

Lifeforce of the Australian homeopathic profession: the findings from the Homeopathy Workforce Survey (HWFS) pilot study

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Abstract

This article presents the findings from the 2024 pilot study of the Homeopathy Workforce Survey (HWFS), focused on registered practitioners in Australia.

Background:
The HWFS is a five-year research project designed to examine the characteristics, demographics and professional trends within the Australian homeopathic workforce.

In Australia, the regulated national healthcare workforce has been surveyed since 2009, however this has not included homeopaths. In 2018, the First Australian Survey of Homeopaths identified knowledge gaps about practitioner qualifications, training, and views about the profession. The aim of the current study is to accurately reflect the workforce to enable growth, inform future education and registration processes, and identify areas for capacity building within the profession.

Methodology: A 31-item online survey (26 quantitative, 5 qualitative) was administered. Quantitative data was analysed using descriptive statistics and interpretive analysis, while qualitative responses were examined using reflexive thematic analysis.

Results:
The sample size (n =130), from the population of 357, comprised 88% female, 11% male. 78% were 50 years or older. Homeopaths are diversely qualified with 84% holding qualifications other than homeopathy. 91% registered within 2 years of qualifying. Three major themes arose through the qualitative analysis exploring the background practice and views of the participants describing issues of education (mycelium), practice (sprouting) and awareness (sporing).

Conclusion:
The study demonstrates the Australian Census data is not accurate regarding this profession. Homeopaths in Australia are an aging workforce, predominantly female, hold diverse qualifications and have a passion for the profession with an intent to practice beyond retirement age. Identification of the use of a professional title is inconsistent and the authors advocate for the use of 'Registered Homeopath' for the workforce to enhance public recognition and unify professional identity. Overall, this pilot study has established a baseline for future years to build upon, serving as a foundation for longitudinal tracking of workforce trends and strategic planning.

Keywords: homoeopath, workforce, Australia, demographics, professional identity

Common Abbreviations used in this article:

AHA	Australian Homoeopathic Association
AHPRA	Australian Health Practitioners Regulatory Authority
AP	The Aurum Project Incorporated
ARoH	The Australian Register of Homoeopaths
CAM	Complementary and Alternative Medicine
HRI	Homeopathy Research Institute
HWFS	Homeopathy Work Force Survey
NHMRC	National Health and Medical Research Council

Introduction

This article presents the findings from the pilot study of the Homeopathy Workforce Survey (HWFS), undertaken in 2024

Image: Adobe Stock

with ARoH registered practitioners. The HWFS project was designed to identify the nature of the Australian homeopathic workforce, to better understand the profession's demographics, skills, qualifications and work environments. An accurate reflection of the workforce was considered valuable for the profession, to describe the professional identity, registration processes, workforce culture, and to enhance communication, informing future education pathways and government agencies, while identifying areas for capacity building within the profession (Venables et al. 2023). Furthermore, data on homeopathic practice aims to inform the needs of the profession and its practitioners, as well as meeting the needs of the public within the scope of the complementary health care sector (Cottingham 2022; Ijaz et al. 2021).

Background information is presented, including gaps in knowledge about the Australian homeopathic workforce and challenges within the profession regarding the lack of educational pathways for homeopathic qualifications, which diversely impact the characteristics and capacity of the workforce. Previous workforce studies are mentioned, followed by an outline of the methodology used for the pilot study. A selection of findings from the quantitative dataset are presented, focusing on homeopathic qualifications and hours across service and the way people practice, evidencing that the workforce is aging, predominantly female and diversely qualified. Implications for policy and professional sustainability are discussed in later sections.

The central organising concept for the findings of the HWFS is lifeforce – the 'force that gives something it's vitality and strength' ('The Oxford English Dictionary | Oxford Languages', n.d.); the microcosm encapsulating something larger to understand more. As outlined in previous HWFS publications, the authors aligned with natural metaphors to capture the lifeforce of the profession. The qualitative findings follow this pattern, with theme names developed according to the fungi kingdom. 'Mycelium' presents findings pertaining to the underpinning foundation of the profession, including registration, regulation and education. 'Sprouting' captures data about professional practice and homeopathic labour, including the dichotomy of thriving, to just surviving in practice. 'Sporing' speaks to the passion for homeopathy, having a voice and spreading the word, including public awareness about homeopathy in Australia.

Background

The authors' previous article, *Homeopathy workforce survey project 2023 - 2028, a research protocol* (Venables et al. 2023) presented the main literature review for the pilot study, and *Mapping the Terrain* (Brodie et al. 2024), the reflexivity or insider/outsider researcher positionality. Building upon previous publications, this article focuses on: a) data reporting homeopathic practice and homeopaths, including the Australian census data, to highlight the gap in public and government information about the workforce; b) changes to the accessibility of homeopathic education in Australia over the past decade; and c) recent events affecting the lifeforce of the profession. The authors outline these to provide context to the findings and to correct some misunderstandings within the profession, which came to light through the analysis. This background serves as a preface to the discussion piece towards the end of the article.

Previous studies

There is a knowledge gap about the homeopathic workforce. Previous studies have captured some demographic data, however no specific homeopathic workforce survey has been undertaken. The Practitioner Research and Collaboration Initiative (PRACI) (Steel et al, 2018) provided limited insights into the Australian homeopathic workforce. Further, the Australian Census data reported for homeopaths is inconsistent with industry data.

In 2018, the *First Australian Survey of Homeopaths* collected baseline demographics of homeopaths and the conditions the public sought for homeopathic treatment. It identified knowledge gaps about practitioner qualifications, training, and views about the profession (Salter et al.2020). Findings evidenced that the majority (62%) of homeopaths were born in Australia, with 14% coming from India. The workforce comprises predominantly women (91%). Without any a priori HWFS studies, a full understanding of the practitioners and their skill base and workplace practices has not been established.

The PRACI study, which included homeopaths within the study population, concluded:

> "further exploration of the CM workforce is warranted to inform all who provide patient care and develop health policy for better patient and public health outcomes" (Steel et al 2018, p1)

At the time of writing, the authors are aware of international homeopathy workforce studies in various stages of reporting in New Zealand and the USA, indicating a global desire to better understand the homeopathic workforce.

