

**European Herbal and Traditional Medicine
Practitioners Association**

Accreditation Handbook

THIRD EDITION

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Additional information and guidance about the EHTPA accreditation process is available on the website: please refer to “ EHTPA Accreditation Board Supplementary Guidance”.

1.0 The EHTPA Accreditation Board

1.1 Introduction

The Accreditation Board accredits programmes of study on behalf of the professional associations that together make up the EHTPA. The board operates independently, whilst working within the broad policy framework established by the EHTPA Education Committee. The board normally reports only the outcomes of accreditation events to the Education Committee and EHTPA Council.

The detail of board discussion as it relates to an individual institution's accreditation status is confidential to board members. The EHTPA, however, reserves the right to consult with other validating and accrediting bodies and/or professional associations if it is considered necessary to inform the deliberations of the Accreditation Board.

The Accreditation Handbook and Supplementary Guidance content is "owned" by the board, whilst policy documents such as the Core Curriculum, tradition-specific Eighth Modules and EHTPA Competences, are "owned" by the Education Committee. Should a particular accreditation event identify matters of policy requiring clarification or amendment, the board will not proceed with accreditation until the policy issue is **resolved**.

1.2 Aims of the Accreditation Board

The aims of the EHTPA Accreditation Board are:

- To promote and maintain standards of education that ensures the good practice of herbal and traditional medicine through the accreditation of individual programmes of study within approved institutions;
- To encourage institutions to respond to developments in healthcare practice and research;
- To collaborate with institutions in order to recognise, develop and deliver good quality education in herbal and traditional medicine and so justify public confidence in the validity of qualifications awarded;
- To actively promote the development and implementation of equal opportunity policies which support the diverse ethnic and cultural philosophies of herbal and traditional medicine as well as its practitioners.

1.3 Constitution of the Accreditation Board

Current board membership is comprised of practitioners of herbal medicine, educationalists and other senior professionals who represent the wider interests of the community. In addition, each EHTPA professional association is actively involved in the accreditation process of programmes in their tradition by submitting specialist representatives who may, if approved, have their name added to the list of approved accreditation panel members.

The board consists of the following

- Independent Lay Chairperson
- Accreditation Facilitator
- NIMH practitioner

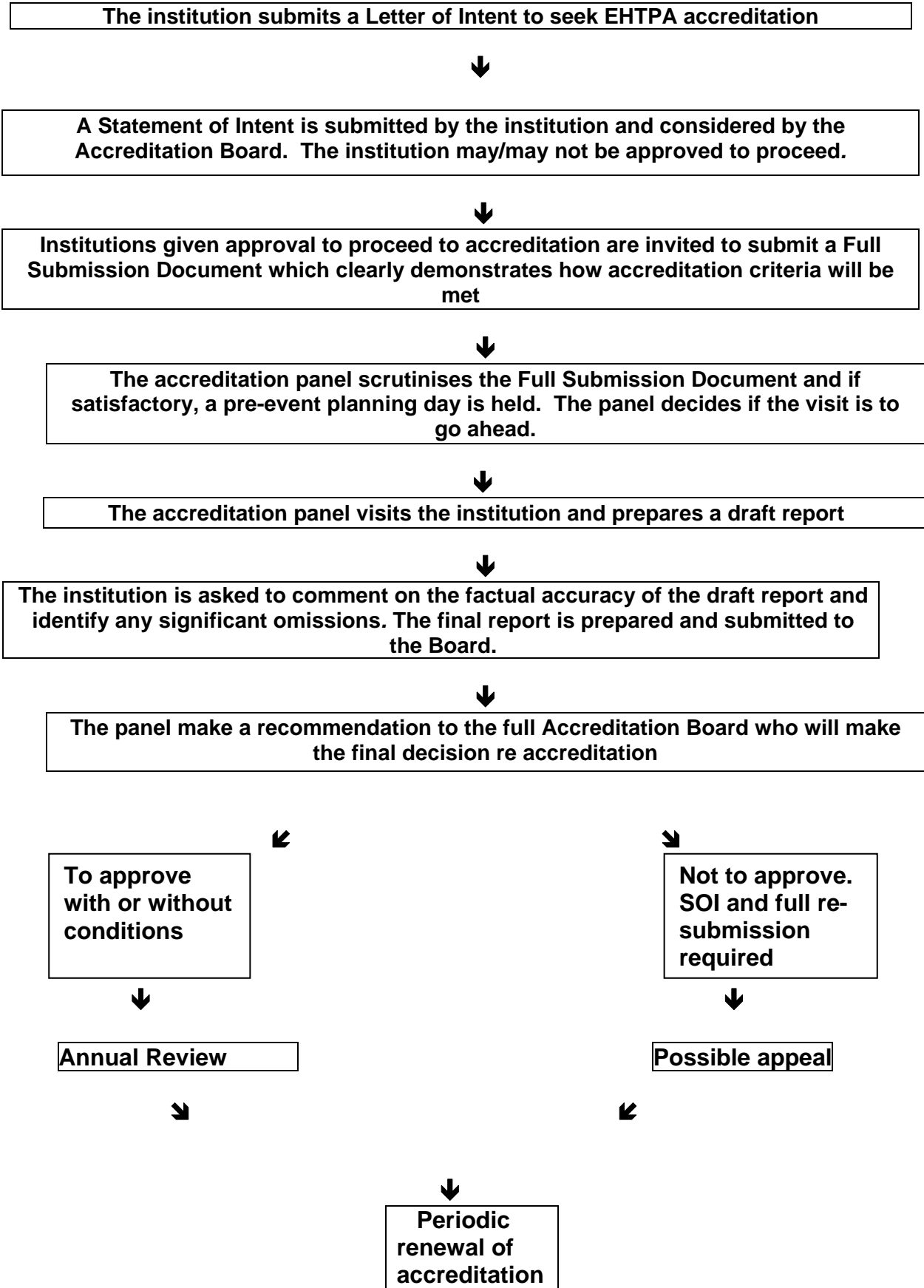
- RCHM practitioner
- Other EHTPA professional associations x 4, (by rotation)
- Person's representative of accredited schools in herbal medicine x 2.
- Higher Education x 3
- The wider/lay community represented by senior professionals drawn from Western Medicine x 1, General Management x 1 Healthcare or Complementary Therapy x 1.

The Accreditation Board constitution will be kept under review by the EHTPA, and as circumstances change so too may board membership.

