0.000
Prior Education Level * Municipal Area	130.782(a)	78	0.000
Time Taken * Country	187.446(a)	130	0.001
Internship * Time In Practice	47.509(a)	35	0.077
Years To Complete M Tech * Time In Practice	175.322(a)	140	0.023
Years To Complete M Tech * Country	36.532(a)	20	0.013
Year Qualify * Municipal Area	165.060(a)	130	0.02
Age On Qualification * Time To Start Practice After Qualify	246.919(a)	210	0.041
Registered Boards * Time In Practice	101.627(a)	70	0.008
Registered Boards * Initial Consultation Fee	92.245(a)	58	0.003
Registered Boards * Follow-Up Consultation Fee	92.878(a)	66	0.016
Registered Boards * Supplement Income	6.650(a)	2	0.036

Table 4.39: Table Showing Schematic Of Correlations Between Demographic Variables And Responses To Issues Common To Graduates Who Have Practiced (N.S. Is A Not Significant Correlation While S Is Significant)

	longqual	agestrt	tottime	nuprac	coun	prov1	mncp1	easy	prtfull	cost1	cost2	cost3	suppl	Prof_long	disp
Gender	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
country	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	**S**	N.S.	N.S.	N.S.	**S**	N.S.
prov	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	**S**	N.S.	N.S.
muncipa;	N.S.	**S**	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
age	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
ethnic	**S**	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
maritl	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
depndts	N.S.	N.S.	N.S.	N.S.	**S**	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
first lang	N.S.	N.S.	N.S.	**S**	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	**S**
income	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
year first reg	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
agefirstreg	N.S.	**S**	**S**	N.S.	N.S.	N.S.	**S**	N.S.	N.S.	**S**	N.S.	N.S.	N.S.	N.S.	N.S.
edu lev	**S**	N.S.	N.S.	N.S.	N.S.	N.S.	**S**	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
tme tkn	N.S.	N.S.	N.S.	N.S.	**S**	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
interns	N.S.	N.S.	**S**	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
years comp	N.S.	N.S.	**S**	N.S.	**S**	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
year qual	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	**S**	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
agequal	**S**	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
edu after	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.
reg brds	**S**	N.S.	**S**	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	**S**	**S**	N.S.	**S**	N.S.	N.S.

Null hypothesis 2: There was no significant correlation between any of the variables describing demographic grouping of the respondents (as described by one of the variables in Table 4.40).

Alternative hypothesis 2: There were significant correlations between variables describing demographic grouping of the respondents (as described by one of the variables in Table 4.40).

Significant correlations were established i.e. H_0 was rejected for certain categories. The significant correlations are shown in Table 4.40.

Table 4.40: Table Showing Correlations Between Variables Describing The Population Of Graduates Who Have Practiced (Groups C And D)

Population Parameters (Groups C And D)	Value	df	Asymp. Sig. (2-sided)
Country * Age First Registration	135.540(a)	98	0.007
Country * Education After Qualification	63.462(a)	28	0
Country * Registered Boards	81.436(a)	14	0
Age * Year First Registration DIT	97.770(a)	50	0
Age * Age First Registered DIT	203.299(a)	70	0
Age * Prior Education Level	55.062(a)	30	0.003
Age * Time To Complete Research	208.853(a)	130	0
Age * Internship	14.701(a)	5	0.012
Age * Year Qualified	75.620(a)	50	0.011
Age * Age Qualified	149.539(a)	70	0
Ethnic Group * Time To Complete Research	94.688(a)	52	0
Ethnic Group * Years Comp	25.818(a)	8	0.001
Marital * Year First Registered DIT	40.578(a)	20	0.004
Marital * Age First Registered DIT	44.929(a)	28	0.022
Marital * Internship	6.207(a)	2	0.045
Marital * Age Qualified	84.546(a)	28	0
Dependants * Year Qualified	47.158(a)	30	0.024
Dependants * Education After Qualified	22.434(a)	12	0.033
First Language * Age First Registered DIT	58.356(a)	42	0.048
First Language *Age Qualified	58.356(a)	42	0.048
Time To Start Practice After Qualify * Time To Reach Profit	196.991(a)	160	0.025
Time In Practice * Initial Consultation Fee	1528.878(a)	1386	0.004
Country * Time To Reach Profit	107.262(a)	80	0.023
Province * Phone Consultation Fee	75.034(a)	56	0.046
Municipal Area * Initial Consultation Fee	502.726(a)	429	0.008
Municipal Area * Phone Consultation Fee	212.592(a)	168	0.011
Municipal Area * Supplement Income	15.114(a)	13	0.3
Municipal Area * Time To Reach Profit	160.354(a)	192	0.953
Municipal Area * Dispensary Owned	7.821(a)	13	0.855

CHAPTER FIVE: DISCUSSION

5.1 INTRODUCTION

In this chapter, three aspects of Homoeopathy in general will be discussed as it affects the DIT Homoeopathic graduate and by extrapolation can be assumed to affect future graduates. These areas are

- Demographics of the graduates,
- Homoeopathic education, Homoeopathy as a career
- Homoeopathy as a profession

and how these areas relate to and affect one another. Issues relevant to each area will be approached and discussed using the statistical data obtained shown in Chapter 4.

The following groups are referred to in this chapter:

- Demographic section (Part A), completed by all respondents;
- Qualified graduates who have never practiced (Group B),
- Qualified graduates who have practiced but are not currently practicing (Group C)
- Qualified graduates currently practicing (Group D).

Differences are considered between Groups B, C and D.

5.2 SAMPLE CHARACTERISTICS

The population that the research aimed to describe comprised graduates of the DIT M.Tech. Homoeopathy programme. 87 of the total number of the 134 graduates, (64.93 %) replied with viable responses (Table 4.1). This sample size is more than adequate to assume that the data is valid and representative of the DIT Homoeopathic graduates up until 2004.

Anecdotal evidence suggested that the majority of graduates do not practice after graduating. This research has shown that this is not true as Table 4.2 clearly shows that 58 (67%) of graduates are currently in practice. Only 9 graduates (10%) have never practiced. The group that is most interesting is the 20 (23%) of graduates who practiced before, but are now not practicing. This shows that there is an interest in starting a practice, but due to numerous factors described in this chapter, this is not sustainable.

One can conclude from these statistics that those who are currently not practicing (33%), is quite high as it equates to one in every 3 students that qualify from DIT not practicing Homoeopathy.

5.3 DEMOGRAPHICS

This section analyses information gained from all the respondents. The profile includes: gender, age, ethnicity, marital status, number of dependants, language preference, and geographical distribution. This is contrasted with

the practice status of the different groups. This was deemed to be important, so that educators and administrators are able to address the needs of graduates practicing or not alike.

5.3.1 Gender

This research supports the anecdotal evidence that there is a greater proportion of female Homoeopaths world wide, as there were 57 (66%) females in this study (Fig. 4.3).

According to this study, the comparative gender composition of the three groups shows that females are more likely to never practice (77.78%), but once in practice females are more likely to continue to practice (67.28 %). The analysis for graduates that began practice and stopped, shows a small variation between females (55%) and males (45%) (Fig. 4.4).

5.3.2 Age / Maturity

Almost half of the respondents of the total sample were between the ages of 31 and 35 (Fig. 5). The retrospective nature of this study over 11 years may have resulted in this, as presumably most students would have entered the DIT programme at school leaving age (Fig. 4.25).

The comparative age distribution reflects that graduates who have never practiced before (Group B) fall into the younger age categories (21 to 35), with

the majority being between 21 and 30 years (Fig. 4.6). If they continue not to practice as time moves on, future studies may reflect a shift in this as these people age. Age does appear to be a factor that influences decision to practice. Those who have practiced (Groups C and D) are close in percentages of age, with the latter having a higher “tail end” reaching between ages 46 to 50 and are slightly more in the older age categories.
A multi factorial theory might explain this phenomenon.

Firstly it can be assumed that a certain level of maturity may be required to practice Homoeopathy and life experience may be a valuable asset to those that are practicing, which possibly separates them from those that never did practice. As some respondents said “it was difficult setting up practice when young and dealing with the older generation” and “Being an older student helped me focus on practice and maintain interest”. Other evidence to support this notion is that two thirds of the group that have never practiced are unmarried (Fig.4.14) and the vast majority (88.89%) have no dependants (Fig.4.16). Thus this group would tend to have fewer responsibilities than the other two groups that show higher percentages of being married (Group C 55% and Group D 63.78%) and a higher number of dependants (Group C 45 % and Group D 48.28%). Group B, which have never practiced also cited lack of confidence (22.73 %), as being one of the major reason for not practicing along with studying (18.16%), perceived lack of skills (13.64%) and travel (13,64 %) (Fig.4.66). All these factors indicate that Group B is comprised of individuals with less life experience and fewer responsibilities.

Other contributing factors to the age disparity between the groups may be that some may have started studying later in life as Figure 4.21 shows that all older students have practiced. On the other hand Group B, which have as yet never practiced, have only recently graduated and therefore have not yet had the opportunity to do so.

5.3.3 Ethnic Group and Language Preference

The majority of graduates were white (87%) with the next biggest group being Indians at only 11%. The ethnic composition of the three groups is roughly homogenous and reflects the overall ethnic composition of the population of graduates (Fig. 4.8).

Figure 4.9 shows that 86.21% of the total response group has English as a first language. This was an expected result as the DIT programme is run in English and would thus attract English speakers. This is congruous with the ethnic demographic make up of the group, being majority white. Consideration should be put into why this is so, as the majority of the population is Black and in the immediate area of DIT, the language of predominance is Zulu.

Possible reasons are suspected to be complex as a result of cultural and historical considerations, as South Africa has a history of ethnic and language discrimination. It is not in the scope of this research to investigate these fully.

One third of the group that have never practiced don't have English as a first language. This may be a factor that contributes to the lack of confidence that 22.73% of the group feel as a reason for not having gone into Homoeopathic practice, although it must be kept in mind that Group B is very small and consists of only 9 respondents, so this may only be an incidental finding.

5.3.4 Marital Status

The two groups that had the greatest proportion of married individuals were those that had experienced practice (Fig. 4.14). This may be an important contributing factor to being able to practice as "support from spouse" is cited as one of the ways, which both groups use to supplement their income (Fig. 4.51). This is supported by the following comments made by a few of the respondents: "if it was not for my husband I could not be in practice" and "my husband got sick of subsidising my practice, it's cheaper to stay at home and do nothing" and "would not have stayed in practice if husband was not able to carry the financial burden".

5.3.5 Dependants

Having dependants could be a factor for the respondents in Group C to have given up practice. 15% of this Group cited family commitments as a reason for not practicing (Fig. 4.66). It is also noted, that 25% of Group C stopped practicing after 5 to 6 years (Figure 4.43). As the largest proportion of graduates are females, the implication could perhaps be due to women

graduates having babies and thus having the increased demands of being a mother placed on them.

5.3.6 Geographical Demographics

The study shows the vast majority of graduates are South African born (95.40%) and South African citizens (97.70%) as shown in Figure 17. These numbers however do not reflect the proportion of graduates currently in South Africa; with 21.84% of graduates out of the country (Fig.4.18). The reasons for this are varied and tie up with complex economic, social and political factors that are part of the greater South African milieu.

It is interesting to note that 40 respondents (46%) have remained in Kwazulu-Natal with 31 remaining in Durban where they studied (Table 4.10). The three largest representations thereafter are Gauteng with16 (18.4%), Western Cape with 9 (10.3%) (Fig. 17b) and the U.K. with 8 (10%) (Fig.4.18), (Appendix I).

This distribution has lead to a “clustering” of Homoeopaths in the main centres (Durban, Johannesburg and Cape Town) with other parts of the country being poorly covered.

Vast areas of the country are not serviced by DIT graduates with entire provinces not having a single graduate and thus no practitioner or potential practitioner available. One graduate, who had never practiced, mentioned that she felt there was a “saturation” of Homoeopaths in some areas, while

another practitioner said, “the demographic distribution of graduates is not congruent of modern South Africa.” This is an issue to be addressed by the profession as a whole.

5.3.7 Financial Details

Of the 7 respondents who earn >R400000 per annum, only 2 practice in South Africa (Figure 4.20). The others are distributed between USA (2), UK (2), and the Netherlands (1). The income level is high because the earnings in dollars, pounds and euros were converted to rands at current exchange rates. Further, of the 3 respondents earning between R300001 and R400000, 2 practice in the UK and the other is not practicing Homoeopathy (although working in South Africa). These figures indicate that the higher earnings potentials are not being realised by Homoeopaths practicing in South Africa. This idea is further supported by the significant correlation between income and if graduates have left South Africa (Table 4.33), as well as the country practicing graduates live in and cost of the initial consultation (Table 36).

A proportion (25%) of the practitioners that have given up practice (Group C) earn more than R400 000 per year (Fig. 4.21). This is congruent with other data, as 26.67% of this group cited financial reasons as a major reason for not practicing (Fig. 4.66). Presumably they left practice for a more financially lucrative career, reflected in the above data. The annual income generated by currently practicing graduates (Group D) ranges from low to high, with the largest proportion earning between R200 001 and 300 000 per annum. This

income may not be solely generated by practice as 77.59% of Group D state that their practice income is supplemented (Table 4.24).

This was not taken into consideration by the researcher when structuring the question regarding income, as it was not expected that income supplementation levels would be so high. Furthermore there was no question incorporated into the questionnaire regarding extent of practice income supplementation by practicing individual. Thus this research does not give a clear reflection as to how much a DIT Homoeopathic graduate is able to earn from practice alone.

5.3.8 Profile Of Different Groups

From the above analysis the following can be concluded:
The “average” profile of the graduate who never practiced (Group B) is single white, English speaking, female between ages 21 to 30, with no dependants. She is more than likely to be a South African citizen with Afrikaans as a spoken language. Annual income is likely to be low to middle range.

The respondent who started to practice but gave up (Group C) has income ranging from low to high. They are by far the largest proportion of high-income earners. The person is likely to be between the ages of 26 to 35, roughly equal chance of being male or female, married or single. They too are white, English speaking, South African citizens.

The profile of the graduate that continues to practice (Group D), is likely to be a married, white female, aged 26 to 35 or older, within the low to middle income bracket.

5.4 EDUCATION

5.4.1 Academic History

5.4.1.1 Previous Education

A total of 29 graduates had some level of previous qualification (Table 4.11). This shows that Homoeopathy was not the first consideration of career for a third of graduates. This may be important as perhaps more thought and consideration goes into a second choice, having already tried something else. 15 graduates (17.2%) had completed a qualification before registering for the DIT programme, reflecting that they were unsure of their original choice of study. The decision to embark on a five-year full time study programme may have been made with more caution by this group who had experienced tertiary education and so had some understanding of what it entails. Respondents in Group D, who are currently practicing, had higher overall previous education levels (37.93%) (Fig. 4.23), which was largely in the science fields. It would stand to reason that their second choice in career was made with more care and reflects “what they really want to do”.

Further, those who have never practised (Group B) had the least prior qualifications (Fig. 4.23). This shows that Homoeopathy was their first choice

of career and to some extent may have been a less carefully considered choice.

5.4.1.2 Registration At DIT

It is interesting to note that most respondents had their first year of registration at DIT, as 1991 and 1990. However, no conclusion can be drawn from this statistic, as it is not known how many students registered for any given year, to start with. This study only focused on graduates and not on dropouts or those that have not completed their research.

At first registration, age distribution of respondents showed that 75.8% of the respondents fell into the range between 17 and 20 (Fig. 4.25). This indicates that most qualified graduates started studying Homoeopathy soon after leaving school and had no other tertiary education, as previously discussed. This is supported by the fact that 86 (98.9%) of the respondents entered the course in the first year i.e. only one had any exemptions leading to starting at a higher level.

Every respondent in Group B was under the age of 20 on first registration (Fig. 4.26), thus embarking on the programme at a young age, and as noted above having had little or no tertiary education. Small (2004) points out that the majority of school leavers in her study had never heard of Homoeopathy. Because of the lack of awareness of Homoeopathy as a profession, this group might have started the programme unaware of the full implications of the out

come of their study. A respondent from this particular group reiterated this by saying " Applicants for the course should be more informed about career opportunities, financial rewards and the final out come of the education." As Murray (1994) suggested, information gleaned from studies like this one and others, would be well used in implementing a programme to train and inform careers guidance councillors of the career they are getting into, in this case, regarding the Homoeopathic programme offered by DIT.

Group D, who currently practice, reflect a wider range of age at first registration for the DIT programme (Fig 4.26). The questionnaire did not cover reasons for choosing to study Homoeopathy, but, judging from the older age spread on first registration, presumably they would have had an opportunity to experience or research their future profession, and have thus been more aware of the implications of practice.

5.4.1.3 Qualification From DIT

The majority of the graduates achieved their qualification between the ages of 21-25 years (Table 4.15). This is consistent with the age of first registration (Fig. 4.25) and total mean time to graduation (Table 4.16). The mean length of time however is in accordance with the length of time a Masters level thesis would require. What may contribute to the length of time taken to qualify is that the time taken for research is cumulative (i.e. only completed after the 5th academic year is complete). Figure 4.27 shows that the number of graduates qualifying in a particular year is slightly less than the number of students first

registering in the calendar year 6-7 years earlier. This reflects the fact that the research component is a significant source of delay in qualification, as Courage (2006) found that subject failure only affected a small proportion of graduates regarding time taken to qualify. The relative increase in number of graduates qualifying in the years 2001-2003 could be explained by the fact that some students take longer than the 7 years to qualify. This is due to repeated failure, leaving the course and returning at a later date, and/or taking an excessively long time to complete research. This finding is significant in that the research thesis takes a considerable length of time to complete and may not be of practical value to the graduate in terms of practice. As one graduate commented “research was a waste of time, it did not help me with seeing patients”. This is a long debated subject. The research dissertation plays a significant role in the proportion of time and energy spent in 5th year of study as well as of the end mark that a student achieves (Ross, 2006). Thus it can be considered that the research dissertation is unfairly weighted in terms of time and effort taken by students, in proportion to the perhaps more necessary areas of study, especially that of clinical experience which a fair number of graduates cite as a major gap in their education (Fig. 4.34).

5.4.2 Internship

The study intended to gauge the level of clinical experience of graduates. The question was asked if the respondents did “any form” of internship. The implication here was that respondents would stipulate any supervised clinical

experience gained over and above that included in their 5th year study programme. This seemed to be well understood by the respondents.

The question of internship is a controversial one. Internship is a legal requirement for registration with the Allied Health Professions Council (AHPC), but it is not the duty or obligation of the educational institution to provide this requirement. The onus falls on the governing body to set up and run an internship programme. The Allied Health Professions Act 63 of 1982 states: “An intern must complete a prescribed internship programme before he or she may be registered as a practitioner of the profession in question.” Currently there is no prescribed internship for M. Tech Homoeopathic graduates (Ross, 2006).

Table 18, showing details of internships completed, reflects that 59.8% of respondents had undertaken some form of internship. Of these, 45.28% did internship at the DIT clinic and 71,7% of internships were between 6 to 12 months.

What is most significant, shown in Figure 4.28, is that the respondents who have remained in practice (Group D) have the highest relative percentage of internships undertaken (67.24%). Although this experience may have held them in good stead, this group still reports that lack of confidence and experience is a difficulty in practice (Fig. 4.59). This may indicate that the internship experience they received was enough to allow them to keep practicing, but not nearly adequate to do so confidently.

Relatively less of the respondents who never practiced (Group B) undertook internships (22.22%)(Fig.4.30) and out of the two people that did do internship one was less than 6 months. Furthermore Group B cites both medical and Homoeopathic clinical experience as the major aspect lacking in their Homoeopathic education (Fig. 4.34), as well as lack of confidence as a reason for not ever going into practice. Taking cogniscence of this information it can be argued that had this group done an internship programme they might have had the experience to develop the skills necessary to gain the confidence to practice. Internship may have also afforded them the time and experience to mature to be able to handle the demands of Homoeopathic practice. Thus a larger proportion of Group B would have attempted to go into practice.