Scope of homeopathy

According to the World Health Organisation, homeopathy is the second most widely used medicine in the world and is recognized by the World Health Organisation ('WHO Global Report on Traditional and Complementary Medicine 2019', n.d.). Further, HRI ('Homeopathy Use around the World' 2015) has collated research that demonstrates the global scope of homeopathy, including the following:

> Worldwide, over 200 million people use homeopathy on a regular basis.
>
> - Of 16 countries surveyed, six out of ten people have used homeopathy and 55% of people worldwide intend to use homeopathy in the future.
> - 100 million EU citizens, some 29% of the EU's population, use homeopathic medicines in their day-to-day healthcare.
> - Homeopathy is included in the national health systems of a number of countries

e.g. Brazil, Chile, India, Mexico, Pakistan, Switzerland.

- An estimated 32 million people in the UK have used homeopathy (49% of the population).
- India leads in terms of number of people using homeopathy, with 100 million people depending solely on homeopathy for their medical care and over 200,000 registered homeopathic doctors currently.

Whilst the HWFS is not measuring the public usage of homeopathy in Australia, the WHO and HRI data validates a homeopathic profession with a substantive workforce, which is not currently reflected within Australia.

Australian Government Data

The homeopathic workforce is listed within the Australian Health Care and Social Assistance sector ('About Jobs and Skills Atlas | Jobs and Skills Australia', n.d.). This workforce has approximately 2.26 million participants, including 10,400 complementary health therapists, ('Homoeopaths | Jobs and Skills Australia', n.d.). Jobs and Skills Australia reports a total of 120 practitioners of which: 81% are female; 81% are part-time. These figures are calculated from the 2021 Australian Census and are based on questions pertaining to the main job of employment, as well as defining a part time work category of less than 35 hours per week ('About Jobs and Skills Atlas | Jobs and Skills Australia', n.d.). A cross check with public ARoH registrations indicates the information is incomplete, leaving many unanswered questions regarding the homeopathy workforce in Australia.

The Jobs and Skills Australia workforce data also sheds light on the average age of homeopathy practitioners, with a median age of 60 years, the majority of practitioners being 65 years and over (35.8%) and the next largest category being 45 – 54 years (24.2%). These results are consistent with previous data, showing the average age of participants was 52 years (Salter et al. 2020), demonstrating that Australia has an aging homeopathic workforce.

The difficult aspect in defining and understanding the workforce is when one dataset fails to confirm another purporting to measure the same population, leading to discrepancy. From public registration records at ARoH in 2024, there are at least 293 practicing homeopaths in Australia (ARoH, nd). These figures are not a complete measure of professional activity in Australia. They do not cover

- those who do not allow their details to be published in the register
- practitioners on a leave of absence,
- practitioners that undertake homeopathy within their practice and yet identify as another health professional, e.g. doctor, dentist, chiropractor, osteopath, doula, kinesiologist and naturopath,
- members of associations not registered with ARoH, e.g., Australian Traditional Medicine Society and Australian Natural Therapists Association. In this case some members of these associations choose to register with ARoH.

Furthermore, these figures do not align with the Census data that informs Job and Skills Workforce and the Occupation Classification System of Australia data. With a discrepancy in what is reported to be known as the homeopathic workforce in the health and social services sector, it is impossible to assess or plan for what the future workforce requirements will be based on future skills availability or shortages (Venables et al. 2023). Gaining a fuller understanding of how homeopathy is practiced and by whom in Australia will define the extent of the profession and assist with public and government recognition.

Recent events impacting the lifeforce

a) Education opportunities

In the mid 2010's, both the government and the profession supported the removal of advanced diploma education opportunities with the expectation that degree qualifications would be implemented. Consequently, financial assistance for students was removed, but the degree level qualifications framework did not proceed. Registered Training Organisations (RTO) stopped providing the Advanced Diploma of Homeopathy as a stand alone qualification during this time (SkillsIQ 2019). In 2018 and 2019 the only ARoH accredited training for Australian homeopaths were from international colleges and one university. It has only been in 2023 that the first Australian advanced diploma qualification has been ARoH accredited.

Currently (2025), homeopathy education in Australia is offered through private colleges resulting in unpublished and approximate figures being available on the future workforce growth. Jobs and Skills Australia reported that the qualifications of the 120 practitioners identified in the 2021 Australian Census data are post graduate, degree, advanced diploma, or diploma level. This indicates the homeopathic workforce recorded within the Census meets the minimum standard recognised by ARoH.

b) NHMRC

Another circumstance impacting the lifeforce of the homeopathic profession over the past decade relates to the reports released by NHMRC about homeopathy. In April 2011, a draft NHMRC statement on homeopathy was leaked to the Australian media. The statement was based solely on the rejected UK House of Commons report, which was not a formal evidence review (Dendrinos 2016; 2017). The draft NHMRC statement attracted scrutiny by the CAM sector because of perceptions of bias, paucity of stakeholder consultation and lack of any independent evidence assessment. A formal evidence review was announced in 2012 to inform a statement on homeopathy, which was published in March 2015 (Dendrinos 2016; 2017).

c) Private health insurance

The 2015 Review of the Australian Government Rebate on Natural Therapies for Private Health Insurance was also published, effectively removing homeopathy and 15 other CAM therapies from the private health insurance rebate scheme in 2019 ('Natural Therapies Review 2024 | NHMRC'. n.d).

In summary, the impact of these coinciding events on the workforce is unclear. For all of the above reasons, a HWFS is timely. This pilot study aims to accurately reflect the workforce by asking th the research question:

What are the main characteristics and demographics of the homeopathic workforce in Australia?

Methodology and method

The article, *HWFS project 2023 - 2028, A research protocol* (Venables et al. 2023) outlined in full the research methodology and method used for the project. In short, the HWFS is a descriptive online survey of 31 questions, 26 quantitative and 5 qualitative (see Table 1). Standard workforce questions from the *Australian Health Workforce Data* survey were adapted. Questions inquire about how participants actually worked in the previous week, called 'last week'. Additional questions were added to enrich the understanding about the workforce.