1.4 Purposes of the Accreditation Board and Accreditation Process.

- To accredit programmes within approved institutions, which lead to qualified practitioner status. Programmes will not be accredited if franchised to other educational institutions.
- To maintain and keep under review robust systems for the accreditation of programmes.
- To determine the suitability (i.e. approval) of institutions to plan, deliver and assess programmes in herbal /traditional medicine.
- To visit institutions in order to assess the availability of resources to support qualifying programmes and the appropriateness of the student learning environment.
- To receive and scrutinise documentation on the organisation, content, assessment and evaluation of programmes leading to qualifications in herbal/ traditional medicine, ensuring that EHTPA accreditation criteria are met.
- To protect the public by promoting educational procedures which ensure safe and effective standards of care.
- To ensure that programmes meet the requirements of the EHTPA Core Curriculum, provide a satisfactory standard of education and meet the needs of users of the service.
- To maintain standards of entry to the profession and ensure competence to practise as an independent practitioner.
- To advise institutions on the interpretation of accreditation criteria and EHTPA requirements.
- To approve proposed modifications to accredited programmes and monitor their implementation
- To review accredited programmes on an annual basis and renew accreditation within an agreed time frame.
- To inform the Education Committee of any issues which impact upon policy, professional development and education.
- To engage with all those involved in professional education, sharing good practice and promoting professional development within existing traditions.
- To ensure representation from the broadest range of traditions by rotating membership of the Accreditation Board.

1.5 An Overview of the Accreditation Process



1.6 Accreditation Guidance

The board welcomes the opportunity to work with staff of institutions to help them provide evidence of capability to meet EHTPA requirements and the subsequent development of the programme. The accreditation process is not intended to exclude independent institutions, and for those institutions that have already had a programme in Herbal and/or Traditional Medicine validated at BSc (Hons) or above the board will provide advice about the process of accreditation and appropriate guidance about the interpretation of board criteria.

Higher education institutions, including universities and independent colleges, are required to submit evidence of capacity and capability to meet the requirements of the EHTPA in order to achieve programme accreditation. Each institution must demonstrate how accreditation criteria will be met and their readiness to plan, deliver and assess such a programme: in doing this institutions are advised to emphasise evidence and outcome rather than intention and aspiration.

Institutions in the independent sector may choose to seek approval to conduct an accredited programme either as part of a conjoint BSc (Hons) validation and accreditation process, or seek accreditation separately for a programme that is already validated as a BSc(Hons) or above. A conjoint approach is recommended by the board for new programmes.

Please note that the primary responsibility of officers, board and panel members is to the board: they are unable to act as consultants to the applicant institution as it is expected that institutions offering herbal / traditional medicine programmes for accreditation will be educationally sound and academically mature.

It is inappropriate for board members to supply detailed comment to institutions on draft documentation for eventual inclusion in submission documents, which will in turn be received by the board as part of the formal accreditation process. The EHTPA Accreditation Facilitator will provide structured feedback and ongoing guidance about the board's accreditation criteria during development of the full submission: it is however for the institution to make the decision about readiness to proceed with the submission document.

2.0 The Accreditation Process

2.1 Letter and Statement of Intent (SOI)

All institutions seeking programme accreditation begin by submitting a Letter of Intent to the board confirming their wish to seek accreditation. Once received by the chair of the board, and following an exploratory meeting between the chair and institutional representatives, the Accreditation Facilitator will make contact with the institution and provide guidance on the Statement of Intent (SOI) criteria to be met and likely timescales. Please note that it is not the role of the Accreditation Facilitator or board to determine readiness of draft documents for submission. Similarly, it is not for board members or officers to specify detailed content-it is for the institution to decide how best to meet board criteria.

When preparing the Statement of Intent it is important to ensure that evidence is provided which demonstrates the ability of the institution to meet the Statement of Intent accreditation criteria specified in the handbook. It is the institution's responsibility to obtain the most recent Accreditation Handbook from the board's office or website.

Written feedback following submission of the final draft SOI document will be provided to the institution by the Accreditation Facilitator and the opportunity provided for amendments to be made by the institution. Once amended and submitted, the SOI must progress to the board for formal consideration unless a policy matter that requires resolution by the Education Committee is identified. If so, the SOI cannot be considered until the issue has been resolved.

The information provided in the Statement of Intent (in conjunction with a visit to the institution in some instances) will be used to determine whether the institution can be approved to proceed to full submission stage. Should approval to proceed be denied resulting in the SOI being resubmitted to the board, an additional SOI fee will be levied.

There is no required format for the presentation of the Statement of Intent but in addition to meeting the board's criteria, the following information must also be provided:

- Full title of the programme to be accredited and mode(s) of study offered
- Full title of the alternative award for those students who fail the clinical component of the programme
- Full title and address of the independent institution or university
- Institutional Tel/Fax/ E Mail
- Name of lead person, e-mail address and telephone number
- Minimum and maximum student numbers per intake, numbers of intakes per annum
- Admission criteria/qualifications, including credit for prior learning
- Date of first intake of students to which accredited programme status will apply
- Whether retrospective accreditation is being sought for earlier cohorts
- The rationale for the programme and planned cohort size
- An indication of staffing levels *expressed as full time equivalents* and staff qualifications appropriate to support the programme (please include staff CVs)
- Details of programme and module/unit leaders if the programme is already running.
- Confirmation that sufficient and appropriate physical resources will be allocated for the development and implementation of the programme

- Intended / desired timescale for development and process of approval
- A summary of the aims, process and intended outcomes of the educational programme
- A brief outline of how the learning outcomes will be achieved
- Whether it is intended to utilise distance learning and if so, to what extent
- A description of the proposed organisation of clinical education and a breakdown of clinical hours
- An outline assessment strategy for both theory and practice
- A chart which clearly illustrates how the programme content will comply with the core curriculum and minimum hours required
- Whether another body accredits the programme and date of next re-accreditation
- Details of any known or provisional/intended university validation, name of university, and date of (re) validation if applicable.

2.2 Review of the Statement of Intent by the Accreditation Board

At least two members from the Accreditation Board will review the application in detail and each will produce a report for consideration at the next board meeting. Once received, the reports are considered and a decision taken as to whether or not the institution should be approved to proceed to the next stage of the accreditation process. In some instances board representative(s) may, at the discretion of the board, visit the institution prior to the board making a final decision. Expenses for the visit will be borne by the institution.

Once the board has considered the Statement of Intent and has given institutional approval to proceed to the full submission stage, the institution may, if it so wishes, state in marketing and publicity materials that EHTPA accreditation is being sought but must make clear that the final outcome is not known at the time of publication of the literature. Institutions must not make additional statements that have the potential to mislead applicants. To do so may adversely influence the eventual outcome of the accreditation application.

2.3 Conjoint Validation and Accreditation

If an institution intends to have a programme accredited and validated, the board advocates a process of one conjoint validation and accreditation event in order to avoid duplication and potential mismatch of conflicting requirements, and minimise workload for staff of institutions. Should an institution seek separate events the board will not proceed with the accreditation process unless the award of BSc (Hons) has already been validated or significant progress towards validation has been made. The title of the award must be agreed prior to the pre-event planning day.

Integration of theory and clinical practice is very important in a programme that confers a practitioner qualification. Conjoint accreditation and validation promotes such integration. In order for this approach to succeed it is important that Accreditation Board representatives attending conjoint events are able to consider and comment upon all aspects of the programme. Clinical and theoretical teaching, learning and assessment are to be considered, including the application of theory to practice.