The group that gave up practice (Group C) had almost an equal spread of those graduates that did internship (55%) and those that did not (45%) (Fig 4.28). This group also commented to a lesser extent than Group B that clinical experience was lacking in their education. Extended clinical experience in the form of internship appears to be a large factor in whether graduates ever go into practice initially, but may be only one of other possibly more significant reasons as to whether they stay in practice.

5.4.3 Post Graduation Education

Currently practicing graduates is the group with the largest proportion of postgraduate education (Fig. 4.31). Nearly one third of them studied further. Most of this study was done in the alternative health field. There may be several explanations for this. Firstly, this shows commitment to expanding their knowledge in the various areas that might have a bearing on the quality of health care they provide to their patients. A more obvious explanation would be to increase revenue earned in practice by being able to provide more skills. There is a significant correlation between cost of initial consultation and the number of boards registered with, thus it may be thought that practitioners invest in their further education to be able to have a higher return in practice. Practitioners use a wide variety of other health care modalities in practice to supplement their income (Fig 4.50). A third perhaps more subtle reason could be that they are wishing to bridge the gaps that they feel were lacking in their education (Fig. 4.34), this is supported by the correlation between education lacking and education after qualification. Yet another possible contributor to this statistic is that continuing education may result in more credibility in the medical field by virtue of having other degrees or diplomas and being registered with other boards besides the AHPC. This is supported by the significant correlation between the number of boards registered with and acceptance within the medical fields (Table 4.33).

5.4.4 Education Deficiencies

All three groups found clinical experience to be a major educational element lacking (Fig. 4.34). As mentioned earlier, this is reflected in the main reason that graduates in Group B don't practice, as they lack confidence and have a perceived lack of skills. Both groups who had practiced (Groups C and D) felt the lack of medical experience to be more important. A currently practicing graduate commented that she had to teach herself certain skills, especially in regards to the area of paediatrics. She said "the first time I ever examined a child was when I was in practice". Another comment was " I felt like a fraud when dealing with MRI and X rays, I had to learn this from a chiropractor colleague". This is reflected in Figure 4.59, where both groups, despite being in practice, reported lack of experience and confidence as one of the major difficulties they found in practice.

What this study showed is that graduates felt inadequately trained to be a primary health care provider as stated by Milani (1995).

DIT has in its mission statement that it will aim to produce graduates who will demonstrate competence in differential and holistic diagnosis in order to determine the cause of the patient's discomfort (Durban Institute of Technology, 2005). The findings in this study shows that a fair proportion of graduates do not feel competent due to lack of clinical experience in both the Homoeopathic and general medical field.

In its Guidelines For Homoeopathic Education (1993), the ECCH states that it is crucial for students to have access to practicing Homoeopaths on whom they can rely for their expertise within the context of the clinical situation. Students are reliant upon these practitioners to share insights and experience. Clinical learning, tutorials and supervision are stressed as an integral part of education for both students and new graduates in the first years of practice. Graduates, as students, clearly felt that their clinical experience was lacking. This data must be considered when re-curriculating the Homoeopathy course at DIT. For those who have already qualified, one participant suggested that there should be free postgraduate workshops offered to address their deficiencies.

It was also found that a fair proportion of Group B commented that lecturers were inexperienced (15.79%) and that there was a lack of integration of theoretical information and applied skills (10.53%). Taking the profile of this group into account and that they tend to be of a less mature standing it would stand to reason that they may need more guidance than the other two groups. A graduate also commented the following on this “Diagnostics was appalling with many different lecturers who often had never lectured before, sometimes were ex DIT students and hence, in my opinion, not qualified to teach the subject.” A further comment was “The most frustrating aspect of this was that there was no acknowledgement by the Homoeopathy department that actually this was a poorly run, academically sub standard subject. There are always excuses and reasons why, but at the end of the day – students are left with no knowledge or should I say insufficient knowledge.”

14.89% of Group C found that business skills taught were lacking in their education. This was the third most prevalent reason after lack of medical and Homoeopathic experience. This is a point to consider as 26.67% of Group C cited financial reasons for not practicing (Fig. 4.65). This difficulty is reiterated by the graph in Fig. 4.46, which indicates that 46.67% of Group C graduates never showed a profit when in practice.

Commenting on these issues one graduate stated “Tech does not prepare you for the outside world”. This correlates with the study done by Bradley (2001) in that tertiary institutions do not prepare their graduates for the jobs they take.

In the light of these findings, and the fact that the Homoeopathic education in South Africa should seek to provide an education that has a working practical value, rather than an academic, theoretical slant, which makes employment of graduates difficult in the current market place.

5.4.5 Alternative Education Choices

70.11% of respondents would choose to study Homoeopathy again (Table 4.27). Of this group the majority would redo their studies at DIT, in particular the group that are currently practicing (Fig 4.35). The two most prevalent reasons for this group’s choice was that the location was more convenient and that the standard of education was better. Convenient location may make for ease of studying a long course like that at DIT. Consideration of standard

of education, indicates that the choice to study was well considered before embarking on the programme. Other evidence that supports this theory is that this was the only group to specify that their choice of institution was influenced by the type of system taught by the institution, i.e. Classical Homoeopathy. This is a very specific requirement and reflects a genuine interest in the subject, which would contribute to the decision to continue practice.

However, 50% of responses from the group that gave up practice indicated they would have studied medicine first. This may reflect on the way in which education is lacking the reasons for not practicing (lack of career opportunities, financial difficulties and lack of recognition of the profession) (Fig 4.65) to be discussed later.

Furthermore, from the 70% of respondents of this group, which said they would not want to study Homoeopathy (Fig 4.69), nearly a quarter stated that they would have liked to study medicine. These two statistics point to the following possible perceptions of this group. Firstly, a lack of confidence in the education provided by DIT and secondly a lack of confidence in Homoeopathy as a profession.

A very low proportion of respondents would have chosen Witwatersrand Technikon (WITS), now University of Johannesburg. It would be interesting to compare the results of a similar study conducted on the graduates of this institution.

5.4.6 Relevance Of Homoeopathic Education

Although the overall impression from the respondents was that their education was lacking in some way, more than three quarters of both groups, which are not currently practicing, find their Homoeopathic education useful in their current occupation (Fig. 4.37). Homoeopathic philosophy and psychology were unexpectedly relatively high in their usefulness for previously practicing graduates (15.38%). Certain individuals mentioned that these aspects helped them in their approach to work and being able to “figure people out”, even though they are in fields completely unrelated to medicine. This supports the notion that Homoeopathy is based on universal principles that are widely applicable. (Osawa, 2001)

The group that never practiced found the medical science subjects the most useful for current occupation. This is in accordance with the tendency of some graduates who have never practiced to move to an exploration of mainstream medical fields (Fig. 4.44). As more than three quarters of this group say they plan on practicing in the future (Fig. 4.72), it can perhaps be concluded that they are in some way making an effort to gain the experience and skills they felt lacking in their education in order to be able to practice. On the other hand a comment made by an individual in this group shows that the broad subjects that are relevant to her in her current career could have been adequately covered by a shorter qualification like a B.Sc. “I did not need to spend so much time studying”.

5.4.7 Continuing Homoeopathic Education

It is strange that the two groups that are not practicing attend proportionately more Homoeopathic conferences than currently practicing Homoeopaths, as conferences are expensive and require a significant of time dedicated.

One practicing Homoeopath commented that she did not attend conferences, as they are very expensive. It is also noted that one of the major difficulties practicing Homoeopaths face is financial (Fig. 4.65). Perhaps the other two Groups have more lucrative occupations that allow them to peruse their interest in Homoeopathy more fully.

Groups C and D follow more ways of pursuing interest, possibly reflecting a greater investment in continuing to explore Homoeopathy, perhaps for different reasons. Practitioners that have previously practiced seem to have realised the value of Homoeopathy in their daily lives, as mentioned earlier, and chose to continue their interest in the subject for their own personal development. On a more despairing note, one graduate said “Homoeopathy is the ideal hobby”, perhaps these graduates are pursuing the profession as a hobby. This may reflect the status of the profession.

While currently practicing Homoeopaths may also consider continuing Homoeopathic education as part of their personal development, it is more likely that they wish to expand their knowledge for the treatment and benefit of their patients.

It must also be considered that in currently non-practicing graduates, that they might wish to keep up their Homoeopathic knowledge as the majority have expressed an intention to practice in the future (Fig. 4.72).

5.5 CAREER

5.5.1 Demographics

Most respondents currently not practicing, indicated that they are either working or studying in the general or alternative medical fields (Fig. 4.44).

A possible reason for this could be disillusionment with Homoeopathy as a practical profession on the part of those who have never practiced, whereas graduates who have stopped practicing have stayed in the alternative health field (40%) or changed to completely unrelated fields (21%). Another possible explanation, especially concerning those that have never practiced, could be that they are trying to fill the gaps in their education that were reported to have been missing, especially with regards to medical training, accounting for those respondents that are now studying medicine.

The demographic data for those groups that have or are practicing seems to show a fairly homogenous spread regarding length of time between qualification and practice, age on starting to practice and how practice was financed. However it is worth noting that graduates that are still in practice

had a higher tail end distribution (Fig. 4.42). This phenomenon could be explained by postulating that the graduates who continue to practice were more mature students who had the specific intention of practicing Homoeopathy. This theory is also supported by the fact that more than a third of this group had Homoeopathy as a second study choice (Fig. 4.23).

Regarding the total time in practice, it would seem that the first three years are critical (Fig. 4.43). It appears that if the graduate makes it past this length of time that they will continue to practice for at least five to six years. Of currently practicing graduates only 23% of the practitioners took longer than 2 years to make a profit while12.5% responded that no profit had been reached. This supports the assertion that a practice takes 3 years to be viable. Graduates that have given up practice cited financial difficulties as the main reason for doing so, thus it can be assumed that this group went into practice for a fair length of time to ascertain the financial viability of the venture and after two to three years gave up to enter a more financially lucrative career, yet still a massive 46,67% of Group C never realised any profit at all (Fig. 4.46).

However this figure regarding profit may be slightly inaccurate as the researcher did not stipulate gross or net profit, and there may have been doubts as to whether it meant covering fixed costs or did it include allowing the practitioner to draw a salary and live off the practice. Respondents may have interpreted the question in different ways. Also due to the wording of the question, if a graduate had practiced for 3 months and still not reached a

profit, they would have responded that profit had not been reached. This dilutes the conclusions available, so that it can only reliably be asserted that a higher percentage of graduates who stopped practicing never reached a profit point than graduates who are currently practicing.

Although 25% of Group C had been in active practice for 5-6 years this could be explained by one (or both) of two considerations: Firstly the question did not ask for consecutive time in practice. Thus the 5-6 year response could represent two periods of 2 and 3 years or any combination of time length. The larger percentage of respondents from Group C reporting running three practices may be explained by the fact that some of these respondents stopped and started a few times. The question did not specifically elicit the number of practices run concurrently.

Secondly, the respondents in Group C cited other reasons beside lack of financial viability as reasons for stopping practice. Included are family commitments and burn out. As mentioned earlier, regarding family commitments it could be that the female practitioner decided to have a child and was thus not able to fulfil her practice demands. The conclusion that may be made is that if the practitioner can practice for 3-4 years then it will become sustainable (assuming successful management of other non-financial aspects).

5.5.2 Practice Management And Operations Factors

The following discussion explores the practical, management and financial aspects of running a practice.

5.5.2.1 Financial Aspects Of Practice Management

One of the most significant outcomes of this study is that more than three quarters of all the graduates who have ever practiced supplemented their income from some other source (Table 4.24), mostly in the field of the health care industry in general (Fig. 4.51). So although it may at first appear that a fair proportion of graduates do practice, most of them do not rely on practice solely for their livelihood. This is disconcerting for the individual in practice, as one graduate put it: “It is degrading to the profession that Homoeopaths must work in health shops and pharmacies to support ourselves, you don’t see medical doctors doing this.” Another comment from a practitioner was “Homoeopathy alone could never pay for my rent and living expenses”. There could be a number of factors contributing to this finding. One of the most obvious explanations would be that the profession and Homoeopathic education is fairly new in South Africa, and the public and other medical fields are not aware of the profession or of the training that is involved (Maharaj, 2005). Little awareness of Homoeopathy by other medical professions (Fig. 71) as well as poor public awareness of Homoeopathy (Fig. 4.53) were considered factors, by graduates, when commenting on feeling part of the medical profession and difficulties in starting practice respectively.

It is evident that those graduates that did or do practice, many must have used their Homoeopathic education to some extent, as the two main fields of work regarding income supplementation were cited to be working in the health care industry and lecturing or teaching Homoeopathy. (Fig.4.51). From this information it is difficult to ascertain if the extra work was needed solely for financial reasons or was also to benefit the practitioner in terms of knowledge and experience in the Homoeopathy and the health care field. Both these theories could be valid as the two main difficulties in practice that were cited were economic and lack of confidence and experience (Fig 4.59). Nonetheless the economic factor may be more relevant to the group that has given up practice as has already been alluded to and will be further discussed.

The lower level of respondents who practiced full time in Group C (Table 4.22) could indicate a decreased commitment to practice as a profession, the more likely reason is that as 80% of this group supplemented their practice income (Table 4.24) thus would have to make time to do so.

Furthermore this lack of general awareness may lead to the financial difficulties that both groups experience in practice. Both groups commented that few patient numbers and taking a long time to establish a patient base along with marketing constraints that are placed on practitioners by the AHPC all contributed to difficulties starting up their practices. They also reported that the major way of sourcing new patients is by word of mouth (Fig. 4.58), which

is a slow process and accounts for the perception that practice takes a long time to build. It is understandable that financial difficulties contributed to difficulties in starting a practice, as is expected with any new business, but the continued financial stress was more than likely the major factor for practitioners to have to supplement their income and to eventually give up practice altogether.

The figures for the costs of initial (Fig. 4.47) and follow up consultations (Fig. 4.48) exhibit similar characteristics to the patient numbers graph (Fig. 4.60). Respondents from Group C are clustered in the lower levels of consultation charges. This is possibly reflective of a different pricing/charging scale that may have contributed to failure of their practices. Alternately an explanation could be that the practitioners did not develop the experience and practice base that allowed them to charge more for consultations.

The respondents for Group D are more evenly spread across the price scale. This would support the second explanation above. If the low levels of charging were contributing to the failure of practices in Group C, we should see a high level of charging in Group D. This is not the case however. The question may also be fundamentally flawed as currently practicing graduates would quote current consultation prices, while those that gave up practice would be quoting prices charged in the past which may not be presently market related.

Homoeopathy is a profession where, like in other professional fields like medicine, the graduate should be able to earn an income solely derived from

selling their services. This does not appear to be the case regarding DIT graduates. Evidence thus far has pointed to the graduate having to have more entrepreneurial business skills than to provide a professional service, as is alluded to by Group C who felt that their education was lacking in business skills.

A very small percentage (3%), of practicing graduates are employed for their services as Homoeopaths (Fig. 4.55). There are no jobs as yet available in the public sector for practicing Homoeopaths, as is the experience of one graduate who said “A Master’s Degree in Homoeopathy qualification is not of any use in securing employment in health care.” It stands to reason that private practice is virtually the only choice a graduate has to see patients in a professional Homoeopathic capacity.

5.5.2.2 Operations Management

As expected the majority of both Groups C and D said they did not find starting practice easy (Table 4.25). Financial difficulties were the greatest obstacle to ease of practice, it can be assumed that this is not exclusive to Homoeopathic practice but is a universal phenomenon regarding business. However practitioners found that this was an on going problem when describing difficulties in practice (Fig. 4.59). Furthermore practitioners commented that poor public awareness of Homoeopathy was a contributing factor and thus poor patient numbers and taking a long time to establish a patient base were continuing problems that they faced (Fig. 4.53). Small

(2004) concluded that there was a low awareness of Homoeopathy amongst grade 12 learners in Kwa Zulu Natal, where a fair proportion of graduates live. So their perception that there is poor public awareness of the modality may not be unfounded. Word of mouth is the major way of sourcing new patients (Fig. 4.58), it would thus stand to reason that creating an awareness of Homoeopathy would be a slow gradual process.

Despite these problems there are strategies that can help the new graduate with beginning a new practice. For these we can look to the minority of practitioners that did not find difficulty starting practice (Fig. 4.52). The main factors that contributed to an easy start of practice were joining an existing practice and having a good support network. This is also supported by Freeborn (2001), who found that social support from colleagues was a significant predictor of professional satisfaction among physicians working for Health Maintenance Organisations in the USA. Lack of such support resulted in burnout within members of the profession.

A good support network is attainable for any student or graduate, provided they make the effort. It is perhaps a good idea for the educational institution to encourage while individuals are still at the undergraduate level also to implement a good business course that highlights these factors that make the transition from student to practitioner easier.

The majority of respondents in both groups practiced in a group multi-disciplinary setting where they shared premises with other medical

professionals (Fig. 4.55). This may reflect the fact that it is easier to practice with this support both clinically and practically e.g. sharing costs of receptionists, rent and telephone lines, but most importantly having access to a potential referral network supported by the evidence that the profession that most practicing graduates associated with was Chiropractors (Fig. 4.57), which was the profession that most graduates referred to and received referrals from. The most likely reason that it is chiropractors that graduates are allied to would be that they are possibly the profession most aware of Homoeopathy as they attend the same education system; this point is to be discussed later.

The other discipline that graduates were in association with in a multi disciplinary capacity was other Homoeopathic professionals. The reasons could be the clinical and practical factors mentioned above, but also may include other systems of support. These being sharing of a dispensary or remedies, and “covering” for each other when one takes leave or is ill. Furthermore sharing premises with another Homoeopath may give a feeling of added security in respect that one practitioner “knows” what the other one is doing.

5.5.2.3 Patient Management

Group C, had by far the least patient visits per week as compared to Group D (Fig. 4.60). Thus the number of patients per week was unlikely to have reached a sustainable level as these Homoeopaths stopped practicing (most

within three years and many never showed a profit). Yet again the need for business skills is highlighted, possibly compounded by lack of confidence and perceived lack of skills that may have resulted in a poor patient follow up rate. So the practitioner was unable to build a strong patient base.
Interestingly enough there was a small percentage of these practitioners who consulted with over 50 patients a week. This is intensive work, yet can be assumed that the practice was financially lucrative. Family commitments and burn out (Fig. 4.65), may have been contributing factors for them to stop practice. An over sight by the researcher was that the questionnaire failed to ask how long the average initial and follow up consultations were. Thus making it difficult to assess the working hours of practitioners, which may contribute to burn out and affect the rate charged per unit time.

The majority of currently practicing Homoeopaths see over 20 patients a week (Fig. 4.60). These figures would seems to be more conducive to sustain an active practice. The thirty or so percent that consult with less than 10 patients per week, may be newly starting their practice, and thus still building up patient numbers. Judging from the trends reflected by Group C, these practitioners may be in danger of having to give up practice. To further extrapolate data shown in Group C, currently practicing practitioners who see high volumes of patients (50 and above per week) may also end up not practicing as a result of burn out.

5.5.2.4 Dispensing practice

An added expense is the cost of setting up a dispensary, more than 80% of both groups that have practiced owned their own dispensary (Table 4.26). At first it would seem to be a less financially sensible thing to do when first starting to practice. Perhaps it would make more sense to build up a solid patient base and then make this large investment. The explanations for the high rate of dispensary ownership may be as follows:

It may have been thought that selling remedies to patients would generate more income, than just selling their time, which may not be well renumerated to start with, this is supported by a comment made by a past practitioner “I spent hours working on cases and did not charge for the extra time”. It is common Homoeopathic practice to dispense placebo, for which the practitioner is able to charge the same as medication, the practitioner would also be able to medicate his own granules and make a considerable mark up on medication. Other factors other than financial resulting in high dispensary ownership rate might lie in the nature of Homoeopathic medicine and dispensing. The practitioner may have wanted to be sure that the patient receives remedies of a known quality, and that they are correctly advised, which may not be the case if the process goes through a third party. Also remedies may not be easily available or accessible, i.e. there may not be a third party that can provide this service, so that, even if the practitioner wanted to farm out his scripts, there may not be a place he is able to do so. This makes the consultation of no use to the patient if the remedies are not

available, so the onus would fall on the practitioner himself to provide this service.