The quantitative questions explored demographics, such as qualifications, age, gender and hours worked in various roles and professions. A qualitative set of questions asked practitioners to share their narrative reflections on their professional identity and practice, with an open ended question provided for any other feedback. Ethics approval was sought and granted by the National Institute of Integrative Medicine (NIIM) (Ethics approval: NIIM: 0138E_2024). All data was collected using the QualtricsXM platform, which was extracted by the researchers, who then applied several rounds of individual and group analyses to interpret the data for both quantitative and qualitative analysis.

Reflexive thematic analysis was used to interpret the qualitative data, since it provided an established systematic and flexible approach to interpreting qualitative data, suited to the study of a particular phenomena (Braun and Clarke 2022), such as the HWFS. Following Braun and Clarke's six phases of thematic analysis (Braun and Clarke 2022; Clarke and Braun 2013), qualitative survey responses were extracted from QualtricsXM and read as a whole dataset by individual researchers and then within the team. The authors considered the data with open curiosity, looking for areas of interest and connecting ideas between participants and data. This was followed by a more rigorous reading, identifying meaning of the data in a systematic way and attaching a code, or succinct label, for each chunk of text. Discussions in team meetings identified early ideas for themes and insightful comments. Codes were then grouped together to identify patterns of meaning across the dataset. Mind mapping was used to help articulate codes into themes and respective organising concepts. Theme definitions were drafted around each central organising concept and theme names were refined that captured the essence of what was meaningful in the data of each theme.

Recruitment

Recruitment was undertaken through the 357 known population of ARoH registered homeopaths from 1 March 2024 to 31 July 2024. The recruitment process was described previously (Venables et al. 2023). ARoH sent emails to its registrants about the survey twice a month during the data collection period. Further promotion was achieved through advertising in the Australian Homoeopathic Asssociation's (AHA) Journal, *Similia*, a poster presentation at the Australian Homoeopathic Medicine Conference, 2023 and newsletters/social media platforms of ARoH and AP, the two sponsoring organisations of the study. The AHA included an email bulletin to members on two dates in July (23 and 29) 2024.

Data cleaning and verification

The survey collected 165 responses, and was cleaned in the following way: Responses of less than 120 seconds and non-ARoH registrants were excluded (120 seconds was chosen as responses were incomplete or empty). The cleaned data total gave 130 included responses (out of a possible 357 ARoH registrants), yielding a 36% response rate. The authors coded data numerically where necessary, cross checking the data for accuracy. Where a participant provided a response as a range rather than a specific number, the answer was re-coded as the average. For example 15 - 20 hours was supplied as a response, the re-coded answer used was 17.5 hours. Answers provided in fractions of hours were rounded up to the nearest half hour. Where it was impossible to determine the participants' meaning, the data was excluded. Where no answer was given, a specific code was assigned to separate out answers that were given as zero.

Table 1 Homeopathy Workforce Survey Questions 2024
Note: Q12 defines the inclusion criteria.

1	Where did you obtain your initial homeopathy qualification?
2	What is your initial homeopathy qualification?
3	What year did you obtain this qualification?
4	What was your age when you completed your initial formal qualifications?
5	Do you have any subsequent homeopathy qualifications?
6	Do you have any non-homeopathy qualifications?
7	What words do you use to describe your usual professional title?
8	What words do you use to describe your usual professional services when advertising?
9	and 10 After you completed your homeopathic education, how long was it before you began to professionally practice homeopathy and prescribe homeopathic medicines to the public?

11 Did you use homeopathic medicines before you completed your formal homeopathic education?

12 Are you a registered professional homeopath with ARoH?

13 Are you registered as a professional member of another complementary medicine, allied health organisation, or national health registration body in Australia or another country?

14 How long after you completed your formal homeopathic qualifications did you become a registered professional homeopath?

16 When you began to practise homeopathy, did you work full-time or part-time?

17 What is your age?

18 What is your gender?

19 LAST WEEK, were you working in homeopathy in Australia?

20 LAST WEEK, why were you not working in homeopathy?

21 LAST WEEK, what was your main occupation? (e.g., what activity provided you with your main source of income?

22 What is the POSTCODE of the location where you worked last week as a homeopath?

23 LAST WEEK, how many hours did you work/ employed in homeopathy

24 LAST WEEK, how many hours did you undertake homeopathy-related activities?

25 On average how many hours PER WEEK did you practise homeopathy via telehealth?

26 In the LAST WEEK, which of the following best describes the work setting of your main practice?

27 In total, how many years have you worked in homeopathy in Australia? Include years regardless of full-time or part-time status. Exclude time spent not working and unpaid leave.

28 How many more years do you intend to remain in the homeopathy workforce in Australia?

29 Do you identify as an Australian Aboriginal and/or Torres Strait Islander person?

30 Are you a temporary resident?

31 Do you have any additional information you would like to provide? Please let us know your thoughts here as they will assist us in refining the next version of this survey. Results

Results

Introduction

The following presents the results of the pilot HWFS, commencing with quantitative and proceeding to qualitative data. Some results are descriptive while others are analysed and the findings articulated. Each section provides an insight into the current ARoH registered workforce.

A standard response rate for surveys of 44% was anticipated, as established by Wu et al. 2022. The response rate obtained was 36%. To ensure the survey has sufficient statistical power, the response rate will need to increase in future surveys.

Quantitative data

The following section presents data analysis and findings from the quantitative questions shown in Table 1.