The Accreditation Board will appoint EHTPA practitioner and educationalist panel members to attend joint events with universities, one of whom will lead the EHTPA team. Potential team members will be asked if they have any pecuniary or non-pecuniary interest to declare in the institution to be visited. As nominated representatives of the EHTPA they will have delegated

authority to consider the proposal and make recommendations to the full board; however authority to accredit programmes rests with the full Accreditation Board.

The draft report of the conjoint event must be confirmed by EHTPA panel members before being sent to the institution for comment upon factual accuracy and omissions. A copy of the final confirmed report must be received and considered by the board for ratification and any/all conditions set must be met before full accreditation is confirmed.

2.4 Full Submission Stage of the Accreditation Process

Following approval to proceed, an institution is required to prepare a Full Submission Document in order to demonstrate how it will successfully deliver the Core Curriculum and meet each of the criteria for accreditation. The visiting panel will normally consist of up to 5 members, some of whom will be from the Accreditation Board and the remainder will be drawn from the list of practitioners or educationalists approved by the board as panel members.

Prior to panel membership being finalised the institution will be consulted and asked if they perceive any conflicts of interest amongst proposed panel members. However, the final decision for panel membership rests with the chair of the board.

Whilst encouraging flexibility in the way institutions operate the Accreditation Board expects each institution, through a process of self review, to demonstrate how it is accomplishing its educational intentions and delivery of the Core Curriculum whilst meeting the board's criteria for accreditation.

2.5 The Full Submission Document

There is no predetermined format for the Full Submission Document other than the first two sections entitled "The Candidate Organisation" and "Programme Outline".

The Candidate Organisation

1. Name of institution
2. Main address (and correspondence address if different)
3. Other locations/addresses/facilities used for delivery of the programme
4. Number and location of clinical facilities
5. Date organisation established
6. Status: Independent / University based?
7. Details of associated organisations
8. Shared facilities
9. Name and contact details of one senior member of staff with authority to act as the official correspondent between the board and the institution. Institutions must notify the board in advance of any planned change to the named correspondent.

Programme Outline

1. Full programme title
2. Please specify Final & Intermediate Awards, and indicate how students who fail to complete the clinical practice assessments satisfactorily will be differentiated
3. Credit requirements (if a conjoint award with a university)
4. Mode(s) of delivery Full Time/Part Time/Sandwich/Distance Learning**
5. Month & year of first intake
6. Total annual student intake
7. Number of intakes per annum
8. Minimum and maximum number of students per intake

9. Rationale supporting request for retrospective accreditation (if appropriate) and date of intake(s) involved.

Please note that the title of award cannot be amended once accreditation has been granted.

The remainder of the Full Submission Document must clearly demonstrate how the remaining accreditation criteria of the Board will be met. *A matrix/index should be included which matches components of the EHTPA Core Curriculum to specific parts of the institutional documentation, and clearly identifies where evidence for each criterion can be found.*

The Accreditation Board supplementary guidance available on the website lists information, which if not included within sections relating to the accreditation criteria, should also be provided as part of the submission.

Timescale: Those institutions that have had their SOIs considered and approved by the Accreditation Board and are working towards full submission of documentation will, if not completed and submitted within 12 months, be asked to provide a quarterly written report detailing progress made. Should the Full Submission Document not be received by the board within 18 months of having the SOI approved, the board reserves the right to withdraw approval and halt the accreditation process.

2.6 Organisation of Accreditation Events

Conjoint validation and accreditation

When a conjoint validation and accreditation event is the chosen way forward the board will organise the accreditation visiting panel, which will join the university validation panel, and have equal status afforded to it. It is expected that the host university will appoint the chairperson and provide a draft written report of the event and associated outcomes. This written report is to be forwarded to the institution for comment on factual accuracy and omissions. Any subsequent changes must be agreed by the panel chair and the final report must be approved by EHTPA panel members prior to being confirmed as a correct record.

Accreditation only

When an institution is seeking professional accreditation only, the board will organise the accreditation event/visit, and the accreditation panel will consist of up to five members: one chairperson, and others who are either practitioners or educationalists. The Accreditation Officer will attend events as support to the panel chair and members. The written report of the event and associated outcomes will be drafted by the Officer but responsibility for the accuracy of the final version rests with the panel chair and panel members.

The Panel Chair will oversee liaison with the official named person of the institution during the organisation and planning of any event. It is anticipated that the date of the event will be subject to early negotiation so that a mutually convenient date can be agreed. A minimum of 12 weeks notice will be required and only in exceptional circumstances will it be possible to agree to accreditation events during the months of July and August.

One copy of the Full Submission Document should be provided for each panel member and the chair of the board. Panel members must have received documents no less than 8 weeks before the anticipated date of event. If documentation is not received by the agreed date, the panel chair will consult with the chair of the board, and if it is considered that the delay will undermine the reliability of the process, then the event will be postponed. It will be for the institution to bear the costs arising from any resulting postponement.

2.7. The Pre event Planning Day

The purpose of the day is to enable the panel to meet together, agree strengths and weaknesses in the submission, agree whether or not the visit will go ahead, confirm the duration of the visit and draft an agenda. The pre-event planning day will take place approximately 4-6 weeks after receipt of the full submission documentation and a representative from the institution seeking programme accreditation will be invited to attend for part of the day.

The panel may agree that the visit can go ahead and agree a draft agenda/timeframe OR decide to delay / cancel the visit if substantial concerns require resolution. In the case of cancellation or deferral the institution will be invoiced for all pre event planning day expenses incurred by the EHTPA

It will normally be necessary to allocate one or two days to the visit – this will be initially determined by the Panel Chair and confirmed or amended during the pre-event meeting.

2.8 Accreditation Event and Institutional Visit

The Accreditation Panel will arrange to visit the institution and related clinical/off campus areas as part of the process of accreditation. The visit will normally take place over one or two days: the duration will be confirmed by the Accreditation Panel following consideration of the Full Submission Document.

N.B. Only in very exceptional circumstances will additional written evidence be accepted during the visit itself – and if such circumstances exist the provision of documents MUST be agreed with the panel chair in advance.

This visit explores many aspects of the educational experience provided for students that cannot be examined by documentation alone. In addition to visiting facilities, panel members will wish to speak to senior staff, the programme team, clinical staff and a representative sample of students., both full time and part time, drawn from each year of the programme. Not less than one hour is to be allocated to any meeting with students.

At the conclusion of the accreditation visit the panel will give *brief* feedback to staff of the institution. The feedback will indicate provisional outcomes only i.e. whether accreditation is to be recommended to the Accreditation Board and any likely conditions and/or recommendations. Institutions are reminded that provisional outcomes/conditions may be amended following further reflection by the panel after the visit and may be further amended following board consideration.

Before submitting their report to the Accreditation Board, the Accreditation Panel will provide a draft copy for the institution so that staff may correct any factual errors or omissions.