5.5.3 Job Satisfaction

5.5.3.1 Currently Practicing Graduates

A staggering 91.4% of respondents who currently practice Homoeopathy reported being satisfied with their career choice (Fig. 4.63). This high level is explained by the fact that those not satisfied would presumably have stopped practicing and engaged in another option. This information is reiterated in that 86.21% of Group D would study Homoeopathy again if they had the choice. (Fig. 4.69). It is very encouraging to note that such a high percentage of graduate practitioners are happy as Homoeopaths despite the financial and emotional difficulties that practice and the profession might present. This finding was in accordance with the findings of Smith Randolf and Johnson (2005) who identified intrinsic factors to be more important than extrinsic factors regarding their influence in contributing to career satisfaction and desire to stay in a job.

Over a third of these practitioners said that they found Homoeopathy to be a rewarding career (Fig. 4.65). This was backed up by comments such as “Homoeopathy is the only choice”, “Homoeopathy is the medicine of the future” and “I can’t imagine doing anything else”. From these statements it may seem that the practice of Homoeopathy is one that affords the individual

great personal satisfaction, presumably to be able to contribute to the health and welfare of others, but also as an opportunity to understand oneself. If this is the case then DIT has more than fulfilled the tenants in its mission statement that state the goal to produce a graduate who is self-motivated with a desire to cure the patient and the willingness to become part of the community with the aim of improving health and relieving suffering of the sick. (Durban Institute of Technology, 2005)

The nature of the Homoeopathic consultation is by individualisation of the patient by exploring the mental, emotional and physical realms (Vithoulkas, 1986). It is possibly via this interaction between practitioner and patient that allows for the practitioner's personal growth (Wilber, 2004).

This may be the greatest offering that the practice of Homoeopathy may have to offer the practitioner and is arguably the main reason that the vast majority of practicing graduates have made such passionate statements regarding their career choice. The well-known physician Hunter "Patch" Adams (2001) says the following about his experience in medicine. "One day I decided to serve humanity in medicine. Never in our 30-year history did we charge money for what we've done. Not out of responsibility and guilt, but out of the ecstatic experience of a sense of belonging to others." Moore (1992) sums it up beautifully by saying "Fulfilling work is a gift of the soul and is a concrete way we can foster soulfulness in our ordinary everyday lives."

This statistic may be the key to the fundamental reason why graduates continue to practice, and perhaps it should be this that should be further

researched rather than looking at why other graduates don't practice. Perhaps it is a particular type of individual who holds their own personal growth and well being at the heart of their career choice, rather than financial gain or practice difficulties. A practitioner commented, "You need a genuine interest in Homoeopathy for continued motivation". We should ask ourselves what secret Homoeopathy holds that continually motivates the 58 graduates to continue to practice. Maybe the answer does not lie in Homoeopathy, but in the personal insight and experience of Homoeopathy that each one of these individuals have.

What is disturbing is that out of the remaining practitioners that would not pursue Homoeopathy again, 100% said that this was for financial reasons. No other reason was even made mention of by this group (Fig. 4.70). Given this, it might stand to reason that these individuals are in danger of becoming part of the "given up" group and that the major reason for not being satisfied with Homoeopathy as a career is one of financial viability. One graduate that did give up practice said that she "would love to practice, but can't afford it". It is thus reinforced over and over in the data gathered that financial aspects of practicing are a major factor that determines whether a graduate practices or not and that the profession is not experienced by graduates as a particularly lucrative one.

In conclusion, overall the intrinsic factors of a rewarding profession out weigh the extrinsic factors of mainly financial difficulties and these motivate this group to continue practicing.

5.5.3.2 Not Currently Practicing Graduates

From the group who are not currently practicing, the majority of those that had practiced before would elect not to study Homoeopathy again and thus choose a different career option (Fig. 4.69). This is presumably because they have tried it out and discovered the difficulties the profession has to deal with. However out of those who would have studied Homoeopathy again, half said that they would prefer to study it as a postgraduate adjunct to medicine (Fig 4.35). In addition to this, a quarter of those who would choose another career elected medicine as an option. This statement made by a graduate sums it up. " I lack the belief that non medical Homoeopaths can run a financially viable full time practice to live a comfortable existence". An explanation for this was offered by one of the graduates in this group "I should have studied medicine, it is the same amount of stress, but ten times the money and recognition." Furthermore there is a correlation between the level of satisfaction in the current career chosen (Table 4.33) and income. Thus it can be concluded that this smaller proportion of graduates have a more extrinsically based needs for career satisfaction.

Interestingly enough just over half of the group who have never practiced would choose Homoeopathy as a career again (Fig. 4.69). Presumably this is because they have not yet had the chance to fully experience practice but is more likely to be because they plan on practicing in the future as stated by 77.78% of this Group (Fig. 4.72). The majority of those who would not pursue Homoeopathy as a career again in this group, would choose medicine or

other medical fields as an alternative. Bearing this in mind it can be extrapolated that these graduates don't find other aspects of medicine, such as patient interaction, long hours and hard study, problematic, but rather the difficulty is fundamentally lying within Homoeopathy.

Despite this, the majority of non-practising respondents are satisfied with their current career choice, i.e. that not being Homoeopathic practice (Fig.4.67). Of these, a large percentage of these say that their new careers afford them job satisfaction and financial viability (Fig. 4.68). It seems that a good proportion of non-practicing graduates have found a career niche in which they are able to reach some level of contentment.

Homoeopathy is not for everyone. It would be beneficial for educators to be cogniscent of the information in this study, to refine the student selection process, so that valuable time and energy is not spent on and by those who will not practice in the future. The DIT Homoeopathy programme is one of long duration and hard study, it would be desirable to take measures to avoid comments like the following made by one ex practitioner: "I am frustrated because of time and money wasted studying Homoeopathy".

5.5.4 Alternative Career Choices

The majority of Groups B and C that would not choose Homoeopathy again cite medicine and other medical fields as well as other alternative health fields as a preferred career choice (Fig.4.71). This is in accordance with the current

occupations done by these groups, which largely fall into the medical and alternative medical fields (Fig. 4.44). This could reflect a perception of better viability of the other fields or a misperception/misrepresentation of the Homoeopathic profession when originally making a career choice

Of the non-practicing Homoeopaths who used to practice (Group C), 70% would not follow the same choice of study (Fig 4.73). Again this indicates a level of satisfaction at having stopped practicing as a career. A disillusionment with aspects of Homoeopathy as a profession in general may be the underlying reason, as it seems that these graduates do have an affinity for other health care professions and industries. Perhaps if Homoeopathy was more widely accepted and had a place in public sector health care, these opinions would be different. Some graduates commented that there were no career opportunities in Homoeopathy other than private practice. Also that there is lack of hospital exposure and community service which is afforded to some of the more main stream medical professionals which not only hampers career opportunities for graduates but also limits the scope for clinical experience so desperately needed by student and graduates of Homoeopathy.

The split in the responses of Group B (58% indicating they would study again, and 42% indicating they would not) reflects the multi-factorial nature of the decisions/inability to practice. Choosing to study again despite not currently practicing possibly indicates a level of commitment and satisfaction with Homoeopathy as a philosophy and an intention to practice in the future. This

indicates the level to which practical issues rather than ideological/philosophical problems alienate graduates from practice. This is also supported by the less mature nature of this group in terms of age and experience mentioned earlier.

5.5.5 Intention To Practice Again

The intention to practice in the future was high for both non-practicing groups (78% of Group B and 60% of Group C)(Fig 4.72). It would seem to indicate that the subject/system of Homoeopathy is attractive, although the practical aspects are a constraint in pursuing Homoeopathy as a profession. This is re-enforced by the data reflecting that large proportion of respondents indicated a need to supplement the income they received from Homoeopathy (Table 4.24). Further, the predominance of responses in the category “will practice again depending on circumstances” suggests that the practical and circumstantial aspects of Homoeopathy are a constraint rather than disillusionment with the system itself. However these optimistic figures may not in reality pan out. One graduate commented that she would practice again in the future, but added “when I am retired, like most Homoeopaths.”

5.6 PROFESSION

The data from this study may be limited in value regarding the profession as a whole. The profession currently consists of a wide range of differently qualified people, as a historical remnant, also a number of MBChB who have

done the M.F.Hom qualification, as well as M.Tech. Hom graduates from the university of Johannesburg. However, M.Tech. Hom graduates do make up the majority of registered Homoeopaths. The greater proportion of which are currently DIT graduates, partly because the DIT course has been running about four years longer than programme at the University of Johannesburg. A look at this data in the light of the profession as a whole thus may not be entirely accurate. It may be able to reflect possible broad trends in the future of the profession as a greater and greater proportion of registered Homoeopaths in South Africa will be M.Tech. graduates seeing that this is the legal requirement for Homoeopathic practice, excluding those with the M.F.Hom qualification.

The major value of the data in this section lies with the graduates perception of relations within the Homoeopathic profession and relations with other professions

5.6.1 Registration With Professional Boards

Regarding registration with professional boards, as expected most practicing Homoeopaths are registered with the AHPC of South Africa (Fig 4.76). The proportion that are not registered with any professional board may be accounted for by perhaps practicing in a foreign country were there may be no legal requirement for professional registration, or respondents may have misunderstood the question and thus not filled it in correctly. By percentage Group C had the lowest rate of registration possibly reflecting poor intentions

to practice again and lack of interest in the profession. They are also not in practice so do not need to be registered.

Other professions registered for (Fig 4.75) may reflect the ongoing education and need for income supplementation of income discussed earlier.

5.6.2 Interaction Within Homoeopathic Profession

Not being supported by the Homoeopathic profession was the dominant feeling of the respondents (Table 4.29) and reasons were varied across the different groups. Many of the responses included not having a good functioning representative body (Fig. 4.78). At the time of data collection the current Homoeopathic Association of South Africa (HSA) had only been newly formed, so many respondents may have not been aware of it, especially those no longer in the profession. The HSA has begun to tackle some of the issues highlighted in this document directly or indirectly. An example would be the study they commissioned to assess fee structures for submission to medical aids. This is one way in, which the financial problems of practitioners is being addressed. There has been some awareness of these changes, reflected in this statement made by a graduate: “Few individuals are doing a large amount of work in Homoeopathy and should be acknowledged.” Hopefully more and more students and graduates will become part of HSA to support them in the work they are doing to further the Homoeopathic profession.

Poor communication between and assistance from colleagues was the other main reason for not feeling supported. This ties up with the good network needed to make starting practice easier (Fig. 4.52). “I am inspired by seeing the success of other practitioners” is what one particular graduate said. If, as students, graduates were encouraged to approach practicing Homoeopaths and a network was developed at this stage, perhaps there would be more graduates practicing. Graduates that did feel supported by the profession largely attributed this to good communication with colleagues and good assistance from other practitioners. Presumably these would be the practitioners who had ease setting up practice as a result of a good support network. Here again the importance of intra-professional communication is stressed, especially as regards to a newly developing profession like Homoeopathy is.

What is encouraging is that there seems to be a fair amount of intra professional referral where Homoeopaths are both referred to and receive referrals from their Homoeopathic colleagues (Fig.4.72), which could indicate that the situation is changing.

5.6.3 Interface With Other Health Professions

The majority of graduates from all three groups felt that they were not accepted within the medical profession as a whole. Contributing factors to this issue may be multi fold.

The law has been responsible for creating several gaps. As stated in chapter two, rule 9 (1) of the Health Professions Act, 56 of 1974, currently restricts free communication between complementary health professionals and medical professionals, thus limiting the interaction between the general medical community and Homoeopaths, effectively isolating the Homoeopath (South Africa, 2004:26497). The registration of Homoeopaths was only reopened in 1985, so it has only been operational in its full capacity for some 20 years. As a result other medical professionals, especially the older generation, may not be aware or are ignorant of the scope of the profession thus excluding Homoeopaths from any medical interaction, which may lead to the feeling of not being accepted.

International medical opinion of Homoeopathy might also influence local medical practitioners to avoid interaction. An example of this was the recently published article in the Lancet medical journal, which stated "….in the analysis, little evidence remained for specific effect of Homoeopathy." (Shang, Huwiler-Muntener and Nartey, 2005) The end result is that a fair proportion of practicing graduates feel that Homoeopathy is not respected by the medical profession (Fig. 4.80).

Evidence that supports the notion that graduates are not widely accepted by the medical profession as a whole is that a much larger number of Homoeopaths refer their patients to other mainstream medical professions than receive referrals from these same professions (which include allopathic

specialists, general practitioners and dentists among others) (Figs. 4.81 and 4.82).

A very interesting outcome of this question is that the group of graduates that gave up practice did not have the same views as those currently practicing. A fair portion of the former felt they were part of a mutual active referral system, while the latter did not. Similarly only a small proportion of those who gave up did not feel respected by the medical profession. It would be reasonable to assume that feeling part of the medical profession as a whole would be one of the contributing factors to continue to practice. Yet this is not the case regarding these graduates. Once again the conclusion to be reached is that despite the positive aspects of practice extrinsic factors, financial in particular were the major contributing factor in the decision not to practice.

5.6.4 Reasons For Emigration

There seem to be a broad spectrum of reasons for emigration (Fig 4.83). There is no evidence that any are related specifically to Homoeopathy, but rather to the greater South African social and political context. In hindsight this question could have been omitted from the questionnaire, as it makes no meaningful contribution to the understanding of DIT Homoeopathic graduates career paths.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

The final outcome of this research has refuted the anecdotal evidence that the majority of DIT Homoeopathic graduates are not practicing. However a large percentage of these graduates are supplementing their practice incomes, with other modalities and varying work. The principal factor that seems to motivate these graduates to continue practice is the intrinsic rewards it provides as a career.

Financial considerations seemed to be the main factor that influenced graduates that were practicing to give up. A number of these graduates are working in the health care industry. In hindsight, they would have rather chosen another medical field other than Homoeopathy as a career option.

For those graduates that have never practiced lack of confidence due to lack of clinical experience was the main factor that resulted in the decision not to go into practice. This group was of a younger age demographically, which may have compounded that problem.

It is encouraging that many of graduates do practice. The points identified above create large problems for Homoeopathy as a developing profession. These are as follows:

Firstly, the education offered by DIT, although being of a high international standard in terms of curriculation, does not offer adequate practical experience to students. This leaves graduates both practicing or not with a feeling that they lack confidence to a greater or lesser degree.

Secondly, financial difficulties experienced by so many DIT graduate practitioners may result in less graduates going into practice and more graduates giving up practice, thus limiting the growth of the profession.

In conclusion, if the education deficiencies and the career difficulties of Homoeopathic practice regarding DIT graduates are not addressed, the profession may not be able to expand to take its place as a primary health care modality in South Africa.

6.2 RECOMMENDATIONS

6.2.1 Recommendations Regarding This Study

6.2.1.1 Questions To Be Omitted

Some questions proved to be of little value and even irrelevant. These included questions regarding the following:

- Reasons for emigration (Questions 2.11, 3.31 and 4.28)
- Which suppliers were used for medication and remedies (Questions 3.19 and 4.20).

It is recommended that these be omitted from future studies of a similar nature.

6.2.1.2 Questions To Be Amended

It is recommended that question 1.11 be amended to ask for Net Annual Income.

Questions 3.16 and 4.17, regarding profit made in practice, should be restructured to stipulate “Net Profit”.

6.2.1.3 Questions To Be Included

Certain other aspects of Homoeopathic practice might be included in further studies that were omitted in this one. In particular the time taken to consult with a new and a follow up patient. This information may be necessary to make comparable time fee structure comparisons.

A question may be included regarding income generated from Homoeopathic practice alone, regarding the groups that did and are currently practicing.

To clarify certain issues regarding Homoeopathy as a career a question on reasons for choosing to study Homoeopathy should be included in questionnaires of future similar studies.

6.2.1.4 General Recommendations

If a survey of a similar nature is to be conducted, it is recommended that the key (Appendix H) be used or adapted for survey distribution. The questionnaire compiled by the researcher was done with limited knowledge of the scope of answers; more comprehensive multiple-choice answers are included in the key, thus making data collection easier.

6.2.2 Recommendations For Future Specific Research

- Career paths of Homoeopathic graduates of University of Johannesburg, to provide a comparison with this dissertation.

- Finance of study and practice- implications and options (money and Homoeopathy), the financial viability of Homoeopathic practice in South Africa.

- Geographical distribution of patients vs. practitioners-effect of proximity to other Homeopaths/ medical practitioners on size/success of practice

- Models of success- attitudes and particulars of successful Homoeopaths- as defined by, patient numbers, income and job satisfaction.

- Research be done on the need for a Homoeopathic internship programme.

- Factors contributing to job satisfaction of Homoeopaths in South Africa.

- Educational Audit of subjects currently offered at DIT and their relevance to practice.

- Factors contributing to delays in qualification as a result of research dissertation and the impact it has on practice.

- Proportion of patients that return for follow up consultations and optimum weekly patient numbers to be sustainable and to prevent burn out.

- Burn out rates and factors contributing to burn out amongst Homoeopathic practitioners.

- The value of completion of a research dissertation regarding the DIT graduate, and its relevance to practice.

6.2.3 Recommendations For Educators And Representative Professional Bodies

- It was discovered in this study that some graduates were not aware of the potential difficulties involved in Homoeopathic study and practice. It is recommended that Homoeopathic educators set up a programme to train school and DIT careers guidance councillors to adequately inform potential students of the opportunities their education will afford them.

- It would be beneficial for the future development of the profession for formalised postgraduate Homoeopathic workshops and supervision to be run. These should cover a number of varied topics. Perhaps this could be coordinated with or run by DIT Homoeopathic Department.

- From the outcomes of this study it is evident that practical experience is lacking within the DIT Homoeopathic education. The Homoeopathic Department should consider increasing the practical experience of the undergraduate programme.

- DIT should introduce into its new curriculum a compressive course on how to set up and run a practice. This should include legal requirements of practice as well as business skills.

- A set internship should be formalised and implemented as soon as possible.

- A cohesive marketing programme for the Homoeopathic profession should be collated to increase the awareness and inform the public as well as other medical professions of Homoeopathy and the role it has to play in the South African health care system.

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APPENDIX A

QUESTIONNAIRE

This survey takes about 20 minutes to complete. The data will only be identified by code numbers and no names and contact details will be connected to them ensuring confidentiality.

INSTRUCTIONS:

- All graduates are requested to fill in Part A (Demographic data).
- **Only** one of either Parts B or C or D is applicable to any one graduate. To ascertain which category you fall into please refer to the definition of "Practice" provided below.
- Part B applies to graduates who have never practiced homoeopathy as stated by the definition.
- Part C applies to graduates who have practiced homoeopathy previously, but are currently not practicing, as stated by the definition.
- Part D applies to graduates who are currently practicing homoeopathy as stated by the definition.
- **Circle** answers where appropriate.
- When an option is given for "other" please specify in the space provided.

.

For the purposes of this study
***"HOMOEOPATHIC PRACTICE"* is defined as:**

To exercise or follow homoeopathy as a registered profession, with or without monetary remuneration by means of providing a professional service to a formal patient base, from a fixed contactable address or addresses. (This does not include informal consultation with family, friends and acquaintances.)