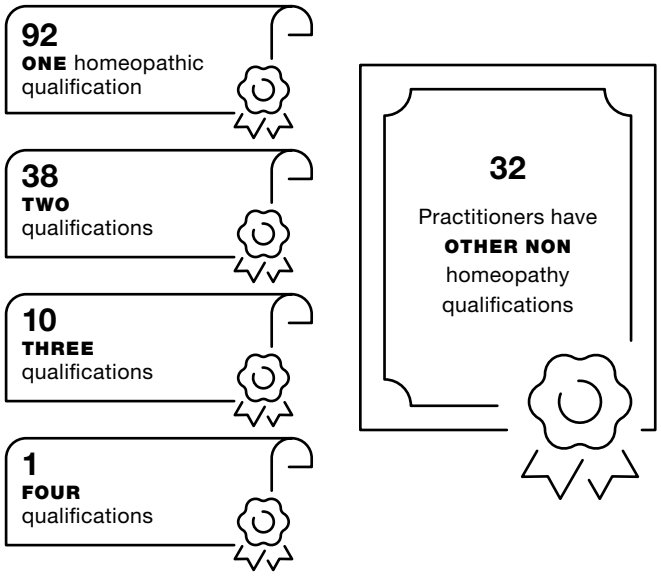
How qualified is the Australian homeopathic workforce?

Participants were asked to respond about their qualifications, both homeopathic and non-homeopathic, and when they received them, providing insight into the level of qualification of the Australian homeopathic workforce. The 130 participants have 141 homeopathic qualifications (Figure 1) and 157 other qualifications, resulting in a total of 298 qualifications, which equates to 2.3 qualifications per homeopath. A further 83% of participants (103 out of 130) indicated they hold qualifications other than in homeopathy at degree or postgraduate level in a variety of fields (Table 2), indicating that the profession is diversely educated. However, as the question limited the answer to record only the three highest degrees, there may be data missing from this evaluation.

Homeopathic qualifications

Of the participants, 34% have more than one homeopathic qualification (44 out of 130), though six did not name the qualification. Figure 1 shows the distribution of homeopathic qualifications for the participants in 2024. Of the 38 participants who hold more than two homeopathic qualifications, 32 also hold other non-homeopathic qualifications.

Figure 1 Extent of homeopathic qualifications for participants in the Homeopathy Workforce Survey 2024.



Non-homeopathic qualifications

The non-homeopathic qualifications were aggregated into Non-Health Science (NHS) or Health Science (HS) categories. Table 2 shows the distribution of the qualifications before and after initial homeopathic qualification.

Figure 1 Extent of homeopathic qualifications for participants in the Homeopathy Workforce Survey 2024.

	Non Health Science (NHS)	Health Science (HS)	Unknown	**Totals**
Before Homeopathy	37	40	1	**78**
After Homeopathy	17	37	1	**55**
Undefined before or after Homeopathy	8	16	0	**24**
Totals	**62**	**93**	**2**	**157**

Where did homeopaths qualify?

Homeopaths were asked in which country they obtained their initial qualification. Of the 130 participants, 96 (74%) qualified within Australia and 34 (26%) 'other'. Of the 'other' participants, the country most highly represented was India, with 21 (16%), followed by the United Kingdom, eight (6%). From the Australian Census data ("Australia's Population by Country of Birth, Jun 2023 | Australian Bureau of Statistics" 2024) 30.7% of the Australian population are born outside of Australia. This indicates that the homeopathic population surveyed appears to be reflective of the Australian population in general.

When did homeopaths begin to practice?

The results demonstrate that 36% of homeopaths began to practice before completing their first homeopathic qualification. A further 47% began practice within six months of completing their qualification. The remainder began practice after 6 months and up to 5 years after completion of their first qualification.

Figure 1 Age range of the Australian homeopathy workforce in 2024.

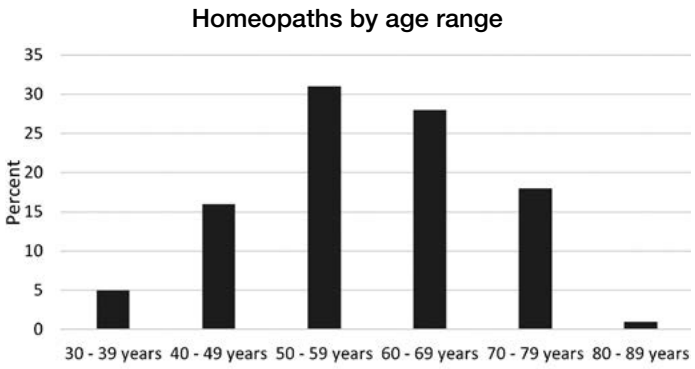
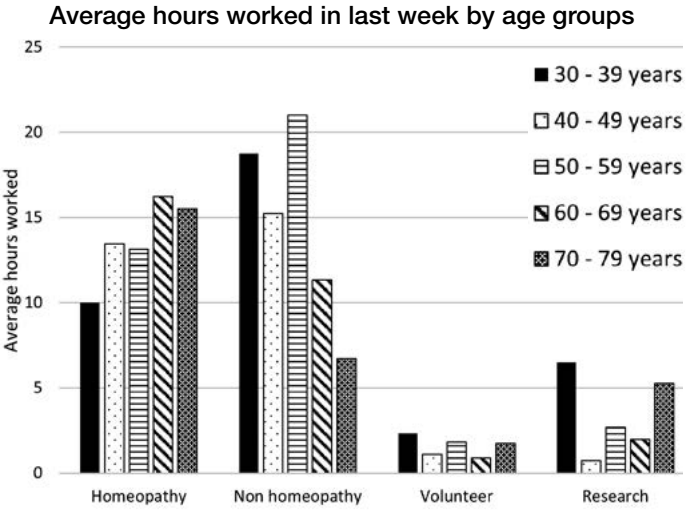


Figure 2 shows the age of the homeopathy workforce in 2024. Distribution of workforce by age shows the highest percentage of practitioners are in the 50 - 59 year age range, with the next highest age range 60 - 69 years. The gender of the participants were 87% female, 11% male and 2% didn't respond. Data for the age range 80 - 89 years is not represented graphically.