The chair of the panel, in conjunction with panel members may amend the draft report in light of factual evidence provided by the institution. Once amended the report containing panel recommendations to the board will be forwarded to the institution and the Accreditation Board.

The Accreditation Board will consider the Accreditation Panel report, following which it will determine whether or not to accredit, whether or not to specify conditions/recommendations, and decide the duration of accreditation.

Timescales from approval of the SOI to successful completion of the accreditation process will vary depending upon the readiness of the institution to proceed. Please note that

following the submission of full documentation, at least 4 weeks will elapse before the pre-event planning day and at least a further 4 weeks before the institutional visit.

Allow approximately six weeks after the visit for the draft report to be produced and agreed by the panel and institution. Once agreed the report will be submitted to the next appropriate meeting of the board which may be up to 8 weeks away.

An evaluation form will be given to each institution by the panel chair following the accreditation visit. Completion of the form is not compulsory but information supplied will inform regular board reviews of the process.

The EHTPA will publish on its website the names of all EHTPA accredited institutions that have been granted accreditation and continue to meet EHTPA requirements.

2.9. Appeals against accreditation outcomes

Appeals may not be made against the professional judgement of the panel or board.

An appeal may be made against the decision of the Accreditation Board if an Institution considers that the final report:

- a) Contains errors of fact which have unduly influenced the outcome;
- b) Has been unduly influenced by the failure of the panel to adhere to agreed procedures and processes;
- c) Failed to consider and take account of substantial written evidence submitted as part of the documentation or verbal evidence during the accreditation visit.

A written appeal should be submitted by the Principal/Dean of the institution to the Chair of the Accreditation Board within 20 working days of receipt of the final board decision and should clearly state the grounds for the appeal. When considering the appeal, account will only be taken of information available to the board at the time of the original decision, and it is for the institution to establish that one or more of criteria a, b, or c above applied when the board reached its decision.

An appeal panel shall be set up by the Chair of the Education Committee and will consist of two other members in addition to the Chair. One educationalist and one practitioner will be drawn from the committee or the list of panel members approved to carry out accreditation visits.

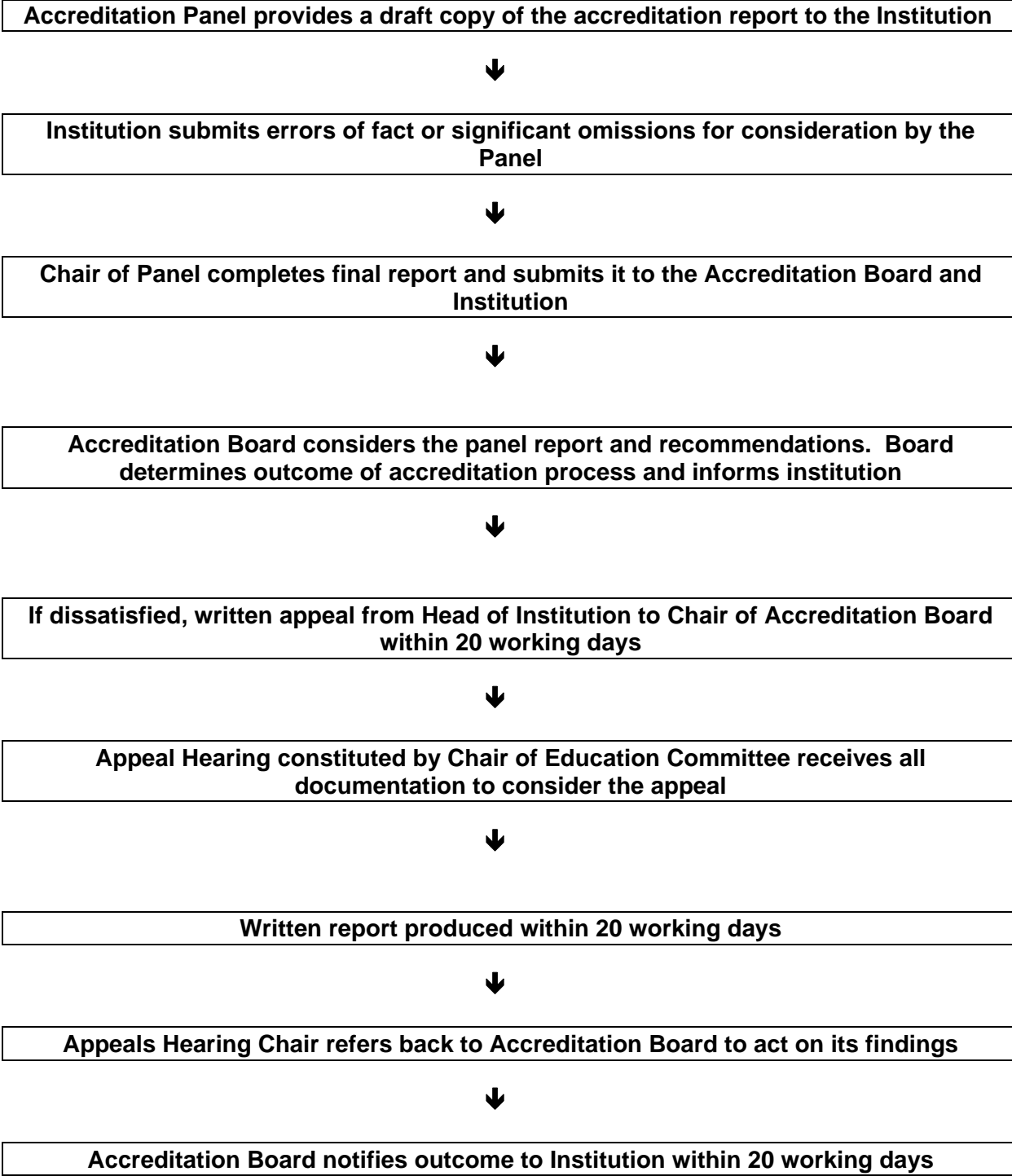
The board will provide the appeal panel with a complete record of the accreditation panel documentation and board proceedings when reaching their original decisions and the institution's request to appeal.

The panel will consider the appeal, and may, at their discretion, include meetings with representatives of the institution and/or the board.

The appeal panel will produce a written report within 20 working days of beginning deliberations or as soon as possible thereafter, and will include the decision and reasons for that decision. If the appeal panel does not support the outcome of the Accreditation Board it will refer the original outcome back to the board for further action in accordance with the findings of the appeal panel. The board will meet within 20 working days and will notify the Principal/Dean of the new decision as soon as possible thereafter. Under no circumstances shall the appeal panel grant, deny or revoke accreditation.

All expenses incurred as a consequence of the appeal, including any meeting costs, will be met in full by the institution concerned. Where the appeal is upheld in accordance with the criteria for appeal above, the board will bear its own expenses, including those of the appeal panel.