Part A: Demographic data

Personal details:

1.1

First names	
Surname	

1.2

City:	Country:

1.3 Gender:

Female	**1**	Male	**2**

1.4 Country of Birth: ***1.5 Country of Citizenship:***

1.6 Age category:

21-25	**1**	26-30	**2**	31-35	**3**	36-40	**4**	41-45	**5**	46-50	**6**	>51	**7**

1.7 Race:

Asian	**1**	Black	**2**	Coloured	**3**	Indian	**4**	White	**5**

1.8 Marital status:

Divorced	**1**	Married	**2**	Single	**3**	Widowed	**4**

1.9 Number of dependents: ____

1.10 Languages spoken:

1st:

Afrikaans	**1**
English	**2**
IsiNdebele	**3**
IsiXhosa	**4**
IsiZulu	**5**
Sepedi	**6**
Sesotho	**7**
Setswana	**8**
siSwati	**9**
Tshivenda	**10**
Xitsonga	**11**

2nd

Afrikaans	**1**
English	**2**
IsiNdebele	**3**
IsiXhosa	**4**
IsiZulu	**5**
Sepedi	**6**
Sesotho	**7**
Setswana	**8**
siSwati	**9**
Tshivenda	**10**
Xitsonga	**11**

Other: _____

1.11 Income per annum:

R0 – R12 000	**1**
R12 001 – R24 000	**2**
R24 001 – R50 000	**3**
R50 001 – R100 000	**4**
R100 001 – R150 000	**5**
R150 001 – R200 000	**6**
R201 000 – R300 000	**7**
R300 001 – R400 000	**8**
> R400 001	**9**

Educational details:

1.12 Year of first registration at DIT / Technikon Natal: ____

1.13 Age of first registration at DIT/ Technikon Natal: ____ yrs

1.14 Year of Entry on first registration (i.e. what year did you start in?):

1st yr	**1**	2nd yr	**2**	3rd yr	**3**	4th yr	**4**	5th yr	**5**

1.15 Level of education on first registration at DIT/ Technikon Natal:
(Please specify institution also include degrees and education not completed e.g. did 1st year of BSc. at RAU then registered for homoeopathy):

	Qualification	Institution
1	Matric:	
2		
3		
4		

1.16 Time taken to complete research after fifth year: ____ years ____ months

1.17 Did you do any form of internship, excluding 5th year patient quotas?

No	**1**	Yes	**2**

1.17.1 If yes, where did you do your internship?

Hospital	**1**	Overseas	**2**		
Technikon clinic	**3**	Private practice	**4**	Rural clinic	**5**

Other: _____

1.17.2 How long was your internship in months? ____ months

1.18 Number of years taken to complete degree from year of first registration:

3 yrs	**1**	4 yrs	**2**	5 yrs	**3**	6 yrs	**4**
7 yrs	**5**	8 yrs	**6**	9 yrs	**7**	> 10 yrs	**8**

1.19 Year of qualification from DIT/ Technikon Natal: ____

1.20 Age on qualification from DIT/ Technikon Natal: ____ yrs

1.21 Additional qualifications obtained after the Homoeopathy Degree:

	Qualification	Institution
1		
2		
3		
4		

1.22 List the official boards with which you are registered:

	Boards	Qualification
1		
2		
3		
4		

Part B: Non practicing – Never practiced previously

2.1 Reasons for not practising? (More than one choice possible)

Emigration	**1**	Travel	**5**
Financial	**2**	Family commitments	**6**
Lack of interest	**3**	Perceived lack of skills	**7**
Not confident	**4**	Burned out	**8**

Other_____

2.1.1 Please elaborate (e.g. having baby or qualification not valid in other country):

_____

_____

2.2 What is your current occupation?

Homemaker	**1**
Studying	**2**
Unemployed	**3**
Working in health professional field	**4**
Working in Homoeopathic related field	**5**
Working in totally unrelated field	**6**

Other_____

2.2.1 Please elaborate:

_____

_____

2.3 Is your homoeopathic education directly useful in your current work?

No	**1**	Yes	**2**

2.3.1 Please elaborate:

_____

_____

2.4 Do you feel the education you received was lacking in any way?

No	**1**	Yes	**2**

2.4.1 Please elaborate:

_____

_____

2.5 Do you feel that you have the support of the homoeopathic profession?

No	**1**	Yes	**2**

2.5.1 Please elaborate:

_____

_____

2.6 Do you feel part of or accepted within the medical profession as a whole?

No	1	Yes	2

2.6.1Please elaborate:

_____

_____

2.7 Do you still take an active interest in homoeopathy?

No	1	Yes	2

2.7.1 If yes, in what way do you show interest?

Conferences	1	Informal practice	2	Journal subscriptions	3
Reading source material	4	Study groups	5	Other:_____	

2.7.2 If no, please elaborate:

_____

_____

2.8 Are you satisfied with your current career choice?

No	1	Yes	2

2.8.1 Please elaborate:

_____

_____

2.9 Do you plan on practising homoeopathy in the future?

No	1	Yes	2

2.9.1 Please elaborate:

_____

_____

2.10 Would you study Homoeopathy again, given the choice?

No	1	Yes	2

2.10.1. At DIT or Wits and elaborate on reasons why?

_____

_____

2.10.2 If no, what would you rather have studied?

_____

2.11 If you have left South Africa, please elaborate on reasons why.

_____

_____

_____

Additional comments:

Part C: Non practicing – Practiced previously

Previous practice information:

3.1 How long after you qualified did you start to practise?

years	months	Straight away

3.1.1 Elaborate on what you did between the time of graduation and opening a practice.

_____

_____

3.2 At what age did you start to practise? | yrs |

3.3 Total time in practice? | years | months |

3.4 How many practices did you have? _____

3.5 Where did you have your practice(s)?

City:	Country:
City:	Country:
City:	Country:

3.6 Did you find it easy to start up a practice or find employment?

No	1	Yes	2

3.6.1 Please elaborate:

_____

_____

3.7 How did you finance the set up of your practice? (More than one answer possible)

Loan	1	Parents	2	Own savings	3
Second income	4	Spouse	5	Other_____	

3.7.1 Please elaborate:

_____

_____

3.8 Did you practise part time or full time?

Full time	1	Part time	2

3.9 How did you practice?

Sole	1	Group- Homoeopathy	2	Group-Multidisciplinary	3

3.9.1. Please elaborate:

_____

_____

3.9.2 If you were in financial association with other practitioners state which: (More than one choice possible)

Allopathic Specialist Doctor	**1**	General Practitioner (GP)	**5**
Aromatherapist	**2**	Homoeopath	**6**
Chiropractor	**3**	Reflexologist	**7**
Dentist	**4**	Other:_____	

3.9.3 If you were in a multidisciplinary set up with other practitioners, state which ones are applicable (More than one choice possible)

Allopathic Specialist Doctor	**1**	General Practitioner (GP)	**5**
Aromatherapist	**2**	Homoeopath	**6**
Chiropractor	**3**	Reflexologist	**7**
Dentist	**4**	Other:_____	

3.10 Did you ever refer patients to? (More than one choice possible)

Allopathic Specialist Doctor	**1**	General Practitioner (GP)	**5**
Aromatherapist	**2**	Homoeopath	**6**
Chiropractor	**3**	Reflexologist	**7**
Dentist	**4**	Other:_____	

3.11 Did you ever receive referrals from? (More than one choice possible)

Allopathic Specialist Doctor	**1**	General Practitioner (GP)	**5**
Aromatherapist	**2**	Homoeopath	**6**
Chiropractor	**3**	Reflexologist	**7**
Dentist	**4**	Other:_____	

3.12 How did you source new patients? (More than one answer possible)

Gave information presentations	**1**
Print media	**2**
Telephone directory	**3**
Word of mouth	**4**

Other_____

3.13 How many patients on average did you see a week? | |

3.14 Average consultation fee, including average price of mediation dispensed?

Initial	**R**	Follow-up	**R**	Telephone consult	**R**

3.15 Did you supplement your income? (Including other modalities employed in the treatment of your patient

No	**1**	Yes	**2**

3.15.1 If yes, please elaborate: (More than one answer possible)

	ELABORATE	
Acupuncture		**1**
Chiropractic		**2**
Massage		**3**
Phytotherapy		**4**
Second job related to homoeopathy		**5**
Second job unrelated to homoeopathy		**6**
Spouse		**7**

Other:_____

3.16 How long before you started to show a first net profit?

Months	***Years***	***No profit***

3.17 In what areas did you experience difficulties? (More than one answer possible)

Burnout	**1**	Economic	**2**
Lack of confidence in skills	**3**	Lack of job satisfaction	**4**
None	**5**	Work load	**6**

Other:_____

3.17.1Please elaborate:

_____

_____

3.18 Did you have your own dispensary?

No	**1**	Yes	**2**

3.18.1 If no, where did your patients get their medication and remedies from?

Health Shop	**1**	Homoeopathic pharmacy	**2**	Other Homoeopath	**3**
Pharmacy	**4**	Other_____			

3.19 Which suppliers did you use for your medication and remedies? (More than one answer possible)

Ainsworth	**1**	Herbal Homoeopathic	**7**	Nrf	**13**
Arkopharma	**2**	Holistix	**8**	Pharma Natura	**14**
Bioforce	**3**	Nativa	**9**	Phytoforce	**15**
Bioharmony	**4**	Natura	**10**	Solgar	**16**
Heel	**5**	Nature Life	**11**	Viridian	**17**
Helios	**6**	Naturopathica	**12**	W Last	**18**

Other: _____

3.20 What prescription aids did you use in your practice? (More than one answer possible)

Mac Rep	**1**	RADAR	**2**	Repertory Book	**3**
Cara	**4**	Hompath	**5**	Nothing	**6**

Other:_____

Current status:

3.21 Reasons for not practising? (More than one choice possible)

Emigration	**1**	Travel	**5**
Financial	**2**	Family commitments	**6**
Lack of interest	**3**	Perceived lack of skills	**7**
Not confident	**4**	Burned out	**8**

Other_____

3.21.1 Please elaborate (e.g. having baby or qualification not valid in other country):

_____

_____

3.22 What is your current occupation?

Homemaker	**1**
Studying	**2**
Unemployed	**3**
Working in health professional field	**4**
Working in Homoeopathic related field	**5**
Working in totally unrelated field	**6**

Other_____

3.22.1 Please elaborate:

_____

_____

3.23 Is your homoeopathic education directly useful in your current work?

No	**1**	Yes	**2**

3.23.1 Please elaborate:

_____

_____

3.24 Was the education you received lacking in any way?

No	**1**	Yes	**2**

3.24.1 Please elaborate:

_____

_____

3.25 Do you feel that you have the support of the homoeopathic profession?

No	**1**	Yes	**2**

3.25.1 Please elaborate:

_____

_____

3.26 Do you feel part of or accepted within the medical profession as a whole?

No	**1**	Yes	**2**

3.26.1Please elaborate:

_____

_____

3.27 Do you still take an active interest in homoeopathy?

No	**1**	Yes	**2**

3.27.1 If yes, in what way do you show interest?

Conferences	**1**	Informal practice	**2**	Journal subscriptions	**3**
Reading source material	**4**	Study groups	**5**	Other_____	

3.27.2 If no, please elaborate:

_____

_____

3.28 Are you satisfied with your current career choice?

No	**1**	Yes	**2**

3.28.1 Please elaborate:

_____

_____

3.29 Do you plan on practising homoeopathy in the future?

No	**1**	Yes	**2**

3.29.1 Please elaborate:

_____

_____

3.30 Would you study Homoeopathy again, given the choice?

No	**1**	Yes	**2**

3.30.1 At DIT or Wits and elaborate on reasons why?

_____

_____

3.30.2 If no, what would you rather have studied?

_____

3.31 If you have left South Africa, please elaborate on reasons why.

_____

_____

Additional comments:

_____

_____

_____

_____

_____

Part D: Currently practicing

4.1 How long after you qualified did you start to practise?

years	months	Straight away

4.1.1 Elaborate on what you did between the time of graduation and opening a practice.

_____

_____

4.2 At what age did you start to practise? | yrs |

4.3 Total time in practice? | years | months |

4.4 How many practices do you have? _____

4.5 Where do you have your practice(s)?

City:	Country:
City:	Country:
City:	Country:

4.6 Did you find it easy to start up a practice or find employment?

No	1	Yes	2

4.6.1 Please elaborate:

_____

_____

4.7 How did you finance the set up of your practice? (More than one answer possible)

Loan	1	Parents	2	Own savings	3
Second income	4	Spouse	5	Other_____	

4.7.1 Please elaborate:

_____

_____

4.8 Do you practise part time or full time?

Full time	1	Part time	2

4.9 Did you ever give up practice and then return?

Yes	1	No	2

4.9.1 If yes please elaborate:

_____

_____

4.10 How do you practice?

Sole	**1**	Group- Homoeopathy	**2**	Group-Multidisciplinary	**3**

4.10.1 Please elaborate:

_____

_____

4.10.2 Are you in a financial association with other practitioners state which: (More than one choice possible)

Allopathic Specialist Doctor	**1**	General Practitioner (GP)	**5**
Aromatherapist	**2**	Homoeopath	**6**
Chiropractor	**3**	Reflexologist	**7**
Dentist	**4**	Other_____	

4.10.3 If you are in a multidisciplinary set up with other practitioners, state which ones are applicable (More than one choice possible?)

Allopathic Specialist Doctor	**1**	General Practitioner (GP)	**5**
Aromatherapist	**2**	Homoeopath	**6**
Chiropractor	**3**	Reflexologist	**7**
Dentist	**4**	Other_____	

4.11 Do you ever refer patients to? (More than one choice possible)

Allopathic Specialist Doctor	**1**	General Practitioner (GP)	**5**
Aromatherapist	**2**	Homoeopath	**6**
Chiropractor	**3**	Reflexologist	**7**
Dentist	**4**	Other_____	

4.12 Do you ever receive referrals from? (More than one choice possible)

Allopathic Specialist Doctor	**1**	General Practitioner (GP)	**5**
Aromatherapist	**2**	Homoeopath	**6**
Chiropractor	**3**	Reflexologist	**7**
Dentist	**4**	Other_____	

4.13 How do you source new patients? (More than one answer possible)

Gave information presentations	**1**
Print media	**2**
Telephone directory	**3**
Word of mouth	**4**

Other:_____

4.14 How many patients on average do you see a week? | |

4.15 Average consultation fee, including average price of mediation dispensed?

Initial	**R**	Follow-up	**R**	Telephone consult	**R**

4.16 Do you supplement your income? (including other modalities employed in the treatment of your patient

No	**1**	Yes	**2**

4.16.1 If yes, please elaborate: (More than one answer possible)

	ELABORATE	
Acupuncture		**1**
Chiropractic		**2**
Massage		**3**
Phytotherapy		**4**
Second job related to homoeopathy		**5**
Second job unrelated to homoeopathy		**6**
Spouse		**7**

Other_____

4.17 How long before you started to show a first net profit?

Months	***Years***	***No profit***

4.18 In what areas did you experience difficulties? (More than one answer possible)

Burnout	**1**	Economic	**2**
Lack of confidence in skills	**3**	Lack of job satisfaction	**4**
None	**5**	Work load	**6**

Other_____

4.18.1Please elaborate:

_____

_____

4.19 Do you have your own dispensary?

No	**1**	Yes	**2**

4.19.1 If no, where do your patients get their medication and remedies from?

Health Shop	**1**	Homoeopathic pharmacy	**2**	Other Homoeopath	**3**
Pharmacy	**4**	Other_____			

4.20 Which suppliers do you use for your medication and remedies? (More than one answer possible)

Ainsworth	**1**	Herbal Homoeopathic	**7**	Nrf	**13**
Arkopharma	**2**	Holistix	**8**	Pharma Natura	**14**
Bioforce	**3**	Nativa	**9**	Phytoforce	**15**
Bioharmony	**4**	Natura	**10**	Solgar	**16**
Heel	**5**	Nature Life	**11**	Viridian	**17**
Helios	**6**	Naturopathica	**12**	W Last	**18**

Other:_____

4.21 What prescription aids do you use in your practice? (More than one answer possible)

Cara	**4**	Hompath	**5**	Nothing	**6**
Mac Rep	**1**	RADAR	**2**	Repertory Book	**3**

Other_____

4.22 Was the education you received lacking in any way?

No	**1**	Yes	**2**

4.22.1 Please elaborate:

_____

_____

4.23 Do you feel that you have the support of the homoeopathic profession?

No	**1**	Yes	**2**

4.23.1 Please elaborate:

_____

_____

4.24 Do you feel part of or accepted within the medical profession as a whole?

No	**1**	Yes	**2**

4.24.1Please elaborate:

_____

_____

4.25 Besides patient consultation do you still exercise an interest in Homoeopathy?

No	**1**	Yes	**2**

4.25.1 If yes, in what way do you show interest?

Conferences	**1**	Informal practice	**2**	Journal subscriptions	**3**
Reading source material	**4**	Study groups	**5**	Other_____	

4.25.2 If no, please elaborate:

_____

_____

4.26 Are you satisfied with your current career choice?

No	**1**	Yes	**2**

4.26.1 Please elaborate:

_____

_____

4.27 Would you study Homoeopathy again, given the choice?

Yes	**1**	No	**2**

4.27.1 At DIT or Wits and elaborate on reasons why?

_____

_____

4.27.2 If no, what would you rather have studied?

_____

_____

4.28 If you have left South Africa, please elaborate on reasons why.

Additional comments:

APPENDIX B

PRACTITIONER INFORMED CONSENT DOCUMENT

TITLE OF RESEARCH PROJECT:

A Retrospective Survey of Post-Graduate Career Paths of Durban Institute of Technology (DIT) Homoeopathic Graduates from 1994 to 2004.

NAME OF SUPERVISOR: Dr I.M Couchman (MTech(Hom))

Date: _____

Please circle the appropriate answer

Have you read the research information sheet?	Yes	No
Have you had an opportunity to ask questions regarding this study?	Yes	No
Have you received satisfactory answers to your questions?	Yes	No
Have you had an opportunity to discuss this study?	Yes	No
Have you received enough information about this study?	Yes	No
Who have you spoken to?		
Do you understand the implications of your involvement in this study?	Yes	No
Do you understand that you may withdraw from the study? a) At any time b) Without having to give any reason for withdrawing	Yes	No
Do you agree to voluntarily participate in this study?	Yes	No

If you have answered "no" to any of the above, please obtain the necessary information before signing.

I, _____ hereby agree to participate in a study that will look at Homoeopathic practitioner demographics, career choices, education evaluation and difficulties experienced when/if setting up a practice.

I am aware that this involves answering certain questions regarding my current status as a qualified Homoeopath.

Please print in block letters:

Practitioner's name: _____ Signature: _____

Witness name: _____ Signature: _____

Research student name: F. Babaletakis Signature: _____

APPENDIX C

INFORMATION LETTER

Researcher's Address

DATE:

Dr Graduate's Name

Graduate's Address

Dear Dr Graduate's Name

I am currently a master student doing research involving a study on the career choices Homoeopathic graduates have made since completing their course.

Your participation in this research study would be invaluable and necessary for us to obtain a realistic view of demographics and the current status of practice of Durban Institute of Technology (DIT) graduates.

The purpose of this research study is to determine:

- The demographics of DIT Homeopathic graduates from 1994 to midyear 2004.
- What proportion of Homeopathic graduates formally practice Homeopathy.
- The status of their practice.
- Possible areas of difficulty they may have regarding practice.
- Other career choices made by the graduates.
- Reasons for their career choice.

An assessment will also be made regarding:

- How many successfully practicing Homeopaths DIT has produced, where they tend to practice as well as the difficulties they may be experiencing, so that educators may be well informed of the effectiveness of the education provided.

- The reasons why some graduates do not practice Homoeopathy. This information may be of value to other practicing homeopaths and to all those involved in the promotion and development of the profession.
- The career opportunities available to DIT graduates either in practice or in related fields.

You are required to complete a questionnaire, which should take no longer than 20 minutes of your time.