Hours worked by the Australian homeopathy workforce in 2024

Figure 3 Hours worked by the Australian homeopathy workforce by age range in 2024



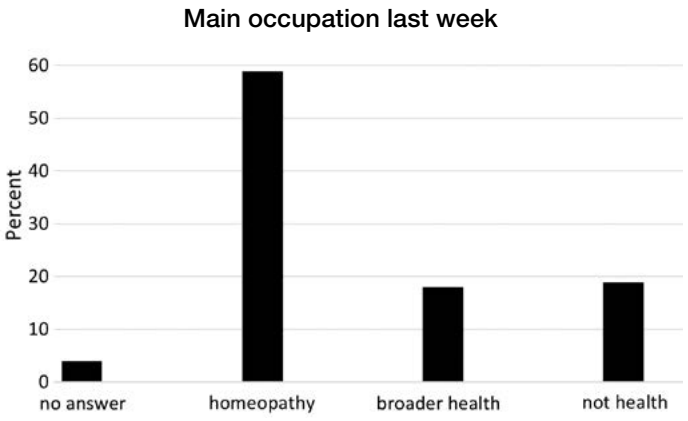
The questions for these workforce activities are modelled on the National Health Data Set questions and pose the question to participants to describe the previous week of their working lives (see Figure 3). Participants shared that they worked in homeopathy, in other professional areas, as well as contributing smaller amounts of time to volunteering in homeopathy and research within homeopathy.

As the age range increases, participants spend more time in homeopathic practice (increasing from 10 hours a week through to 15 hours a week). As the workforce ages, they spend less time on non-homeopathy workplace activities (dropping from 18 hours a week through to 12 hours a week).

Main occupation of the workforce

During the 'last week', 85% of participants were working in homeopathy, and less than 10% were not working in homeopathy, 2% did not respond, and 1% were on leave for more than 3 months. Figure 4 shows how Australian homeopaths are earning a living in 2024: 59% in homeopathy and 18% in a health related field. A further 19% are earning their living undertaking work in non-health related areas.

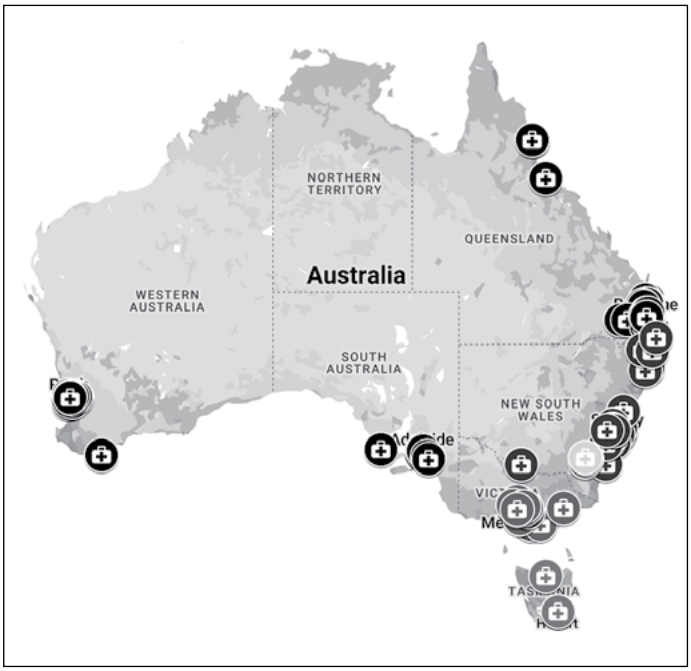
Figure 4 The Australian homeopathy workforce - main occupation in 2024



Location of the workforce

Figure 5 shows the distribution of the Australian homeopathic workforce in 2024.

Figure 5 Distribution of the Australian homeopathic workforce across Australia in 2024



Practice setting for homeopaths in 2024

The main work setting for homeopaths in 2024 was private solo practice.

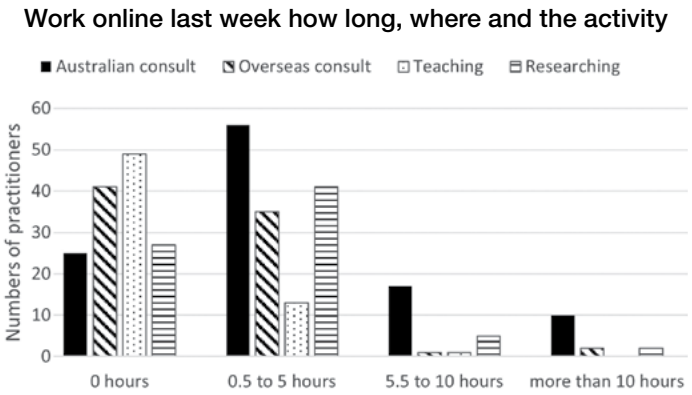
Table 3 Work setting for the main practice of homeopaths in 2024.

Main Work Setting	%
Solo Private Practice	66.9
Group private practice with other natural therapists	10.0
Online	4.6
Group private practice with allied health professionals	3.1
Group private practice with medical professionals	2.3
Mobile / house calls	1.5
No response	3.8
Other	3.8
Other settings	4.0

Homeopaths working on-line in 2024

The survey asked participants about their online work practice, as illustrated in Figure 6, however, data is incomplete as not all participants answered the question. From the data it is clear that professional homeopaths in Australia are using online telehealth services for their Australian patients as well as overseas patients, and are using this way of practice up to five hours a week. Smaller numbers of practitioners are teaching online and conducting research online.

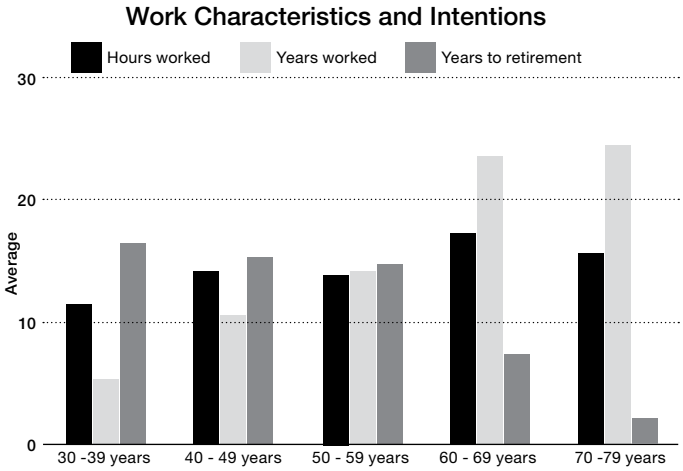
Figure 6 Australian homeopaths working online with Australians, overseas patients, in teaching and undertaking research in homeopathy in 2024.