3.0 An Overview of the Appeals Procedure



4.0 Annual Review

The aim of the annual review is to assess aspects of the quality of the programme being delivered as accredited. It is expected that institutions will have in place quality monitoring procedures that will include a documented annual review of the programme for the duration of the period of accreditation. This should take the form of a critical self review of the operation of the programme.

NB. At the time of the first annual review, comment must be made upon progress made with the implementation of recommendations made at the time of the accreditation event. Copies of subsequent annual review documents are to be submitted by the date agreed between the board and the institution.

A review team, appointed by the board and informed by the Annual Report submitted by the institution will visit each institution annually although this may be modified at the discretion of the board. The programme for the day will normally include a meeting with students as well as key academic and clinical staff.

Reports produced for other bodies are acceptable when the content/appendices include information specified below and the content is clearly referenced on the EHTPA Annual Review Pro-forma. Incomplete reports will not be accepted and the review visit may be delayed as a result. In such instances an additional fee will be levied in addition to any expense incurred by the EHTPA.

The Pro-forma **MUST** be attached to the report submitted. Minimum content is as follows:

1. Changes to institutional structure, personnel and roles. Please express staffing numbers as full time equivalents (FTE's) where one x FTE = 37.5 hours per week.
2. Minor modifications made (with board approval) to the programme during the year
3. An analysis of, and commentary on, student enrolment and attrition
4. Copies of original external examiner reports and a response to any issues raised
5. Summaries of student and staff evaluation of the programme and an action plan showing action to be taken in response to evaluation
6. Analysis of, and commentary on, student achievement and progression
7. The total number of hours spent by students during the Clinical Practice module in an approved clinical environment, indicating time spent as observers in direct contact with patients; time spent with patients practising under supervision; time spent on other activities.
8. Student evaluation of clinical education with additional comments from clinical staff, and an action plan showing how issues identified are to be addressed and any planned changes to the programme
9. Minutes of relevant meetings e.g.: Academic Board, Staff/Student Forum, Course Management Board, and Examination Board.
10. Examples of staff development undertaken by academic and clinical staff
11. Confirmation from the named correspondent that the course continues to be viable and that resources are available to underpin the continuation of the course for current and future student intakes.
12. Planned modifications to the programme which require board approval prior to implementation.

In addition, please:

- Highlight the overall strengths of the programme and include any innovations introduced during the academic year
- Identify any areas for improvement and action taken/planned
- Highlight innovations related to practice
- Identify any areas for improvement related to practice and describe action taken/planned

Institutions who do not produce reports for other bodies must submit the EHTPA Pro-forma. When completed it should be signed and dated by both the report author and the Dean of the Faculty/College Principal before being forwarded to the EHTPA. If using electronic mail please also ensure that a signed copy is sent by first class post.

The review team will produce a report for submission to the Accreditation Board and copied to the institution.

5.0 Modifications to programmes during the period of accreditation

Curricula will inevitably undergo development in response to informed debate, quality assurance processes, developments in research, legislation and the external environment.

The need for change will normally be identified as part of the institution's annual monitoring process, should be recorded in the annual review report to the board, and agreed as part of the annual review. Although unlikely, any known changes at the time of the accreditation event should be notified to the panel and recorded in the accreditation report.

Institutions should seek preliminary advice from the board before embarking upon changes as the Board must give approval in advance to significant changes being made, for example changes:

- to the title of the award as accredited
- that could impact upon the quality of the students' learning experience
- that impact upon satisfactory achievement of agreed learning outcomes at the appropriate level or fitness to practise.

Incremental change increases the risk of curriculum drift therefore the board, when considering the proposed changes, reserves the right to decline the request and/or require a formal review. An additional fee will normally be levied when modifications are requested.

Note: The EHTPA reserves the right to require Institutions to amend accredited programmes if changes are made to the core curriculum or accreditation criteria by the EHTPA which, if not implemented within a predetermined timescale would significantly disadvantage students and/or have an adverse effect on client safety.

6.0 Renewal of accreditation

Prior to the end of the agreed period of accreditation it will be necessary to have the accreditation formally renewed. This is substantial in scope and will incorporate a Full Submission Document, the content of which will be agreed in advance, and an accreditation visit.

Institutions will normally notify the board of their intention to seek renewed accreditation as part of their annual review, at least twelve months in advance of the expiry of the current accreditation period. The need for a full or abbreviated Statement of Intent when seeking renewal of accreditation will be determined by the chair of the board.

6.1. Re-accreditation

Earlier complete or partial re-accreditation may be required at any time for good reason, for which a fee will be levied.

If the Board has cause to withdraw accreditation because of:

- substantive changes being made to the programme without board approval
- ongoing serious concerns about academic, clinical matters or other matters
- any other reason, as determined by the Board

The institution will need to seek to have the programme re-accredited, for which a fee will be levied.

Institutions offering accredited programmes must notify the board in advance of changes in ownership, management, contractual affiliations with other institutions, and of any items which could substantially affect the institution's policies, staff, curricula, reputation, legal or financial status. Re-accreditation may or may not be necessary, depending upon the scale of the changes and likely impact upon the accredited programme: it will be for the Board to decide in light of the information provided.

Accreditation does not automatically transfer with changes of ownership or type of control, and full and complete information shall be submitted to the board well in advance for such action as it may decide to take.

7.0 Withdrawal of Accredited Status

The Board reserves the right to withdraw accreditation (or approval of the Statement of Intent, if appropriate) when:

- Significant progress towards validation has not been made in a reasonable period of time as determined by the board and/or the validation event is unsuccessful
- Specific conditions set at the time of provisional accreditation have not been met within the time limit set, or without good reason acceptable to the board
- The board concludes that the institution has engaged in illegal conduct
- The board concludes that the institution is deliberately misrepresenting itself, or presenting false information to its staff, students, the public or the board
- The board considers that there has been an irretrievable breakdown of trust between the institution and the board
- An Institution fails to provide all pertinent information and materials requested by the board
- Annual review documentation is not submitted and/or the annual review visit is not conducted within the time limit set by the board
- The annual review identifies serious shortcomings which cannot be remedied within a set period of time, and which jeopardise students' achievement of learning outcomes/fitness to practise
- There is a failure to seek and obtain the board's approval prior to implementing significant changes to the programme
- The institution ceases to offer the accredited programme
- The board does not receive due fees within the agreed time period
- An institution adds unrelated courses to its portfolio and the board considers that this will have a deleterious effect on the accredited programme.

If SOI approval or accreditation is withdrawn for whatever reason, the institution must delete all reference to accreditation from prospectuses, advertising and other printed promotional material within a time limit set by the board.

7.1 Withdrawal from Accredited Status by an Institution

A. An institution may withdraw from accredited status by giving due notice in writing to the board.

Notice should not be less than one academic year, be sufficient not to disadvantage those students already enrolled and should enable them to complete the accredited programme.

Any subsequent reinstatement is entirely at the discretion of the board and may necessitate a full or modified accreditation process.

