| | | | |
|---|---|---|---|
| **Meeting** | **Council (by Zoom)** | | |
| **Date** | 02 December 2021 | **Time** | 07.00 - 09.00pm CET |
| **Attendees** | Jean Pierre Jansen (JPJ)<br>Natalia Tzima (NT)<br>Ileana Rîndașu (IR)<br>Edward De Beukelaer (EB)<br>Susann Buchheim (SB)<br>Tiziana Di Giampietro (TG)<br>Ilse Muchitsch (IM)<br>Neli-Kinga Olah (NO)<br>Dora Pachova (DP)<br>Cristal Skaling-Klopstock (CSK)<br>Joan Vidal (JV)<br>Margaret Wyllie (MW) | **Apologies** | None |
| **Minutes** | Margaret Wyllie | **Moderator** | Natalia Tzima |
| **Next meeting** | 16 Dec 7.00 - 9.00pm CET | **Version** | Draft 1 |

## DISCUSSION OF TOPICS

| | | | |
|---|---|---|---|
| **1** | *19.11* | *Welcome* | *Natalia* |
| **Discussion summary** | | It was suggested that members log in 5-10 minutes in advance of meetings in future, to allow meetings to begin on time. | |
| **Conclusions** | | | |

| **Action items** | **Person responsible** | **Deadline** |
|---|---|---|
| Log in 5-10 mins before next meeting. | All | 16 Dec |

| | | | |
|---|---|---|---|
| **2** | *19.12* | *Approval of Minutes of previous meetings* | *Natalia* |
| **Discussion summary** | Council meeting - 19.11.21<br>General Assembly - 21.11.21 All were approved.<br>Council meeting - 21.11.21 | | |
| Future minutes to be taken by MW | | | |
| **Conclusions** | | | |
| **Action items** | | **Person responsible** | **Deadline** |
| Take future minutes | | MW | |

| | | | |
|---|---|---|---|
| **3** | *19.15* | *Action Items* | *All* |
| **Discussion summary** | Items are included as reminders - no discussion required. | | |
| **Conclusions** | | | |
| **Action items** | | **Person responsible** | **Deadline** |
| | | | |

| | | | |
|---|---|---|---|
| **4** | *19.15* | *Strategic Overview* | *Jean Pierre* |
| **Discussion summary** | Education slides added to ppt in Council cloud folder:<br>https://e.pcloud.link/publink/show?code=kZLeP5Z4vnb19Gz38m3Tjl5cyzx9hnmERxk<br>(password sent separately) | | |
| JPJ presented a concise list of points, providing an overview of the proposed strategy. Once members have responded and small teams have been identified to coordinate each item, the goal is to produce a more detailed working plan.<br><br>We will move forward in small steps, with a plan formulated over the next 6 weeks, ready to begin in January. The work will be divided up to make a 3-month programme.<br><br>It is important to avoid having too full an agenda for meetings. Council must work efficiently whilst also not having a negative impact on the health of its members. Having Joint SC coordinators - as in Documentation and Pharmacy, and JV has also kindly agreed to support TDG on SC Research - is a helpful move, providing back-up and a sounding board. | | | |
| Slide 1 - The same criteria should be applied to homeopathic practice with regard to regulations and guidelines as are expected from conventional colleagues. We must be able to state clearly what we do and | | | |

that we are reliable before we can expect to be accepted.

We must gain patients' support, defining our place in holism, sustainability etc. Key preparation: 1. to be accepted; 2 to demonstrate that homeopathy has a place in modern medicine.

Slide 4 - Education: offer 1 week summer school to university students; after perhaps 2 years, it may then be possible to introduce homeopathy into other university medical faculties. EB suggested that, rather than homeopathy, it might be more attractive to offer an alternative to conventional treatment. JPJ observed that university medical education does include IMed. Alastair Gray has undertaken research into introducing homeopathy to medical students.

We need to develop a network and consider the intermediate steps. SC Education concluded that over the next 6 months, we first need to produce a database of members who already create programmes and teach in universities and collect information from them.

Educational priorities are: introductory courses, updating the language, IMed.

JV also suggested contacting European medical students' associations and looking at elective course where students had more freedom to choose - universities would respond to student demand. EB agreed that it is more important to target students before approaching universities. CSK pointed out that students do not yet always know what they want/are missing - it is often young doctors who are in a better position to articulate this.

Slide 8 - Our main asset is our network. We must organise courses for our members to ensure they can represent ECH.