Australian homeopaths worklife and future intentions

The survey asked participants how many years they intend to continue to work as a homeopath, with many in the plus 50 age group indicating their intention to work well into their 70's. Figure 7 shows the hours worked by homeopaths in the 'last week', across the age ranges. This excludes 18 participants who did not respond. It also shows the number of years homeopaths have worked, according to age range. The 70 - 79 age group had participants planning to work into their 80's. These findings are supported by the qualitative data where 18 participants indicated an intention to work beyond retirement years.

Figure 7 Australian homeopaths work-life trajectory (n=96).



Qualitative analysis

The following section presents the qualitative data analysis and findings. The analytical framework is outlined, followed by a description of the themes. Findings are then articulated within each thematic area, substantiated with excerpts from the data. A preliminary discussion follows, which contextualises key outcomes to the profession of homeopathy.

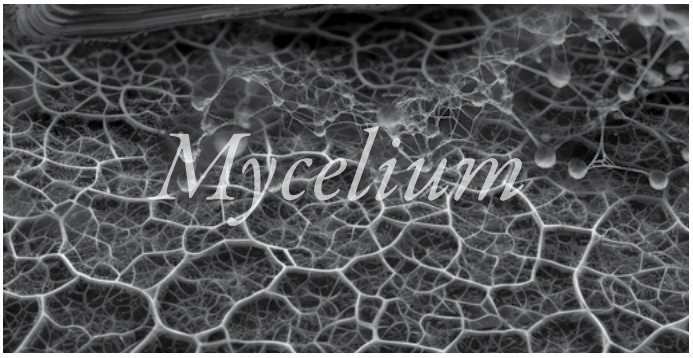
Introduction

Reflexive Thematic Analysis was used to systematically analyse the qualitative data, as described in the methodology section above. Three key clusters of data emerged and

the authors categorised the themes using the metaphor of the fungi kingdom. The Mycelium represents the wealth of interconnectivity and knowledge underpinning the profession; Sprouting refers to the fruit (mushroom), or the workforce activity of homeopaths and Sporing talks to spreading the word, having a voice and raising awareness. Table 4 outlines the themes and what is included in each area.

Table 4 Theme definitions and inclusions for the qualitative data

Main Work Setting	Theme definition	Inclusions/ sub-themes
Mycelium	Refers to the underpinning foundation of the profession that lies beneath the surface, yet imperative to the profession	Education Regulation Registration
Sprouting	With the foundation in place, homeopaths enter professional practice to germinate and develop their practice	All data referencing activities of practice and homeopathic labour; the how, where and when
Sporing	Like mushroom spores spreading out to germinate broadly, this theme captures data around having a voice and raising awareness about the profession.	Raising awareness Feedback about the survey



The Mycelium

Like the underground mycelium that 'weave the forest into a dynamic network of incredible scale' (Brodie et al. 2024; Lim and Shu 2022), this theme captures what lies beneath the surface that provides the foundation for practitioners and the profession. The theme is divided into two sub-themes, education and registration/regulation.

Education

One of the prominent areas of concern was the lack of opportunities for higher education in Australian universities. For people wanting to progress their academic career, pathways included higher education in related health sciences, or undertaking a PhD within a faculty of an Australian university to explore a homeopathic research question. This is congruent with the quantitative data demonstrating the diverse qualifications of homeopaths. Generally, participants acknowledged the importance of continuing professional education and development, with suggestions that homeopathic literature, teaching and research are valuable pathways. Some spoke of continual overseas study towards becoming 'highly skilled' practitioners, and others had international teaching roles. One participant asserted that allied medical/nursing training should be a prerequisite to homeopathic qualifications for in-depth knowledge of health and psychological sciences.

Registration and regulation

The qualitative data indicated a lack of understanding about the homeopathic professions' system of voluntary self-regulation, which is with ARoH. Some responses indicated they were registered with membership associations, such as the AHA, the largest member organisation for homeopaths in Australia. One example gave the suggestion that homeopaths should register with the Australian Health Practitioners Registration Agency (AHPRA). This is not logistically possible, since AHPRA registration requires statutory regulation, which the profession of homeopathy does not qualify for and could be a point of contention within the profession, as indicated by one participant:

> If there is a movement towards statutory registration in Australia I would absolutely oppose it with everything I have.

It was noted by some participants that many homeopaths are not registered with ARoH, particularly if they hold multiple modalities. This HWFS pilot study collected data from ARoH practitioners only. The authors are aware ARoH registrants make up one part of a broader homeopathic demographic and the study aims to capture that data in the subsequent years. Participants questioned the registration practices in Australia, with a suggestion that prior medical practice should be considered; whilst another advocated for the Advanced Diploma of Homeopathy to become equivalent to the Bachelor of Homeopathy so that practitioners could continue to have ARoH registration. ARoH registration currently incorporates Tier 1 practitioners who have degree or postgraduate qualifications and Tier 2 practitioners who have Advanced Diploma or equivalent qualifications. All are assessed on application with ARoH to ensure the education standards are achieved on registration.

On a broader dimension, some participants spoke of the legitimacy of the profession in Australia, compared with other countries, where homeopathy is an established, valued and respected profession, with opportunities for career progression. Two comments indicated a loss of job satisfaction and despondency emigrating to Australia, which is valuable feedback for the profession.

> I feel that Homeopathy as a profession is more valued and accepted in the rest of the world and lots of Australians haven't even heard of Homeopathy.

> As a Homeopath in Australia I do not feel lots of job satisfaction/support. Overseas I felt respected, satisfied and valued in the community.