To ensure your complete privacy, the questionnaire will not be returned directly back to the researcher, instead it will be received by the Faculty of Health Assistant, Miss I Sukhu. She will then delete your name and contact details before handing the completed document over to me. This questionnaire needs to be returned with the informed consent document, via the self-addressed envelope supplied or e-mailed to: sukhui@dit.ac.za

Do not hesitate to contact me should you require any further information regarding the research study.

Yours sincerely

Fotini Babaletakis

RESEARCH STUDENT
(031) 464 1025
084 7808995

Dr I.M.S Couchman MTech:(Hom)

SUPERVISOR
(031) 204 2041

APPENDIX D

THANK YOU LETTER

Research's Address

DATE:

Dr. Graduate's Name

Graduate's Address

Dear Graduate's Name

Thank you for your participation in the research study on the retrospective career paths of Durban Institute of Technology (DIT) Homoeopathic graduates.

The information supplied has been valuable to the ongoing education and training as well as to the realistic economic viability of the Homoeopathic qualification in South Africa.

Please do not hesitate to contact us should you have any further questions. A copy of the research study will be available at the Durban Institute of Technology (DIT) library.

I wish you all the success in the future.

Sincerely

Fotini Babaletakis
Research student

Dr I.M.S Couchman MTech:(Hom)
Supervisor

APPENDIX E

PILOT ASSESSMENT FORM

A Determination and Evaluation of the Career Choices that Durban Institute of Technology (DIT) Homoeopathic Graduates from 1993 to 2004 Graduates, have made since completing the course.

Name: ***Date:***

Dear assessor,

Thank you for agreeing to assist in the piloting of the questionnaire to be used in the above mentioned research.

You are requested to read the attached questionnaire in your own time. Once you have reviewed the questionnaire you are required to fill out the following assessment form. Additional comments can also be written on the questionnaire itself. All gathered information will be useful to us to ensure that the intended results of the survey are achieved.

Please answer and elaborate on the following:

1. Time taken to complete the questionnaire, please state approximate time for each section: Sec A_____, Sec B_____ Sec C_____ Sec D_____
2. Do you feel the time taken to complete the questionnaire was too long in the context of another practitioner who would have to take time from work to complete it?

   _____
   _____
   _____
3. Is the presentation and layout of the questionnaire appropriate?

   _____
   _____
   _____
4. Were the instructions easy to follow?

   _____
   _____
   _____
5. Did you understand what was meant by the definition of ‘practice’?

   _____
   _____
   _____
6. Were the questions clear?

   _____
   _____
   _____

7. Did they follow a logical sequence?

_____
_____
_____

8. Were any questions irrelevant / inappropriate in your opinion?

_____
_____
_____

9. Additional comments

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Thank you for your cooperation

Yours Sincerely

Fotini Babaletakis
Research Student

Dr I.M Couchman
Supervisor

APPENDIX F

A LIST OF HOMOEOPATHIC GRADUATES FROM 1994 TO 2004

Aleotti, Claudia	98
Alexander, Karen	94
Balding, Tamara Jane	02
Barklie, Tanya Sharon	99
Basson, Jo-Anne	02
Bland, Colleen Margret	97
Bloch, Michael	03
Bolling, Birgit	98
Bondonno, Roberto Carlo	96
Botha, Okker Roelof	02
**Brammer, Ronel	95
Brandsch, Helga Michaela	97
Bresler, Saun Christiaan	94
Bruni, Rouen	01
Budree, Rohan Sewdayal	04
Carey, Angela Moira	00
Cason, Angela	03
Christie, Natalie Nowell	95
Clarke, Lindy Jane	02
Couchman, Ingrid M S	01
Cross, Andrew Peter	97
Curnow, Janine Margaret	
Daphne, Antoinette	98
Davies, Troy Murray	02
Dawson, Nicole	00
De La Rouviere, Alexandra Mary	97
De Smidt, Johannes Willem	01
De Waard, Anton Hans	96
Dhanraj, Pravith	01
Dlamini, Nomthandazo	04
Domleo, Sinden Jane	03
Dos Ramos, Antoinette	99
Dos Ramos, Maureen	01
Dummer, Karen	03
Eatwell, Allan Rowan	04
Ebrhim, Shera	04
**Eldridge, Julia Kathrine	00
Farrow, Gregory Alan	98
Ferruci, Loretta	95
Freese, Lorette Elfriede	97
Giles, Lance Ferneaux	95

Gillespie, Nerena Beatrice	94
Govender, Nervashnee	04
Hagen, Siobhan Sarah Casey	96
Hall, Cornelia Maria	99
Harris, Bronwyn Claire	03
Harris, Matthew Gregory	01
Hellberg, Nicolette Liesel	01
Hillermann, Roland Manfred	97
Himlok, Karen	02
Hopkins, Crofton Russel	98
Invernizzi, Jonathan Rai	03
Ismail, Shaida	04
Joseph, Jeanie Dorothy	94
**Kaufmann, Holton James	98
Kell, Colette Melissa	04
Kerschbaumer, Werner	04
Kirtland, Karen Andrea	95
La Grange, Colin David	99
Langford, Samantha Jane	02
Lee, Monique	98
Leong, Sao Lai	02
Lever, Yvette	98
Lilley, Dorian Lejan	98
Lockyear, Heather	04
Louw, Natasha	04
Low, Lisa	03
**Mabuza, Mbuso	03
Macquet, Maurel Louise	04
Maharaj, Madhueshwaree	00
Makris, Georgina Anne	
Malan, Johannes Francois	03
Mandel, Fritz Johan	99
Mcdavid, Gillies Malcome	94
Mcteer, Taryn Frances	04
Mistry, Raakhee Gunvant	99
Moolla, Farhana	95
Morris, Cathrine Anne	03
Mostert, Anna Johanna	03
Mostert, Ronelle	99
Motara, Farhad Essop	04
Moyal, Orley	02

Moys, Estelle Renee	99
Muller, Nadine Avril	97
Naude, David Francis	01
Naude, Wayne Stuart	97
Nell, Nicolas	04
Neumann, Jacqueline Watson	98
Opperman, Celia	98
Pautz, Joanne Elizabeth	99
Peckham, Allen	96
Pillay, Annette	03
Pillay, Bavani	94
Pillay, Danny	96
Pollock, Jacqueline	98
Poolman, Emmerentia Christina	94
Porter, Lindi	97
Power, Sean Michael	00
Puterman, David Joel	94
Rademan, Wim Marius	98
Ramlachan, Shavashni	03
Randeree, Aziza Muhammed	00
Reader, Hayley	02
Reid, Kim Louise	02
Rielly, Patricia Isabella	03
Ronander, Garnet Edgar	01
Ross, Ashley Hilton Adrian	98
Sarawan, Shanie Mohanlall	

Schultz, Myron	94
Sengpiehl, Monika	04
Sewsunker, Olica	01
Singh, Varuna	00
Smulders, Henriette	01
Spitze, Brigitte Henriette	95
Steele, Richard	00
Storey, Robert	
Stubbs, Claire	02
Sukdev, Reena	98
Swan, Carla	03
Tak, Eugene Lawrence	01
Taylor, Grant Cavill	00
Thomson, Bruce	04
Tsolakis, Natalie Christina	95
Van Der Hulst, Nicolette	03
Van Niekerk, Karin	00
Van Schalkwyk, Christian Johan	99
Verhoogt, Mariaan	03
Vosloo, Chiquita Louise	02
Vosloo, Werner	01
Webb, Kathleen Ann	98
Webster, Heather	03
White, Keryn Elizabeth	95
Williams, Dillon Christopher	03
Wright, Craig Douglas	00

** Denotes that these graduates were untraceable.

APPENDIX G

DIT FACULTY OF HEALTH SCIENCES RULE BOOK FOR DEPARTMENT OF HOMOEOPATHY 2005

According to the Faculty of Health Sciences 2005 Department of Homoeopathy Rule Book, the following rules dictate the criteria for qualification:

"**NATIONAL DIPLOMA: HOMOEOPATHY**

LY.HN1 DEFINITIONS

"Approved" means approved by the Minister of Education.
"Council" means The Allied Health Professions Council of South Africa.
"Department" means the Department of Education
"Minister" means Minister of Education.
"Senate" means the Senate of the Durban Institute of Technology

LY.HN2 DURATION OF THE PROGRAMME

The minimum formal time is three years. A student must meet all the requirements of the programme in terms of the general policy for norms and standards as approved by the Minister and as stipulated by the Durban Institute of Technology and the Council. Successful completion allows national diploma status but no diploma is awarded or issued nor will the holder be able to register as a homoeopath.

LY HN3 ENTRANCE REQUIREMENTS

Persons applying must be in possession of a senior certificate with matriculation exemption. Subjects must include mathematics on higher grade, physical science on higher grade and/or biology on higher grade.

LY HN4 INSTRUCTIONAL PROGRAMME

The instructional programme consists of a minimum of eight (8) Level One subjects, six (6) Level Two subjects and four (4) Level Three subjects.

Course Code: NDHOMI

Sapse Code	Register Code	Subjects	*Periods Week	
			Theory	Prac
150311912	ANTY102	Anatomy I (Major subject)	2	8
150312712	PHSY101	Physiology I (Major subject)	5	4
180101612	PPHS111	Philosophy, Principles & History I (Module I)	3	
	PPHS121	Philosophy, Principles & History (Module II) (Minor Subject)	3	
150312712	BIOG102	Biology I (Major subject)	4	4
159417112	CHHC102	Chemistry I (Major subject)	5	4
150710512	PHHC101	Physics I (Minor subject	2	3
150314722	ANAT202	Anatomy I I (Major subject)	2	8
150411222	BCHE202	Biochemistry II (Major subject)	5	4
090106222	EPHC201	Epidemiology I (Major subject)	4	4

090107722	GPAT201	General Pathology II (Major subject)	5	4
150316122	MMIC201	Medical Microbiology II (Minor subject)	4	5
150309722	PHSI201	Physiology II (Major subject)	5	4
220601212	SSTU101	Social Studies I (Minor subject)	5	
090107903	DIAG301	Diagnostics III (Major subject)	8	4
090215822	PHYP201	Psychopathology II (Minor subject)	5	
090400103	MMED301	Materia Medica III (Major subject)	6	5
090110003	SYPA301	Systemic Pathology (Major subject)	6	4
090110003	ACTH302	Auxiliary Therapeutics (Minor subject	3	4

LY.HN5 EXAMINATIONS

1. Internal examinations are conducted by the Durban Institute of Technology in all subjects.
2. The nature, time and extent of each examination will be determined by the Durban Institute of Technology.

LY.HN6 PASS REQUIREMENTS

1. A student must obtain a minimum of 50% in a subject to pass that subject.
2. The examination mark contributes 60% and the year mark contributes 40% towards the final result.
3. A sub-minimum applies to each theory, oral and practical examination. Similarly, a sub-minimum applies to the year/semester mark. This sub minimum is 50% for Materia Medica 11 1, and 40% for all other subjects.
4. Subject successes may be accumulated, except in the case of Materia Medica III when Rule LY.HN6.8 applies.
5. A first-year student who fails three or more subjects with an average of less than 40% in the failed subjects during that year is not permitted to re-register in the Department of Homoeopathy or the Department of Chiropractic. De-registration from any subject is subject to the provisions of Rule G6.
6. A student is not allowed to register for the fourth year if he has not completed an accredited course in First Aid, as approved by the Head of Department, or its equivalent.
7. Notwithstanding Rule G12 (10) a year/semester mark obtained for any subject is only valid for the main examination in the year/semester in which the student is registered plus the supplementary examination in that subject if granted to the student in terms of Rule G13(3).
8. A student who fails any subject in the third year must re-register for that subject as well as for Materia Medica III and Diagnostics III, with any previously attained year marks for the failed subject/s and Materia Medica III and Diagnostics III falling away.
9. A student who fails any subject after two registrations for that subject, is not permitted to re-register in the Department of Homoeopathy. This applies regardless of whether the student was registered as a Chiropractic or Homoeopathic student when he first failed the subject.

Pre-requisite and complementary subjects:

SECOND YEAR		

Subject	**Pre-requisite subject(s)** which a student must pass before registering for the subjects specified n the extreme left hand column. (Rule G1 (m) refers)	**Complementary subject(s**) which a student must register and write all tests and examinations, but not necessarily pass, prior to, or simultaneously with, the subject(s) specified in the extreme left hand column. (Rule G1 (b) refers)
Biochemistry II	Chemistry I Physiology I Biology I	Physiology I
General Pathology II	Biology I Anatomy I Physiology I	Physiology II Medical Microbiology II Epidemiology II
Epidemiology II	Biology I	Medical Microbiology II
Physiology II	Biology I Physiology I Chemistry I Physics I	Biochemistry II General Pathology II
THIRD YEAR		
Subject	**Pre-requisite subject(s)** which a student must pass before registering for the subjects specified n the extreme left hand column. (Rule G1 (m) refers)	**Complementary subject(s**) which a student must register and write all tests and examinations, but not necessarily pass, prior to, or simultaneously with, the subject(s) specified in the extreme left hand column. (Rule G1 (b) refers)
Auxiliary Therapeutics	Physiology II Anatomy II General Pathology II	Systemic Pathology II
Diagnostics III	All 1st year and 2nd year subjects	Systemic Pathology 11 Biochemistry II
Psychopathology II Materia Medica III	Social Studies II All 1st year and 2nd year subjects	Medical Microbiology II Biochemistry II General Pathology II
Systemic Pathology III	General Pathology II Anatomy II Physiology II	

BACHELOR'S DEGREE IN TECHNOLOGY: HOMOEOPATHY

LY.HB1 DEFINITIONS

"Approved" means approved by the Minister of Education.
"Minister" means Minister of Education
"Council" means The Allied Health Professions Council of South Africa.
"Institution" means the Durban Institution of Technology.

"Senate" means the Senate of Durban Institution of Technology

LY.HB2 DURATION OF THE PROGRAMME

The minimum formal time is one year. A student must meet all the requirements of the programme in terms of the general policy for norms and standards as approved by the Minister and as stipulated by the Durban Institute of Technology and the Council. Successful completion allows B.Tech degree status but no degree is awarded or issued nor can the holder register as a homoeopath.

LY.HB3 ENTRANCE REQUIREMENTS

1. National Diploma: Homoeopathy
2. The Head of Department may recommend to the Senate that certain appropriate overseas qualifications be considered to grant status of National Diploma: Homoeopathy.

LY.HB4 INSTRUCTIONAL PROGRAMME

Course Code: BTHOM1

Sapse Code	Register Code	Subject	Period /Week	
			Theory	Prac
090108006	DIAG401	Diagnostics IV	6	3
090400406	CHOM401	Clinical Homeopathy IV	4	20
090401106	HPHM401	Homoeopharmaceutics IV	4	4
090400306	MMED401	Materia Medica	6	
150308312	RMT0102	Research Methods and Techniques I	2	

LY.HB5 EXAMINATIONS

Internal examinations are conducted by the Durban Institute of Technology in all subjects.

LY.HB6 PASS REQUIREMENTS

1. A student must obtain a minimum of 50% in a subject to pass that subject.
2. The examination mark contributes 60% and the year mark contributes 40% towards the final result for all subjects except Clinical Homoeopathy IV and Homoeopharmaceutics IV. The examination mark for Clinical Homoeopathy IV and Homoeopharmaceutics IV contributes 40% and the year mark contributes 60% of the final result.
3. A sub-minimum of 50% applies to each component of respective theory, oral and practical examinations.

The following year marks and examination mark sub-minima apply to the subjects Diagnostics IV and Clinical Homoeopathy IV:

YEAR MARK		EXAMINATION MARK	
Theory	50%	Theory	50%
Practical	50%	Each Case Evaluation	50%
		OSCE	50%

4. Class attendance, class tests, practical laboratory work, practical clinic work and projects is taken into consideration to determine the year semester mark.
5. A student who fails any subject in the fourth year is required to reregister for all the subjects in the fourth year, with any previously attained year mark falling away. If a student achieves a year mark of 60% or more in a subject for which he has re-registered, but

which he previously passed, he will be exempted from the examination in that subject. However, Research Methods & Techniques I and Homoeopharmaceutics IV need not be repeated if they have been passed.

6. A student who fails any subject when repeating the fourth year will not be permitted to re-register in the Department of Homoeopathy.
7. Notwithstanding Rule G12 (10) and Rule G13 (3) a year/semester mark obtained for any subject is only valid for the main examination in the year/semester in which the student is registered.
8. A student who does not commence his studies for the M.Tech: Homoeopathy in the year following his successful completion of the B.Tech: Homoeopathy must successfully repeat the B.Tech: Homoeopathy before being admitted to the M.Tech: Homoeopathy

MASTER'S DEGREE IN TECHNOLOGY: HOMOEOPATHY

LY.HM1 DEFINITIONS

`Approved' means approved by the Minister of Education.
`Council' means The Allied Health Service Professions Council of South Africa.
`Institution' means the (merged) Durban Institute of Technology.
`Minister' means Minister of Education.
'Intern' means a person who has completed all his fifth year requirements with the possible exception of the research project and dissertation, and who is involved with the year of clinical experience.

LY.HM2 DURATION OF THE PROGRAMME

The minimum formal time is one year. Notwithstanding Rule G24 (2) and (3), if a student fails to obtain the Master's Degree within two years after registering for the fifth year, re-registration will be denied. A student must meet all the requirements of the programme in terms of the norms and standards as approved by the minister and as stipulated by the Institution and the Council in order to qualify for the M.Tech: Homoeopathy and for registration as an intern with the Allied Health Professions Council of South Africa.

LY HM3 ENTRANCE REQUIREMENTS

B.Tech: Homoeopathy

LY.HM4 INSTRUCTIONAL PROGRAMME

Course Code: MTHOMI

Sapse Code	Register Code	Subject	Period / Week Theory	Prac
0904001070	CHOM502	Clinical Homoeopathy V	3	20
0904000070	MMED502	Materia Medica V	6	10
1308000070	PMJU501	Practice Management & Jurispudence V	6	
0904007080	RPLY502	Research Project and Dissertation I		

LY.HMS EXAMINATIONS

All examinations are internal examinations.

LY.HM6 PASS REQUIREMENTS

1. A student must obtain a minimum of 50% in a subject to pass that subject.
2. A student who fails any fifth year subject is allowed one chance to repeat the fifth year, but must re-register for Clinical Homoeopathy V, Materia Medica V and Research Project and Mini-Dissertation I with all
the previously attained year marks falling away. Research minidissertations will not be credited until all fifth year subjects have been passed. This rule should be read in conjunction with Rule LY.HM2 stating, that if a student fails to obtain the Master's Degree within two years of first registering for the fifth year, re-registration will be denied.

3. The examination mark for Materia Medica V contributes 60% and the year mark contributes 40% towards the final result.
4. The examination mark for Clinical Homoeopathy V contributes 40% and the year mark contributes 60% towards the final result.
5. A sub-minimum of 50% applies to theory, oral and practical examinations, and year marks in both Clinical Homoeopathy V and Materia Medica V.

YEAR MARK	EXAMINATION MARK	
Theory 50%	Theory	50%
Practical 50%	Each Case Evaluation	50%
	OSCE	150%

6. Class attendance, class tests, practical laboratory work, practical clinic work and projects are taken into consideration to determine the year mark.
7. Notwithstanding Rule G12(10 and G13 (3) a year mark obtained for any subject is only valid for the main examination in the year in which the student is registered."