B. When an institution withdraws from the accreditation process prior to achieving full accreditation a fee will be levied.

8.0 Criteria for Approval of Statement of Intent and Permission to Proceed to Full Submission Stage

Evidence should be provided in the Statement of Intent to demonstrate that the following criteria have been met. Please include an index that indicates where such evidence can be found.

1.0 Policy

The institution shall have an overall policy or mission statement. It should indicate the institution's overall intentions and aims.

1.1 Relationship

The policy or mission statement should link with the institution's education policy statement, and should be known, and subscribed to, by its governors, staff and students.

Guideline: The statement of policy should provide direction for the institution. The statement should incorporate the purpose for which the institution was founded, and relate to other policies of the institution.

2.0 Legal Organisation

The institution shall be legally constituted in the UK and shall be in compliance with all statutory regulations.

Evidence should be provided to confirm this.

2.1. Insurances

Adequate and proper insurances shall be in place, including cover for employer's liability, third party liability, buildings and contents, loss of business income, and professional indemnity insurance relating to the carrying out of treatment by students.

3.0 Institutional Management

The institution shall have a governing body, or advisory board, that exercises overall control and ensures representation reflecting the public interest

3.1 Governance

The board, whose duties and responsibilities must be clearly defined, must exercise ultimate and general control over the institution's affairs; should be appropriate to the legal structure, and the submission document should indicate how it operates

Guideline: Board members should be responsible for directing the accomplishment of the purposes for which the institution was founded. They should be responsible for establishing broad policy and long-range planning, appointing the Principal and/or Dean, developing financial resources, and playing a major role in the development of external relations.

Guideline: Board membership should provide representation of public interest or, in exceptional circumstances ensure that it occurs during the programme planning and evaluation

3.2 Control

A clear separation should be made between those having a direct business/financial interest, and those responsible for the academic policies and educational decisions of the institution.

Guideline: There should be a clearly set out relationship between those with overall control and those responsible for implementing the academic policies of the institution.

3.3 Meetings

Advisory Board meetings must be held at regularly stated times. Agendas of meetings must be prepared and accurate minutes of the meetings signed, kept and filed.

4.0 Administration

The institution shall have a Director/Principal whose full-time or major responsibility is to leadership of the institution. There will be adequate administrative staff and organizational structures appropriate to the size and purpose of the institution.

4.1 Institutional Administration

The Director or Principal shall be responsible to the advisory board for the entire operation of an institution, and shall be directly responsible for the administration of the policies and procedures determined by the board.

4.2 Academic Administration

Institutions must clearly define the academic responsibility for admission of students, facilitating curriculum development and assessment of programmes.

Guideline: Such responsibilities will be vested in appropriate committees or boards (e.g. Academic Board, Examination Board, Board of Studies), each chaired by an appropriate senior academic member of staff.

5.0 Equal Opportunities Policy

The institution shall have adopted a comprehensive policy demonstrating commitment to equal opportunities.

6.0 Staffing

The institution shall have staff adequate for institutional management, planning and delivery of the educational programme and clinical teaching

6.1 Number

The institution shall maintain teaching staff in sufficient numbers to perform the responsibilities assigned to them. Staffing levels should be expressed as full time equivalents (FTEs) in the submission: 1 FTE = 37.5 hours per week.

6.2 Delivery

The institution shall have a strategy to ensure sufficient staff for institutional management, planning and delivery/ assessment of the educational programme, including clinical practice.

6.3 Background and Experience

The general education, the professional education, the teaching experience and the professional practical experience shall be appropriate to the subject taught.

6.4 Qualifications

Details of programme and module/unit leaders are provided if the programme is already running and conform to the requirement for appropriate educational and professional background and experience.

7.0 Institutional Resources

The institution must provide facilities that are safe, accessible, functional, and appropriately maintained. The facilities must be sufficient to house, and to provide for, effective functioning of the programme, and to accommodate the staff and the student body. It shall ensure access for clinical and practical work as well as theoretical study.

Where necessary, in lieu of a clinic, the institute shall have made alternative specific long-range written arrangements for reasonable access by students to such resources off-site. The written agreement must clearly specify responsibility for quality assurance arrangements of the student experience as well as relevant compliance with health and safety standards.

8.0 Learning Resources

The institution must provide learning resources and equipment adequate for the educational courses offered, or must have made specific long-term written arrangements for reasonable access by students to alternative resources.

8.1. Resources and Access

The institution must have its own library or collection of learning resources for students, or must have executed long term written contracts providing for the use of other specific library resources, with adequate and reasonable accessibility

9.0 Finance

The institution shall have an adequate financial base for existing / planned programme commitments, must demonstrate adequate financial planning and must have an appropriate financial management system.

9.1 Resources

The institution shall be financially stable, with resources sufficient to carry out its objectives, support its programmes and activities, and income projections which ensure, as a minimum, that all enrolled students will be able to complete the programme.

Guideline: When an institution is a sole-proprietorship, separate accounts for the programme are required

Guideline: The institution should demonstrate the financial capacity to respond to financial emergencies and unforeseen occurrences.

Guideline: If an accumulated deficit has been recorded, a realistic plan to eliminate such deficit within a reasonable time scale should be presented clearly, understood, and approved by the governing body.

Guideline: The institution should demonstrate that, if it were to cease functioning as an educational establishment, it could meet its obligation to enable students to complete the programme and where appropriate, provide appropriate refunds to newly enrolled students.

9.2 Control

The institution shall have control of its financial resources and budgetary process and be free from undue influence or pressure from external funding sources or agencies.

9.3 Budgetary Process

The process by which the institution's budget is established, and resources allocated, must be defined clearly and implemented consistently. The institution shall be able to project its income and expenditure for a three-year period.

9.4 Refund Policy

The institution must state clearly, and follow uniformly, a fair and equitable refund policy in respect of tuition paid for by students but not taken up.

9.5. Management

The financial management system shall be set up to allow for a reviewed audit, each year, by an independent registered auditor.

10.0 Educational Policy

The institution shall have, as a formally adopted policy, the education of herbal medicine professionals as safe, independent and accountable practitioners within the tradition being accredited

10.1 Policy Content

The policy must demonstrate how the standards set for entry to the profession will be met. Awards to be accredited should have been validated as BSc.(Hons) or above.

Guideline: The institution should set out its own definition of a competent practitioner within the framework of EHTPA competence requirements.

11.0 Programme of Study

Programme module hours are mapped against EHTPA requirements and indicate that the EHTPA Core Curriculum minimum hours can be met.

11.1 A description of the organisation of clinical education is provided.

11.2 The clinical practice module hours are undertaken in an approved clinical setting

12.0. Publications

The institution shall report accurately to the public and other stakeholders its status and relationship with the EHTPA, using words and phrases acceptable to the board.

13.0 All Supplementary Information has been provided as required by the Board

E.g.