Sprouting

This theme captures the qualitative data around homeopathic labour and holds the largest portion of responses within the qualitative dataset. A few participants reported successful full-time practice, as evidenced by the comments:

> I am booked up till October and have more than 100 new patients each year - this year 100 since January - all word of mouth - no advertising

> I am pleased to say I am a successful homeopath in Australia with a full-time practice

However, one of the most startling findings was the number of homeopaths struggling to maintain a viable practice, as illustrated by this participant:

> I have always had to have a second income stream to Homoeopathy to be financially afloat.

This contrasts with the quantitative data that showed that 59% of participants reported that homeopathic work was their main source of income. It raises questions about the variability of success and how the pathway to successful practice could be defined more broadly. One attributed their success to using a particular model. Another two reported full-time roles in homeopathic research and practitioner-related roles. However, the majority reported working in part-time practice and a few in voluntary roles. Two participants stated that they were in semi-retirement, which correlates with quantitative data of an ageing Australian homeopathic workforce. One participant was on a leave of absence for health reasons and another on maternity leave, raising questions about sustainability in a predominantly female-identifying profession.

Several participants reported variability in hours per week and having to work in other roles for financial security. For three people, these roles were homeopathic related, such as supporting homeopaths in a corporate setting, lecturing and providing clinical supervision. But some were predominantly employed in other professions, as illustrated below, with the latter comment indicating that non-homeopathic employment was not their preference:

> Homoeopathic practice is to maintain proficiency and skills rather than a main source of income.

> Relevant CPD is undertaken to stay current, however, unfortunately, homoeopathy is not a main source of income.

Some participants attributed a decline in their practice to the NHMRC report. For example,

> For a few years prior to the NHMRC attack on homoeopathy, my practice had built to a sustainable level. Subsequently to this and living in a conservative country area, the clinic became difficult to maintain...

On a positive note, several participants spoke of a life-long passion for homeopathy, which the authors certainly share. For example, a medley of three responses:

> I love homeopathy

> I plan to work as long as I'm able

> I will practice until I die.

It raises a phenomenological question about why the healing art and science of homeopathy compels people to practice for life, even though sustaining an income is not always feasible.



Sporing

This theme captures data around the homeopath's voice; how they define their professional title; descriptors used to promote their practice; and the desire to spread the word about homeopathy to raise awareness and scope of practice.

Professional title

Homeopaths were asked to describe their professional title and how they describe themselves when advertising to the public. To make sense of the data, these words were categorised into six different themes, outlined in Table 5. Results indicate a lack of consistency in how homeopaths describe their profession, which is a significant finding.

Table 5 Six themes arising from the way homeopaths describe their services and advertise to the public in 2024.

Category	Theme	Description	Number of responses
A	Homeopath or Homoeopath e.g., clinical homeopath	clinical classical registered consulting professional practitioner	80

Image: Adobe Stock

Category	Theme	Description	Number of responses
B	Homeopathy + one modality	e.g. homeopath and naturopath	22
C	Neutral	natural therapist practitioner holistic health allied health natural medicine vibration raiser	13
D	Another Profession	counsellor, Dr, Mr, administrator, not working, academic supervisor	8
E	Homeopathic Profession	homeopathic, Dr, homeopathic dental surgeon Dip homeopath	3
F	No answer		4

Participants who use the title of homeopath somewhere in their professional title account for 105 responses (81%).

Advertising descriptors

Homeopaths were asked how they advertise their services to the public, their tagline, profession or list of services. Of those who responded, 53% use a homeopathic professional title, 6% use another professional title and a further 22% use either homeopathy or other treatment type in advertising. Some homeopaths (17%) have more than one professional title in their advertising. The themes are categorised in Table 6.

Table 6 Advertising descriptors used by homeopaths in 2024

Category	Description	Frequency of response
Category A *homeopathic professional title*	homeopath; classical homeopath; clinical homeopath; homeopathy/ homeopathic practitioner; professional homeopath; registered homeopath; consulting homeopath; homeopathic consultant; qualifications	50 (36%)
Category B *homeopath and other therapy professional titles*	homeopath and: craniosacral therapist; naturopath; natural therapist; counsellor; reflexologist; nutritionist; psychotherapist; medical educator; researcher; educator; aromatherapist; astrologer; kinesiologist; hair tissue analyst; bowen therapist; EFT practitioner; coach; mentor; craniosacral therapist	24 (17%)
Category C *Other therapy professional title*	counselling; natural therapist; natural medicine practitioner; integrated health professional; Mr; wholistic therapist; holistic health provider;	8 (6%)
Category D *Treatment type*	homeopathy; homeopathic treatment; homeopathic medicine; flower essences; iridology; massage; herbal healthcare; alternative medicine; energy alignment; counselling; natural therapies; immunisation options; detox; holistic natural therapies; dentistry;	31 (22%)
Category E	advertising tag line	9 (6%)
Category F	don't advertise or no answer	16 (12%)

Total = 138 as some contained more than one response

Raising awareness

Some participants acknowledged that many Australians haven't heard of homeopathy, and others of their passion for homeopathy, with an urge to inform others, as expressed by below:

> I want to promote homeopathy wherever I go.

Output from this study proposes the use of 'Registered Homeopath' as a consistent professional title, which the authors consider would contribute to increased awareness in the public arena.

Participants also shared their appreciation for the time taken by the authors to conduct the research. It's a pertinent point, and fitting with the findings about passion for the profession, that a group of busy people would willingly volunteer their time and energy to mapping the lifeforce of the homeopathic workforce. It is congruent with the sentiments of another, who hopes the survey will strengthen the understanding of the profession.

The authors would like to complete the qualitative analysis section with the following participant comment because it connects with the aims of this research project and the lifeforce of homeopathy in Australia:

> The HWFS needs to be done to keep our profession thriving.

Discussion

The quantitative and qualitative results above provided a visual and textual summary of the key findings from the HWFS research project. The discussion now expands on these, to include the authors' reflections about the implications and significance of the data. It is structured according to the schema of the fungi kingdom, including themes of Mycelium, Sprouting and Sporing, as per the qualitative data analysis above.

Note: Research publications usually discuss findings in relation to other studies in the field, however, because this is the pilot study to a five year research project, our focus for this article is on presenting the results to establish a baseline.