Slide 10 - We must identify our target groups, eg medical students, insurance companies, and ascertain what information they require.

Slide 12 - We must organise ECH's internal administration and prioritise key strategic areas: availability of remedies; research; homeopathy's role in IMed; education of young doctors; PR; other ideas.

We should be able to deal with the internal challenges by 6 months' time, leaving revision of the statutes to be completed before the next GA in November 2022.

Slide 13 - Themes that join projects together include: finding a universally-understood and modern vocabulary to describe homeopathy, bringing in terminology from holism; and improving our connection with universities through IMed.

We will communicate our plans to the national presidents and find out what they want. EB to join this meeting.

| **Conclusions** | |
|---|---|

| **Action items** | **Person responsible** | **Deadline** |
|---|---|---|
| Complete proposed strategy document, indicating roles where you can help. | All | 12 Dec |
| Arrange meeting with national presidents. | JPJ | asap |

| **5** | *20.20* | *Feedback from SC meetings* | *All* |
|---|---|---|---|
| **Discussion summary** | | SC Politics is beginning to discuss IMed. | |

SC Pharmacy will start work on two projects in January: collecting data sets for Mercury usage in homeopathy; and preparation for answering the forthcoming EU questionnaire on this topic.

Members were reminded that it had been previously agreed that SC reports should be restricted to bullet points, which can then be shared with all. Coordinators can indicate if any items require further discussion in Council.

| | | |
|---|---|---|
| **Conclusions** | | |
| **Action items** | **Person responsible** | **Deadline** |
| Send SC bullet-point reports to IR | All | 14 Dec |

| | | | |
|---|---|---|---|
| **6** | *20.30* | *EuroCAM* | *Edward* |
| **Discussion summary** | | EB asked for member's views on how important the proposed new level was for Council members. This idea is supported by CAMDOC, but the risk is that there are too few people available to take on the extra work required if an extra layer is created. JPJ offered to arrange a meeting with ICMART's national president to discuss their fears and perhaps, if their confidence could be restored, this might avoid the necessity for the extra level. There has not previously been an issue between doctors and non-doctors. | |
| **Conclusions** | | JPJ suggested EB push a little and observe the reaction at the forthcoming meeting on 14 Dec. | |
| **Action items** | | **Person responsible** | **Deadline** |
| | | | |

| | | | |
|---|---|---|---|
| **7** | *20.44* | *AOB* | *All* |
| **Discussion summary** | | 1 Clificol governance committee - no member from SC Politics is interested in joining. The governance committee has never met.<br><br>We must identify what ECH wants from Clificol and formulate a project with the amount of funding required.<br><br>Doctors have submitted less than 2,500 cases in 18 months and need to be supported and encouraged. This is a 5-year project for SC Research. JV pointed out there is a lack of professionalism and data managers are required to input and collate information; doctors must get something in return. Fear is also a factor, since some countries do not allow homeopaths to treat Covid patients. Few homeopaths work within a hospital system so do not see the most serious cases; they have often been in private practice for many years and are not involved in research - which is carried out in hospitals, often by young doctors.<br><br>A more user-friendly platform is required and one which preserves the doctors' anonymity. EB suggested creating a simple form but JV stated that this had been done in Spain and resulted in a response rate of less than 10%. | |
| 2 GA Minutes - Astrid is sending the first draft to all members; the revised Minutes will be sent to all prior to the next GA. | | | |
| 3 November Newsletter - Due to time pressures, this had been delayed and MW had asked Andrea to send it out in early December instead. It should be ready for distribution by Monday 6 December. | | | |
| 4 Letter to WHO to be sent via national associations, not ECH - but can be posted on social media. | | | |

| | |
|---|---|
| 5 General Secretary - Jaume Costa had forwarded some information to IR but she would find it helpful to have some more details. She and JPJ have arranged to meet him for this to be actioned. EB will join them. | |
| 6 Meeting with Michael Frass to discuss JV and Carlo Rezzani joining oncology group - cancelled. | |
| **Conclusions** | ECH write to Clificol with suggestions outlined above. |

| **Action items** | **Person responsible** | **Deadline** |
|---|---|---|
| Clificol - draft letter for JV to send. | MW /JV | asap |
| Post WHO letter on social media. | MW | once Newsletter completed |
| Meet with Jaume. | IR, JPJ, EB | asap |
| Rearrange meeting with Michael Frass. | IR | asap |

| | | | |
|---|---|---|---|
| **8** | *21.30* | *Close of meeting* | *Natalia* |