APPENDIX H

KEY FOR DATA ANALYSIS

Part A: Demographic data

Personal details:

1.2 Place of Residence:

1.2 a Country	1.2b Province/State	1.2c Municiple area/City
RSA = South Africa	EC = Eastern Cape	EL= Amatole District Municipality PLACES: East London
		PE= Nelson Mandela Municipality PLACES: Port Elizabeth
		CACA= Cacadu District Municipality PLACES: Port Alfred
	GAU = Gauteng	JHB= Johannesburg (Metropolitan municipality City of Johannesburg)
		PRE=Pretoria(Metropolitan municipality of Pretoria)
	KZN= Kwa Zulu Natal	DUR= eThekweni Metropolitan Municipality (Durban)
		UTHU =uThungulu District Municipalityinclude PLACES: Empangeni, Mtunzini, Richards Bay
		PMB=Umgungundlovu District Municipality PLACES: Pietermaritzburg, Howick
		UGU = Ugu District Municipality PALCES: Port Shepstone
		UMK =Umkhanyakude District Municipality PLACES: Vryheid
	WC = Western Cape	CT= Cape Town (Cape Town Metropolitan Area)
		EDEN= Eden District Municipality PLACES: Knysna
UK = United Kingdom		LON = London
NET = Netherlands		
GER=Germany		
USA = United States	CAL = California	
	FLOR= Florida	
	ORE= Oregon	
AUS = Australia		
IS= Israel		
EGY= Egypt		
MAL = Malawi		
TRAV=Travelling (No fixed address)		

1.3 Gender:

Female	**1**	Male	**2**

1.4 Country of Birth:

RSA = South Africa
UK = United Kingdom
IS= Israel
ZIM =Zimbabwe (Formerly Rhodesia)

1.5 Country of Citizenship:

RSA = South Africa
UK = United Kingdom
IRE = Ireland
IS= Israel
NZ = New Zealand

1.6 Age category:

21-25	**1**	26-30	**2**	31-35	**3**	36-40	**4**	41-45	**5**	46-50	**6**	>51	**7**

1.7 Race:

Asian	**1**	Black	**2**	Coloured	**3**	Indian	**4**	White	**5**

1.8 Marital status:

Divorced	**1**	Married	**2**	Single	**3**	Widowed	**4**

1.9 Number of dependents: [ ]

1.10 Languages spoken:

1.10 a 1st language	**1.10b 2nd language**	**1.10c other language**	**Language**
1	**1**	**1**	Afrikaans
2	**2**	**2**	English
3	**3**	**3**	Official SA African Languages
4	**4**	**4**	European Languages
5	**5**	**5**	Asian Languages
6	**6**	**6**	Middle Eastern Languages

1.11 Income per annum:

R0 – R12 000	**1**
R12 001 – R24 000	**2**
R24 001 – R50 000	**3**
R50 001 – R100 000	**4**
R100 001 – R150 000	**5**
R150 001 – R200 000	**6**
R201 000 – R300 000	**7**
R300 001 – R400 000	**8**
> R400 001	**9**

Educational details:

1.12 Year of first registration at DIT / Technikon Natal: ____

1.13 Age of first registration at DIT/ Technikon Natal: ____ yrs

1.14 Year of Entry on first registration (i.e. what year did you start in?):

1st yr	**1**	2nd yr	**2**	3rd yr	**3**	4th yr	**4**	5th yr	**5**

1.15 Level of education on first registration at DIT/ Technikon Natal:

	Field (1.15a)	**Type(1.15b)**	**Institution (1.15c)**	**Complete or Not (1.15d)**
1	Health	Degree	University	Completed
2	Science	Diploma	Technikon	Not completed
3	Social Science	Certificate	Private Institution	
4	Economics			
5	Education			
6	Arts			
7	Performing Arts			
8	Other not specified			

1.16 Time taken to complete research after fifth year: ____ months

1.17 Did you do any form of internship, excluding 5th year patient quotas?

No	**1**	Yes	**2**

1.17.1 If yes, where did you do your internship?

Hospital	**1**	Overseas	**2**		
Technikon Clinic	**3**	Private Practice	**4**	Rural Clinic	**5**
Other Clinic e.g. community clinic	**6**				

1.17.2 How long was your internship in months? ____ months

1.18 Number of years taken to complete degree from year of first registration:

3 yrs	**1**	4 yrs	**2**	5 yrs	**3**	6 yrs	**4**
7 yrs	**5**	8 yrs	**6**	9 yrs	**7**	> 10 yrs	**8**

1.19 Year of qualification from DIT/ Technikon Natal: ____

1.20 Age on qualification from DIT/ Technikon Natal: ____ yrs

1.21 Additional qualifications obtained after the Homoeopathy Degree:

	Field (1.21a)	**Type(1.21b)**	**Institution (1.21c)**
1	Extension Of Homeopathic Education	Degree	University
2	Profession Registered With AHPC	Diploma	Technikon
3	Alternative Health Methods Not Registered As Profession With AHPC	Certificate	Private Institution
4	Other, Not Specified		

1.22 List the official boards with which you are registered:

	Boards (1.22a)
1	Allied Health Professionals Council
2	Board Of Health Care Funders
3	Other Official Board Pertaining To Another Country In Field Of Health
4	Other Official Board Pertaining To Non Health Related Field In SA

	Qualification (1.22b)
1	Homoeopath
2	Chiropractor
3	Acupuncturist
4	Reflexologist
5	Aromatherapy
6	Therapeutic massage
7	Natural therapiast
8	Medically Related Profession
9	Other

Part B: Non practicing – Never practiced previously

2.1 Reasons for not practising? (More than one choice possible)

Emigration	**1**	Family Commitment Reasons	**8**
Financial Reasons	**2**	Studying Full / Part Time	**9**
Lack Of Personal Interest	**3**	Travel	**10**
Lack Of Interest From Public In Homoeopathy	**4**	Other Not Specified	**11**
Not Confident	**5**		
Perceived Lack Of Skills	**6**		
Burned Out	**7**		

2.2 What is your current occupation?

1	Homemaker
2	Studying Medical Field
3	Studying Alternative Medical Field
4	Studying Non Medical Field (Unrelated Field)
5	Working In Medical Professional Field
6	Working In Alternative Health Field
7	Working In Non Medical Field (Unrelated Field)
8	Working In Homoeopathic Related Field
9	Working In Totally Unrelated Field
10	Unemployed

2.3 Is your homoeopathic education directly useful in your current work?

No	**1**	Yes	**2**

2.3.1 Subjects / aspect of education useful in current work

1	Sciences (Physics and chemistry)
2	Human Biology (Anatomy and physiology)
3	Medicine (Pathology and diagnostics)
4	Pharmacology
5	Nutrition and Phytotherapy
6	Auxiliary Therapeutics (incl. acupuncture, massage, hot and cold therapy etc.)
7	Homoeopharmaceutics
8	Homoeopathic Philosophy And Psychology
9	Homoeopathic Material Medica And Clinical Applications Of Remedies
10	All Subjects / Aspects Of Education

2.4 Do you feel the education you received was lacking in any way?

No	**1**	Yes	**2**

2.4.1 Aspects of education lacking:

1	Medical Subject Taught
2	Homoeopathic Subjects Taught
3	Business / Economic Skills Taught
4	Other Complimentary Therapies Covered / Taught
5	Practical Diagnostic Skill And Techniques
6	Diagnostic Test And Investigation Interpretation
7	Clinical/Practical Experience Regarding Medical Aspect Of Consultation
8	Clinical/Practical Experience Regarding Homeopathic Aspect Of Consultation
9	Lecturer, Clinicians And Teaching Staff Inexperienced
10	Poor Integration Of Theoretical And Practical Knowledge
11	Post Graduate Support
12	Speciality Areas e.g Paediatrics
13	Other Non Specified Category

2.5 Do you feel that you have the support of the homoeopathic profession?

No	**1**	Yes	**2**

2.5.1 Please elaborate:

1	There Is A Good Functioning Representative Functioning Body And Leader Ship
2	No / Poor Functioning Representative Body And Leader Ship
3	Good Sharing Of Info And Communication With Other Practitioners/Colleagues
4	No/Poor Sharing Of Info And Communication With Other Practitioners / Colleagues
5	Good Assistance From Other Practitioners
6	No/ Poor Assistance From Other Practitioners And Post Graduate Support
7	AHPC Unhelpful
8	Other Not Specified

2.6 Do you feel part of or accepted within the medical profession as a whole?

No	**1**	Yes	**2**

2.6.1Please elaborate:

1	I Am Part Of A Mutual Active Referral System
2	I Am Not Part Of A Mutual Active Referral System
3	Have Access To Medical Infrastructures
4	Have No Access To Medical Infrastructures
5	There Is A Growing Positive Awareness And Acceptance Of Homeopathy
6	Little Awareness And Education Regarding Homeopathy In The Medical Professions
7	The Medical Profession Recognises And Respects Our Level Of Knowledge And Training
8	Homoeopathy Not Respected Or Taken Seriously By Medical Profession
9	Medical Profession Thinks Homeopathy Is Dangerous

2.7 Do you still take an active interest in homoeopathy?

No	**1**	Yes	**2**

2.7.1 If yes, in what way do you show interest?

Conferences	**1**	Informal Practice	**2**	Journal Subscriptions	**3**
Reading Source Material	**4**	Study Groups	**5**	Internet	**6**

2.7.2 If no, please elaborate:

1	No Interest And No Time
2	Despondent About Homoeopathy
3	Will Never Practice

2.8 Are you satisfied with your current career choice, i.e. not homeopathy?

No	**1**	Yes	**2**

2.8.1 Please elaborate:

1	Financially Rewarding / Viable
2	Not Financially Rewarding / Viable
3	Rewarding Career / Job Satisfaction
4	Not Rewarding Career / No Job Satisfaction
5	Easy Stress Free Work
6	Difficult, Stressful Work
7	Flexible Working Hours Being Self Employed
8	Not Versatile / Flexible Career
9	Scope For Expanding Career
10	No Recognition Of Education Or Profession
11	Other Not Specified

2.9 Do you plan on practising homoeopathy in the future?

No	**1**	Yes	**2**	Unsure	**3**

2.9.1 Please elaborate:

1	Will Practice Within The Next 6 Months To A Year
2	May Practice In The Distant Future
3	Will Practice With Other Modality
4	Will Practice Dependant On Circumstances
5	No Interest In Practicing
6	Not Confident To Practice
7	Practice Is Not Financially Rewarding
8	Circumstances Prevent Me From Ever Practicing

2.10 Would you study Homoeopathy again, given the choice?

No	**1**	Yes	**2**

2.10.1. a. Where would you have liked to study homoeopathy?

1	Durban Institute Of Technology
2	Witwatersrand Technikon
3	No Preference Of Technikons
4	Medicine With Post Graduate Homoeopathy

2.10.1. b. Reasons for choice

1	No Knowledge About Other Institution
2	Better / More Convenient Location
3	Prefer System Of Homoeopathy Taught I.E. Classical Homoeopathy
4	Better Standard Of Education
5	Wider Variety Of Modalities Taught
6	Better Lecturers / Staff
7	Better Practical Experience And Skills
8	Better Post Graduate Support
9	More Versatile And Accepted Qualification

2.10.2a If no, why not?

1	Not Financially Rewarding / Viable
2	Not Rewarding Career / No Job Satisfaction
3	Difficult, Stressful Work
4	Not Versatile / Flexible Career
5	No Recognition Of Education Or Profession
6	Course Too Long
7	Other Not Specified

2.10.2b If no, what would you rather have studied?

1	Medicine
2	Other Medical Fields
3	Chiropractics
4	AHPC Registered Professions Other Than Chiropractics
5	Other Complementary Professions Not Registered With AHPC
6	Sciences
7	Commerce / Accounting/ IT
8	Psychology And Counseling
9	Arts
10	Law
11	Other Not Specified Above

2.11 If you have left South Africa, please elaborate on reasons why.

1	Travel
2	Personal / Family Reasons
3	Political Reasons
4	More Career Opportunities
5	Financial Reasons
6	Study

Part C: Non practicing – Practiced previously

Previous practice information:

3.1 How long after you qualified did you start to practise?

months	0= Straight away

3.1.1 Elaborate on what you did between the time of graduation and opening a practice.

1	Travel / Holiday
2	Set Up Practice
3	Family / Homemaker
4	Work In Health Field
5	Work In Health Unrelated Field
6	Study

3.2 At what age did you start to practise? yrs

3.3 Total time in practice? years

3.4 How many practices did you have?

3.5 Where did you have your practice(s)?

3.5 a Country	3.5b Province/State	3.5c Municipal Area/City
RSA = South Africa	EC = Eastern Cape	EL= Amatole District Municipality PLACES: East London
		PE= Nelson Mandela Municipality (Port Elizabeth) PLACES: Port Elizabeth
	GAU = Gauteng	JHB= Johannesburg (Metropolitan municipality **City of Johannesburg)**
	KZN= Kwa Zulu Natal	DUR= eThekweni Metropolitan Municipality (Durban)
		PMB=Umgungundlovu District Municipality PLACES: Pietermaritzburg
		ILB= iLembe District Municipality PLACES:Balito
		UTHU =uThungulu District Municipalityinclude PLACES: Richards Bay
	WC = Western Cape	CT= Cape Town (Cape Town Metropolitan Area)
		CWD=Cape Winelands District Municipality PLACES: Montague, Paarl
UK = United Kingdom		
KEN = Kenya		

3.6 Did you find it easy to start up a practice or find employment?

No	**1**	Yes	**2**

3.6.1 Please elaborate:

1	Financial Difficulties
2	Good Financial Support
3	Poor / No Business Or Practice Management Skills
4	Had A Good Business Plan
5	Marketing Difficulties And Restraints
6	Poor Public Awareness Of Homoeopathy
7	Few Patient Numbers / Long Time To Establish Patient Base
8	Poor / No Support Network
9	Good Support Network
10	Joined Existing Practice
11	Few / No Employment Opportunities
12	Employed Directly
13	Too Many Homoeopaths In Local Area
14	Few Homoeopaths In Local Area
15	Poor Skills / Lack Of Experience/ Lack Of Self Confidence
16	Emotionally Difficult
17	Difficult Personal Circumstances
18	Fortunate / "Lucky" Personal Circumstances
19	Other Not Specified

3.7 How did you finance the set up of your practice? (More than one answer possible)

1	Loan
2	Own Savings
3	Part Time Work / Second Income In Health Related Field
4	Part Time Work/ Second Income Not In Health Related Field
5	Owned Other Business
6	Support From Parents
7	Support From Spouse / Partner
8	Minimized Practice Set Up Costs
9	No Set Up Costs

3.8 Did you practice part time or full time?

Full time	**1**	Part time	**2**

3.9 How did you practice?

Sole	**1**	Group- Homoeopathy	**2**	Group-Multidisciplinary	**3**

3.9.1. Please elaborate:

1	Shared Premises
2	Financial Partner Ship
3	Employed

3.9.2 If you were in financial association with other practitioners state which:

1	Allopathic Specialist Doctor
2	General Practitioner (Gp)
3	Dentist
4	Other Medical Professionals
5	Psychologist / Councilor
6	Homoeopath
7	Chiropractor
8	Other Complementary Health Profession Registered With AHPC
9	Other Complementary Health Profession Not Registered With AHPC
10	Beautician
11	Other Not Specified

3.9.3 If you were in a multidisciplinary set up with other practitioners, state which ones are applicable

1	Allopathic Specialist Doctor
2	General Practitioner (GP)
3	Dentist
4	Other Medical Professionals
5	Psychologist / Councilor
6	Homoeopath
7	Chiropractor
8	Other Complementary Health Profession Registered With AHPC
9	Other Complementary Health Profession Not Registered With AHPC
10	Beautician
11	Other Not Specified

3.10 Did you ever refer patients to?

1	Allopathic Specialist Doctor
2	General Practitioner (GP)
3	Dentist
4	Other Medical Professionals
5	Psychologist / Councilor
6	Homoeopath
7	Chiropractor
8	Other Complementary Health Profession Registered With AHPC
9	Other Complementary Health Profession Not Registered With AHPC
10	Beautician
11	Other Not Specified

3.11 Did you ever receive referrals from?

1	Allopathic Specialist Doctor
2	General Practitioner (GP)
3	Dentist
4	Other medical professionals
5	Psychologist / Councilor
6	Homoeopath
7	Chiropractor
8	Other complementary health profession registered with AHPC
9	Other complementary health profession not registered with AHPC
10	Beautician
11	Other not specified

3.12 How did you source new patients? (More than one answer possible)

1	Gave Information Presentations
2	Print Media
3	Telephone Directory
4	Word Of Mouth
5	Referrals From Other Disciplines
6	Interviews On Radio / TV
7	Magazine Articles / Contributions
8	Internet
9	Direct Marketing

3.13 How many patients on average did you see a week? _____

3.14 Average consultation fee, including average price of mediation dispensed?

Initial **(3.14a)**	**R**	Follow-Up **(3.14b)**	**R**	Telephone Consult **(3.14c)**	**R**

3.15 Did you supplement your income? (Including other modalities employed in the treatment of your patient

No	**1**	Yes	**2**

3.15.1 If yes, please elaborate: (More than one answer possible)

3.15.1 a Supplement income with extra modalities used during Homoeopathic consultation

1	Acupuncture
2	Chiropractic
3	Massage
4	Phytotherapy
5	Vitamins, Minerals And Supplements
6	Other Modality Not Registered With AHPC

3.15.1 b Income supplemented outside of Homoeopathic consultation

1	Practice of profession recognised by AHPC used as separate modality
2	Practice of profession not recognised by AHPC used as separate modality
3	Teaching / lecturing/ clinician to students of Homoeopathy
4	Work in health care industry
5	Work unrelated to health care industry
6	Support from spouse / partner

3.16 How long before you started to show a first net profit?

Months	***No profit =N*** ***Immediately = 0***

3.17 In what areas did you experience difficulties? (More than one answer possible)

1	Burnout
2	Economic
3	Lack Of Confidence And Experience
4	Lack Of Job Satisfaction
5	Work Load Too Large
6	Lack Of Patient Numbers
7	Lack Of Public Awareness Of Homoeopathy
8	Little Recognition Of Work Of Profession
9	Emotional Difficulties
10	None
11	Other Not Specified

3.18 Did you have your own dispensary?

No	**1**	Yes	**2**

3.18.1 If no, where did your patients get their medication and remedies from?

1	Health Shop
2	Homoeopathic pharmacy
3	Other Homoeopath
4	Pharmacy
5	Technikon clinic dispensary

3.19 Which suppliers did you use for your medication and remedies? (More than one answer possible)

Ainsworth	**1**	Herbal Homoeopathic	**7**	Nrf	**13**	Homoeopathic trading co	**19**
Arkopharma	**2**	Holistix	**8**	Pharma Natura	**14**	SA Natural Products	**20**
Bioforce	**3**	Nativa	**9**	Phytoforce	**15**	Food State	**21**
Bioharmony	**4**	Natura	**10**	Solgar	**16**	Solal	**22**
Heel	**5**	Nature Life	**11**	Viridian	**17**	Parceval	**23**
Helios	**6**	Naturopathica	**12**	W Last	**18**	Other Company in SA	**24**
						Overseas company	**25**

3.20 What prescription aids did you use in your practice? (More than one answer possible)

Mac Rep	**1**	RADAR	**2**	Repertory Book	**3**
Cara	**4**	Hompath	**5**	Nothing	**6**
Vital quest	**7**	Material medicas & source material	**8**		

Current status:

3.21 Reasons for not practising? (More than one choice possible)

Emigration	**1**	Family commitment reasons	**8**
Financial reasons	**2**	Studying full / part time	**9**
Lack of personal interest	**3**	Travel	**10**
Lack of interest from public in Homoeopathy	**4**	Other not specified	**11**
Not confident	**5**		
Perceived lack of skills	**6**		
Burned out	**7**		

3.22 What is your current occupation?

Homemaker	**1**
Studying Medical field	**2**
Studying Alternative Medical field	**3**
Studying Non medical field (unrelated field)	**4**
Working in Medical professional field	**5**
Working in Alternative health field	**6**
Working in Non Medical field (unrelated field)	**7**
Working in Homoeopathic related field	**8**
Working in totally unrelated field	**9**
Unemployed	**10**