Mycelium

Education Opportunities

As identified in the results, Australian homeopaths hold an average of 2.3 qualifications. The interesting phenomena within the data is the educational pathways before and after participants' primary homeopathic qualification. After the initial homeopathic qualification, the emphasis on further education shifts to Health Sciences, thus supporting their practice with further knowledge. Gray et al. (2019) asserts that a lack of strategies by education providers to supply post graduate education results in a lack of opportunities in homeopathy, which may also lead people seeking an academic pathway via other health sciences. The level of health science qualifications before homeopathic qualifications indicates a chosen career pathway in healthcare, with a progression towards natural medicine and homeopathy with career maturation. Consider the 70 - 79 age range; they have worked for 25 years as homeopaths, suggesting they began their practice in their late 40's/early 50's, as is reflected in a previous education survey review where it was highlighted that the average age of homeopathy students was 54.3 years (Rowe 2009). This seems to mirror the educational background of the workforce, with practitioners entering the profession as a second or third career.

These results show that a lack of suitable post graduate education offerings has not stopped homeopaths from furthering their qualifications, albeit in the health sciences sector and not within homeopathy. The authors also interpret that homeopaths enjoy learning and do not appear to stop pursuing education after qualification, if anything drive towards further education appears to increase. However, the quantitative data showed that 37% derive their income in areas other than homeopathy. Is this influencing the drive to further education? Is the need to have a second career to support homeopathic practice being seen in these trends? These could be focus points in future years of the study.

The pilot study captures a baseline of education within the profession at its lowest point, due to the changed education opportunities in the past decade. With increasing education opportunities becoming available through private colleges, locally and internationally, we anticipate more graduates beginning practice in the future, as well as the profession continuing to attract homeopaths through immigration.

NHMRC statement on homeopathy

Participants reported that their practice declined following the NHMRC statement on homeopathy. This report, which had a widespread impact on the public's perception of homeopathy, coincided with the withdrawal of private health insurance rebates and changes in the education sector, including college closures. This removed access to undergraduate courses, impacting the viability of the homeopathic profession and workforce. The authors posit that the NHMRC report may have contributed to a decline in professional morale and public trust, thereby affecting the workforce's vitality.

Sprouting

Quantitative data demonstrated that the homeopathic profession in Australia is a predominantly female workforce. The authors propose that patterns within the homeopathic workforce are common to many aspects of the female work-life balance, where motherhood and family raising often dictate the pace, place and activities that women undertake ('AIFS Research Supports Latest Findings on Gender Divide in Working Families', n.d.). As these work life balance pressures change in later life, the participants' non homeopathic activities decrease and it appears that more time is spent undertaking homeopathic activities. This will be explored in more detail in future surveys to determine if a trend exists.

Findings are consistent with the Australian Complementary Medicine (CM) Workforce survey (Steel et al. 2018) which identified that roles of health providers are diverse and can vary considerably within disciplines, driven by influences such as the need for more job satisfaction, unmet healthcare needs in the community emphasizing patient-led services. This study also shows the majority of practitioners work as clinicians, whilst also engaging in other nonclinical roles in a variety of settings or roles outside of their clinic.

Sporing

Findings from the research show limited consistency in how homeopaths identify their occupation, which the authors equate to the lack of a protected title for homeopaths in Australia. Further, in advertising their practice (Advertising Category B), it was established that homeopaths list multiple modalities. This raises more questions about whether this is a financial decision to have more than one modality, an interest decision, a combination of both, or a reflection of homeopathy being a second qualification and requires further investigation. The authors suggest that a standardised title, in line with other health professionals, such as psychologist, registered nurse and naturopath, would help public recognition of the homeopathic workforce in Australia. The title: Registered Homeopath, is proposed for practitioners who meet the endorsed competency standards, have up to date advanced life support training and professional indemnity insurance, currently known as an ARoH Registered Homeopath.

Limitations to the study

This pilot study of the HWFS is limited to the ARoH registered homeopaths in Australia. The authors are aware that the homeopathic workforce extends beyond this cohort, and by broadening the scope of recruitment over the next four years the survey will endeavour to capture a more accurate reflection of the homeopathic workforce. The pilot study identified aspects of the data collection instrument needing refinement, which have been implemented for the 2025 survey, and have been approved by the NIIM Ethics Committee. Areas requiring further investigations have been identified as outlined in the discussion and will either be better understood following the next annual survey or be explored further by another researcher.

Conclusions

This pilot study of the Australian Homeopathy Workforce Survey (HWFS), conducted in 2024, provides a foundational snapshot of ARoH registered homeopaths. Results inform that the Australian homeopathic profession is an aging workforce, predominantly female and not reflective of the current government data. Practitioners are diversely educated, and continue to maintain and engage in educational activities throughout their life. The path for obtaining homeopathic qualifications is varied, and is often a secondary career rather than a primary one amongst this dataset. There is a lack of consistency in the way homeopaths promote themselves, and the authors propose a standardised title, Registered Homeopath. There is significant divergence in findings between homeopaths in viable full-time practice and those needing to subsidise their income, which requires further research. The lifeforce of the homeopathic profession was impacted negatively by socio-political influences over the last decade. In conclusion, the study highlights that despite any workforce challenges identified, there is a passion for homeopathy within the profession, with people intending to practice well beyond retirement years.

Acknowledgements

The Aurum Project Incorporated and The Australian Register of Homoeopaths are co-sponsors for this research project. www.aroh.com.au/workforcesurvey. The Australian Homoeopathic Association provided a research grant to this project in 2024.

Artificial Intelligence use in Article

The authors state that AI was not used in the writing of this article nor in the research, survey tool creation, analysis of the data, or any other aspects of this project.

Author Contribution Statement

The authors assert a collaborative and equal contribution to all parts to this article and the research.

Conflict of Interest

Dr Celeste Salter is the editor for *Similia* and co-author of this article. To manage the conflict of interest, we want to inform the readers that Dr Salter was not involved in the peer review aspects of this article. All members of this research Pod are members of AP and are professional registrants of ARoH.

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