- Award title(s)
Award titles are given, one of which reflects the tradition being accredited and confers a qualification to practise. The second title provides an alternative award for students who fail to complete clinical practice requirements satisfactorily and who are not qualified to practise.
- Details of current university validation (or of significant progress made towards validation)
- Minimum and maximum intake size, number of intakes per annum and entry qualifications
- Date of first intake to which accredited programme status will apply
- Whether retrospective accreditation is being sought, and if so, for which cohort(s)
- The rationale for the programme
- Intended/desired timescale for development and process of approval
- Information about existing/planned accreditation by another body

9.0 Accreditation Criteria for Full Submission Document and Panel Visit

Please include an index that clearly identifies where information relating to each of the accreditation criteria can be found.

1.0 Policies

The institution must provide clear statements of policy in respect of those matters that support the fair and efficient delivery of the programme.

Guideline Written statements should be included about: the assessment and examination procedures; the equal opportunities policies; recruitment policies; pastoral and tutorial support for students; policies for keeping the programme under review and development; and procedures for quality assurance.

1.1 Review

Statements of institutional policy must be reviewed periodically and revised when necessary.

2.0 Records

The institution shall have appropriate record-keeping systems.

2.1. Permanent Records

The institution shall maintain, and safeguard, accurate academic and other records which document the attainment of the institution's requirements while observing the requirements of the Data Protection Act and other relevant legislation.

2.2 Data

The institution must maintain data which will facilitate the compilation of the following records and statistics: student profiles, showing the number of students enrolled, graduated and readmitted; admissions data showing the number of applications received and accepted; the ages, and the educational and ethnic backgrounds of the student body; attrition rates; assessment and examination papers and student results; external examiner reports.

2.3 Clinical Records

The institution must maintain accurate, secure, and complete clinical records of patients currently being treated by students

3.0 Professional Development

Academic and clinic staff members should be provided with adequate support to ensure their educational responsibilities can be met and opportunities are available for professional growth and development.

Guideline: Provisions for professional development should be documented and reviewed periodically.

Guideline: Evaluation of staff performance should be carried out periodically.

Guideline: Academic and clinic staff members shall provide evidence of satisfactory experience and provide continuing evidence of awareness of developments in his or her field

4.0 Policy and Procedures

The recruitment, appointment, promotion and retention of appropriately qualified staff members must be outlined in institutional policies and/or procedures.

5.0 Equal Opportunities

The Equal Opportunities Policy should underpin all the institution's activities.

5.1. The institution should document details of the application of its Equal Opportunities Policy in its dealings with students, employees and patients for example, in a Code of Practice.

5.2. All institutional procedures, documents and publications must, where appropriate, indicate an awareness of, and a commitment to, equal opportunities.

5.3. The institution's prospectus, or other official publication, as well as published staff recruitment material, should state, explicitly, a commitment to equal opportunities.

6.0 Communication

Provision shall be made for regular and open communication among members of the staff and clinical staff, and between the staff and administrative officers of the institution.

Guideline: All staff shall collectively consider educational policies and issues. Minutes of meetings or outcomes of alternative methods of communication shall be kept in a permanent file within the institution.

7.0 Students' Rights and Responsibilities

The institution shall develop a statement of the rights, privileges, and responsibilities of students and of disciplinary proceedings for failing to meet those responsibilities. This statement shall be made available to students through the prospectus, student handbook, or other appropriate means.

7.1 Opportunity to be heard

Some provision shall be made for obtaining students' views and for their participation in institutional decision-making.

7.2 Grievances and Complaints:

The institution must have fair and efficient documented procedures for receiving, reviewing and responding to complaints and grievances expressed by students.

8.0 Resources and Access

8.1. Library Facilities

The institution must have its own library or collection of learning resources for students, or must have executed long-term written contracts providing for the use of other specific library resources, with adequate and reasonable accessibility.

Guideline: The library's materials, services, and related equipment should facilitate and improve learning, and support educational programmes

Guideline: The library should be available to students and staff, and it should contribute to the achievement of the objectives of the institution.

8.2 Expenditure

The income of the institution shall be expended to provide adequately for: instruction; administration; learning resources; student services and activities; staff development; programme development; maintenance; equipment; supplies; and other specific functions which are consistent with the goals of the programme.

8.3 Classroom Size and. Equipment

The institution shall provide clinic and classroom space, properly equipped and appropriate to its curriculum and size.

8.4 Health and Safety

Facilities shall meet all applicable legislation including fire, health and safety standards.

8.5 Staff Facilities

Adequate facilities and appropriate media and learning equipment shall be available for the support of administrative and other staff, as well as for students.

9.0. Quality Assurance

The institution must be directly responsible for all off-campus clinical and other educational activities. This is regardless of whether or not the activity has been arranged in agreement with other organisations or individuals

9.1 If components of the programme are conducted at sites geographically separate from the main campus, the quality assurance systems in place should demonstrate that clinical and educational components/services are of equivalent quality.

Guideline: Details of the Partnership Agreement for off-campus provision should be made available.

10.0 Publications

The institution must publish and make available to students and to the general public, official publications, which honestly and accurately set forth the following.

- Educational aims and intentions
- Entrance requirements and procedures
- Rules and regulations for conduct and attendance
- Opportunities and requirements for financial aid where applicable
- Procedures for discipline and/or dismissal
- Grievance procedures for students
- Fees and equitable refund policies
- Programme completion requirements
- Members of the governing /advisory boards
- An outline syllabus, academic calendar, and programme schedule
- The institution's admissions (and credit transfer if appropriate) policies
- An accurate description of each component of the programme of study and how it is to be assessed
- A description of learning and other physical resources
- Details of the qualification(s) awarded
- Required legal requirements for practice
- Reference to the institution's policy on equal opportunities
- The accredited status of awards offered.

10.1 Honesty and Accuracy

Publicity, advertising, and other literature shall represent the institution's educational opportunities to students and the public, in language which is accurate, honest, clear, and unambiguous. Publicity and advertising should not misrepresent employment, career, accreditation, or registration prospects.

10.2 Disclosure

Learning opportunities, services, and personnel not available during the academic year must be identified clearly.

11.0 Policy Review

Statements of educational policy must be reviewed periodically and revised when necessary.

Guideline: The re-examination of policy should determine whether programmes reflect stated objectives, and whether the objectives are being met. This review process should include comments from representatives of the student body, teaching staff, administration, practitioners and the governing board.

12.0 Admission to the Educational Programme

The institution shall have adopted a statement explaining the prerequisites for entry, including ways in which mature students with prior learning or experience will be awarded credit.

12.1 Criteria

The admissions policy should make clear the criteria for accepting, or not accepting, various entry prerequisites.

12.2 Prerequisites

If courses substituting as prerequisites for entry are also offered by the institution seeking accreditation, these must be identified as “stand alone” courses, distinct from the professional herbal/traditional medicine programme. The institution must demonstrate that appropriate resources are available to sustain these courses without adversely affecting the herbal/traditional medicine programme.