3.23 Is your homoeopathic education directly useful in your current work?

No	**1**	Yes	**2**

3.23.1 Subjects / aspect of education useful in current work

1	Sciences (Physics And Chemistry)
2	Human Biology (Anatomy And Physiology)
3	Medicine (Pathology And Diagnostics)
4	Pharmacology
5	Nutrition And Phytotherapy
6	Auxiliary Therapeutics (Incl Acupuncture, Massage, Hot And Cold Therapy Etc.)
7	Homeopharmaceutics
8	Homoeopathic Philosophy And Psychology
9	Homeopathic Material Medica And Clinical Applications Of Remedies
10	All Subjects / Aspects Of Education

3.24 Was the education you received lacking in any way?

No	**1**	Yes	**2**

3.24.1 Please elaborate:

1	Medical Subject Taught
2	Homoeopathic Subjects Taught
3	Business / Economic Skills Taught
4	Other Complimentary Therapies Covered / Taught
5	Practical Diagnostic Skill And Techniques
6	Diagnostic Test And Investigation Interpretation
7	Clinical/Practical Experience Regarding Medical Aspect Of Consultation
8	Clinical/Practical Experience Regarding Homeopathic Aspect Of Consultation
9	Lecturer, Clinicians And Teaching Staff Inexperienced
10	Integration Of Theoretical And Practical Knowledge
11	Post Graduate Support
12	Speciality Areas e.g Paediatrics
13	Other Non Specified Category

3.25 Do you feel that you have the support of the homoeopathic profession?

No	**1**	Yes	**2**	Not active in profession so not applicable	**0**

3.25.1 Please elaborate:

1	There Is A Good Functioning Representative Functioning Body And Leader Ship
2	No / Poor Functioning Representative Body And Leader Ship
3	Good Sharing Of Info And Communication With Other Practitioners/Colleagues
4	No/Poor Sharing Of Info And Communication With Other Practitioners / Colleagues
5	Good Assistance From Other Practitioners
6	No/ Poor Assistance From Other Practitioners And Post Graduate Support
7	AHPC Unhelpful
8	Other Not Specified

3.26 Do you feel part of or accepted within the medical profession as a whole?

No	**1**	Yes	**2**	Not Active In Profession So Not Applicable	**0**

3.26.1Please elaborate:

1	I Am Part Of A Mutual Active Referral System
2	I Am Not Part Of A Mutual Active Referral System
3	Have Access To Medical Infrastructures
4	Have No Access To Medical Infrastructures
5	There Is A Growing Positive Awareness And Acceptance Of Homeopathy
6	Little Awareness And Education Regarding Homeopathy In The Medical Professions
7	The Medical Profession Recognises And Respects Our Level Of Knowledge And Training
8	Homoeopathy Not Respected Or Taken Seriously By Medical Profession
9	Medical Profession Thinks Homoeopathy Is Dangerous

3.27 Do you still take an active interest in homoeopathy?

No	**1**	Yes	**2**

3.27.1 If yes, in what way do you show interest?

Conferences	**1**	Informal Practice	**2**	Journal Subscriptions	**3**
Reading Source Material	**4**	Study Groups	**5**	Internet	**6**

3.27.2 If no, please elaborate:

1	No Interest And No Time
2	Despondent About Homoeopathy
3	Will Never Practice

3.28 Are you satisfied with your current career choice, i.e not homoeopathy?

No	**1**	Yes	**2**

3.28.1 Please elaborate:

1	Financially Rewarding / Viable
2	Not Financially Rewarding / Viable
3	Rewarding Career / Job Satisfaction
4	Not Rewarding Career / No Job Satisfaction
5	Easy Stress Free Work
6	Difficult, Stressful Work
7	Flexible Working Hours Being Self Employed
8	Not Versatile / Flexible Career
9	Scope For Expanding Career
10	No Recognition Of Education Or Profession
11	Other Not Specified

3.29 Do you plan on practising homoeopathy in the future?

No	**1**	Yes	**2**	Unsure	**3**

3.29.1 Please elaborate:

1	Will Practice Within The Next 6 Months To A Year
2	May Practice In The Distant Future
3	Will Practice With Other Modality
4	Will Practice Dependant On Circumstances
5	No Interest In Practicing
6	Not Confident To Practice
7	Practice Is Not Financially Rewarding
8	Circumstances Prevent Me From Ever Practicing

3.30 Would you study Homoeopathy again, given the choice?

No	**1**	Yes	**2**

3.30.1. a. Where would you have liked to study homoeopathy?

1	DIT
2	WITS
3	No Preference Of Technikons
4	Medicine With Post Graduate Homoeopathy

3.30.1. b. Reasons for choice

1	No Knowledge About Other Institution
2	Better / More Convenient Location
3	Prefer System Of Homoeopathy Taught I.E. Classical Homoeopathy
4	Better Standard Of Education
5	Wider Variety Of Modalities Taught
6	Better Lecturers / Staff
7	Better Practical Experience And Skills
8	Better Post Graduate Support
9	More Versatile And Accepted Qualification

3.30.2a If no, why not?

1	Not financially rewarding / viable
2	Not rewarding career / no job satisfaction
3	Difficult, stressful work
4	Not versatile / flexible career
5	No recognition of education or profession
6	Course too long
7	Other not specified

3.30.2b If no, what would you rather have studied?

1	Medicine
2	Other medical fields
3	Chiropractics
4	AHPC registered professions other than chiropractics
5	Other complementary professions not registered with AHPC
6	Sciences
7	Commerce / accounting/ IT
8	Psychology and counseling
9	Arts
10	Law
11	Other not specified above

3.31 If you have left South Africa, please elaborate on reasons why.

1	Travel
2	Personal / family reasons
3	Political reasons
4	More career opportunities
5	Financial reasons
6	Study

Part D: Currently practicing

4.1 How long after you qualified did you start to practise?

months	0 = Straight away

4.1.1 What did you do between the time of graduation and opening a practice.

1	Travel / Holiday
2	Set up practice
3	Family / Homemaker
4	Work in health field
5	Work in health unrelated field
6	Study

4.2 At what age did you start to practise? yrs

4.3 Total time in practice? years

4.4 How many practices do you have?_____

4.5 Where do you have your practice(s)?

4.5 a Country	4.5b Province/State	4.5c Municipal Area/City
RSA = South Africa	EC = Eastern Cape	EL= Amatole District Municipality PLACES: East London
		PE= Nelson Mandela Municipality (Port Elizabeth) PLACES: Port Elizabeth
		CACA= Cacadu District Municipality PLACES: Port Alfred
	GAU = Gauteng	JHB= Johannesburg (Metropolitan municipality **City of Johannesburg)**
		PRE=Pretoria(Metropolitan municipality of **Pretoria)**
	KZN= Kwa Zulu Natal	DUR= eThekweni Metropolitan Municipality (Durban)
		UTHU =uThungulu District Municipality PLACES :Empangeni, Mtunzini, Richards Bay
		PMB=Umgungundlovu District Municipality PLACES: Pietermaritzburg, Howick
		UGU = Ugu District Municipality PALCES: Port Shepstone
		UMK =Umkhanyakude District Municipality PLACES: Vryheid
	MPU= Mpumalanga	NKA=Nkangala District Municipality PLACES: Middleburg
	WC = Western Cape	CT= Cape Town (Cape Town Metropolitan Area)
		EDEN= Eden District Municipality PLACES: Knysna
UK = United Kingdom		LON = London
GER=Germany		
AUS = Australia		
IS= Israel		
MAL = Malawi		

4.6 Did you find it easy to start up a practice or find employment?

No	**1**	Yes	**2**

4.6.1 Please elaborate:

1	Financial Difficulties
2	Good Financial Support
3	Poor / No Business Or Practice Management Skills
4	Had A Good Business Plan
5	Marketing Difficulties And Restraints
6	Poor Public Awareness Of Homoeopathy
7	Few Patient Numbers / Long Time To Establish Patient Base
8	Poor / No Support Network
9	Good Support Network
10	Joined Existing Practice
11	Few / No Employment Opportunities
12	Employed Directly
13	Too Many Homoeopaths In Local Area
14	Few Homoeopaths In Local Area
15	Poor Skills / Lack Of Experience/ Lack Of Self Confidence
16	Emotionally Difficult
17	Difficult Personal Circumstances
18	Fortunate / "Lucky" Personal Circumstances
19	Other Not Specified

4.7 How did you finance the set up of your practice? (More than one answer possible)

1	Loan
2	Own Savings
3	Part Time Work / Second Income In Health Related Field
4	Part Time Work/ Second Income Not In Health Related Field
5	Owned Other Business
6	Support From Parents
7	Support From Spouse / Partner
8	Minimized Practice Set Up Costs
9	No Set Up Costs

4.8 Do you practice part time or full time?

Full time	**1**	Part time	**2**

4.9 Did you ever give up practice and then return?

No	**1**	Yes	**2**

4.9.1 a: Duration of absence from formal practice

1	1-3 months
2	4-6 months
3	7 –12 months

4.9.1b: Reason for absence from formal practice

1	Travel
2	Moved Location
3	Had A Child/ Maternity Leave
4	Other Not Specified

4.10 How do you practice?

Sole	**1**	Group- Homoeopathy	**2**	Group-Multidisciplinary	**3**

4.10.1 Please elaborate:

1	Shared Premises
2	Financial Partner Ship
3	Employed

4.10.2 If you are in a financial association with other practitioners state which: (More than one choice possible)

1	Allopathic Specialist Doctor
2	General Practitioner (GP)
3	Dentist
4	Other Medical Professionals
5	Psychologist / Councilor
6	Homoeopath
7	Chiropractor
8	Other Complementary Health Profession Registered With AHPC
9	Other Complementary Health Profession Not Registered With AHPC
10	Beautician
11	Other Not Specified

4.10.3 If you are in a multidisciplinary set up with other practitioners, state which ones are applicable (More than one choice possible?)

1	Allopathic Specialist Doctor
2	General Practitioner (GP)
3	Dentist
4	Other Medical Professionals
5	Psychologist / Councilor
6	Homoeopath
7	Chiropractor
8	Other Complementary Health Profession Registered With AHPC
9	Other Complementary Health Profession Not Registered With AHPC
10	Beautician
11	Other Not Specified

4.11 Do you ever refer patients to? (More than one choice possible)

1	Allopathic Specialist Doctor
2	General Practitioner (GP)
3	Dentist
4	Other Medical Professionals
5	Psychologist / Councilor
6	Homoeopath
7	Chiropractor
8	Other Complementary Health Profession Registered With AHPC
9	Other Complementary Health Profession Not Registered With AHPC
10	Beautician
11	Other not specified

4.12 Do you ever receive referrals from? (More than one choice possible)

1	Allopathic Specialist Doctor
2	General Practitioner (GP)
3	Dentist
4	Other medical professionals
5	Psychologist / Councilor
6	Homoeopath
7	Chiropractor
8	Other Complementary Health Profession Registered With AHPC
9	Other Complementary Health Profession Not Registered With AHPC
10	Beautician
11	Other Not Specified

4.13 How do you source new patients? (More than one answer possible)

1	Gave Information Presentations
2	Print Media
3	Telephone Directory
4	Word Of Mouth
5	Referrals From Other Disciplines
6	Interviews On Radio / TV
7	Magazine Articles / Contributions
8	Internet
9	Direct Marketing

4.14 How many patients on average do you see a week?

4.15 Average consultation fee, including average price of mediation dispensed?

Initial **(4.15a)**	**R**	Follow-up **(4.15b)**	**R**	Telephone consult **(4.15c)**	**R**

4.16 Do you supplement your income? (including other modalities employed in the treatment of your patient

No	**1**	Yes	**2**

4.16.1 If yes, please elaborate:

4.16.1 a Supplement income with extra modalities used during Homoeopathic consultation

1	Acupuncture
2	Chiropractic
3	Massage
4	Phytotherapy
5	Vitamins, Minerals And Supplements
6	Other Modality Not Registered With AHPC

4.16.1 b Income supplemented outside of Homoeopathic consultation

1	Practice Of Profession Recognised By AHPC Used As Separate Modality
2	Practice Of Profession Not Recognised By AHPC Used As Separate Modality
3	Teaching / Lecturing/ Clinician To Students Of Homoeopathy
4	Work In Health Care Industry
5	Work Unrelated To Health Care Industry
6	Support From Spouse / Partner

4.17 How long before you started to show a first net profit?

Months	***No profit =N*** ***Immediately = 0***

4.18 In what areas did you experience difficulties? (More than one answer possible)

1	Burnout
2	Economic
3	Lack Of Confidence And Experience
4	Lack Of Job Satisfaction
5	Work Load Too Large
6	Lack Of Patient Numbers
7	Lack Of Public Awareness Of Homoeopathy
8	Little Recognition Of Work Of Profession
9	Emotional Difficulties
10	None
11	Other Not Specified

4.19 Do you have your own dispensary?

No	**1**	Yes	**2**

4.19.1 If no, where do your patients get their medication and remedies from?

1	Health Shop
2	Homoeopathic Pharmacy
3	Other Homoeopath
4	Pharmacy
5	Technikon Clinic Dispensary

4.20 Which suppliers do you use for your medication and remedies? (More than one answer possible)

Ainsworth	**1**	Herbal Homoeopathic	**7**	Nrf	**13**	Homoeopathic Trading Co	**19**
Arkopharma	**2**	Holistix	**8**	Pharma Natura	**14**	SA Natural Products	**20**
Bioforce	**3**	Nativa	**9**	Phytoforce	**15**	Food State	**21**
Bioharmony	**4**	Natura	**10**	Solgar	**16**	Solal	**22**
Heel	**5**	Nature Life	**11**	Viridian	**17**	Parceval	**23**
Helios	**6**	Naturopathica	**12**	W Last	**18**	Other Company In SA	**24**
						Overseas Company	**25**

4.21 What prescription aids do you use in your practice? (More than one answer possible)

Mac Rep	**1**	RADAR	**2**	Repertory Book	**3**
Cara	**4**	Hompath	**5**	Nothing	**6**
Vital Quest	**7**	Material Medicas & Source Material	**8**		

4.22 Was the education you received lacking in any way?

No	**1**	Yes	**2**

4.22.1 Please elaborate:

1	Medical Subject Taught
2	Homoeopathic Subjects Taught
3	Business / Economic Skills Taught
4	Other Complimentary Therapies Covered / Taught
5	Practical Diagnostic Skill And Techniques
6	Diagnostic Test And Investigation Interpretation
7	Clinical/Practical Experience Regarding Medical Aspect Of Consultation
8	Clinical/Practical Experience Regarding Homeopathic Aspect Of Consultation
9	Lecturer, Clinicians And Teaching Staff Inexperienced
10	Poor Integration Of Theoretical And Practical Knowledge
11	Post Graduate Support
12	Speciality Areas e.g. Paediatrics
13	Other Non Specified Category

4.23 Do you feel that you have the support of the homoeopathic profession?

No	**1**	Yes	**2**

***4.23.1 Please elaborate*:**

1	There Is A Good Functioning Representative Functioning Body And Leader Ship
2	No / Poor Functioning Representative Body And Leader Ship
3	Good Sharing Of Info And Communication With Other Practitioners/Colleagues
4	No/Poor Sharing Of Info And Communication With Other Practitioners / Colleagues
5	Good Assistance From Other Practitioners
6	No/ Poor Assistance From Other Practitioners And Post Graduate Support
7	AHPC Unhelpful
8	Other Not Specified

4.24 Do you feel part of or accepted within the medical profession as a whole?

No	**1**	Yes	**2**

4.24.1Please elaborate:

1	I Am Part Of A Mutual Active Referral System
2	I Am Not Part Of A Mutual Active Referral System
3	Have Access To Medical Infrastructures
4	Have No Access To Medical Infrastructures
5	There Is A Growing Positive Awareness And Acceptance Of Homeopathy
6	Little Awareness And Education Regarding Homeopathy In The Medical Professions
7	The Medical Profession Recognises And Respects Our Level Of Knowledge And Training
8	Homoeopathy Not Respected Or Taken Seriously By Medical Profession
9	Medical Profession Thinks Homeopathy Is Dangerous

4.25 Besides patient consultation do you still exercise an interest in Homoeopathy?

No	**1**	Yes	**2**

4.25.1 If yes, in what way do you show interest?

Conferences	**1**	Informal Practice	**2**	Journal Subscriptions	**3**
Reading Source Material	**4**	Study Groups	**5**	Internet	**6**

4.25.2 If no, please elaborate:

1	No Interest And No Time
2	Despondent About Homoeopathy
3	Will Never Practice

4.26 Are you satisfied with your current career choice? Ie homoeopathy

No	**1**	Yes	**2**

4.26.1 Please elaborate:

1	Financially Rewarding / Viable
2	Not Financially Rewarding / Viable
3	Rewarding Career / Job Satisfaction
4	Not Rewarding Career / No Job Satisfaction
5	Easy Stress Free Work
6	Difficult, Stressful Work
7	Flexible Working Hours Being Self Employed
8	Not Versatile / Flexible Career
9	Scope For Expanding Career
10	No Recognition Of Education Or Profession
11	Other Not Specified

4.27 Would you study Homoeopathy again, given the choice?

No	**1**	Yes	**2**

4.27.1.a. Where would you have liked to study homoeopathy?

1	DIT
2	WITS
3	No Preference Of Technikons
4	Medicine With Post Graduate Homoeopathy

4.27.1 b. Reasons for choice

1	No Knowledge About Other Institution
2	Better / More Convenient Location
3	Prefer System Of Homoeopathy Taught I.E. Classical Homoeopathy
4	Better Standard Of Education
5	Wider Variety Of Modalities Taught/ More Different Systems Of Homeopathy Taught
6	Better Lecturers / Staff
7	Better Practical Experience And Skills
8	Better Post Graduate Support
9	More Versatile And Accepted Qualification

4.27.2a If no, why not?

1	Not Financially Rewarding / Viable
2	Not Rewarding Career / No Job Satisfaction
3	Difficult, Stressful Work
4	Not Versatile / Flexible Career
5	No Recognition Of Education Or Profession
6	Course Too Long
7	Other Not Specified

4.27.2b If no, what would you rather have studied?

1	Medicine
2	Other Medical Fields
3	Chiropractics
4	AHPC Registered Professions Other Than Chiropractics
5	Other Complementary Professions Not Registered With AHPC
6	Sciences
7	Commerce / Accounting/ IT
8	Psychology And Counseling
9	Arts
10	Law
11	Other Not Specified Above

4.28 If you have left South Africa, please elaborate on reasons why.

1	Travel
2	Personal / Family Reasons
3	Political Reasons
4	More Career Opportunities
5	Financial Reasons
6	Study

APPENDIX I

SOUTH AFRICAN OFFICIAL LANGUAGES[3]

Afrikaans

English

IsiNdebele

IsiXhosa

IsiZulu

Sepedi

Sesotho

Setswana

siSwati

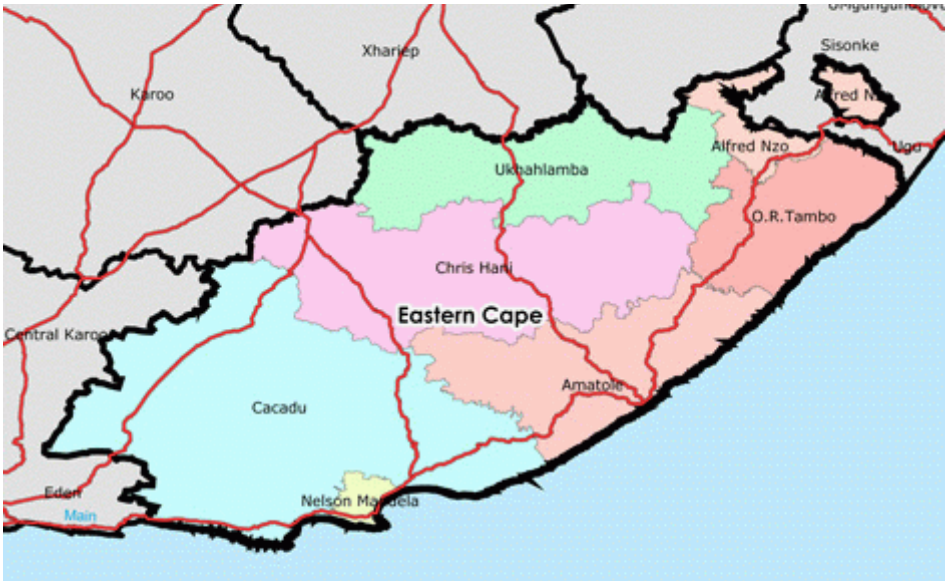
Tshivenda

Xitsonga

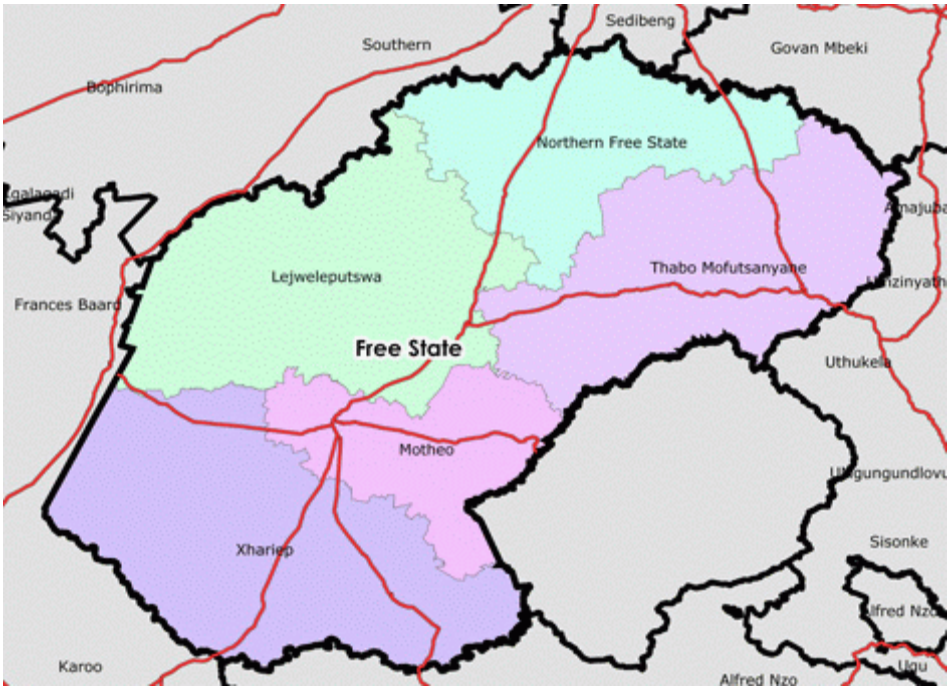
APPENDIX J

MAPS OF SOUTH AFRICAN PROVINCES AND DISTRICT MUNICIPAL AREAS: AS SHOWN BY MUNICIPAL DEMARCATION BOARD [2]

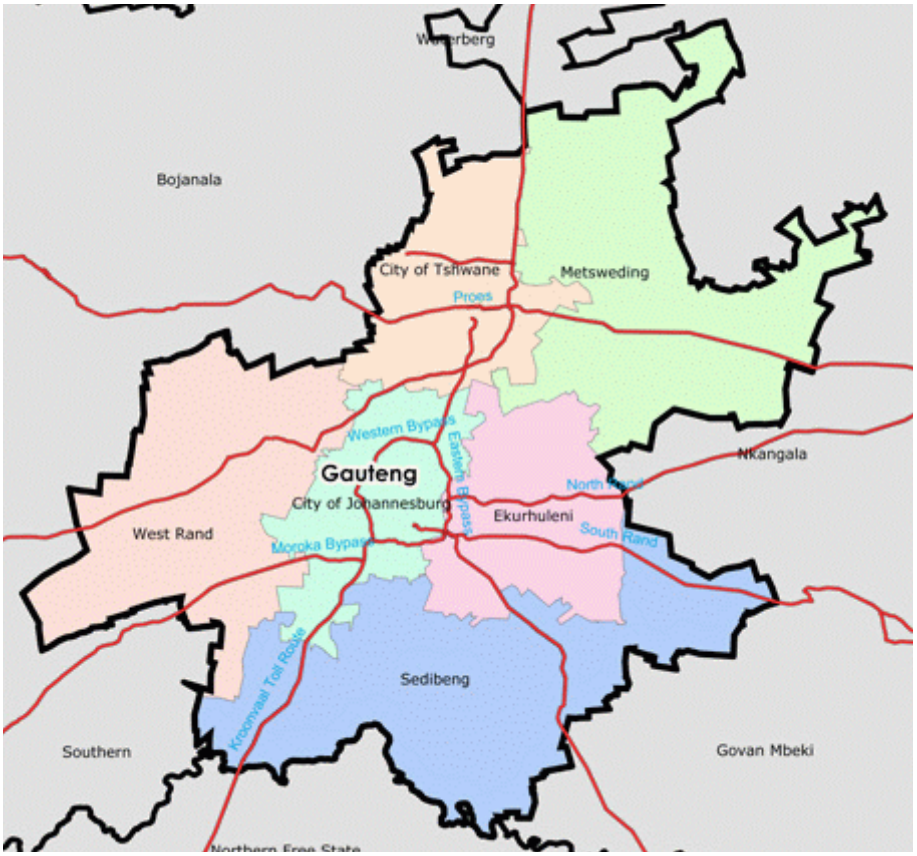
Map Of South Africa Showing Provinces



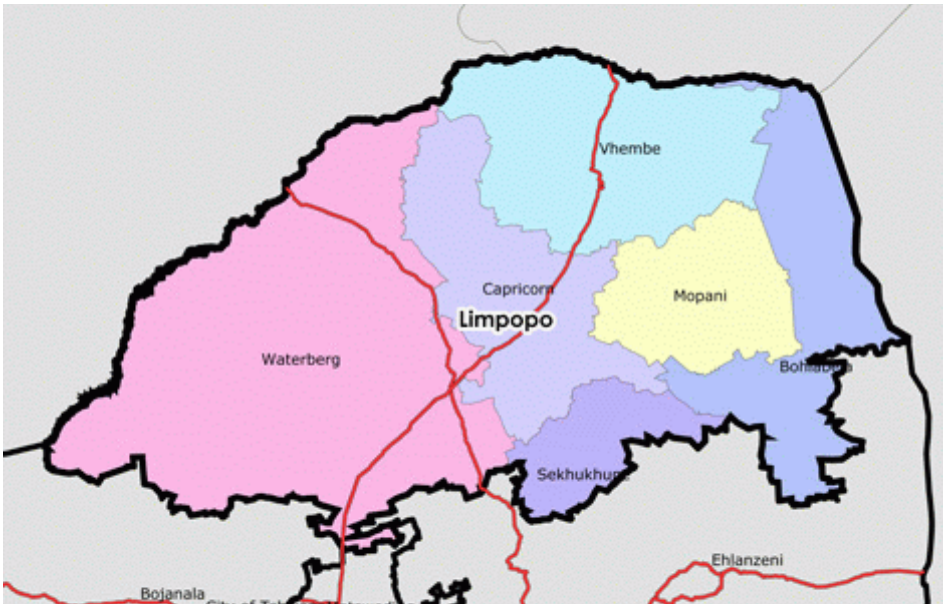
Map Showing Municipal District Areas Eastern Cape Province



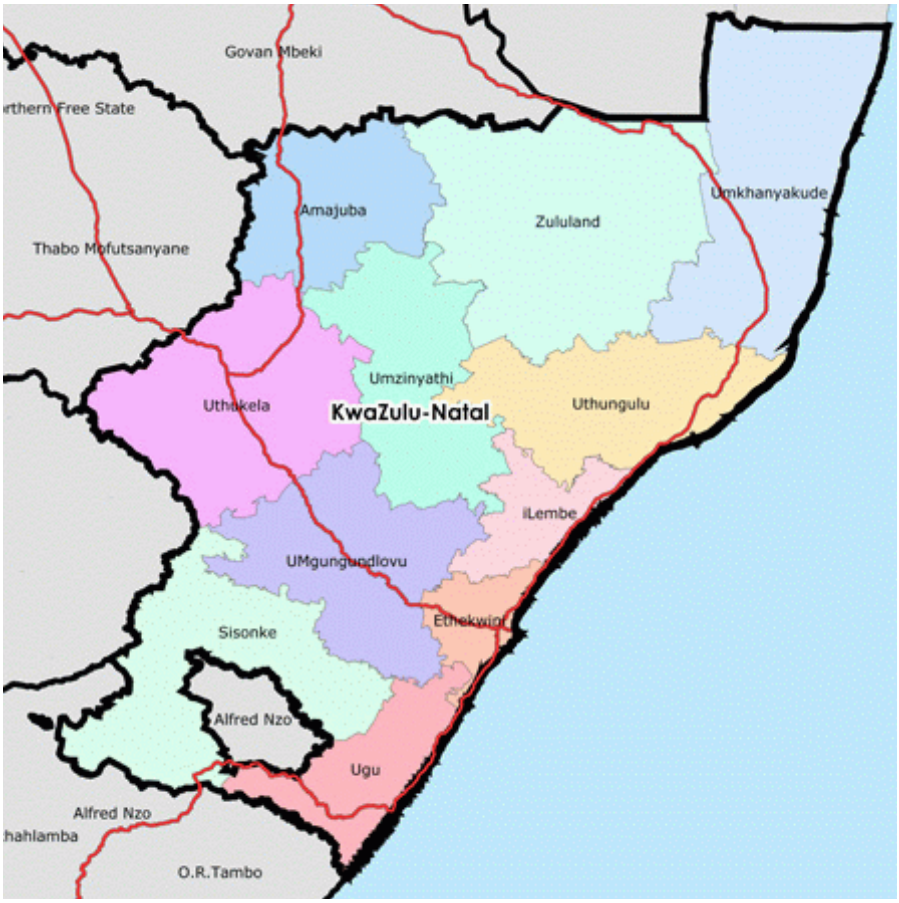
Map Showing Municipal District Areas Free State Province



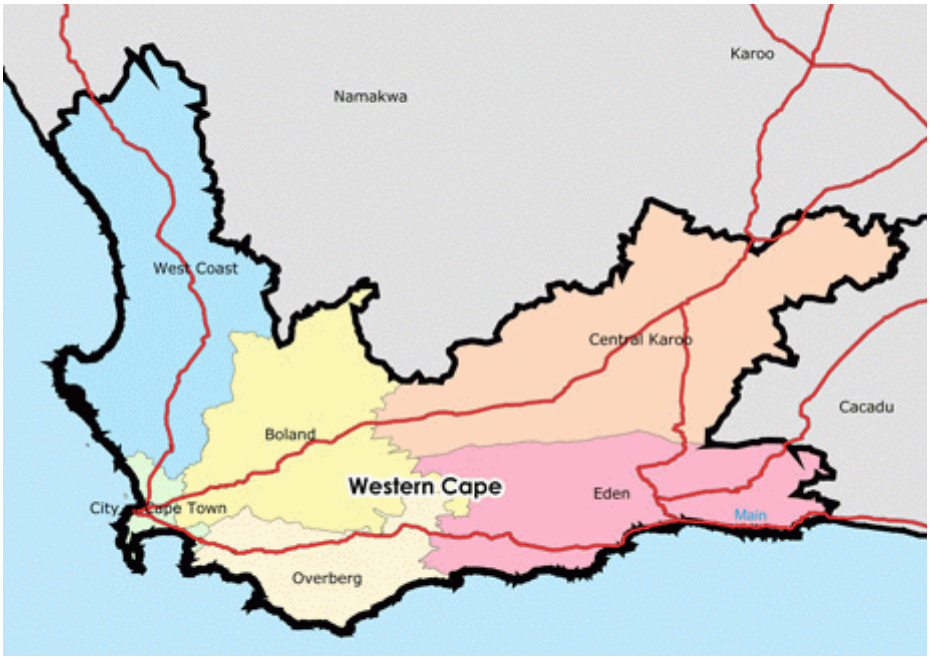
Map Showing Municipal District Areas Gauteng Province



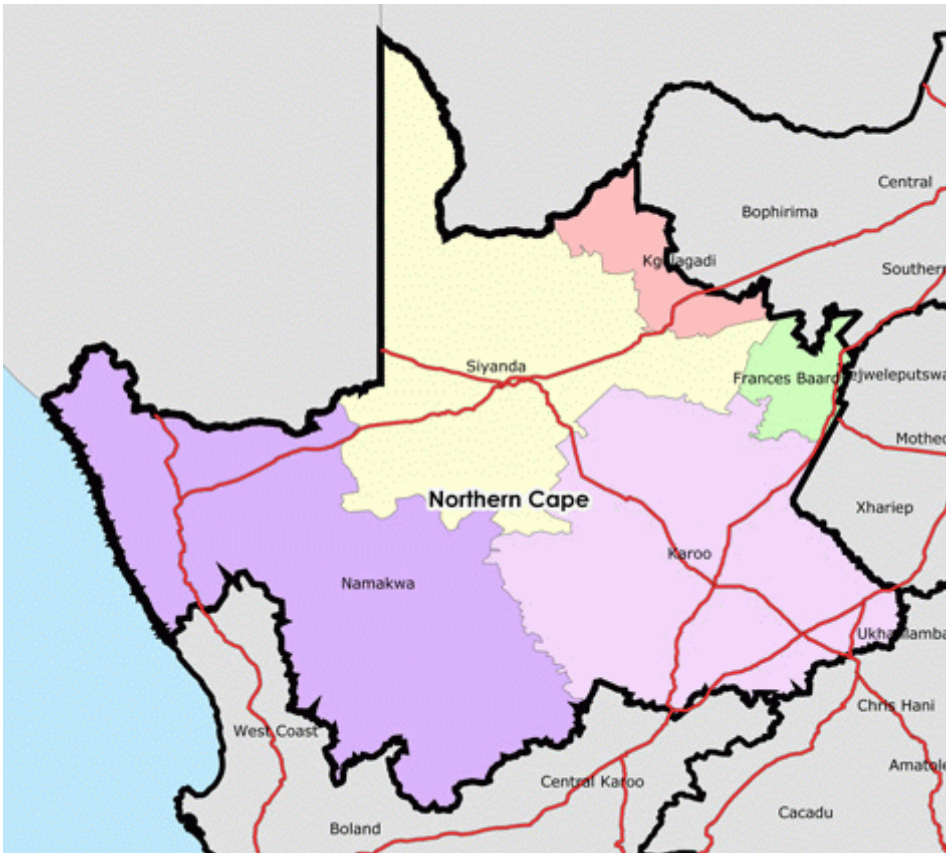
Map Showing Municipal District Areas Limpopo Province



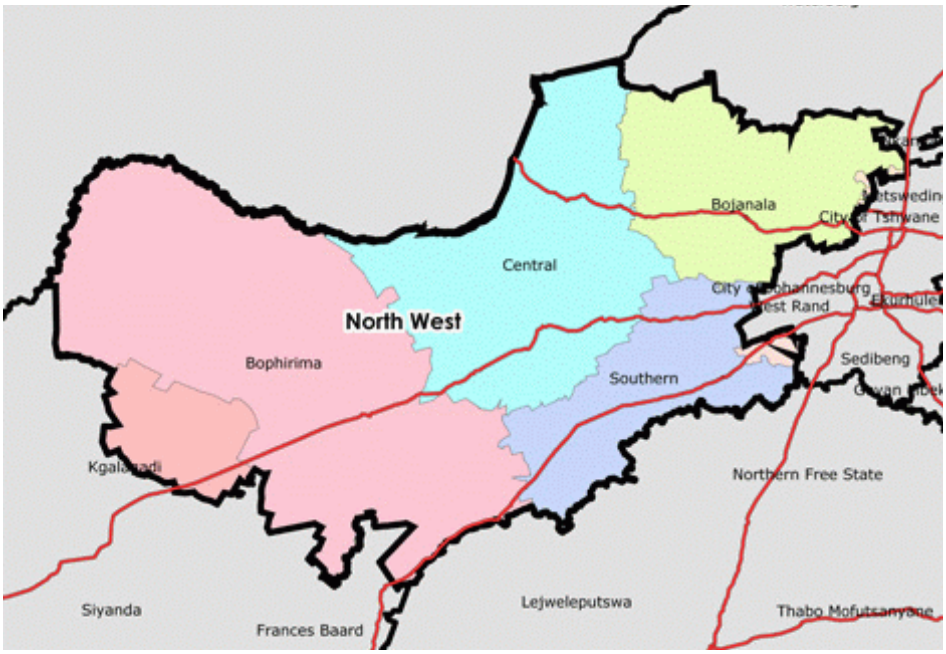
Map Showing Municipal District Areas Kwa Zulu Natal Province



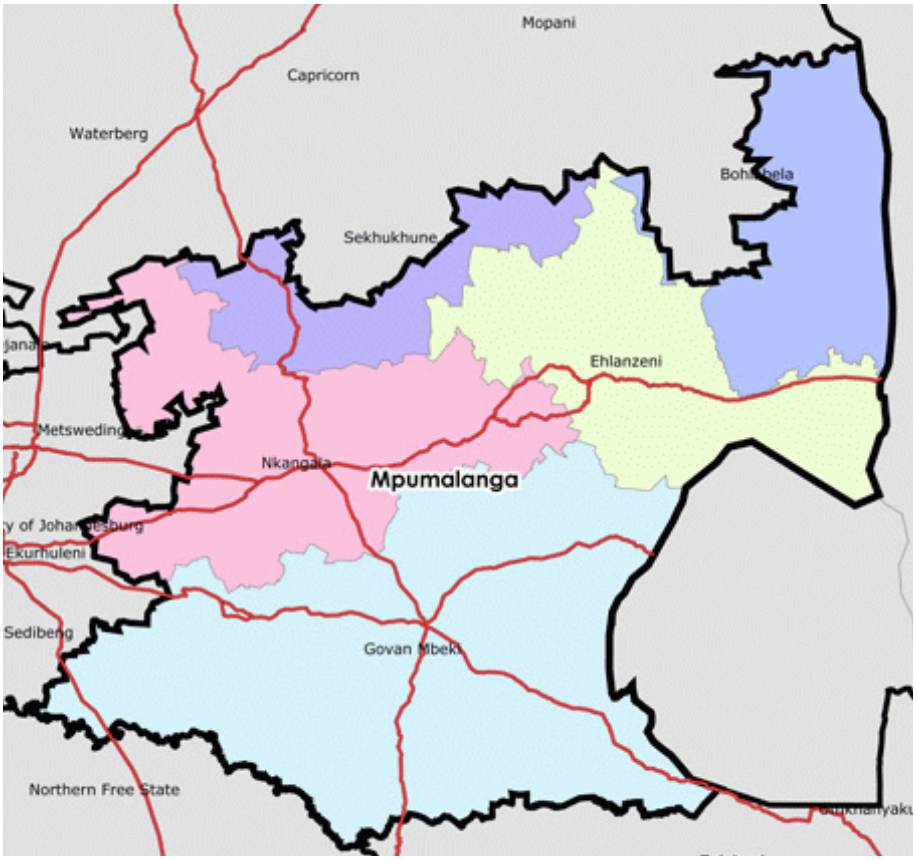
Map Showing Municipal District Areas Western Cape Province



Map Showing Municipal District Areas Northern Cape Province



Map Showing Municipal District Areas North West Province



Map Showing Municipal District Areas Mpumalanga Province

APPENDIX K

PROFESSIONS (MODALITIES) REGISTERED WITH ALLIED HEALTH PROFESSIONALS COUNCIL OF SOUTH AFRICA [1]:

'Allied health profession' means the profession of:

Ayurveda

Chinese Medicine

Acupuncture

Chiropractic

Homoeopathy

Naturopathy

Osteopathy

Phytotherapy

Therapeutic Aromatherapy

Therapeutic Massage Therapy

Therapeutic Reflexology

Unani-Tibb

or any other profession contemplated in section 16(1) to which Act 63 of 1982 applies.