13.0 Programme of Study and Core Curriculum

The programme shall satisfy minimum requirements of the core curriculum in respect of:

- Levels
- Achievement of learning outcomes
- Professional clinical competence
- Clinical Practice hours delivered within an approved clinical setting
- Specific Herbal Tradition Hours
- Other module minimum hours

and other standards of education established by the EHTPA designed to provide students with the knowledge, skills and attitudes needed to practise independently.

13.1 Learning Outcomes

The programme enables achievement of the learning outcomes within the stated hours. The hours are a minimum requirement and may be exceeded.

13.2 Completion Certificate

To each person successfully completing the professional programme, the institution shall award a certificate, diploma, or degree following general practice in education, and relevant legislation.

13.3 Teaching and Learning

The programme must demonstrate that it achieves the levels laid down in the core curriculum by using a broad variety of appropriate adult teaching and learning strategies.

Guideline: The programme should be sufficiently rigorous in breadth and depth and appropriate to the education and training of independent practitioners.

13.4 Teaching

The teaching of students shall be the institution's main priority; enabling students to prepare for safe, independent, professional practice, by gaining knowledge and skills as outlined in the core curriculum published by the EHTPA.

13.5 Code of Practice

Before entering the clinical components of the programme, students should be conversant with the relevant Professional Association's Codes of Practice and Ethics.

13.6 Clinical Teaching

The institution shall organise and provide clinical programmes of sufficient size, variety, and quality to fulfil its educational purposes. Clinical teaching and practice shall consist of formal tuition and practical clinical training within an *approved* clinical environment, and shall include a model of supervised care of patients that allows the student to take increasing levels of responsibility for patient care.

Guideline: The institution should assure each student of the opportunity to observe, participate in, and under supervision, take responsibility for the care of patients. Supervision should be sufficient to ensure the safe and competent care of patients.

Guideline: The Institution should demonstrate that supervision is a planned event delivered by staff that are suitably experienced and/or trained in supervision.

Guideline: Clinical teaching hours within the Clinical Practice module should comply with the EHTPA definition and be clearly recorded so that time spent during formal tuition/self directed learning, observation only and actual practice under supervision **is differentiated**.

13.7 Partnership Agreement

When a proportion of the students' experience is gained at off-campus premises, there should be written agreements covering the use of those premises, specifying how the institution's objectives, programme requirements, and standards of clinical training are to be carried out.

13.8 Professional Competencies

The syllabus shall lead to minimum professional competencies to be attained through clinical experience included in the core curriculum published by the European Herbal Practitioners Association.

13.9 Pastoral Care

There should be a clear policy on pastoral and tutorial support for students.

14.0 Assessment

The institution shall have developed an appropriate set of assessment stages throughout the programme, which should also be presented in diagrammatic terms.

14.1 A variety of measures shall be employed to ensure the acquisition of knowledge, skills, behaviour and attitudes commensurate with each stage of the programme leading ultimately, to the performance expected of a qualified, independent practitioner.

14.2 Details should be offered to provide evidence of an assessment system which can keep each student, and the institution informed about their clinical and educational progress. This should enable a clear decision to be reached at the end of the programme in respect of each student, about fitness to practise and the awarding of a professional qualification to practise.

Guideline: A range of suitable clinical and theoretical assessment strategies should be used to document the acquisition of knowledge, skills, and attitudes.

Guideline: Each module and each level of clinical teaching should have clear intentions linked to a clear means of assessing whether achievement is attained.

Guideline: The institution should have an effective and efficient system to monitor students as they progress through clinical learning. Students who have difficulties should be identified early, and such weaknesses should be documented and communicated to the student and other relevant persons. Suspension, dismissal, or the assignment of remedial work, if necessary, should be determined in a just and timely manner.

Guideline: Assessment of clinical learning outcomes should be carried out by appropriately qualified and experienced clinical staff, within an approved clinical learning environment

Guideline: The institution should demonstrate that procedures are in place to ensure that assessment of practice is carried out by suitably qualified and experienced clinical staff and is equitable and open to evaluation and scrutiny.

Guideline: The variety of assessment outcomes obtained during the clinical learning of all students should be recorded adequately, be transparent and equitable

15.0 External Examiners

The institution shall have appointed at least one external examiner who will ensure that:

- Overall standards of achievement in both the academic and practical components of the programme are commensurate with, and judged in line with, standards normally applying

in other equivalent educational institutions

- Assessment methods and intentions support the learning of the profession's core curriculum;
- Assessments are conducted fairly and without prejudice.

Guideline: The examiner(s) should be demonstrably knowledgeable of the standards and requirements of the profession and capable of overseeing the institution's assessment procedures and results.

Guideline: The procedures for appointing such examiners should be clearly set down.

Guideline: The roles and responsibilities of such examiners should be clearly set down in an examinations policy.

Guideline: Examiners should write annual reports that identify the institution's strengths and weaknesses in respect of academic and clinical assessment. These should be included as part of programme documentation and quality assurance procedures which are presented to the board.

16.0 Evaluation

A summary of programme evaluation systems and quality assurance procedures should be provided. The institution shall evaluate the effectiveness of its education, and the accomplishment of its stated intentions, by measuring and documenting the achievement of a sufficient number of students and graduates, in verifiable and internally consistent ways.

16.1 The institution should have procedures in place for carrying out annual evaluations of its structures and delivery of the curriculum.

16.2 Such policies and procedures should have demonstrable impact upon the development of the programme.

Guideline: Student evaluation should be one of many perspectives considered in determining whether the institution is meeting its objectives.

Guideline: Student attrition, retention and completion rates, and the average length of time students take to complete the programme should be calculated, maintained, and used in helping to measure the outcomes of the programme.

Guideline: There must be ways of ensuring that policy and procedures regarding academic progress and grading are fair, consistent, published and made available to students.

17.0 Additional Information

Information about all on and off-campus activities must be included in the submission. Where off-campus sites are used details of each separate site and clinic must be included some or all of which may be included in the panel visit.

17.1 Distance Learning

- Institutions that intend to utilise distance learning will need to demonstrate how the student experience, although different, results in achievement of learning outcomes and a satisfactory educational experience. You must be able to demonstrate that the distance

learning components are of a comparable standard to that of a more conventional course.

- Appendix Five includes additional information for institutions intending to offer a distance learning mode of study.

17.2 University only

- Please provide QAA Report Summaries relating to subject and institution.
- If conjoint validation & accreditation is being sought then a separate document is not required. Do, however, ensure that the accreditation criteria are clearly identified and indicated in the index as well as cross-referenced to the body of the text.
- If accreditation is being sought for a programme recently validated, please forward a copy of the separate validation document and provide additional information where necessary.

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The English National Board for Nursing, Midwifery and Health Visiting.

The National Institution of Medical Herbalists

The Physiotherapists' Board at the Council for Professions Supplementary to Medicine